STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525415	A. Building B. Wing	05/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Menomonee Falls Health Services	N84 W17049 Menomonee Ave Menomonee Falls, WI 53051

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0554 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Allow residents to self-administer drugs if determined clinically appropriate. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 20483 Based on observation, interview, and record review the Facility did not ensure that self administration of medications was determined to be clinically appropriate for 2 (R7 & R25) of 2 Residents. * On 4/28/24 a bottle of artificial tears eye drops and Fluticasone Propionate nasal spray was observed on R7's over bed table. R7 does not have a self administration of medications assessment or physician order to self administer medications. * R25 does his own perineum wound treatment without being assessed as being capable of doing the treatment himself. R25 does not have a self administration assessment or physician order. Findings include: The Self-Administration by Resident policy and procedure dated 1/23 under policy documents Residents who desire to self-administer medications are permitted to do so with a prescriber's order and if the nursing care center's interdisciplinary team has determined that the practice would be safe and the medications are appropriate and safe for self-administration. Under Procedures documents 1. If the resident desires to self-administer medications, an assessment is conducted by the interdisciplinary team of the resident's cognitive, physical, and visual ability to carry out this responsibility, during the care planning process. 3. The results of the interdisciplinary team assessment are recorded on the Medication Self-Administration Assessment, which is placed in the resident's medical record. 1.) R7's diagnoses includes hemiplegia and hemiparesis following cerebral infarction affecting left non dominate side, anxiety disorder, depressive disorder, diabetes mellitus, chronic pulmonary disease, and congestive heart failure. The quarterly MDS (minimum data set) with an assessment reference date of 3/14/24 has a BIMS (brief interview mental status) score of 15 which indicates cognitively intact. (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525415	A. Building B. Wing	05/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Menomonee Falls Health Services	N84 W17049 Menomonee Ave Menomonee Falls, WI 53051

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0554 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 4/28/24 at 10:18 a.m. Surveyor observed R7 in bed on her back. On R7's over bed table, which was located to the right of R7's bed, Surveyor observe a bottle of artificial tears eye drops and a bottle of Fluticasone Propionate nasal spray. Surveyor asked R7 if she always has the eye drops and nasal spray on her over bed table. R7 informed Surveyor they let her keep them in here as sometimes the nurse would forget to give them and she would forget to ask. Surveyor reviewed R7's medical record and was unable to locate a self medication assessment in R7's medical record. Surveyor reviewed R7's physician orders and noted an order with an order date of 11/13/23 for Fluticasone Propionate Suspension 50 mcg (micrograms)/act 2 spray in each nostril every day shift for allergies. Surveyor was not able to locate an order for the artificial tears or an order for R7 to self administer her medications. On 4/30/24 at 2:20 Surveyor asked DON (Director of Nursing)-B if a self medication assessment was completed for R7. DON-B informed Surveyor there are no self administration assessments in the building and stated the answer would be no. Surveyor informed DON-B of the observation of R7 having artificial tears and Fluticasone Propionate on the over bed table. 47094 2.) R25 was admitted to the facility on [DATE] and has the following diagnoses discitis-cervical region, carcinoma in situ of anus and anal canal, anemia, Hodgkin lymphoma, recurrent depressive disorder, and paresthesia of the skin (sensations just under the skin). R25' quarterly minimum data set (MDS) dated [DATE] indicates R25 has intact cognition with a Brief Interview for Mental Status (BIMS) score of 15 and the facility assessed R25 being independent with all activities of daily living (ADLs) and set up assistance with shower/bathing. R25 is continent of urine and frequently incontinent of bowel and wore adult briefs for protection. On 4/28/2024 at 10:42 AM Surveyor spoke with R25. R25 stated R25 has lesions on the bottom area that gets treatments because R25 has lesions from anal cancer and received radiation treatments. R25 stated R25 applies the cream and then covers the area with a pad. Surveyor reviewed R25's care plan and orders and noted R25 has impaired skin integrity related to neoplasm associated with cancer in perineal region. R25 had the following orders in place: -Triple Antibiotic External Ointment (Neomycin-Bacitacin-Polymyxin)- Apply to buttocks topically two times a day for Wound Management followed by abdominal pad. (Start date: 4/5/2024) -Menthol-Methyl Salicylate Cream- Apply to pain site topically every 6 hours as needed for pain. (Start date: 6/22/2022) (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525415	A. Building B. Wing	05/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Menomonee Falls Health Services	N84 W17049 Menomonee Ave Menomonee Falls, WI 53051

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0554 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Surveyor reviewed R25's April medication administration and treatment administration record (MAR/TAR) and noted nursing initialed that R25's triple antibiotic treatment to R25's buttocks as completed. Surveyor noted that R25's as needed order for R25's menthol-meythl cream was not administered to R25. Surveyor did not locate an assessment or physician order stating R25 is able to administer his own medications. On 4/30/2024 at 8:47 AM Surveyor asked R25 if nursing staff offer assistance with R25's treatment or looks at the area. R25 stated R25 applies the ointment one time a day and sometimes will apply it 3-4 times a day. Surveyor asked R25 if R25 had a different cream to apply if there is pain. R25 stated R25 applies another cream if he has more pain than usual. Surveyor asked R25 if nursing staff ever asks R25 if he applied the treatment or as needed pain cream. R25 stated staff do not ask him if he applied any creams. R25 stated that staff will give him the gloves and reorder the cream when needed. Surveyor asked R25 if he refuses staff to do his treatment or to look at R25's perineal area to assess the neoplasm areas. R25 stated R25 does not mind if staff want to assess the area or assist with cream and that R25 has not refused anyone to do so. On 4/30/2022 at 11:55 AM Surveyor interviewed registered nursed (RN)-H who stated R25 does not allow staff to put on treatments and that R25 does it himself. Surveyor reviewed R25's medical record and did not see any refusals of treatment in the progress notes or a care plan for refusals for R25. On 4/30/2024 at 2:13 PM Surveyor shared concerns with director of nursing (DON)-B regarding R25 applying his own cream to his perineal area without being assessed or physician order to do so. Surveyor also expressed concern to DON-B that nursing staff was signing out that nursing was doing R25's treatments without checking in with R25 if this was completed as ordered or if R25 was applying the as needed cream for pain. No further information provided at this time.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525415	A. Building B. Wing	05/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Menomonee Falls Health Services	N84 W17049 Menomonee Ave Menomonee Falls, WI 53051

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0582 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered. 47094 Based on interview and record review, the facility did not ensure residents whose Medicare part A benefits ended, was provided with written beneficiary protection notifications for 1 (R7) of 3 residents sampled for beneficiary notifications. The facility did not provide R7 a written Advanced Beneficiary Notice (ABN), which includes financial liability information and appeal rights, at the time Medicare Part A coverage ended. Findings include: Notice of Medicare Non-Coverage (NOMNC) (Form CMS 10123-NOMNC) is utilized to provide written notification to resident or resident representative that Medicare Part A coverage is ending in two or more days. The notification includes appeal rights and provides the third party reviewer name and phone number to begin an immediate appeal. Advance Beneficiary Notice (ABN) (Form CMS-10055) is utilized to provide written notification to resident or resident representative of services Medicare A will no longer cover, an estimated cost of those services, and three options which include each choice's effect on appeal rights. On 4/30/2024 at 10:28 AM the regional vice president of success (VPS)-E provided Surveyor beneficiary notification paperwork for sampled residents. VPS-E verified no ABN for was on file for R7. Surveyor was handed a sheet that stated R7's Medicare Part A Skilled Services episode start date was 11/13/2023 and last covered day of part A service was 1/13/2023 but VPS could not find any other forms for R7. On 4/30/2024 at 11:44 AM Surveyor interviewed social services coordinator (SSC)-I who stated SSC-I started in the current position about 3 weeks ago and was not sure where to look for paperwork. SSC-I stated it would appear R7 was never given any paperwork to fill out or sign. SSC-I stated SSC-I would look into it. On 4/30/2024 at 4:02 PM Surveyor shared concerns with nursing home administrator (NHA)-A and VPS-E that R7 was not provided appropriate forms to review and sign when R7's coverage was ending. No further information was provided at this time.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525415	A. Building B. Wing	05/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Menomonee Falls Health Services	N84 W17049 Menomonee Ave Menomonee Falls, WI 53051

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. 47094 Based on observation, and interview the facility did not provide a safe, clean, comfortable homelike environment which had the potential to affect all residents eating in the dining room and 2 (R282, R26) of 4 residents observed for cares. Surveyor observed residents being served meals placed in front of them on trays in the dining room. R282 had a strong urine odor in R282's bedroom and observations of yellow stains on the bed sheet on 4/29/2024 and 5/1/2024. Surveyor noted a urine odor and observed a yellow stain on the bed sheet for R26 when observing cares. Findings include: 1.) On 4/28/2024 at 12:08 PM Surveyors observed dining room staff bring out noon meal food that was set up on trays and started to place the trays in front of residents in the dining room. On 4/29/2024 at 8:23 AM Surveyors observed dining room staff bring out breakfast meal set up on trays and started to place the trays in front of resident in the dining room. On 5/1/2024 at 11:44 AM Surveyor shared concerns with director of nursing (DON)-B about residents being served their meals on trays in the dining room. DON-B stated DON-B noted the same thing and shared concern, and stated DON-B will be addressing it with staff that food should be taken off the tray and served to residents and not on the tray. No further information was provided at this time. 2.) On 4/28/2024 at 1:58 PM Surveyor went into R282's room, after being invited in, and noted a very strong urine odor. R282 was lying on the bed and stated R282 arrived at the facility about 2 weeks ago. Surveyor asked R282 if R282 received assistance with toileting or cares. R282 stated that R282 was able to do it without assistance. On 4/29/2024 at 8:41 AM Surveyor went into R282's room and noted a strong urine odor and observed a large yellow area on R282's bed sheet near the foot of R282's bed. On 5/1/2024 at 10:00 Am Surveyor observed R282 in R282's bedroom working with physical therapy. Surveyor noted a strong urine odor coming from R282's bedroom while standing in the hallway. On 5/1/2024 at 12:16 PM Surveyor observed R282's bed was made and had a large yellow spot in the middle of R282's bed sheet. On 5/1/2024 at 12:18 PM Surveyor interviewed certified nursing assistant (CNA)-N who stated CNA-N has not smelled a urine odor in R282's bedroom. Surveyor asked if CNA-N noticed a yellow marking on R282's bed this morning. CNA-N stated CNA-N did not make R282's bed this morning but would look into it and change it if necessary. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525415	A. Building B. Wing	05/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Menomonee Falls Health Services	N84 W17049 Menomonee Ave Menomonee Falls, WI 53051

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 5/1/2024 at 12:21 PM Surveyor shared concerns with director of nursing (DON)-B regarding R282's bedroom having strong urine odor and yellow spots observed on bedding. No further information was provided at this time. 3.) On 4/29/24 at 9:23 a.m. Surveyor observed CNA (Certified Nursing Assistant)-S & CNA-K place gown & gloves on and enter R26's room. Surveyor asked CNA-K what they were going to do. CNA-K informed Surveyor they were going to reposition R26. The bedding was removed from R26 and R26 was informed by staff they were going to boost her up. CNA-S and CNA-K positioned R26 up in bed and then rolled R26 onto the right side. Surveyor observed there was a yellow stain under R26 and noted an odor of urine. CNA-K asked CNA-S to go get CNA-M and tell her to bring everything. CNA-K stated she was going to cover R26. CNA-K removed her PPE (personal protective equipment) and left R26's room. Surveyor asked CNA-K if the sheet was wet. CNA-K informed Surveyor it looks like dried urine that's why I had her go get name of CNA-M and wondered who had R26 last night.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525415	A. Building B. Wing	05/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Menomonee Falls Health Services	N84 W17049 Menomonee Ave Menomonee Falls, WI 53051

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0623 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 20483 Based on record review and interview, the Facility did not notify residents and resident representatives of a transfer & the reasons for the transfer in writing to include the date, the location to which the resident is being transferred, a statement of the resident's appeal rights including the name, mailing and email address, and telephone number of the entity to which the appeal would be submitted, and information on how to obtain an appeal form, and the name, mailing and email address, and telephone number of the Office of the State Long-Term Care Ombudsman for 3 (R7, R21, and R5) of 3 residents reviewed for hospitalization . * R7 was hospitalized on [DATE] and no written transfer notice was provided to R7 and R7's representative. * R21 was hospitalized on [DATE] and no written transfer notice was provided to R21 and R21's representative. * R5 was hospitalized on [DATE], 4/1/24, & 4/5/24 and no written transfer notices were provided to R5 and R5's representative. Findings include: The Transfer and Discharge (including AMA (against medical advise)) policy last reviewed/revised 7/15/22 under Policy Explanation and Compliance Guidelines for Emergency Transfers/Discharges documents j. Provide transfer notice as soon as practicable to resident and representative. 1.) R7 was originally admitted to the facility on [DATE]. The nurses note dated 10/30/23 at 22:25 (10:25 p.m.) documents Writer received stat labs back for BMP (basic metabolic panel) & BNP (B-type Natriuretc Peptide). Writer called and updated on call [medical group name]- NOR (new order received) to send out per [name]. Writer called [hospital initials] and gave ER (emergency room) RN (Registered Nurse) [Name] report. Writer called [Name] nurse [nurses first name] and left a message. Writer called [ambulance company] and is waiting on arrival. Resident updated. This note was written by RN-R. The nurses note dated 10/30/23 at 22:45 (10:45 p.m.) documents Resident transported by ambulance to ER Department. Family aware of transfer to hospital. This nurses note was written by LPN (Licensed Practical Nurse)-U. The nurses note dated 10/31/23 at 06:24 (6:24 a.m.) documents Resident admitted to hospital with a mild heart attack and is in ICU (intensive care unit). This nurses note was written by LPN-U. R7 was readmitted to the facility on [DATE]. Surveyor reviewed R7's medical record and was unable to locate written transfer information provided to R7 and R7's representative. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525415	A. Building B. Wing	05/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Menomonee Falls Health Services	N84 W17049 Menomonee Ave Menomonee Falls, WI 53051

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0623 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 5/1/24 at 9:51 a.m. Surveyor asked LPN-T if she could explain the process when a resident is being transferred to the hospital. LPN-T informed Surveyor she calls [name of medical group] gives them the concerns and typically they give an order to send to the hospital. LPN-T informed Surveyor they print out the face sheet, medication list, a medication summary with the last time medications were given, if the resident is DNR (do not resuscitate) or has a POA (power of attorney) she will print out this information and send this information to the hospital. LPN-T informed Surveyor if the POA is activated she will let them know the Resident needs to go to the hospital. Surveyor asked LPN-T who provides written transfer information to the Resident and their representative. LPN-T informed Surveyor someone else would do it. On 5/1/24 at 9:58 a.m. Surveyor asked DON (Director of Nursing)-B where Surveyor would be able to locate the written transfer information provided to a Resident and their representative. DON-B replied going to be honest I just recently learned about this and reporting to the ombudsman as well. Surveyor asked DON-B if the Facility has been notifying the ombudsman. DON-B informed Surveyor they have not and the first report to the ombudsman was on the 26th (referring to 4/26). 2.) R21 was admitted to the facility on [DATE]. The nurses note dated 11/19/23 at 21:00 (9:00 p.m.) documents Call placed to on call MD (medical doctor) to update on fall and orders to send to hospital for eval (evaluate) and treat. This nurses note was written by LPN (Licensed Practical Nurse)-U. The nurses note dated 11/19/23 at 21:05 (9:05 p.m.) documents Resident family member [Name] was updated on resident fall and sending to hospital. This nurses note was written by LPN (Licensed Practical Nurse)-U. The nurses note dated 11/19/23 at 21:25 (9:25 p.m.) documents Resident is being transferred to the hospital by Menomonee Falls 911 EMT's (emergency medical technicians). This nurses note was written by LPN (Licensed Practical Nurse)-U. The nurses note dated 11/20/23 at 00:25 (12:25 a.m.) documents Call placed to hospital for an update on resident and was informed resident is admitted to the hospital on the Ortho floor. [Name] was also called and informed. This nurses note was written by LPN (Licensed Practical Nurse)-U. R21 returned to the facility on [DATE]. Surveyor reviewed R21's medical record and was unable to locate written transfer information provided to R21 and R21's representative. On 5/1/24 at 9:51 a.m. Surveyor asked LPN-T if she could explain the process when a resident is being transferred to the hospital. LPN-T informed Surveyor she calls [name of medical group] gives them the concerns and typically they give an order to send to the hospital. LPN-T informed Surveyor they print out the face sheet, medication list, a medication summary with the last time medications were given, if the resident is DNR (do not resuscitate) or has a POA (power of attorney) she will print out this information and send this information to the hospital. LPN-T informed Surveyor if the POA is activated she will let them know the Resident needs to go to the hospital. Surveyor asked LPN-T who provides written transfer information to the Resident and their representative. LPN-T informed Surveyor someone else would do it. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525415	A. Building B. Wing	05/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Menomonee Falls Health Services	N84 W17049 Menomonee Ave Menomonee Falls, WI 53051

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0623 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 5/1/24 at 9:58 a.m. Surveyor asked DON (Director of Nursing)-B where Surveyor would be able to locate the written transfer information provided to a Resident and their representative. DON-B replied going to be honest I just recently learned about this and reporting to the ombudsman as well. Surveyor asked DON-B if the Facility has been notifying the ombudsman. DON-B informed Surveyor they have not and the first report to the ombudsman was on the 26th (referring to 4/26). 38146 3.) R5 admitted to the facility on [DATE]. Diagnoses include: Type 2 Diabetes Mellitus with chronic Diabetic Neuropathy, Diabetic Retinopathy, Chronic Kidney Disease, Restless Leg Syndrome, Rheumatoid Arthritis, Spinal Stenosis lumbar region, Anemia, Atherosclerotic Heart Disease, Major Depressive Disorder and Hydronephrosis with renal and ureteral calculous obstruction. On 4/28/24 at 11:24 AM during interview, R5 reported she has been back to the hospital a few times since admission. Review of R5's medical record revealed she was hospitalized 3 times since admission: 3/14 - 3/20/24, 4/1-4/2/24, and 4/5 - 4/11/24. Surveyor reviewed R5's medical record and was unable to locate evidence of transfer notices provided to R5. On 4/29/24 at 11:06 AM Surveyor spoke with Social Services-I and asked who was responsible for providing transfer notices when residents are hospitalized . Social Services-I reported the facility sends the medication profile, face sheet and a list of medications, but was not sure about transfer notice. Social Services-I reported she would find out and get back to Surveyor. On 4/29/24 at 3:05 PM During the daily exit meeting with the facility, Director of Nursing (DON)-B reported she was not sure who does transfer notices and did not understand what Surveyor was looking for. Regional VP-E reported she understood what Surveyor was asking and will look for the information. On 4/30/24 at 8:00 AM the facility provided SNF/NF (Skilled Nursing Facility/Nursing Facility) to hospital transfer forms for R5's hospitalization s. The forms provided did not contain the required regulatory information to include a statement of the resident's appeal rights, the name, address and telephone number of the entity which receives such requests and the name, address and telephone number of the Office of the State Long-Term Care Ombudsman. Surveyor advised the facility of concern the facility did not provide R5 transfer notices with the required regulatory information. Surveyor was advised the facility has no other transfer forms. No additional information was provided.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525415	A. Building B. Wing	05/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Menomonee Falls Health Services	N84 W17049 Menomonee Ave Menomonee Falls, WI 53051

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0625 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Notify the resident or the resident's representative in writing how long the nursing home will hold the resident's bed in cases of transfer to a hospital or therapeutic leave. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 20483 Based on record review and interview, the Facility did not notify residents and resident representatives of the duration of the bed-hold policy during which the resident was permitted to return to the facility and the reserve bed payment policy for 3 (R7, R21, and R5) of 3 residents reviewed for hospitalization . * R7 was hospitalized on [DATE] and no bed hold notice was provided to R7 and R7's representative. * R21 was hospitalized on [DATE] and no bed hold notice was provided to R21 and R21's representative. * R5 was hospitalized on [DATE], 4/1/24, & 4/5/24 and no bed hold notices were provided to R5 and R5's representative. Findings include: The Transfer and Discharge (including AMA (against medical advise)) policy last reviewed/revised 7/15/22 under Policy Explanation and Compliance Guidelines for Emergency Transfers/Discharges documents i. Provide a notice of the resident's bed hold policy to the resident and representative at the time of transfer, as possible, but no later than 24 hours of the transfer. 1.) R7 was originally admitted to the facility on [DATE]. The nurses note dated 10/30/23 at 22:25 (10:25 p.m.) documents Writer received stat labs back for BMP (basic metabolic panel) & BNP (B-type Natriuretc Peptide). Writer called and updated on call [medical group name]- NOR (new order received) to send out per [name]. Writer called [hospital initials] and gave ER (emergency room) RN (Registered Nurse) [Name] report. Writer called [Name] nurse [nurses first name] and left a message. Writer called [ambulance company] and is waiting on arrival. Resident updated. This note was written by RN-R. The nurses note dated 10/30/23 at 22:45 (10:45 p.m.) documents Resident transported by ambulance to ER Department. Family aware of transfer to hospital. This nurses note was written by LPN (Licensed Practical Nurse)-U. The nurses note dated 10/31/23 at 06:24 (6:24 a.m.) documents Resident admitted to hospital with a mild heart attack and is in ICU (intensive care unit). This nurses note was written by LPN-U. R7 was readmitted to the facility on [DATE]. Surveyor reviewed R7's medical record and was unable to locate the bed hold policy with appeal rights was provided to R7 or R7's representative. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525415	A. Building B. Wing	05/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Menomonee Falls Health Services	N84 W17049 Menomonee Ave Menomonee Falls, WI 53051

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0625 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 5/1/24 at 9:51 a.m. Surveyor asked LPN-T if she could explain the process when a resident is being transferred to the hospital. LPN-T informed Surveyor she calls [name of medical group] gives them the concerns and typically they give an order to send to the hospital. LPN-T informed Surveyor they print out the face sheet, medication list, a medication summary with the last time medications were given, if the resident is DNR (do not resuscitate) or has a POA (power of attorney) she will print out this information and send this information to the hospital. LPN-T informed Surveyor if the POA is activated she will let them know the Resident needs to go to the hospital. Surveyor asked LPN-T who would provide the Resident with the bed hold policy. LPN-T informed Surveyor that would be the Social Worker or Admission Coordinator stating we don't handle that. On 5/1/24 at 9:58 a.m. Surveyor asked DON (Director of Nursing)-B where Surveyor would be able to locate the bed hold policy with appeal rights provided to a Resident and their representative. DON-B replied going to be honest I just recently learned about this. Surveyor was not provided with any bed hold policy information for R7. 2.) R21 was admitted to the facility on [DATE]. The nurses note dated 11/19/23 at 21:00 (9:00 p.m.) documents Call placed to on call MD (medical doctor) to update on fall and orders to send to hospital for eval (evaluate) and treat. This nurses note was written by LPN (Licensed Practical Nurse)-U. The nurses note dated 11/19/23 at 21:05 (9:05 p.m.) documents Resident family member [Name] was updated on resident fall and sending to hospital. This nurses note was written by LPN (Licensed Practical Nurse)-U. The nurses note dated 11/19/23 at 21:25 (9:25 p.m.) documents Resident is being transferred to the hospital by Menomonee Falls 911 EMT's (emergency medical technicians). This nurses note was written by LPN (Licensed Practical Nurse)-U. The nurses note dated 11/20/23 at 00:25 (12:25 a.m.) documents Call placed to hospital for an update on resident and was informed resident is admitted to the hospital on the Ortho floor. [Name] was also called and informed. This nurses note was written by LPN (Licensed Practical Nurse)-U. R21 returned to the facility on [DATE]. Surveyor reviewed R21's medical record and was unable to locate the bed hold policy with appeal rights was provided to R21 or R21's representative. On 5/1/24 at 9:51 a.m. Surveyor asked LPN-T if she could explain the process when a resident is being transferred to the hospital. LPN-T informed Surveyor she calls [name of medical group] gives them the concerns and typically they give an order to send to the hospital. LPN-T informed Surveyor they print out the face sheet, medication list, a medication summary with the last time medications were given, if the resident is DNR (do not resuscitate) or has a POA (power of attorney) she will print out this information and send this information to the hospital. LPN-T informed Surveyor if the POA is activated she will let them know the Resident needs to go to the hospital. Surveyor asked LPN-T who would provide the Resident with the bed hold policy. LPN-T informed Surveyor that would be the Social Worker or Admission Coordinator stating we don't handle that. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525415	A. Building B. Wing	05/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Menomonee Falls Health Services	N84 W17049 Menomonee Ave Menomonee Falls, WI 53051

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0625 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 5/1/24 at 9:58 a.m. Surveyor asked DON (Director of Nursing)-B where Surveyor would be able to locate the bed hold policy with appeal rights provided to a Resident and their representative. DON-B replied going to be honest I just recently learned about this. Surveyor was not provided with any bed hold policy information for R21. 38146 3.) R5 admitted to the facility on [DATE]. Diagnoses include: Type 2 Diabetes Mellitus with chronic Diabetic Neuropathy, Diabetic Retinopathy, Chronic Kidney Disease, Restless Leg Syndrome, Rheumatoid Arthritis, Spinal Stenosis lumbar region, Anemia, Atherosclerotic Heart Disease, Major Depressive Disorder and Hydronephrosis with renal and ureteral calculous obstruction. On 4/28/24 at 11:24 AM during interview, R5 reported she has been back to the hospital a few times since admission. Review of R5's medical record revealed she was hospitalized 3 times since admission: 3/14 - 3/20/24, 4/1-4/2/24, and 4/5 - 4/11/24. Surveyor reviewed R5's medical record and was unable to locate evidence of bed hold information provided to R5. On 4/29/24 at 11:06 AM Surveyor spoke with Social Services-I and asked who was responsible for providing bed hold information when residents are hospitalized . Social Services-I reported she was not sure, but would find out and get back to Surveyor. On 4/29/24 at 3:05 PM During the daily exit meeting with the facility, Surveyor asked for evidence of bed hold information provided to R5. Regional VP-E reported she will look for the information. 04/30/24 08:00 AM Surveyor was advised the facility does not have evidence bed hold information was provided to R5. No additional information was provided.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525415	A. Building B. Wing	05/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Menomonee Falls Health Services	N84 W17049 Menomonee Ave Menomonee Falls, WI 53051

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 20483 Based on interview and record review the Facility did not ensure 1 (R21) of 3 residents reviewed for Preadmission Screen and Resident Review (PASARR) had an updated level 1 screen or a level II referral when R21 was diagnosed with psychotic disorder with delusions on 6/26/23. Findings include: The Facility does not have a PASARR policy. R21 was originally admitted to the facility on [DATE]. Diagnoses on admission were chronic kidney disease, stage 3, hypertensive heart, heart failure, gastroesophageal reflux disease, atrial fibrillation, nonrheumatic aortic (valve) stenosis, and hypothyroidism. R21's level 1 PASARR dated 6/23/22 checks no for mental illness and checks no for all questions on the Level one screen. Surveyor noted at this time a level 2 screen was not required for R21. The physician orders dated 3/27/23 documents Venlafaxine HCl oral tablet 37.5 mg (milligrams) (Venlafaxine HCl) Give 37.5 mg by mouth two times a day for depression, anxiety give with brk (breakfast) and after noon meal. On 6/23/23 R21 was diagnosed with psychotic disorder with delusions. The physician order dated 4/4/24 documents Abilify oral tablet 5 mg (Aripiprazole) Give 2.5 mg by mouth one time a day for frequent delusions, difficult to redirect, pt distress. Abilify is an atypical antipsychotic medication. On 4/28/24 Surveyor reviewed R21's medical record and was unable to locate an updated level 1 screen for R21 or a level 2. On 4/30/24 at 9:31 a.m. Surveyor informed SS (Social Service)-I Surveyor had noted a level 1 PASARR dated 6/23/22 which indicated R21 didn't have any mental illness. On 6/26/23 R21 was diagnosed with psychotic disorder with delusions. Surveyor inquired whether an updated level one screen would have been completed and also a level 2 as Surveyor was not able to locate these and was only able to locate the initial level 1 screen completed on 6/23/22. SS-I informed Surveyor she believes the first week she was at the Facility she completed a level 1 for R21 and she submitted all the paper work to the name of Prior Nursing Home Administrator (NHA)-Y. Surveyor asked SS-I if a level 2 was submitted for R21. SS-I replied not that I see on file and explained she is still trying to follow up on who she can get information from. Surveyor asked SS-I to look into whether a new level one screen and level 2 PASARR were completed for R21 and get back to Surveyor. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525415	A. Building B. Wing	05/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Menomonee Falls Health Services	N84 W17049 Menomonee Ave Menomonee Falls, WI 53051

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 4/30/24 at 1:51 p.m. SS-I informed Surveyor she didn't see where Prior NHA-Y ever uploaded any of the paperwork. Surveyor asked if a level 1 screen was done for R21 prior. SS-I informed Surveyor she didn't see one. Surveyor asked SS-I if she completed a level 1 today. SS-I replied yes. Surveyor asked SS-I if she completed a level 2 for R21 today. SS-I replied, no not yet. On 4/30/24 at 4:06 p.m. NHA-A, DON (Director of Nursing)-B and Regional VP (Vice President)-E were informed of the above.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525415	A. Building B. Wing	05/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Menomonee Falls Health Services	N84 W17049 Menomonee Ave Menomonee Falls, WI 53051

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38146 Based on interview and record review the facility did not ensure residents who are unable to carry out activities of daily living receive the necessary services to maintain good grooming for 1 of 1 (R10) residents reviewed for ADL's (Activity of Daily Living). R10 did not consistently receive showers. Findings include: R10 admitted to the facility on [DATE] and has diagnoses that include: Aftercare following surgical amputation, Type 2 Diabetes Mellitus, Chronic Kidney Disease, Hypertensive Heart Disease, chronic Congestive Heart Failure, dependence on renal dialysis, Cardiomyopathy, morbid obesity, lumbago with sciatica and spinal stenosis. The facility policy titled Activities of Daily Living (ADLS) revised 7-26/22 documents (in part) . .The facility will, based on the resident's comprehensive assessment and consistent with the resident's needs and choices, ensure a resident's abilities in ADLs do not deteriorate unless deterioration is unavoidable. Care and services will be provided for the following activities of daily living: 1. Bathing, dressing, grooming and oral care. Policy Explanation and Compliance Guidelines: 3. A resident who is unable to carry out activities of daily living will receive the necessary services to maintain good nutrition, grooming and personal oral hygiene. R10's Care Plan documents: ADL self-care deficit as evidenced by bilateral amputee, poor mobility, weakness - revised 2/8/24. Interventions include: Bathing/Showering: Upper extremity set up, lower extremity extensive assist of 1- revised 2/18/24. R10's visual/bedside Kardex documents: ADL - Shower/bath on Sunday PM (evening) and Wednesday PM. Upper extremity set up, lower extremity extensive assist of 1. R10's Admission MDS (Minimum Data Set) dated 2/20/24 documents: How important is it to you to choose between a tub bath, shower, bed bath, or sponge bath? Very important. On 4/28/24 at 10:31 AM during interview with R10, he reported he would like a shower and hasn't had one since he admitted to the facility. R10 reported staff told him they don't have a way to give him a shower. R10 stated They don't even offer me one. I do get washed up, they help me with that and getting dressed and up in the chair. Review of facility progress notes documented only 1 entry regarding showers and/or refusal: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525415	A. Building B. Wing	05/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Menomonee Falls Health Services	N84 W17049 Menomonee Ave Menomonee Falls, WI 53051

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	2/21/24 at 9:30 PM Health Status Note Text: Resident refused his shower and bed bath this shift after attempting twice. Resident is his own decision maker and aware of risk of refusing shower/bath. The facility Point of Care (POC) documents: ADL- Shower/Bath on Sunday PM and Wednesday PM. Surveyor review of POC documentation for the month of April 2024 documents: 4/3, 4/10 and 4/17 (Wednesdays) indicates a check mark under total dependence. 4/24 indicates a check mark under refused. There was no documentation R10 received a shower on Sunday PM's. Surveyor asked Registered Nurse (RN)-H how the facility documents if showers are completed. RN-H provided Surveyor a book with the shower log. Surveyor confirmed the log indicates R10 is to receive a shower on Sunday and Wednesday PM. Surveyor asked RN-H how does the facility keep track if showers are completed. RN-H reported the aides are supposed to document on the shower assignment when they give a shower or if a resident refuses their shower. Surveyor reviewed the forms titled Shower assignment which included columns for the date, resident, aide, notes, shower completed? Yes/no and nurse sign off. Surveyor reviewed all of the shower assignment entries from 2/4/24 through 4/26/24. Surveyor noted R10's name entered on the assignment sheets only twice. Wednesday 4/3/24 documents: (R10) - bed bath: sleep and a check mark under shower completed. Sunday 4/7/24 (R10) refused. Shower completed? No. On 4/29/24 at 11:49 AM Surveyor asked R10 if he received his shower last night (Sunday). R10 reported he did not get a shower and no-one offered him a shower. R10 added: I don't know when I'm supposed to get a shower. Surveyor noted there was no documentation R10 either received or refused a shower on Sunday 4/28/24. On 4/29/24 at 3:05 PM during the daily exit meeting with Nursing Home Administrator (NHA)-A, Director of Nursing (DON)-B and Regional VP-E, Surveyor advised of the above concern regarding R10 not receiving showers. On 4/30/24 at 12:08 PM Surveyor asked VP Clinical Services-C if the facility has a policy and procedure for showers. VP Clinical Services-C reported the facility does not have a policy. Surveyor asked how often the facility offers and provides showers to residents. VP Clinical Services-C stated: You mean like once or twice a week? Surveyor confirmed yes. VP Clinical Services-C reported it would depend on their preference, what they want. On 4/30/24 at 12:45 PM Surveyor advised DON-B of concern R10 reported not receiving showers, and lack of evidence R10 is receiving showers twice weekly as indicated. No additional information was provided.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525415	A. Building B. Wing	05/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Menomonee Falls Health Services	N84 W17049 Menomonee Ave Menomonee Falls, WI 53051

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0678 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide basic life support, including CPR, prior to the arrival of emergency medical personnel , subject to physician orders and the resident's advance directives. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48391 Based on observation, interview and record review, the facility failed to provide proper code status documentation for 5 (R5, R10, R21, R23, and R26) of 5 residents reviewed for code status. R5's medical record indicated there was no form reviewed or signed by R5 indicating her code status wishes. R10's medical record indicated there was no form reviewed or signed by R10 indicating her code status wishes. R21's medical record indicated there was no Do Not Resuscitate (DNR) form signed by R21 indicating their code status wishes. R23's medical record did not have a code status order or indication of R23's wishes for resuscitation. R26's medical record indicated there was no DNR form reviewed or signed by R26 indicating their code status wishes. Findings include: The facility policy titled Cardiopulmonary Resuscitation (CPR) revised [DATE] documents (in part) . .It is the policy of this facility to adhere to residents' rights to formulate advance directives. In accordance to these rights, this facility will implement guidelines regarding cardiopulmonary resuscitation (CPR). 1.) R23 was admitted to the facility on [DATE] with diagnosis of rhabdomyolysis, chronic kidney disease, asthma, type 2 diabetes, bipolar disorder, and pericardial effusion. On [DATE] at 8:30 am, nursing staff provided Surveyor a care card listing residents in the facility upon entrance of the survey. Surveyor noted R23 did not have a code status listed or indication of R23's code status wishes. On [DATE], Surveyor reviewed R23's medical record including R23's dashboard in Point Click Care (PCC) and physician orders. R23's code status was not documented in R23's medical record. On [DATE] at 12:55 pm, Surveyor interviewed Registered Nurse (RN)-DD. RN-DD indicated staff find the resident's code status on the dashboard of PCC or in resident orders. RN-DD was unable to provide the code status on the dashboard of PCC or in physician orders for R23. RN-DD notified Surveyor; she would look into the code status for R23 as she was unable to locate the code status for R23 in R23's medical record. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525415	A. Building B. Wing	05/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Menomonee Falls Health Services	N84 W17049 Menomonee Ave Menomonee Falls, WI 53051

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0678 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On [DATE] at 2:04 pm, Surveyor reviewed R23's medical record and noted a new order placed for full code status entered on [DATE] at 1:44 pm. Surveyor notes this new order was placed on [DATE] at 1:44 pm by Director of Nursing (DON)-B. On [DATE] at 10:59 am, Surveyor spoke with Social Services-I who indicated the nurse is usually responsible for obtaining the code status with residents however, Social Services will sometimes discuss code status with the residents. Social Services-I indicated the code status is discussed with the resident upon admission and states she is unsure if there is any documentation indicating there is verbal communication with the resident and facility staff. Social Services-I stated she will then ask the nursing staff to enter in the code status order for the doctor to sign if social services is the one addressing the code status with the resident. Social Services-I stated she is not aware of any further documentation of code status for the residents. On [DATE] at 3:14 pm, DON-B notified Surveyor the care card is a report sheet that is gathered from the medical record of each resident. DON-B stated nursing staff are generating the report sheets and gathering the information from PCC. On [DATE] at 4:10 pm, Surveyor notified DON-B of concerns with R23 not having a code status entered in R23's medical record. Surveyor noted to DON-B the code status order was placed after Surveyor spoke with RN-DD who was unable to locate or notify Surveyor of R23's current code status. Surveyor requested additional information if available. No additional information was provided. 20483 2.) R21 was originally admitted to the facility on [DATE] and has a readmitted [DATE]. R21's power of attorney for healthcare was activated on [DATE]. R21's diagnoses includes diabetes mellitus, chronic kidney disease, atrial fibrillation, hypertensive heart, heart failure, anxiety disorder, psychotic disorder with delusions, and depressive disorder. The dashboard of the electronic record by R21's picture documents DNR (do not resuscitate). The state DNR form was signed by R21 on [DATE]. The physician signature line is blank. The state DNR form was never signed by R21's physician. The physician orders dated [DATE] documents DNR. The significant change MDS (minimum data set) with an assessment reference date of [DATE] has a BIMS (brief interview mental status) score of 3 which indicates severe cognitive impairment. The advanced directives care plan initiated [DATE] documents the following interventions * Follow facility protocol for identification of code status. Initiated [DATE]. * Keep resident and resident representative/family informed of changes to condition and review advanced directives as necessary. Initiated [DATE]. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525415	A. Building B. Wing	05/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Menomonee Falls Health Services	N84 W17049 Menomonee Ave Menomonee Falls, WI 53051

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0678 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	* Obtain advanced directive with physician order and resident/responsible party signature. Initiated [DATE]. * Provide emotional support as needed. Initiated [DATE]. On [DATE] at 9:27 a.m. Surveyor asked SS (Social Service)-I to explain the Facility's code status process. SS-I informed Surveyor from what she has learned upon admission if there code status is on file they will go over this with the resident or their guardian/POA. If they are DNR they will have them sign the DNR form and the MD (medical doctor) as well. Surveyor inquired if there are resuscitation forms. SS-I informed Surveyor there are and they would check resuscitation if they don't want DNR. Surveyor inquired if residents wear a DNR bracelet. SS-I informed Surveyor they do use bracelets but was told they attach them to the file up front as most residents don't like to wear them. Surveyor asked SS-I who reviews this paper work with the resident and/or their POA. SS-I replied it would be me and explained if she out of the office then the nurse would go over it. Surveyor asked SS-I if a resident wishes to be a DNR are they considered a full code until the DNR form is signed by the doctor. SS-I replied yes. On [DATE] at 2:11 p.m. Surveyor asked DON (Director of Nursing)-B what the process is for code status at the Facility. DON-B informed Surveyor when she originally stated at the Facility she found out only the DON could get a resident's code status which made no sense so she changed this. DON-B explained the nurses are to ask the POA or resident about the code status. DON-B informed Surveyor the discharge summary usually has their code status and then they would discuss with the resident and/or family. DON-B informed Surveyor this process is going to change as SS-I will be confirming all code status. DON-B informed Surveyor if a resident wishes to be a DNR they will need to contact the physician and get an order and would have to follow up on the paperwork. DON-B informed Surveyor they do have one physician that they can scan the paper work to and the physician will sign it. Surveyor asked DON- B if the paper work she is referring to is the State DNR form. DON-B informed Surveyor it was. Surveyor asked DON-B if the physician has not signed the State DNR form is the resident a full code until this form is signed. DON-B replied absolutely and that is the education she has been educating the nurses to tell the resident or family. At 2:15 p.m. Surveyor informed DON-B R21 has an order for DNR but the State DNR form was never signed by the physician. 3.) R26 was originally admitted to the facility on [DATE] and has a readmitted [DATE]. R26's POA (power of attorney) for healthcare was activated on [DATE]. R26's diagnoses includes chronic kidney disease stage 5, diabetes mellitus, lymphedema, and epilepsy. The dashboard of the electronic record by R26's picture documents DNR (do not resuscitate). The physician order dated [DATE] documents DNR. Surveyor was unable to locate any signed DNR forms including the State DNR form in R26's medical record. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525415	A. Building B. Wing	05/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Menomonee Falls Health Services	N84 W17049 Menomonee Ave Menomonee Falls, WI 53051

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0678 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	The advanced directive care plan initiated [DATE] documents the following interventions * Follow advanced directives per MD (medical doctor) orders. Initiated [DATE]. * Keep resident and resident representative/family informed of changes to condition and review advanced directive as necessary. Initiated [DATE]. * Refer to hospice and palliative care if desired. Initiated [DATE]. * Review code status at least quarterly and as directive by resident's/responsible party's wishes. Initiated [DATE]. On [DATE] at 9:27 a.m. Surveyor asked SS (Social Service)-I to explain the Facility's code status process. SS-I informed Surveyor from what she has learned upon admission if there code status is on file they will go over this with the resident or their guardian/POA. If they are DNR they will have them sign the DNR form and the MD (medical doctor) as well. Surveyor inquired if there are resuscitation forms. SS-I informed Surveyor there are and they would check resuscitation if they don't want DNR. Surveyor inquired if residents wear a DNR bracelet. SS-I informed Surveyor they do use bracelets but was told they attach them to the file up front as most residents don't like to wear them. Surveyor asked SS-I who reviews this paper work with the resident and/or their POA. SS-I replied it would be me and explained if she out of the office then the nurse would go over it. Surveyor asked SS-I if a resident wishes to be a DNR are they considered a full code until the DNR form is signed by the doctor. SS-I replied yes. On [DATE] at 2:11 p.m. Surveyor asked DON (Director of Nursing)-B what the process is for code status at the Facility. DON-B informed Surveyor when she originally stated at the Facility she found out only the DON could get a resident's code status which made no sense so she changed this. DON-B explained the nurses are to ask the POA or resident about the code status. DON-B informed Surveyor the discharge summary usually has their code status and then they would discuss with the resident and/or family. DON-B informed Surveyor this process is going to change as SS-I will be confirming all code status. DON-B informed Surveyor if a resident wishes to be a DNR they will need to contact the physician and get an order and would have to follow up on the paperwork. DON-B informed Surveyor they do have one physician that they can scan the paper work to and the physician will sign it. Surveyor asked DON- B if the paper work she is referring to is the State DNR form. DON-B informed Surveyor it was. Surveyor asked DON-B if the physician has not signed the State DNR form is the resident a full code until this form is signed. DON-B replied absolutely and that is the education she has been educating the nurses to tell the resident or family. At 2:14 p.m. Surveyor informed DON-B Surveyor is not able to locate any signed DNR paperwork for R26. 38146 4.) R5 admitted to the facility on [DATE]. Diagnoses include: Type 2 Diabetes Mellitus with chronic Diabetic Neuropathy, Diabetic Retinopathy, Chronic Kidney Disease, Restless Leg Syndrome, Rheumatoid Arthritis, Spinal Stenosis lumbar region, Anemia, Atherosclerotic Heart Disease, Major Depressive Disorder and Hydronephrosis with renal and ureteral calculous obstruction. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525415	A. Building B. Wing	05/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Menomonee Falls Health Services	N84 W17049 Menomonee Ave Menomonee Falls, WI 53051

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0678 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	The facility policy titled Cardiopulmonary Resuscitation (CPR) revised [DATE] documents (in part) . .It is the policy of this facility to adhere to residents' rights to formulate advance directives. In accordance to these rights, this facility will implement guidelines regarding cardiopulmonary resuscitation (CPR). R5's code status documented on the dashboard of Point Click Care (PCC) indicates Full Code. Surveyor reviewed R5's medical record. There was no form reviewed or signed by R5 to indicate her wishes to be a full code, or evidence the facility had a discussion with R5 that indicated her wishes are to be a full code. 5.) R10 admitted to the facility on [DATE] and has diagnoses that include: Aftercare following surgical amputation, Type 2 Diabetes Mellitus, Chronic Kidney Disease, Hypertensive Heart Disease, chronic Congestive Heart Failure, dependence on renal dialysis, Cardiomyopathy, morbid obesity, lumbago with sciatica and spinal stenosis. R10's code status documented on the dashboard of PCC indicates Full Code. Surveyor reviewed R10's medical record. There was no form reviewed or signed by R10 to indicate his wishes to be a full code, or evidence the facility had a discussion with R10 that indicated his wishes are to be a full code. On [DATE] at 10:54 AM Surveyor spoke with Registered Nurse (RN)-H. Surveyor asked how the facility determines a residents' code status upon admission. RN-H reported the admitting nurse will ask the resident what they want to be, a full code or DNR (Do Not Resuscitate) and then it gets entered into the computer. Surveyor asked if there is a form the resident is to sign to indicate they want CPR. RN-H stated: No, the DON (Director of Nursing) deals with any forms. On [DATE] at 11:06 AM Surveyor spoke with Social Services-I and asked who is responsible to review residents' code status wishes upon admission. Social Services-I stated: Usually the nurse, but I also do it. I'll ask them (residents) and enter it in the computer for the doctor to sign the order. Surveyor asked if the facility have residents document their wishes or sign anything to indicate their code status, aside from only verbal confirmation. Social Services-I stated: Not that I know of. On [DATE] at 12:59 PM Surveyor asked DON-B if the facility has a form to indicate resident wishes for CPR. DON-B reported the corporation does not have a form. DON-B reported the facility asks the resident what their code status choice is and confirms it with the hospital discharge summary. DON-B reported the facility is in the process of having a Social Services-I do the entire admission process. On [DATE] at 3:05 PM during the daily exit meeting, Surveyor advised the facility of concern the facility does not have a procedure in place that documents a resident's choice regarding CPR. The choice is made only by verbal confirmation of staff and then entered in PCC. No additional information was provided.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525415	A. Building B. Wing	05/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Menomonee Falls Health Services	N84 W17049 Menomonee Ave Menomonee Falls, WI 53051

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47094 Based on observation, record, and interview, the facility did not ensure residents received treatment and care in accordance with professional standards of practice for assessing non-pressure wounds for 3 (R25, R19, and R26) of 13 sampled residents. *R19 does not have a comprehensive care plan in place for diuretic use or lymphedema treatments and monitoring for adverse reactions. R19's care plan and care Kardex were not revised to R19's current treatment, and no orders for R19's treatment or interventions could be located. *R25 has a neoplasm on R25's perineal area that was not being assessed by nursing staff. *R26 has a venous stasis ulcer, treatments were not completed according to orders, there was no comprehensive assessment, and Surveyor had observations of R26's wound not being cleaned during wound treatment. Findings include: The facility policy entitled Pressure Injuries and Non pressure Injuries revised on 7/20/2022 states: The center will complete a comprehensive assessment to identify risk factors for the development of pressure injuries and put in place measures intended to achieve the goal of prevention of pressure injuries in our residents. For those residents admitted with, or who subsequently developed . impaired skin integrity, they will receive care, treatment, and services that seek to promote healing, prevent infection, and prevent further development of . impaired skin integrity. The following protocols should guide prevention and treatment efforts, unless specified by a physician otherwise. Policy Explanation and Compliance Guidelines: 1. Upon admission a. A head to toed body evaluation will be completed on every resident upon admission/readmission and will be documented . 2. Weekly a. Complete a head to toe skin check and document findings on the skin review . b. Assess current wounds at least every seven days, or more frequently as needed. If a wound fails to show some evidence of progress toward healing within 2-4 weeks, the area and the resident's overall clinical condition should be reassessed. Re-evaluation of the treatment plan includes determining whether to continue or modify the current interventions/ treatments used. The complexity of the resident's condition may limit responsiveness to treatment or tolerance for certain treatment modalities. 3. Quarterly . b. review and update plan of care (if indicated) related to skin risk . 4. As needed or upon significant change of condition . b. review and update plan of care (if indicated) related to skin risk. Care Planning- A Comprehensive Skin Integrity Care Plan is based on residents' history, review of skin assessment, Braden scale scoring, nutritional assessments, resident and family interviews, and staff observations. 2. Develop interventions based on individual Risk Factors including, but not limited to, weight, presence of edema, overall health status/comorbidities, use of medical devices, presence of acute infection, end- of life/hospice, resident choice/preferences, or medications that may impact healing. a. In the context of the resident's choices, clinical condition, and physician input, the residents care plan should establish relevant goals and approaches to stabilize or improve comorbidities. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525415	A. Building B. Wing	05/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Menomonee Falls Health Services	N84 W17049 Menomonee Ave Menomonee Falls, WI 53051

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	1.) R25 was admitted to the facility on [DATE] and has the following diagnoses discitis-cervical region, carcinoma in situ of anus and anal canal, anemia, Hodgkin lymphoma, recurrent depressive disorder, and paresthesia of the skin (sensations just under the skin). R25's quarterly minimum data set (MDS) dated [DATE] indicated R25 had intact cognition with a Brief Interview for Mental Status (BIMS) score of 15 and the facility assessed R25 being independent with all activities of daily living (ADLs) and set up assistance with shower/bathing. R25 was continent of urine and frequently incontinent of bowel and wore adult briefs for protection. The facility assessed R25 to be at risk for impaired skin integrity/ pressure injuries with a quarterly Braden assessment done on 1/12/2024 with a score of 20. On 4/28/2024 at 10:42 AM Surveyor spoke with R25. R25 stated R25 has lesions on the bottom area that gets treatments because R25 has lesions from anal cancer and received radiation treatments. R25 stated R25 applies the cream and then covers the area with a pad. R25's impaired skin integrity break e/t (related to) neoplasm associated with cancer complications was initiated on 12/8/2022 with the following interventions: - Assess and measure all skin integrity areas per policy - Encourage resident offload wound to buttocks every 1-2 hours as needed. - Initiate skin monitoring forms per facility policy. - Initiate treatment per Physician order. - Monitor and report any new open areas, drainage, increased drainage, or pain to nurse immediately. - Monitor for c/o (complaints of) pain. Medicate PRN (as needed) and offer pain medication prior to treatment. - Update Physician regarding effectiveness and increased need for pain medications. - Provide treatment to wound(s) per current treatment order. Assess wound(s) for s/s (signs/symptoms) on infection with each dressing change/ treatment. Report findings of redness, warmth, swelling, increase drainage or increased pain to physician immediately. - Report wound progress or decline to MD (medical doctor) with any changes or lack of response to treatment per facility guideline. - Weekly skin assessments. (Initiated 1/15/2024) Surveyor reviewed a (name of wound clinic)Wound evaluation note from 1/16/2024: - Wound on buttock full thickness neoplasm 13.5 cm (Length) X 4 cm (width), 30% granulation tissues, 70% dermis. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525415	A. Building B. Wing	05/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Menomonee Falls Health Services	N84 W17049 Menomonee Ave Menomonee Falls, WI 53051

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	- Chemical cauterization of abnormal granulation tissue performed on buttock wound with topical anesthetic to facilitate healing. No complications or bleeding. - Apply triple antibiotic ointment twice daily - Recommendations: Off load wound, sitz bath for 10-15 minutes after BM (bowel movement). Surveyor noted there are no more (name of wound clinic) wound evaluation notes from the wound MD after 1/16/2024. R25 had the following orders in place: - Triple Antibiotic External Ointment (Neomycin-Bacitracin-Polymyxin)- Apply to buttocks topically two times a day for Wound Management followed by abdominal pad. (Start date: 4/5/2024) - Menthol-Methyl Salicylate Cream- Apply to pain site topically every 6 hours as needed for pain. (Start date: 6/22/2022) - Sitz bath for 10-15 minutes after BM as needed for wound healing. (Start date: 5/19/2023) - Weekly wound tracker to be completed by license nurse one time a day every Tuesday for weekly wound tracker. (Start: 1/16/2024) On 4/30/2024 at 8:47 AM Surveyor asked R25 if nursing staff offer assistance with R25's treatment or looks at the area. R25 stated R25 applies the ointment one time a day and sometimes will apply it 3-4 times a day. Surveyor asked R25 if R25 had a different cream to apply if there is pain. R25 stated R25 applies another cream if he has more pain than usual. Surveyor asked R25 if nursing staff ever asks R25 if he applied the treatment or as needed pain cream. R25 stated staff do not ask him if he applied any creams. R25 stated that staff will give him the gloves and reorder the cream when needed. Surveyor asked R25 if he refuses staff to do his treatment or to look at R25's perineal area to assess the neoplasm areas. R25 stated R25 does not mind if staff want to assess the area or assist with cream and that R25 has not refused anyone to do so. Surveyor reviewed R25's non- pressure weekly wound tracker assessments and noted R25 only had assessments done on: 1/16/2024- Coccyx neoplasm, 13.5 cm X 4 cm, 70% epithelial tissue, 30% granulation tissue, light serosanguineous drainage. 3/4/2024- Coccyx neoplasm, 13.5 cm C 4 cm, 70% epithelial tissue, 30% granulation tissue, light serosanguineous drainage Surveyor reviewed R25's April medication administration and treatment administration record (MAR/TAR) and noted nursing initialed that R25's triple antibiotic treatment to R25's buttocks as completed. Surveyor noted that R25's as needed order for R25's menthol-methyl cream was not administered to R25. Surveyor also noted nursing staff are initialing that R25's weekly wound tracker ins being completed. Surveyor was unable to locate the completed assessments. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525415	A. Building B. Wing	05/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Menomonee Falls Health Services	N84 W17049 Menomonee Ave Menomonee Falls, WI 53051

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Surveyor reviewed R25's weekly skin reviews for April 2024: 4/6/2023- warts on hands and face, neoplasm on buttocks. 4/16/2023- warts on hands and face, neoplasm on buttocks. 4/20/2024- warts on hands and face, neoplasm on buttocks. 4/27/2024- warts on hands and face, neoplasm on buttocks. Surveyor noted that there are no measurements or description of how R25's neoplasm of the buttocks looks to indicate if it is getting better or worse since 3/4/2023 and before that the last measurement was on 1/16/2024. On 4/30/2022 at 11:55 AM Surveyor interviewed registered nursed (RN)-H who stated R25 does not allow staff to put on treatments and that R25 does it himself. Surveyor reviewed R25's medical record and did not see any refusals of treatment in the progress notes or a care plan for refusals for R25. On 4/30/2024 at 2:13 PM Surveyor shared concerns with director of nursing (DON)-B that R25's neoplasm on buttock is not being assessed by staff to indicate if R25's neoplasm area is getting better or worsening, and that staff is initialing treatments and assessments are being completed. No further information was provided at this time. (Cross reference F554 for more information) 2.) R19 was admitted to the facility on [DATE] and has the following diagnoses Rheumatoid arthritis, schizophrenia, major depressive disorder, lymphedema, edema, anemia, and restless leg syndrome. R19's quarterly minimum data set (MDS) dated [DATE] indicated R19 had intact cognition with a Brief Interview for Mental Status (BIMS) score of 15 and the facility assessed R19 needing minimal assist with 1 staff member for lower body dressing and showering, supervision with upper body dressing, personal hygiene, and independent with an assistive device for transferring and repositioning. R19 is occasionally incontinent of urine and always incontinent of bowel and work adult briefs for protection. R19 is able to self-propel in a wheelchair to get around the facility. R19 had no impairments to R19's upper body and had impairment to lower body. On 4/28/2024 at 1:37 PM Surveyor observed R19 sitting in a wheelchair and R19's legs had wraps that went from the thigh all the way down to the foot on both legs. Surveyor asked R19 why R19 had the wraps on both legs. R19 replied that R19 has a lot of swelling and therapy wraps them up. R29 has the following physician orders: - Lasix Oral Tablet 20 mg (Furosemide)- give 20 mg by mouth in the evening related to edema, body max index (BMI) 45.0-49.9, hypertension, and restless leg syndrome (start date 4/4/2024, 1500 (3:00 PM) (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525415	A. Building B. Wing	05/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Menomonee Falls Health Services	N84 W17049 Menomonee Ave Menomonee Falls, WI 53051

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	- Lasix Tablet 40 mg (furosemide)- give 1 tablet by mouth one time a day for leg edema (start date 12/8/2022, 0700 (7:00 AM) - Weight Monthly- obtain re-weight if change of 5 lbs (pounds) since last weight, every evening shift starting on the 2nd and ending on the 2nd of every month. Surveyor noted R19 is taking Furosemide for edema and there was no order for staff to monitor for adverse reactions to taking furosemide which is a diuretic. Surveyor reviewed R19's Baseline and comprehensive care plan and noted R19 did not have a care plan for edema, lymphedema, or Diuretic use. R19's risk for altered skin integrity related to impaired mobility/ incontinence care plan initiated on 10/6/2022 had the following intervention: -BLE (bilateral lower extremity) size large knee high open to [NAME] relief 20-30mmHg (millimeter/mercury) compression stockings on AM (morning) off HS (night), worn as tolerated (2 pairs provided), handwash only (initiated 1/21/2023) R19's has impaired functional mobility as evidenced by altered gait or balance, rhabdomyolysis and restless leg syndrome care plan initiated on 9/26/2022 has the following intervention: -ADL (activities daily living): total assist with don/doff (put on/take off) of BLE compression stockings. (Initiated 1/23/2024) R19's care Kardex as of 4/29/2024 has the following interventions for Resident Care: - ADL: total assist with don/doff of BLE compression stockings. - BLE size large knee high open toe [NAME] relief 20-30mmHg compression stockings on AM off HS worn as tolerated. (2 pairs provided) handwash only. Surveyor noted R19 is not wearing BLE compression stockings. On 4/19/2024 at 9:19 AM Surveyor interviewed occupational therapist (OT)-L who stated OT-L does lymphedema wraps to R19's legs Monday through Friday. OT-L stated OT-L takes measurements of both legs and then rewraps the lymphedema wraps to help decrease the edema in R19's legs. Surveyor asked if nursing does the wraps on the weekends. OT-L stated OT-L was the only one to do the wraps and they are to stay on until OT-L can do them. OT-L stated OT-L educates staff to encourage R19 to keep legs elevated and encourage exercise of lower extremities. Surveyor asked what happens if R19's leg wraps come undone, and OT-L is not in the facility. OT-L stated that nursing can reinforce the wraps with tape, or they come off then staff are to put double tubi grips on lower extremities until OT-L can re-wrap R19's legs. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525415	A. Building B. Wing	05/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Menomonee Falls Health Services	N84 W17049 Menomonee Ave Menomonee Falls, WI 53051

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Surveyor noted that R19 does not have orders for lymphedema wraps, interventions if wraps should come off, or what kind of monitoring nursing should to in relation to having the wraps on. R19's care plan was not revised to indicate R29 was now receiving lymphedema wraps instead of bilateral compression stockings. Surveyor noted that the care plan and care Kardex stated for staff to don/doff compression stockings however R19's lymphedema wraps need to stay in place and not taken off by staff. On 4/30/2024 at 10:48 AM Surveyor interviewed OT-L who stated lymphedema is a chronic condition for R19 and R19 was last treated for lymphedema 9/7/2023- 11/27-2023 and was ordered compression stockings to help manage after the treatment was done. OT-L stated R19 current episode of lymphedema treatments started on 4/3/2024 and goal would be to get the edema down so R19 can wear bilateral compression stockings again. Surveyor asked OT-L how communication is made with nursing in regard to the treatment and recommendations being provided. OT-L stated the physician reads OT-L's notes when OT-L submits the notes and physician orders are provided to OT-L. OT-L also stated that nursing is able to see OT-L's therapy notes and verbal communication is given with nursing every day R19's lymphedema treatments are done. On 4/30/2024 at 11:55 AM Surveyor interviewed registered nurse (RN)-H who stated there is not monitoring done for R19 edema. RN-H stated that OT-L does the wraps and makes nursing staff aware of how R19's legs look. Surveyor asked what RN-H would do if R19's wraps came off and OT-L was not in the facility. RN-H stated RN-H would put on tubi-grips as stated by OT-L. Surveyor asked RN-H if a nurse that did not talk with OT-L was working and R19's wraps were to come off, how would nursing know what to do. RN-H stated RN-H was not sure how the nurse would know what to do. On 4/30/2024 at 1:58 PM Surveyor shared concerns with director of nursing (DON)-B about R19 not having a comprehensive care plan for R19's diuretic use or edema/lymphedema diagnoses, no physician orders for monitoring for adverse effects for taking furosemide (diuretic), no physician orders located for R19's lymphedema treatments or interventions in event the wraps should come off, no orders for what kind of monitoring staff needs to do for R19 legs while wrapped or interventions to help with R19's edema, and R19's care plan and care Kardex were not revised to show the lymphedema wraps instead of compression stockings. DON-B acknowledged surveyors concerns; no further information was provided at this time. 20483 3.) R26 has diagnoses which include chronic kidney disease stage 5, diabetes mellitus, lymphedema, and epilepsy. The nurses note dated 4/23/24 at 13:18 (1:18 p.m.) documents The current status is Resident had a fluid filled blister on her left lower/outer leg that has now broken open. There is a fluid filled area below the wound. PMD (primary medical doctor), APOA (activated power of attorney), and hospice nurse all updated. Wound was cleansed with wound cleanser. A bordered foam dressing was applied. This nurses note was written by RN (Registered Nurse)-H. The non pressure weekly tracker dated 4/23/24 documents for date acquired in house 4/23/24. Type is venous (stasis) ulcer. For specify other documents left lower/outer leg. The length is 2.5 cm (centimeters), width 2 cm and depth 0.1 cm. The tissue type section has not been completed. For drainage documents none. Peri wound tissue documents pink or normal for ethnic group. This non pressure assessment was completed by RN-H. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525415	A. Building B. Wing	05/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Menomonee Falls Health Services	N84 W17049 Menomonee Ave Menomonee Falls, WI 53051

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The physician order dated 4/23/24 documents Wound care to venous ulcer to left lower/outer leg: remove old dressing and discard. Using clean technique, cleanse wound with wound cleanser/normal saline. Pat dry. Apply skin prep to peri wound skin. Apply thin layer of medi honey to wound. Cover with bordered foam dressing. Change dressing every other day and PRN (as needed) if soiled or dislodged. every evening shift every other day for wound care AND as needed. Surveyor was unable to locate a care plan after R26 developed the left lateral lower leg venous ulcer. The nurses note dated 4/28/24 at 10:39 a.m. documents The current status is Resident had a fluid filled blister on her left lower/outer leg that had broken open 4/23/24. Dressing intact. This nurses note was written by RN-AA On 4/29/24 at 9:32 a.m. Surveyor observed morning cares for R26 with CNA (Certified Nursing Assistant)-S and CNA-K. During this observation at 9:40 a.m. Surveyor observed the dressing on R26's left lateral lower leg is dated 4/23/24. According to physician's orders a treatment should have been completed on 4/27/24. On 4/29/24 at 11:31 a.m. LPN (Licensed Practical Nurse)-G accompanied Surveyor to R26's room. LPN-G placed a gown & gloves on, raised the height of the bed and removed bedding off R26. LPN-G verified with Surveyor the date on R26's left lower leg dressing is 4/23/24. On 4/29/24 at 11:35 a.m. Surveyor reviewed R26's April 2024 TAR (treatment administration record). Surveyor noted R26's left lower leg venous ulcer treatment is initialed as being completed on the 25th & 27th. On 4/29/24 at 1:17 p.m. Surveyor asked DON-B if a Resident's TAR should be initialed if the treatment was not done. DON-B replied absolutely not. Surveyor informed DON-B of the observation of R26's dressing on 4/29/24 being dated 4/23/24 which Surveyor verified with LPN-G. R26's April TAR has the treatment initialed as being completed on the 25th & 27th. On 4/30/24 at 10:47 a.m. Surveyor asked RN-H when completing an assessment for a venous ulcer should the wound bed be described. RN-H informed Surveyor there is a section when doing the assessment for the wound bed. Surveyor asked should this be completed. RN-H replied yes. On 4/30/24 at 2:18 p.m. Surveyor asked DON-B if a venous ulcer assessment should include a description of the wound bed. DON-B replied yes along with the wound bed edges, surface area all of that. Surveyor informed DON-B the non pressure weekly tracker assessment dated [DATE] does not include a description of the wound bed. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525415	A. Building B. Wing	05/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Menomonee Falls Health Services	N84 W17049 Menomonee Ave Menomonee Falls, WI 53051

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 4/30/24 at 2:36 p.m. Surveyor accompanied Wound Physician-O & RN-R to R26's room for wound rounds. Wound Physician-O & RN-R placed on PPE (personal protective equipment) and entered R26's room. After Wound Physician-O assessed R26's coccyx pressure injury at 2:42 p.m. RN-R asked Wound Physician-O if he is going to see this one too, referring to the left lower venous ulcer. Wound Physician-R indicated he wasn't aware she had anything and asked if it was on her hip. RN-R informed Wound Physician-R its on her leg. RN-R removed the dressing from R26's left lateral lower leg. Wound Physician-O measured R26's left lower leg venous ulcer stating 1.4 by 1.1 and informed RN-R to just keep it covered with gauze. Surveyor inquired if there is any description for the wound bed. Wound Physician-O replied 100% granular. Wound Physician-O informed RN-R the measurements are 1.4 by 1.4. RN-R applied a new dressing over this ulcer. Surveyor noted RN-R did not cleanse the ulcer prior to applying the new dressing. Wound Physician-O assessment dated [DATE] classified R26's venous ulcer as skin tear wound of the left leg full thickness.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525415	A. Building B. Wing	05/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Menomonee Falls Health Services	N84 W17049 Menomonee Ave Menomonee Falls, WI 53051

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0686 Level of Harm - Actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38146 Based on the comprehensive assessment of a resident, the facility did not ensure that residents receive care, consistent with professional standards of practice, to prevent pressure injuries and to ensure residents do not develop pressure injuries unless the individual's clinical condition demonstrates they were unavoidable; and residents with pressure injuries receive necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from developing for 2 (R5 and R26) of 2 residents reviewed for pressure injuries. R5 developed a facility acquired, stage 3, pressure injury. R26 developed a facility acquired stage 3 pressure injury on the coccyx on 4/4/24. This pressure injury was assessed on 4/5/24 as a Stage 2 pressure injury. A comprehensive assessment was not completed as there was no documentation of the percentage of the wound bed. The pressure injury was incorrectly staged as a Stage 2 as the coccyx pressure injury had granulation tissue. A stage 2 pressure injury does not have granulation tissue and should have been staged as a Stage 3. R26's care plan was not revised until three days later and the treatment was not started until the next day, 4/5/24. During wound rounds on 4/30/24 R26's pressure injury was not cleansed prior to the clean dressing being applied. CNA's informed Surveyor R26 developed this pressure injury due to not being changed properly and not being repositioned. Findings include: The facility policy titled Pressure Injuries and Non pressure Injuries revised 7/20/22 documents (in part) . .This center will complete a comprehensive assessment to identify risk factors for the development of pressure injuries and put in place measures intended to achieve the goal of prevention of pressure injuries in our residents. For those residents admitted with, or who subsequently developed a pressure injury or impaired skin integrity, they will receive care, treatment and services that seek to promote healing, prevent infection, and prevent further development of pressure injuries/impaired skin integrity. 1. Upon admission: a. A head to toe body evaluation will be completed on every resident upon admission/readmission and will be documented on the Admission/Readmission Evaluation. b. Complete the Braden Scale to assess risk of developing a PI (pressure injury). It consists of six categories: Sensory perception, moisture, activity, mobility, nutrition and friction/shear. c. Initiate the baseline plan of care related to current skin status and skin risk level. When determining skin risk status and appropriate interventions, consider the following: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525415	A. Building B. Wing	05/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Menomonee Falls Health Services	N84 W17049 Menomonee Ave Menomonee Falls, WI 53051

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0686 Level of Harm - Actual harm Residents Affected - Few	Braden scale score, Co-morbid conditions, such as end stage renal disease, thyroid disease or diabetes mellitus, drugs such as steroids that may affect healing, impaired diffuse or localized blood flow, for example, generalized atherosclerosis or lower extremity arterial insufficiency, resident declination of some aspects of care and treatment, cognitive impairment, the need or request to elevate the head of bed, exposure of skin to urinary and fecal incontinence, under nutrition, malnutrition and hydration deficits. 2. Weekly: a. Complete a head to toe skin check and document findings on the Skin Review - Weekly. b. Assess current wounds are least every 7 days, or more frequently as needed (e.g. decline in wound, presence of infection, wound healed). If a wound fails to show some evidence of progress toward healing within 2-4 weeks, the area and the resident's overall clinical condition should be reassessed. Care Planning: A comprehensive Skin Integrity Care Plan is based on resident history, review of Skin Assessment, Braden Scale scoring, Nutritional Assessments, resident and family interviews, and staff observations. Consider the areas of risk as well as overall risk assessment score of the Braden Scale. 1. Develop interventions based on subsets of Braden Scale that may include: Sensory Perception: Carefully assess ability to move in bed and supplement any deficit. Protect bony prominence's that are affected by sensory deficits. Moisture: Use moisture barrier. Use absorbent pads or incontinent products that wick and hold moisture. Address cause of moisture, if possible. Activity: If resident is chair bound or bed bound, provide good positioning, good support surface and scheduled repositioning in the plan (consider use of micro shifts to supplement routine repositioning for chair bound individuals). Mobility: As mobility scores decrease, concern about the adequacy of the support surface should increase - evaluate need for specialty wheelchair cushion and specialty mattress. Develop turning/repositioning schedule based on resident needs and risk factors. Nutrition: Refer each resident with nutritional risk and pressure injury risk to Dietician and other health care professionals as appropriate. Friction and Shear: Head of bed elevated no more than 30 degrees unless medically necessary, protect elbows and heels as appropriate, keep skin moisturized. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525415	A. Building B. Wing	05/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Menomonee Falls Health Services	N84 W17049 Menomonee Ave Menomonee Falls, WI 53051

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0686 Level of Harm - Actual harm Residents Affected - Few	1.) R5 admitted to the facility on [DATE]. Diagnoses include: Type 2 Diabetes Mellitus with chronic Diabetic Neuropathy, Diabetic Retinopathy, Chronic Kidney Disease, Restless Leg Syndrome, Rheumatoid Arthritis, Spinal Stenosis lumbar region, Anemia, Atherosclerotic Heart Disease, Major Depressive Disorder and Hydronephrosis with renal and ureteral calculous obstruction and Clostridium Difficile (C-diff). R5's Admission Minimum Data Set (MDS) with an Annual Reference Date of 2/5/24 documents: Section GG0170 Mobility. Roll left and right: The ability to roll from lying on back to left and right side, and return to lying on back on the bed: Partial/moderate assist. Bed mobility: partial/moderate assist. Section H0200 Urinary Toileting Program. Has a trial of a toileting program (scheduled toileting, prompted voiding, or bladder training) been attempted on admission/entry or reentry or since urinary incontinence was noted in this facility? No. Urinary continence - Select the one category that best describes the resident: Always incontinent. Bowel continence. Select the one category that best describes the resident: Always incontinent. Is a toileting program currently being used to manage the resident's bowel continence? No. Section GG0130 Self-Care. Toileting hygiene - The ability to maintain perineal hygiene, adjust clothes before and after voiding or having a bowel movement: Dependent. R5's Braden dated 2/13/24 documented a score of 16 (At risk). R5's Braden dated 2/20/24 documented a score of 12 (High Risk). R5's Admission assessment dated [DATE] documents: Is Resident Continent of Bladder? No. How long has the resident been incontinent? Longer than 1 year. How often is the resident wet? Once or more per shift. Resident is wet during: Day and night time. Amount of urine: Large (puddles/soaks, clothes, bed, floor). Continent of Stool? No. Subsequent bladder/incontinence evaluations: 2/11/24: Incontinent of bladder. Clothes or incontinence pad wet. Impaired mobility/ambulation. Dependent transfer (2 persons). Leakage with cough, sneeze, physical activity. Incontinence without sensation of urine loss. Prolonged voiding. Nocturia greater than 2 times. Mixed incontinence (symptoms of both stress and urge). Not appropriate for toileting or retraining program. 4/1/24: Incontinent of bladder. Impaired mobility/ambulation. Dependent transfer (2 persons). Decreased manual dexterity. Urinary tract infection within 30 days. Mixed incontinence (symptoms of both stress and urge). Alzheimer's Disease/Dementia, Diabetes. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525415	A. Building B. Wing	05/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Menomonee Falls Health Services	N84 W17049 Menomonee Ave Menomonee Falls, WI 53051

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0686 Level of Harm - Actual harm Residents Affected - Few	R5's Admission skin assessment dated [DATE] documents: Right heel 3 x 3 x 0.1 cm press (pressure) vs Diabetic. Surveyor noted there was not a comprehensive assessment or staging of the wound. Treatment was ordered and implemented: Apply skin prep to right heel daily every evening shift for skin protection. Surveyor noted no further documentation, assessments or measurements of R5's right heel pressure injury. Surveyor asked the facility to print R5's care plan with revisions. The copy provided did not include revisions and was not the care plan viewed in Point Click Care (PCC). Director of Nursing (DON)-B reported she printed the wrong one and re-printed the care plan. The 2nd care plan provided to Surveyor did not match information viewed on R5's care plan in PCC, such as information about the pressure injury. The facility was advised and printed another copy for Surveyor. The 3rd copy still did not match all information on R5's care plan in PCC. Surveyor was advised the facility is having problems printing and the Care Plan provided is R5's current care plan. R5's care plan documented: At risk for alteration in skin integrity related to: (blank) - initiated 1/29/24. Interventions: Barrier cream to peri area/buttocks as needed. Encourage to reposition as needed; use assistive devices as needed. Use pillows/positioning devices as needed. Surveyor noted although R5 required assistance for bed mobility, the care plan was not personalized to include how often R5 should be repositioned. Actual unstageable pressure wound to the right heel related to diabetes, impaired mobility, incontinence - initiated 2/5/24, resolved 2/20/24. Interventions: Administer treatment per MD (Medical Doctor) orders, diet and supplements per MD orders, encourage and assist as needed to turn and reposition, use assistive devices as needed, float heels as able, Specialty mattress/cushion on bed/wheelchair, heel protectors while in bed. Surveyor noted although R5 required assistance for bed mobility, the care plan was not personalized to include how often R5 should be repositioned. At risk for nutritional status change related to obesity due to excess PO (by mouth) intake, sedentary lifestyle AEB (as evidenced by) BMI (body mass index) greater than 30. Potential for inadequate PO intake r/t (related to) recent C-diff, Covid+, increased nutrient needs, resident reporting she is a fussy eater AEB variable meal intake at times, altered skin integrity - initiated 1/29/24. Surveyor identified concern R5 sustained severe weight loss since admission to the facility (cross reference F692), this was not identified by the facility as a potential concern in pressure injury development and care planned accordingly. ADL (Activity of Daily Living) self-care deficit as evidenced by impaired mobility, C-diff, RLS (Restless Leg Syndrome), rheumatoid arthritis, spinal stenosis, cervical spondylosis - revised 2/5/24. Interventions: Gel cushion in wheelchair - implemented 3/8/24. Bed mobility/Positioning: Extensive assist of 1. Bilateral LE (lower extremity) elevation while in bed - implemented 2/2/24. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525415	A. Building B. Wing	05/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Menomonee Falls Health Services	N84 W17049 Menomonee Ave Menomonee Falls, WI 53051

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0686 Level of Harm - Actual harm Residents Affected - Few	Toileting: Extensive assist of 1, check and change PRN (as needed) implemented 2/2/24. Bowel Incontinence r/t impaired mobility - initiated 1/29/24. Goal: Will have no skin breakdown. Interventions: Record BM (bowel movement) and report any abnormalities. Report changes in bowel movement frequency, consistency, control, etc. (etcetera). Surveyor noted the care plan was not personalized to include R5 had C-diff with frequent/multiple loose stools per day. R5's care plan indicated check and change PRN. R5 is not aware of incontinence and dependent on staff for incontinence care. The care plan did not specify how often R5 should be checked and changed. Actual stage 3 pressure wound to sacrum posteriorly r/t impaired mobility, incontinence, nutritional deficit - initiated 2/20/24. Interventions: Encourage and assist as needed to turn and reposition, use assistive devices as needed, float heels as able, specialty mattress/cushion on bed/wheelchair. Surveyor noted R5's care plan was not revised after the stage 3 pressure injury was identified. The interventions (including specialty mattress/cushion on bed/wheelchair) were not new and had been implemented on 2/5/24. Review of R5's medical record revealed a Physician's order dated 4/11/24 - Air Mattress: Check function and settings every shift. Every shift for Pressure Reduction. On 4/28/24 at 9:30 AM Surveyor observed R5 lying in bed on her back. Surveyor noted R5 has an alternating pressure air mattress. Surveyor noted the call light pinned to her sheet and asked if she uses it. R5 stated: Yes, but they don't answer it, then I scream for help. R5 reported she very rarely gets out of bed, They don't let me get up in my wheelchair. I screamed enough because I had a burning butt and they finally looked at it. I told them it was their fault, they were letting me sit in feces because they don't answer my light. R5 reported she is able to turn herself herself in bed and demonstrated by grabbing the right grab bar to turn herself halfway onto her right side. R5 reported she would very much prefer to sit up in the chair, but they rarely get me up anymore. This is me, lying in bed all the time. On 4/29/24 at 10:10 AM Surveyor observed R5 lying in bed on her back wearing a gown and pink robe. R5 did not remember Surveyor from previous day. Surveyor asked R5 if she was getting out of bed today. R5 laughed, stating: They never get me out of this bed. Surveyor noted R5 did not get out of bed prior to Surveyor leaving the building at 4:00 PM. On 4/29/24 at 11:53 AM Surveyor spoke with Certified Nursing Assistant (CNA)-K. CNA-K reported she usually works the other side, but does work with R5. Surveyor asked if R5 gets out of bed. CNA-K stated: Yes, it depends on her cognition, if she's really confused we worry she might be flailing or try to get out of her wheelchair, so we might wait awhile, but therapy gave orders that she is supposed to be up for 2 hours each shift. On 4/30/24 at 9:36 AM Surveyor spoke with Therapy Director-L who reported R5 does get out of bed, But it's on her terms, we can't force her but we strongly encourage. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525415	A. Building B. Wing	05/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Menomonee Falls Health Services	N84 W17049 Menomonee Ave Menomonee Falls, WI 53051

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0686 Level of Harm - Actual harm Residents Affected - Few	On 4/30/24 at 11:29 AM Surveyor spoke with CNA-M and CNA-N. Surveyor asked how they thought R5's pressure injury developed. CNA-M stated: When she (R5) first came she was more alert. She admitted with C-diff and that never stopped. At first she would use the call light to let us know she needed to be changed, but now we just check and change her. Her stool is always loose, watery and mucous - it has been since she came here, so we're supposed to check her every 2 hours, but we check her more often because literally, every time you change her she is incontinent of that watery stool and her butt has always been really red. CNA-M added: Sometimes if she starts yelling out and praying, you know she might be incontinent and uncomfortable, so we go check on her. CNA-N agreed, If she starts yelling, it's usually because she's incontinent, and her stool has always been loose/watery and her butt was red and raw. Surveyor asked if R5 gets out of bed. CNA-M stated: Yeah sometimes, night shift usually gets her up in the chair because she can be behavioral on nights. I know she gets up for therapy. Surveyor asked both CNA's if they have reported R5's loose, watery mucous stools to anyone. CNA-N reported R5's stools have always been that way since she got here, and the nurses know. CNA-M agreed. Surveyor noted the facility identified R5 to be incontinent of bowel and bladder with large amount of urine during day and night time and is dependent on staff for incontinence care. In addition, R5 had a diagnosis of C-diff with frequent loose, watery stools reported by staff. R5's care plan indicates R5 is to be checked and changed as needed. The facility did not complete a comprehensive bowel and bladder assessment to determine a pattern or if R5 needed to be changed more frequently to prevent skin breakdown and pressure injury. R5's Skin Review Weekly dated 2/14/24 documents: Select all impairments that are present: None. Are any new skin impairments present? No. R5's Daily Skilled Observation dated 2/20/24 at 4:14 AM documents: Skin conditions (Check all that apply). Surveyor noted a check mark next to bruises. Any skin treatment/dressing? No. Skin Integrity/Positioning Devices: Heel Relief/Protector/Lift, Chair/Seat Cushion, Alternating Pressure Mattress in bed, Other - please describe. Surveyor noted a check mark next to None of the above. Review of R5's medical record revealed a stage 3 pressure injury was identified on 2/20/24. Surveyor was advised the pressure injury was identified during the Physician and nurse weekly wound rounds. Director of Nursing (DON)-B advised Surveyor she goes around with the physician every week for wound rounds and measure wounds together, so the Physician and facility measurements should be the same. The (name of wound clinic) wound physician notes document: 2/20/24 Stage 3 pressure wound Sacrum full thickness. 1.8 x 5.2 x 0.1 cm (centimeters). Cluster wound open ulceration area of 5.63 cm. 10% slough, 50% granulation, 40% skin. Light serosanguineous exudate. Appropriate treatment was implemented. 2/27/24 visit rescheduled. The facility documentation of wound: Sacrum stage 3. 1.6 x 5.2 x 0.1. 45% granulation, 15% slough, 40% skin. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525415	A. Building B. Wing	05/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Menomonee Falls Health Services	N84 W17049 Menomonee Ave Menomonee Falls, WI 53051

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0686 Level of Harm - Actual harm Residents Affected - Few	3/5/24 Stage 3 pressure wound Sacrum full thickness. 1.6 x 5.2 x 0.1 cm. Cluster wound open ulceration area of 4.99 cm. 15% slough, 45% granulation, 40% skin. Moderate serosanguineous exudate. Improved evidenced by decreased surface area. 3/12/24 Stage 3 pressure wound Sacrum full thickness. 1.6 x 3.8 x. 0.1 cm. 40% slough, 60% granulation. Moderate serosanguineous exudate. Improved evidenced by decreased surface area. Stage 3 pressure wound of the left buttock full thickness. 1 x 1 x 0.1 cm. 100% granulation tissue. Moderate serosanguineous drainage. Clustered wound from other listed pressure injury - now being tracked as separate wound instead of clustered. 3/19/24 Patient not seen due to a non-wound related hospitalization . 3/26/24 Stage 3 pressure wound Sacrum full thickness. 1 x 2 x 0.1 cm. 100% granulation. Moderate serosanguineous exudate. Improved evidenced by decreased surface area. Stage 3 pressure wound of the left buttock - Resolved. Surveyor noted the sacrum pressure injury continued to be followed weekly by the wound physician. Surveyor identified no concerns with treatment and the wound continued to improve. On 4/23/24 the measurements documented: 0.4 x 0.8 x 0.1 cm. 20% slough, 80% granulation tissue. Moderate serosanguineous exudate. Improved evidenced by decreased surface area. On 4/30/24 at 2:28 PM Surveyor attended wound rounds for R5 with Wound Physician-O and a facility nurse. Upon entering R5's room Surveyor noted R5 was sitting up in her wheelchair, dressed. This was the first time Surveyor observed R5 out of bed on survey. On 4/30/24 at 3:00 PM Surveyor, Wound Physician-O and facility nurse returned to R5's room where she was lying in bed. R5 was rolled onto her left side. Surveyor observed a heart shaped Mepilix dressing covering her coccyx/buttock area dated 4/29/24. Wound Physician-O removed the old dressing revealing intact pink skin. Wound Physician-O stated It's healed and advised the resident. Wound Physician-O showed Surveyor where the previous Stage 3 pressure injury was located by pointing to the area. No open skin was observed. Wound Physician-O recommended keeping a Meplix dressing on for protection for at least another week, and the nurse applied a new dressing. Surveyor asked to view R5's heels. Surveyor observed no open areas or signs of skin breakdown. On 4/30/24 at 12:49 PM Surveyor spoke with Director of Nursing (DON)-B about R5's facility acquired Stage 3 pressure injury. DON-B reported the wound was identified during wound rounds for her heel which was healed the same day. Surveyor advised there is no evidence of comprehensive assessments and measurements of R5's right heel wound in the medical record. DON-B reported she will look for the information. No evidence was provided. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525415	A. Building B. Wing	05/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Menomonee Falls Health Services	N84 W17049 Menomonee Ave Menomonee Falls, WI 53051

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0686 Level of Harm - Actual harm Residents Affected - Few	Surveyor advised DON-B of concern the facility identified a stage 3 pressure injury to R5's coccyx and the care plan was not revised. DON-B reported R5 was given an air mattress that day (2/20/24). Surveyor asked DON-B if she had a work order or delivery slip to confirm when the mattress was placed. DON-B reported she will provide evidence (No evidence was provided). Surveyor advised R5's care plan indicated Specialty mattress/cushion on bed/wheelchair which was implemented on 2/5/24. The care plan does not document an APM air mattress was implemented. In addition, Physician's orders documented an order for air mattress, check function and settings every shift for pressure reduction on 4/11/24. DON-B maintains the air mattress was put on R5's bed on 2/20/24. Surveyor advised DON-B of concern R5 admitted to the facility with C-diff, is incontinent of bowel and bladder and dependent on staff for incontinence care. R5's care plan indicates check and change as needed only. There is no evidence the facility recognized the increased risk for skin breakdown r/t urine and stool incontinence and did not complete a comprehensive bowel and bladder assessment to determine if there was a need for increased turning, checking and changing. In addition, staff report R5 has had loose, watery stools since admission, and currently with every check and change. DON-B reported she was not aware R5 was still having loose stools and staff is not documenting loose stools in Point of Care (POC). Surveyor asked if R5 was having multiple loose stools per day related to C-diff, did the facility do further assessment to determine if there was a need for increased check and change versus just as needed. DON-B stated: Not that I can see. Surveyor asked DON-B if she thought incontinence was a factor in R5's stage 3 pressure injury development. DON-B stated: Probably. I understand what your saying. The care plan should have been updated to check and change her more frequently because of her incontinence. No additional information was provided. On 5/1/24 at 12:04 PM Surveyor asked VP Clinical Services if the facility has evidence of a comprehensive bowel assessment for R5. VP Clinical Services stated: If it's not under assessments, then we don't have. We haven't been able to find any. No additional information was provided. 20483 2.) R26's diagnoses includes chronic kidney disease stage 5, diabetes mellitus, lymphedema, and epilepsy. The actual skin impairment care plan initiated 11/3/22 & revised 4/22/24 documents interventions of * Barrier cream to peri area. Initiated 11/3/22 & revised 4/22/24. * Encourage to reposition as needed with staff assistance. Initiated 11/3/22 & revised 4/22/24. * Float heels as able. Initiated 11/3/22. * Observe skin condition with ADL (activities daily living) care daily; report abnormalities. Initiated 11/3/22. * Pressure redistributing device on chair. Initiated 11/3/23 & revised 1/23/23. * Therapy eval (evaluate) and treat as ordered. Initiated 11/3/22. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525415	A. Building B. Wing	05/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Menomonee Falls Health Services	N84 W17049 Menomonee Ave Menomonee Falls, WI 53051

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0686 Level of Harm - Actual harm Residents Affected - Few	* Diabetic nail care weekly by licensed nurse. Initiated 1/16/24. * Licensed nurse to complete diabetic foot checks nightly. Initiated 1/16/24. * Podiatric care as needed. Initiated 1/16/24. * Weekly skin assessment done by licensed nurse. Initiated 1/16/24. * Pressure redistributing mattress. Initiated & revised 4/7/24. * Remind resident to turn and reposition frequently. Educate on the importance of skin health. Initiated 4/28/24. The CNA (Certified Nursing Assistant) kardex as of 4/29/24 under skin section documents * diabetic nail care weekly by licensed nurse. * Float heels as able. * Inspect feet daily for open areas, sores, pressure areas, blisters, edema or redness. * Licensed nurse to complete diabetic foot checks nightly. * Pressure redistributing mattress . * Remind resident to turn and reposition frequently. Educate on the importance of skin health. * Weekly skin assessment done by licensed nurse. APNP (Advanced Practice Nurse Prescriber)-CC note dated 3/28/24 under chief complaint documents CKD-5 (chronic kidney disease-Stage 5) and goals of care. Under subjective documents Nursing reports that patient has been more lethargic at times and refusing pain medications and not eating as well lately. Overall, patient has had a functional decline in health. Last creatinine with CKD 4 was 4.09 on 3/21/2024. Increase in BLE (bilateral lower extremity) edema despite BLE compression wraps and diuretics. Patient reports increase in bilateral lower extremity pain as well and limited relief with acetaminophen. She is seen sitting in her wheelchair and reports that her bilateral feet pain makes her cry especially at night, 5/10, throbbing, chronic and disruptive to her sleep. Labs ordered for follow up. Goals of care discussion done- please see below. Has a follow-up with nephrology next week Tuesday. No fever, chills, cough, sob (shortness of breath), cp (chest pain) or bowel/bladder concerns. Under Goals documents Recommendation given for hospice, end-stage renal disease,and overall function decline. Patient wants to remain a DNR (do not resuscitate). Wishes to be started on low dose oxycodone for comfort despite potential side effects with renal failure. Wishes for no more hospitalization s. Agreeable to hospice consult- would like to wait til next week to discuss matter over with her grand-daughter and family with a care conference. I also updated the grand-daughter, [name] via phone per patients wishes about conversation. DON (Director of Nursing) updated. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525415	A. Building B. Wing	05/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Menomonee Falls Health Services	N84 W17049 Menomonee Ave Menomonee Falls, WI 53051

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0686 Level of Harm - Actual harm Residents Affected - Few	The order administration note dated 4/2/24 at 13:36 (1:36 p.m.) documents Weekly skin review every day shift every Tue (Tuesday). If new skin area is identified follow protocol for SBAR (situation, background, assessment, and recommendation), MD (medical doctor) update and risk management. Only able to assess BLE's (bilateral lower extremities) and BUE's (bilateral upper extremities). Resident out for appointment most of the day. This note was written by RN (Registered Nurse)-H. The nurses note dated 4/4/24 at 23:04 (11:04 p.m.) documents F/U (follow up) pressure injury to the buttock, new dressing applied. This nurses note was written by RN-BB. The physician order with a start date of 4/5/24 documents Wound care to coccyx: remove old dressing and discard. Using clean technique, cleanse wound with normal saline or wound cleanser. Pat dry. Apply skin prep to peri wound skin. Apply thin layer of medihoney to wound. Cover area with bordered foam dressing. Change dressing daily and PRN (as needed) if soiled or dislodged. every evening shift for wound care. This order was discontinued on 4/23/24. The physician order dated 4/5/24 documents Consult [Name] Wound Care for pressure injury to coccyx. The pressure injury weekly tracker dated 4/5/24 documents for date acquired 4/4/24. The site documents coccyx and type is pressure. The length is documented as 4 cm (centimeters), width 1 cm, and depth 0.1. The Stage is documented as II (2). The tissue type documents granulation tissue. The percentage of the wound bed was not completed. The drainage is serosanguineous. This assessment was completed by RN-H. Surveyor noted this is not a comprehensive assessment as the percentage of wound bed was not completed and the pressure injury was incorrectly staged as a Stage 2 pressure injury does not have granulation tissue. The pressure injury should have been staged as a Stage 3. There were no revisions in R26's care plan until 4/7/24 three days later. The pressure injury weekly tracker dated 4/9/24 documents for date acquired 4/4/24. The site documents coccyx and type is pressure. The length is documented as 5 cm, width 2 cm, and depth 0.1. The Stage is documented as III (3). The tissue type documents granulation tissue. The percentage of the wound bed is 100% granulation. The drainage is serosanguineous, moderate drainage. This assessment was completed by DON-B. R26 started receiving hospice services on 4/9/24. The nurses note dated 4/10/24 at 11:14 (11:14 a.m.) documents F/U O/A (open area) at the buttock, new dressing applied, encourage to change position and staff will continue to monitor. This nurses note was written by RN-BB. The nurses note dated 4/11/24 at 23:16 (11:16 p.m.) documents F/U O/A to the coccyx, dressing intact, repositioned and staff will continue to monitor. This nurses note was written by RN-BB. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525415	A. Building B. Wing	05/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Menomonee Falls Health Services	N84 W17049 Menomonee Ave Menomonee Falls, WI 53051

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0686 Level of Harm - Actual harm Residents Affected - Few	The significant change MDS (minimum data set) with an assessment reference date of 4/15/24 has a BIMS score of 5 which indicates severe cognitive impairment. R26 is assessed as requiring partial/moderate assistance for toileting hygiene, supervision or touching assistance for chair/bed to chair transfer & toilet transfer and independent with rolling left and right. R26 is assessed as being frequently incontinent of urine and always incontinent of bowel. R26 is assessed as being at risk for pressure injury development and is assessed as not having a pressure injury. Surveyor noted the assessment of rolling left and right is inaccurate as during the month of April for bed mobility the CNAs did not check independent. Bed mobility is checked as being extensive assistance - Resident involved inactivity, staff provide weight-bearing support or total dependence - Full staff performance. The pressure injury section is also inaccurate as R26 developed a Stage 3 pressure injury on the coccyx on 4/4/24. The pressure injury CAA (care area assessment) dated 4/24/24 under analysis of findings for nature of problem/condition documents CAA triggered r/t (related to) increased risk for skin impairment related to increased need for help with ADL such as bed mobility which can decrease blood flow and increase pressure leading to wounds. Under care plan considerations documents Pressure Ulcers CAA triggered secondary to potential for pressure ulcers. Contributing factors include ADL (activity daily living)/functional/mobility impairment and incontinence. Risk factors include pain, development of PU (pressure ulcer)/skin condition, and fluid deficit risk. Nurse assesses skin each week and provides interventions to prevent skin breakdown. Skin is also assessed by caregivers with each bathing and dressing. The physician is to be notified of any abnormal findings and treatment orders are obtained. The dietitian is monitoring intake, and implementing dietary interventions Caregivers assist with repositioning frequently and as needed for comfort. Care plan will be initiated or reviewed to improve or maintain current ADL status and functional ability, maintain continence status, prevent pain, and decrease pressure ulcer/fluid deficit risk. Location of documentation: see NN (nurses notes)/Braden/TAR (treatment administration record) for the look back period. The pressure injury weekly tracker dated 4/17/24 documents for date acquired 4/4/24. The site documents coccyx and type is pressure. The length is documented as 3.3 cm, width 1 cm, and depth 0.1. The Stage is documented as III (3). The tissue type documents granulation tissue. The percentage of the wound bed is 80% granulation and 20% slough. The drainage is serosanguineous, moderate drainage. This assessment was completed by DON-B. The pressure injury weekly tracker dated 4/23/24 documents for date acquired 4/4/24. The site documents coccyx and type is pressure. The length is documented as 2.5 cm, width 1 cm, and depth 0.1. The Stage is documented as III (3). The tissue type documents granulation tissue. The percentage of the wound bed is 100% granulation. The drainage is serosanguineous, moderate drainage. This assessment was completed by RN-H. The physician order dated 4/23/24 documents Wound care to coccyx: remove old dressing and discard. Using clean technique, cleanse wound with normal saline or wound cleanser. Pat dry. Apply skin prep to peri wound skin. Apply thin layer of medihoney to wound. Cover area with bordered foam dressing. Change dressing 3 [TRUNCATED]

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525415	A. Building B. Wing	05/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Menomonee Falls Health Services	N84 W17049 Menomonee Ave Menomonee Falls, WI 53051

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0689 Level of Harm - Actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 20483 Based on interview and record review the Facility did not ensure each Resident received adequate supervision and assistance devices to prevent accidents for 2 (R21 & R19) of 4 Residents. R21 is being cited as actual harm/isolated. * R21's falls on 10/1/23 & 10/23/23 were not thoroughly investigated & root cause not determined to help prevent future falls. On 10/28/23 the Certified Nursing Assistant (CNA) did not use a gait belt & R21 fell in the bathroom. On 11/14/23 R21 sustained another fall. This fall was not thoroughly investigated, root cause not determined and there were no revisions in the care plan or indications the interventions remain appropriate. On 11/19/23 R21 was left alone in the bathroom fell and sustained a hip fracture. On 1/7/24 R21 fell . The facility did not conduct a thorough investigation, determine a root cause to help prevent future falls and did nor revise the care plan or indicate the interventions are appropriate. On 1/18/24 R21 fell . The facility did not conduct a thorough investigation and did not revise the care plan to include the intervention to call for assistance to adjust the bedding. R21 was observed in bed without the bed being at the lowest level and was not wearing gripper socks in bed according to R21's plan of care. * R19 was not supervised while smoking according to R19's plan of care. Findings include: The Fall Prevention and Management Guidelines policy last reviewed/revised 11/8/22 under Policy Explanation and Compliance Guidelines includes documentation of: 8. Review each fall/fall investigation during the next morning meeting/clinical meeting with the interdisciplinary team (IDT). Actions of the IDT may include: a. Review of investigation and determination of potential root cause of fall. b. Review of fall risk care plan and any updates to plan of care completed post fall. c. Additional revisions to the plan of care including any physical adaptation to room, furniture, wheelchair, and/or (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525415	A. Building B. Wing	05/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Menomonee Falls Health Services	N84 W17049 Menomonee Ave Menomonee Falls, WI 53051

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0689 Level of Harm - Actual harm Residents Affected - Few	assistive devices. d. Education of staff as to any care plan revisions. e. Scheduling resident/family conferences. f. Verification of timely notification of physician and responsibly part of the fall. Note: If after IDT review, it is determined that existing interventions in the care plan are most appropriate, document rationale and describe any additional actions taken. 1.) R21's diagnoses includes diabetes mellitus, congestive heart failure, atrial fibrillation, anxiety disorder, and depressive disorder. The at risk for falls care plan initiated 1/31/22 & revised 12/28/23 documents the following interventions: * Bed in low position. Initiated 1/31/22. * Encourage to transfer and change position slowly. Initiated 1/31/22. * Fall Risk (FYI) (for your information). Initiated 1/31/22. * Have commonly used articles within easy reach. Initiated 1/31/22. * Medication as ordered 1/31/22. * Provide assist to transfer and ambulate as needed. Initiated 1/31/22. * Reinforce need to call for assistance. Initiated 1/31/22. * Reinforce w/c safety as needed such as locking brakes. Initiated 1/31/22 * Report development of pain, bruises, change in mental status, ADL (activities daily living) function, appetite, or neurological status post fall. Initiated 1/31/22. * Therapy eval (evaluate) and treat as ordered. Initiated 1/31/22. * Increase rounding at night and offer toileting while awake. Initiated 6/29/22 & revised 7/7/22. * Encourage resident to wear non skid footwear at all times even while in bed. Initiated & revised 3/13/23. * Sign was placed in resident's room to remind her to use the call light for assistance. Initiated 3/16/23. * Frequent reminders to use call light prior to unassisted ambulation/transfers as needed. Initiated 3/13/23. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525415	A. Building B. Wing	05/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Menomonee Falls Health Services	N84 W17049 Menomonee Ave Menomonee Falls, WI 53051

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0689 Level of Harm - Actual harm Residents Affected - Few	* Anti-tippers to w/c (wheelchair). Initiated 4/24/23. * Offer/toilet every hour between the hours of 12 am - 5 am as needed. Initiated 5/12/23. * Resident has anti-roll back brakes. Initiated 10/24/23 & revised 11/9/23. * Anti-rollbacks to wheelchair. Initiated 12/1/23. * Scoop mattress. Initiated 12/1/23. * Fall mat beside bed. Initiated 12/1/23. The CNA (Certified Nursing Assistant) kardex as of 5/1/24 under the safety section documents * Anti-tippers to w/c (wheelchair). * Anti-rollbacks to wheelchair. * At moderate risk for elopement. * Bed in low position. * Educate resident on need to lock brakes on wc when it is not in motion and to call for assistance for safety. * Encourage resident to wear non skid footwear at all times even while in bed. * Fall mat bedside bed. * Fall Risk (FYI) (for your information). * Frequent reminders to use call light prior to unassisted ambulation/transfers as needed. * Increase rounding at night and offer toileting while awake. * Resident has anti-roll back brakes. * Scoop mattress. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525415	A. Building B. Wing	05/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Menomonee Falls Health Services	N84 W17049 Menomonee Ave Menomonee Falls, WI 53051

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0689 Level of Harm - Actual harm Residents Affected - Few	The nurses note dated 10/2/23 at 03:02 (3:02 a.m.) documents Resident was calling writers name and writer heard her as writer was walking out of resident room on (name of unit). Writer followed her voice to find her by the front entrance on the floor sitting on her butt. Resident had on a long winter goldish-green coat that went down to her ankles and was way to big on her. Resident stated she was looking for her mother and father and thought they were calling to her from up there. Resident then stated she slid out of her wheelchair onto the floor because of the coat. VSS (vital signs stable), ROM WNL (range of motion within normal limits), Neuro (neurological) checks negative. Assessment was positive for bruising in L (left) Thigh, otherwise negative for any other noted injuries. Resident stated she did not hit her head. Writer and Med Tech [initials] assisted resident off floor and back into chair c sic (with) mechanical lift. [medical group] On Call MD (medical doctor) updated. Nephew [name] updated as well. DON (Director of Nursing) updated. This nurses note was written by RN (Registered Nurse)-R. The incident report dated 10/1/23 under incident description for nursing description documents Resident was calling writers name and writer heard her as writer was walking out of resident room on (name of unit). Writer followed her voice to find her by the front entrance on the floor sitting on her butt. Resident had on a long winter goldish-green coat that went down to her ankles and was way to big on her. Resident stated she was looking for her mother and father and thought they were calling to her from up there. Resident then stated she slid out of her wheelchair onto the floor because of the coat. VSS, ROM WNL, Neuro checks negative. Assessment was positive for bruising in L Thigh, otherwise negative for any other noted injuries. Resident stated she did not hit her head. Writer and Med Tech [initials] assisted resident off floor and back into chair c sic (with) mech lift. [medical group] On Call MD updated. Nephew [name] updated as well. DON updated. Under resident description documents Resident had on a long winter goldish-green coat that went down to her ankles and was way to big on her. Resident stated she was looking for her mother and father and thought they were calling to her from up there. Resident then stated she slid out of wheelchair onto the floor because of the coat. Under notes dated 10/4/23 documents On 10/01 resident was observed on floor near business office door, Pt was observed wearing oversized jacket that was too long for her. Pt stated she was looking for her parents. Resident stated she slipped out of her chair due to oversized jackets. Resident called out to Nurse for help. Nurse and MT (med tech) used mechanical lift to place back in chair. Resident appeared more confused than usual but no other changes noted. Resident currently has a wander guard but it was placed on her w/c due to the resident not wanting it on her person per the staff. Intervention Resident reports will wear wander guard if it can be bedazzled (Activities Director will handle) Educate staff and let them know all wander guard bracelets are to be placed on resident; not on their assistive device. Surveyor noted the Facility did not conduct a thorough investigation as there are no staff interviews as to who last saw R21, what was R21 doing, etc. The Facility did not determine a root cause and did not revise R21's care plan to include bedazzling R21's wanderguard, although this would not prevent R21 from falling in the future. The fall assessment dated [DATE] has a score of 5 which indicates low risk. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525415	A. Building B. Wing	05/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Menomonee Falls Health Services	N84 W17049 Menomonee Ave Menomonee Falls, WI 53051

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0689 Level of Harm - Actual harm Residents Affected - Few	The nurses note dated 10/24/23 at 00:00 (12:00 a.m.) documents Writer and Med Tech/CNA-[initials] charting at nurses station and heard a crash. [Initials] went down the hallway to check on residents and found resident in front of her closet with back towards closet and resident on floor in sitting position in front of closet. Resident stated she was trying to get briefs from closet and lost her balance. Resident stated she did hit her head, but on the closet as she slid down. Writer was called down by [initials] and upon performing physical assessment, writer noted a large 9 x 2 x 0.2 abrasion/scrape-mid back-just barely off to the right of the spine. Resident states that the abrasion is painful. The rest of physical assessment is negative and resident was assisted off the floor via lift and 2 staff. Resident was brought to the nurses station. Acetaminophen administered for pain. Neuro checks negative, VSS, ROM WNL. Area on back cleansed c sic (with) NS (normal saline), TAO applied and covered c sic (with) border gauze. MD Updated. [name] called and updated. This nurses note was written by RN-R. Incident report dated 10/23/23 under incident description for nursing description documents Writer and Med Tech/CNA-[initials] charting at nurses station and heard a crash. [initials] went down the hallway to check on residents and found resident in front of her closet with back towards closet and resident on floor in sitting position in front of closet. Resident stated she was trying to get briefs from closet and lost her balance. Resident stated she did hit her head, but on the closet as she slid down. Writer was called down by [initials] and upon performing physical assessment, writer noted a large 9 x 2 x 0.2 abrasion/scrape-mid back-just barely off to the right of the spine. Resident states that the abrasion is painful. The rest of physical assessment is negative and resident was assisted off the floor via lift and 2 staff. Resident was brought to the nurses station. Acetaminophen administered for pain. Neuro checks negative, VSS, ROM WNL. Area on back cleansed c NS, TAO (topical antibiotic ointment) applied and covered c (with) border gauze. MD Updated. [name] called and updated. Resident description documents Resident stated she was trying to get briefs from closet and lost her balance. Resident stated she did hit her head and her back but on the closet as she slid down. Under notes dated 11/9/23 On 10/23 approx 2345 (11:45 p.m.) resident had a fall in room during a self-attempt to stand from w/c d/t (due to) trying to retrieve a brief from closet. Resident is a repeat faller (sic) and has poor safety awareness. Resident acquired a skin tear to mid spine. Neuro check initiated. MD and POA (power of attorney) notified. Intervention: Treatment to back in place; wound consult ordered. On 10/24 anti-rollback brakes were placed on the residents w/c. Care plan updated. Surveyor noted the Facility did not conduct a thorough investigation as there are no staff interviews as to who last saw R21, when was R21 last toileted. The Facility did not determine a root cause. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525415	A. Building B. Wing	05/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Menomonee Falls Health Services	N84 W17049 Menomonee Ave Menomonee Falls, WI 53051

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0689 Level of Harm - Actual harm Residents Affected - Few	The order note dated 10/28/23 at 20:31 (8:31 p.m.) documents Writer was in room [number] giving meds to resident when CNA [initials] came in thru the [NAME] n [NAME] bathroom and informed writer that resident fell during the transfer to toilet to wheelchair. Writer went into bathroom with CNA [initials] to see the resident laying on the floor, face up, depends at knees, shoes on. Writer did not see a gait belt. CNA stated resident was standing up at the bar, holding onto the bar. CNA [initials] stated she was standing behind the resident and attempted to catch resident as she fell to the left. Writer performed a physical assessment on resident. Resident stated she did not hit her head, she stated her hip and butt hurt. Writer noted some scratches and bruising on left and right hips and left upper thigh, left leg. Neuro check was negative, ROM was WNL, VSS. [Name]-Nephew and On call [medical group] update c sic (with) NOR (new order received). This order note was written by RN-R. The incident report dated 10/28/23 under incident description for nursing description documents Writer was in room [number] giving meds to resident when CNA [initials] came in thru the [NAME] n [NAME] bathroom and informed writer that resident fell during the transfer to toilet to wheelchair. Writer went into bathroom with CNA [initials] to see the resident laying on the floor, face up, depends at knees, shoes on. Writer did not see a gait belt. CNA stated resident was standing up at the bar, holding onto the bar. CNA [initials] stated she was standing behind the resident and attempted to catch resident as she fell to the left. Writer performed a physical assessment on resident. Resident stated she did not hit her head, she stated her hip and butt hurt. Writer noted some scratches and bruising on left and right hips and left upper thigh, left leg. Neuro check was negative, ROM was WNL, VSS. [Name]-Nephew and On call [medical group] update c sic (with) NOR. Resident description documents Resident stated she lost her balance. Under notes dated 11/2/23 documents Resident had a witnessed fall while in the bathroom with the CNA. Resident was not wearing a gait belt and fell during transfer from toilet to w/c. CNA was not positioned correctly during transfer. CNA was attempting to assist with transfer from behind the w/c during transfer. Upon resident standing, the CNA was unable to catch the resident and the resident fell . No injuries noted but resident reported pain. Pain meds given. MD notified and POA made aware. Intervention CNA transfer education provided PT OT to screen eval and treat as indicated. Surveyor noted the Facility's investigation revealed the CNA was did not use a gait belt as required. The fall assessment dated [DATE] has a score of 7 which indicates low risk. The quarterly MDS (minimum data set) with an assessment reference date of 10/31/23 has a BIMS (brief interview mental status) score of 10 which indicates moderate cognitive impairment. R21 is assessed as requiring partial/moderate assistance for toileting hygiene, chair/bed to chair transfer and toilet transfer and is independent with wheeling the wheelchair. R21 has fallen since the prior assessment with one fall no injury and 1 fall with injury except major. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525415	A. Building B. Wing	05/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Menomonee Falls Health Services	N84 W17049 Menomonee Ave Menomonee Falls, WI 53051

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0689 Level of Harm - Actual harm Residents Affected - Few	The nurses note dated 11/14/23 at 18:30 (6:30 p.m.) documents Writer was called to residents room due to resident being found sitting on floor. Upon entering the residents room, writer found resident sitting on her buttocks with her back against her nightstand, her bed on her left, wheelchair on her right, and tray table in front of her. Resident was holding onto her bed and chair. When writer asked resident what she was doing prior to falling. Resident stated she was trying to get into her wheelchair from her bed. Resident bed was down too low for resident to be able to transfer, resident call light was within reach. wheelchair wheels were locked, resident was barefoot. Writer performed physical assessment with negative results. Resident states she did not hit her head, and does not hurt anywhere not, but will feel it tomorrow. Writer expects some bruising on resident buttocks. Writer and Executive Director [initials] assisted resident off the floor with Hoyer. Resident assisted back into wheelchair. Writer updated nephew [name], on call [medical group] [name], and DON [initials]. This nurses note was written by RN-R. Surveyor was not provided with an investigation regarding R21's fall on 11/14/23 and no revisions were made to R21's fall care plan or have evidence the care plan was reviewed and all interventions remain appropriate. The fall assessment dated [DATE] has score of 11 which indicates moderate risk. The nurses note dated 11/19/23 at 21:45 (9:25 p.m.) documents Resident is being transferred to the hospital by Menomonee Falls 911 EMT's (emergency medical technicians). This nurses note was written by LPN (Licensed Practical Nurse)-U. The nurses note dated 11/19/23 at 22:06 (10:06 p.m.) documents Called to resident room and observed resident on the floor in the bathroom. Resident was lying on her back with her head by the opposite door and her feet by the toilet. This nurses note was written by LPN (Licensed Practical Nurse)-U. The incident report dated 11/19/23 Under incident description for nursing description documents At 2055 (8:55 p.m.) I was called to resident room while in the hallway and observed resident on the floor in the bathroom. Toilet (sic) resident was lying on her back with her head by the opposite door and her feet by the toilet. Urine and bowel movement noted in toilet resident dry and shoes on feet. While doing neuro check resident complaint of pain to left and unable to have range of motion to leg. Resident description: I had to get up. My back and legs were starting to hurt. Under immediate action taken documents Assessment and vitals done. Placed a call to the MD orders obtained and 911 called to transfer resident to the hospital. Under notes dated 11/26/23 documents On 11/19 approx 2055 resident was noted to have a fall due to self attempt to transfer from toilet to w/c. Resident was assisted to toilet by med tech. Med tech checked on resident times 2 while on toilet and handed resident call light in in bathroom stating to put on call light when ready. Within approx 5 min med tech heard resident yelling and found resident on the floor laying on back side in bathroom. Med tech asked resident why did she not use her call light and resident was noted saying My back and legs were starting to hurt. I had to get up During neuro checks resident complaint of pain to left leg without ROM (range of motion). Resident last fall was on 11/14 due to self transfer. MD and RP made aware. Intervention Resident sent out to eval and treatment. Resident to not be left alone while being toileted. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525415	A. Building B. Wing	05/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Menomonee Falls Health Services	N84 W17049 Menomonee Ave Menomonee Falls, WI 53051

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0689 Level of Harm - Actual harm Residents Affected - Few	R21's previous fall was 5 days prior when according to this incident fall R21 had self transferred. There was no revision in R21's care plan for the previous fall nor was the care plan revised to include not being left alone on the toilet following this fall. R21's care plan was not revised until 12/1/23 R21 sustained a left femur fracture and was hospitalized until 11/29/23 when R21 returned to the Facility. The fall assessment dated [DATE] has a score of 8 which indicates low risk. The significant change MDS with an assessment reference date of 12/6/23 has a BIMS score of 3 which indicates severe cognitive impairment. R21 is assessed as substantial/maximal assistance for toileting hygiene, chair/bed to chair transfer and toilet transfer. R21 is assessed as partial/moderate assistance to wheel the wheelchair 50 feet and substantial/maximal assistance to wheel the wheelchair 150 feet. R21 is assessed as not having any falls since prior assessment period. The fall assessment dated [DATE] has a score of 11 which indicates moderate risk. The nurses note dated 1/7/24 at 22:13 (10:13 p.m.) documents Writer was at nurses station speaking with CNA [initials] when [initials] noted that resident was on floor in front of her doorway. Writer and other staff went down to assess resident and to assist off the floor. Resident stated she was looking for her yellow stick but could not find it. So she was coming back to talk to writer at the nurses station. Resident stated she slid out of her chair onto her butt and hit her head. Resident states she has a headache. Report given to [name] RN at [hospital initials] ER (emergency room). [Name of ambulance] called for Transport. Resident is on eliquis. Writer examined resident and assessment was negative. No red marks, bruises, or lumps on head or thru out body that could be attributed to fall. ROM WNL, Neuro checks negative. BP (blood pressure) high- On call NP (Nurse Practitioner) [Name] informed and gave new orders to send out due to resident being on blood thinner. Writer called and informed POA Nephew [Name]. Writer updated resident as well to let her know what was going on. Report given to [Name] RN at [hospital initials] ER. (name of ambulance) called for Transport. This nurses note was written by RN-R. The incident report dated 1/7/24 for Incident description under nursing description documents Writer was at nurses station speaking with CNA [initials] when [initials] noted that resident was on floor in front of her doorway. Writer and other staff went down to assess resident and to assist off the floor. Resident stated she was looking for her yellow stick but could not find it. So she was coming back to talk to writer at the nurses station. Resident stated she slid out of her chair onto her butt and hit her head. Resident states she has a headache. Report given to [Name] RN at [hospital initials] ER. [Ambulance name] called for Transport. Resident is on eliquis. Writer examined resident and assessment was negative. No red marks, bruises, or lumps on head or thru out body that could be attributed to fall. ROM WNL, Neuro checks negative. BP high- On call NP [Name] informed and gave new orders to send out due to resident being on blood thinner. Writer called and informed POA Nephew [Name]. Writer updated resident as well to let her know what was going on. Report given to [Name] RN at [Hospital initials] ER. [Ambulance name] called for Transport. Under Resident description documents Resident stated she was looking for her yellow stick but could not find it. So she was coming back to talk to writer at the nurses station. Resident stated she slid out of her chair onto her butt and hit her head. Resident states she has a headache. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525415	A. Building B. Wing	05/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Menomonee Falls Health Services	N84 W17049 Menomonee Ave Menomonee Falls, WI 53051

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0689 Level of Harm - Actual harm Residents Affected - Few	The nurses note dated 1/8/24 at 01:00 (1:00 a.m.) documents returned from hospital with NNOR (no new orders received). Negative CT and negative hip Xray. Resident at baseline, awake alert and cooperative upon arrival via [ambulance name]. This nurses note was written by RN-R. Surveyor noted the Facility did not conduct a thorough investigation as there are no staff interviews as to who last saw R21, when was R21 last toileted, what was R21 doing. The Facility did not determine a root cause and did not revise the care plan or have evidence the care plan was reviewed and all interventions remain appropriate. The nurses note dated 1/18/24 at 06:37 (6:37 a.m.) documents Resident found on the floor in front of wheelchair at bedside. Resident stated I was fixing my bed so that I could get in it and fell out on wheelchair. Resident vitals taken and given PRN (as needed) Tylenol for comfort. Resident Neuro check negative. This nurses note was written by LPN-U. The incident report dated 1/18/24 under incident description for Nursing description documents Resident found on the floor in front of wheelchair at bedside. Resident description documents I was fixing my bed sheets and fell out of the chair. Under notes dated 1/18/24 Root cause: Resident was fixing sheets on her bed and leaned to far forward sliding out of the chair. Intervention Reminders to call for assistance from staff to adjust her bedding. Surveyor noted the Facility did not conduct a thorough investigation as there are no staff interviews as to who last saw R21, when was R21 transferred out of bed and how was R21's bed when R21 was transferred out. R21's care plan was not revised to include the intervention to call for assistance to adjust the bedding. The fall assessment dated [DATE] has a score of 7 which indicates low risk. The nurses note dated 1/19/23 at 10:59 (10:59 a.m.) documents Resident is on follow up for: On 1/18/24 resident was found on the floor in front of wheelchair at bedside. Resident stated I was fixing my bed so that I could get in it and fell out on wheelchair. The current status is Resident is alert. No s/s (signs/symptoms) of pain noted. No changes in ROM noted. Skin remains free from any injuries This nurses note was written by RN-H. On 4/29/24 at 7:05 a.m. Surveyor observed R21 in bed on the right side. R21's bed is in the low position, there is a mat on the floor on the right side of R21's bed and there are two transfer bars up. There is a glass of water on the over bed table not within R21's reach. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525415	A. Building B. Wing	05/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Menomonee Falls Health Services	N84 W17049 Menomonee Ave Menomonee Falls, WI 53051

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0689 Level of Harm - Actual harm Residents Affected - Few	On 4/29/24 at 7:34 a.m. Surveyor observed CNA (Certified Nursing Assistant)-M in R21's room. CNA-M washed her hands, placed gloves on, removed clothing from the closet and removed the gait belt from the back of R21's room door. CNA-M raised the height of the bed and removed the bedding off R21. Surveyor observed R21 has bare feet and is not wearing gripper socks according to the plan of care. CNA-M placed gripper socks on R21, swung R21's legs so R21 was sitting on the edge of the bed and placed the gait belt around R21. R21 placed shoes on R21, told R21 she was going to go to the rest room and assisted R21 with standing up and transferring into the wheelchair. CNA-M wheeled R21 into the bathroom, assisted R21 with standing up and then step backwards to the toilet having R21 sit on the toilet. At 7:47 a.m. CNA-M removed her gloves, washed her hands, removed the wheelchair from the bathroom and placed gloves on telling R21 she was going to wash her face & get her dressed. CNA-M washed R21's face & upper body and placed a dress & sweater on R21. CNA-M placed a brief on R21 and the gait belt around R21. At 7:54 a.m. CNA-M asked R21 if she was ready and stood R21 up. R21 stated she can't and R21 was sat back on the toilet. CNA-M removed her gloves, stated sometimes she does that and exited the bathroom and closed the bathroom door. Surveyor noted R21 was left alone in the bathroom. At 7:56 a.m. CNA-M left R21's room and returned back at 7:59 a.m. While CNA-M was washing her hands, CNA-K entered R21's room, washed her hands and staff placed gloves on. At 8:01 a.m. CNA-K stood R21 up and CNA-M washed R21's frontal perineal area and buttocks. CNA-K & CNA-M pulled up and refastened the incontinence product and transferred R21 into the wheelchair. On 4/30/24 at 7:18 a.m. Surveyor observed R21 in bed on the left side. R21's call light is within reach & there is a mat on the floor on the right side. Surveyor observed R21's bed is not in a low position. On 4/30/24 at 8:21 a.m. Surveyor asked CNA-N if she could show Surveyor R21's feet. R21 was observed in bed on her back, head of the bed elevated and R21's bed is not in a low position. CNA-N removed the bedding off R21's feet. Surveyor observed R21 is not wearing gripper socks according to her plan of care. On 4/30/24 at 9:10 a.m. Surveyor observed R21 continues to be in bed with the head of the bed elevated. Surveyor observed R21's bed is not at a low position. On 4/30/24 at 10:45 a.m. Surveyor observed R21 continues to be in bed on her back. Surveyor observed R21's bed is now in a low position. On 4/30/24 at 4:06 p.m. during the end of the day meeting Surveyor asked NH (Nursing Home Administrator)-A, DON (Director of Nursing)-B and Regional VP (Vice President)-E if there is any additional information as Surveyor needs the Facility's complete fall investigation for R21's falls starting in October to present. On 5/1/24 at 6:59 a.m. Surveyor observed R21 in bed on the right side holding on to the transfer bar on the right side. Surveyor observed there is a mat on the floor on the right side and R21's bed is not in the low position. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525415	A. Building B. Wing	05/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Menomonee Falls Health Services	N84 W17049 Menomonee Ave Menomonee Falls, WI 53051

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0689 Level of Harm - Actual harm Residents Affected - Few	On 5/1/24 at 9:38 a.m. Surveyor asked DON-B if there is any additional information regarding R21's falls. DON-B informed Surveyor there is nothing else. Surveyor went over R21's falls and concerns with the not a thorough investigation, root cause not determined to help prevent further falls and R21's care plan not always revised. Surveyor also informed DON-B of R21 not wearing gripper socks in bed and the bed not being in the low position according to the plan of care. On 5/1/24 at 9:43 a.m. Surveyor asked CNA-M if R21 should wear gripper socks in bed. CNA-M replied yes. Surveyor then asked if R21's bed should be in the low position. CNA-M replied yes. 47094 2.) The facility policy entitled Smoking Policy revised 7/14/2022 states: To identify factors that may put residents at risk for smoking or nicotine use independently and to provide appropriate supervision/approaches for safety. This center shall establish and maintain a safe resident environment, while maintain resident rights, smoking or nicotine use will be limited to designated areas, supervision, and safety plans. Those residents who wish to engage in these practices will be educated, assessed, and provided with appropriate supervision to safely do so. Policy Explanation and Compliance Guidelines . 2. Risk factors identified through the assessment process shall be used in the development of the plan of care. 5. If a resident is deemed to be unsafe, they will be required to use a smoking apron, extender, or gloves and they may be required to smoke with supervision only. 9. Residents who are assessed to require supervised smoking will have nicotine materials secured in a container that is maintained by the licensed nurse. R19 was admitted to the facility on [DATE] and has diagnoses that include rheumatoid arthritis, schizophrenia, major depressive disorder, lymphedema, and restless leg syndrome. R19's quarterly minimum data set (MDS) dated [DATE] indicated R19 had intact cognition with a brief interview for mental status (BIMS) score of 15 and the facility assessed R19 having no impairments to R19's upper extremities, having impairments to lower extremities and modified independent with transfers and repositioning with assistive devices. R19's at risk for smoking related injury due r/t (related to) poor decision making, memory loss care plan initiated 1/30/2023 has the following interventions: - Assure smoking material is extinguished prior to resident leaving smoking area. - Complete nicotine assessment per facility policy. - Observe resident for unsafe smoking behaviors or attempts to obtain smoking material from outside sources. Immediately inform facility management of concerns. - Resident not to have cigarettes or smoking material on person. (Initiated 2/27/2024) R19's care Kardex has the following interventions for safety as of 4/29/2024: -Resident not to have cigarettes or smoking material on person. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525415	A. Building B. Wing	05/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Menomonee Falls Health Services	N84 W17049 Menomonee Ave Menomonee Falls, WI 53051

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0689 Level of Harm - Actual harm Residents Affected - Few	On 4/28/2024 at 1:42 PM Surveyor spoke with R19 who stated R19 smoked cigarettes outside. Surveyor asked if R19 held onto R19's smoking materials. R19 stated R19 had own smoking materials in R19's bedroom and sometimes has to get from nursing. Surveyor asked R19 if R19 can smoke outside alone or if R19 needed to have someone when R19 smoked. R19 stated R19 goes outside and smokes alone. Surveyor reviewed R19's last Nicotine assessment that was completed on 2/27/2024, based on the assessment staff determined that R19 was AT RISK: requires staff, family, or friend for physical support or supervision with tobacco/nicotine products. Smoking materials will be kept under control of center staff. On 4/30/2024 at 2:04 PM Surveyor interviewed registered nurse (RN)-H who stated R19 was supposed to give staff back R19's smoking supplies when R19 was done with them. Surveyor asked if R19 required supervision when smoking. RN-H stated R19 can go outside alone to smoke and does not require supervision. Surveyor asked RN-H how often R19 goes outside to smoke. RN-H stated that some days R29 never goes out and other days R19 goes out several times, but nothing consistent. On 4/30/2024 at 2:04 [TRUNCATED]

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525415	A. Building B. Wing	05/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Menomonee Falls Health Services	N84 W17049 Menomonee Ave Menomonee Falls, WI 53051

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38146 Based on observation, interview and record review the facility did not ensure residents who enter the facility with an indwelling catheter is assessed for removal of the catheter as soon as possible unless the resident's clinical condition demonstrates that catheterization is necessary for 1 of 1 (R5) residents reviewed for catheters. R5 readmitted to the facility following hospitalization with a Foley catheter. The facility did not follow up with urology or assess R5 for removal of the catheter. Findings include: R5 admitted to the facility on [DATE]. Diagnoses include: Type 2 Diabetes Mellitus with chronic Diabetic Neuropathy, Diabetic Retinopathy, Chronic Kidney Disease, Restless Leg Syndrome, Rheumatoid Arthritis, Spinal Stenosis lumbar region, Anemia, Atherosclerotic Heart Disease, Major Depressive Disorder. Diagnosis of Hydronephrosis with renal and ureteral calculous obstruction was added 3/20/24. The facility policy titled Catheter Care revised 3/15/23 documents (in part) . .It is the policy of this facility to ensure that residents with indwelling catheters receive appropriate catheter care and maintain their dignity and privacy when indwelling catheters are in use. The facility did not provide a policy specific to assessment of need, or removal of catheters. On 4/28/24 at 9:30 AM during interview with R5, Surveyor observed a catheter bag on the right side of the bed. R5 reported she has had the catheter for about a week and does not know why. Review of R5's medical record revealed the Foley catheter was place in the hospital. The hospital discharge summary dated 3/20/24 documents: Is discharging with Foley for retention, urology referral placed. On 4/28/24 at 9:45 AM Surveyor asked a facility nurse (unknown name) for a list of residents in facility. The nurse reached in a drawer at the nurses station and provided Surveyor 2 sheets of paper, stating: These are what we use, it gives a summary of the resident and information needed for care. Surveyor noted R5's information did not include she had a Foley catheter. Surveyor was subsequently advised by Director of Nursing (DON)-B that the facility does not use the papers (provided to Surveyor on first day of survey) for resident care, rather staff are to follow the residents' care plan and Kardex in Point Click Care (PCC). Surveyor noted R5 does not have a care plan for the Foley catheter and there is no documentation on the Kardex that R5 has a Foley catheter. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525415	A. Building B. Wing	05/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Menomonee Falls Health Services	N84 W17049 Menomonee Ave Menomonee Falls, WI 53051

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 4/29/24 at 9:31 AM Surveyor asked Director of Nursing (DON)-B who was responsible for making appointments. Surveyor was advised the person responsible is on vacation. Surveyor asked who was responsible in her absence. DON-B stated: I guess me. Surveyor asked if a resident admitted to the facility with orders for a referral, how does the appointment get scheduled. DON-B reported the nurse makes a copy of the admission order or referral and gives it to her (staff member responsible for appointments), she makes the appointment and sets up transportation. DON-B added: We have an appointment book with all resident appointments. Surveyor reviewed the appointment book provided by DON-B. Surveyor reviewed the appointment book from 3/20/24 (when R5 readmitted to the facility with the Foley catheter) through September 2024. Surveyor noted R5 was not entered for any appointments. Review of POC documentation for April 2024 indicates a category: Urinary continence - Select the one category that best describes the resident. Surveyor noted inconsistent documentation - approximately half the time R5 had a check mark under catheter and the other half of the time R5 had a check mark under incontinent. R5 has had the Foley catheter since re-admission to the facility on [DATE]. On 4/29/24 at 1:17 PM Surveyor spoke with Corporate Senior DON-D. Surveyor advised her of concern the resident admitted to the facility with a Foley catheter on 3/20/24. The hospital discharge summary indicated a urology referral placed. There is no evidence R5 was seen by urology or that R5 was assessed for removal of the catheter, and a care plan for the catheter was not implemented. Surveyor asked if the facility did any follow up regarding the catheter, such as plan for removal or PVR (post void residuals). Corporate Senior DON-D stated: I believe the NP (Nurse Practitioner) was in today and ordered PVR's but I will check and get back to you. On 4/29/24 at 1:42 PM Corporate Senior DON-D provided Surveyor the NP order dated 4/29/24 at 10:07 AM: Void Trial on 4/30/24 - Remove Foley catheter at 6 am. Bladder scan Q (every) shift x 3 days, if greater than 350 cc straight cath x 1. If greater than 350 cc x 2 in a row contact provider for further orders in the morning for void trial AND one time only for Void Trial for 3 Days. On 4/29/24 at 3:05 PM during the daily exit meeting, the facility was advised of concern R5 readmitted to the facility on [DATE] with a Foley catheter. The hospital discharge summary indicated a urology referral was placed. There was no follow up on the urology referral and no appointment was made. There was no follow up regarding R5's catheter or plan for removal until 4/29/24 after Surveyor identified concern. No additional information was provided.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525415	A. Building B. Wing	05/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Menomonee Falls Health Services	N84 W17049 Menomonee Ave Menomonee Falls, WI 53051

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide enough food/fluids to maintain a resident's health. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38146 Based on interview and record review the facility did not ensure residents maintained acceptable parameters of nutritional status, such as usual body weight or desirable body weight range, unless the resident's clinical condition demonstrates that this is not possible or resident preferences indicate otherwise; for 2 of 5 (R5 and R21) residents reviewed for weights. R5 sustained severe weight loss. Neither the Dietician nor Physician was notified and no new interventions were implemented. R21 was not weighed weekly per Physician's orders. Findings include: The facility policy titled Weight Monitoring revised 12/21/22 documents (in part) . .The interdisciplinary team will strive to prevent, monitor and intervene for undesirable weight change for our residents. 1. The nursing staff will measure resident weights upon admission, the next 2 days, and then weekly for 3 additional weeks thereafter. 2. If no weight concerns are noted after the initial 3 days and 3 weeks after, routine weights will be measured monthly thereafter, unless ordered more frequently by the physician. 3. Weights will be recorded in the individual's electronic health record. 5. Since weight varies throughout the day, a consistent process and technique (e.g., weighing the resident wearing a similar type of clothing, at approximately the same time of the day, using the same scale, and verifying scale accuracy) can help make weight comparisons more reliable. 6. Any weight change of five (5) pounds or more since the last weight assessment will be retaken for confirmation. 7. The Dietician will review the monthly weights to follow individual weight trends over time. Weight trends will be evaluated by the interdisciplinary team whether or not the criteria for significant weight change has been met. 8. The threshold for significant weight change will be based on the following criteria (where percentage of body weight change = (usual weight - actual weight) / (usual weight) x 100): a. 1 month - 5% weight change is significant; greater than 5% is severe. b. 3 months - 7.5% weight change is significant; greater than 7.5% is severe. c. 6 months - 10% weight change is significant; greater than 10% is severe. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525415	A. Building B. Wing	05/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Menomonee Falls Health Services	N84 W17049 Menomonee Ave Menomonee Falls, WI 53051

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	10. The nursing staff will notify the individual or responsible party, physician and RDN (Registered Dietician) or designee of any individual with an unintended significant weight change. Note: The last weight obtained in the hospital may differ markedly from the initial weight upon admission to a nursing center and is not to be used in lieu of actually weighing the individual. 1.) R5 admitted to the facility on [DATE]. Diagnoses include: Type 2 Diabetes Mellitus with chronic Diabetic Neuropathy, Diabetic Retinopathy, Chronic Kidney Disease, Restless Leg Syndrome, Rheumatoid Arthritis, Spinal Stenosis lumbar region, Anemia, Atherosclerotic Heart Disease, Major Depressive Disorder and Hydronephrosis with renal and ureteral calculous obstruction. On 4/28/24 at 9:30 AM during interview with R5, she reported she has lost a lot of weight. Review of R5's medical record revealed the following weights entered (in pounds): 1/29/24 185.7 # (pounds) 3/22/24 185 # On 3/26/24 at 9:36 AM Nutrition Assessment Note (entered by Dietician-J) documents: Current weight: 185.0 lb (pounds) - 3/22/24 Scale: Mechanical Lift . BMI (Body Mass Index): 36.1. Weight stable. CBW (current body weight) is 185# (3/22), admit weight 185.7# (1/29). Weight is stable. BMI is 36.1 (obese), gradual weight decrease would be acceptable. Subsequent weights entered document: 3/27/24 144.4 # - which indicates a weight loss of 40.6 # in 5 days. Surveyor noted there was no documentation the facility questioned the accuracy of this weight entered. A re-weight was not completed. Neither the Dietician or Physician was notified and no new interventions were implemented. 4/1/24 100.4 # - which indicates further weight loss of 44 # in 5 days and a total loss of 85.3 # since admission. There was no documentation the facility questioned the accuracy of this weight entered. A re-weight was not completed. Neither the Dietician or Physician was notified and no new interventions were implemented. R5 was hospitalized from 4/1 - 4/2/24. The next weight entered documents: 4/3/24 100.8 # - There was no documentation the facility questioned the accuracy of this weight entered. A re-weight was not completed. Neither the Dietician or Physician was notified and no new interventions were implemented. R5 was hospitalized from 4/5 - 4/11/24. The next weight entered documents: 4/11/24 138.3 # - which indicates a weight gain of 38 # in 8 days. There was no documentation the facility questioned the accuracy of this weight entered. A re-weight was not completed. Neither the Dietician or Physician was notified and no new interventions were implemented. On 4/16/24 at 8:35 AM Nutrition Assessment Note (entered by Dietician-J) documents (in part) . (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525415	A. Building B. Wing	05/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Menomonee Falls Health Services	N84 W17049 Menomonee Ave Menomonee Falls, WI 53051

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	.Diet order: consistent carbohydrate, regular, thin. Average meal intake: 75-100% at most meals plus snacks. Received nutritional supplements and/or fortified foods. Prostat 30 ml (milliliters) QD (every day). Eating ability: Independent. Current weight: 138.3 lb- 4/11/2024 13:52 Scale: Mechanical Lift . BMI: 36.1. Weight stable. Intake is 75-100% at most meals plus snacks of a consistent carbohydrate diet plus snacks. Res reports being a fussy eater. She reports that intake varies based upon what is served. Previously writer encouraged res to ask for alternatives, yogurt QD and ice cream BID (twice daily) on trays. Restart Prostat 30 ml QD (100 kcal, 15 g PRO). Does not like traditional ONS (oral nutritional supplements). Hx (history) discussed PRO (protein) importance for recovery and wound healing. PRO sources discussed. Encouraged res to make sure she is eating PRO at every meal by asking for alternatives as needed. Discussed res with IDT (Interdisciplinary Team). Recent hospital weight of 186# (4/1) shows likely still in 180's. Facility has some weights that show a weight loss, may be inaccurate. Discussed with nursing, believes weight likely still around 180 - awaiting reweight. Res refused weight on 4/15. BMI is 36.1 (obese), gradual weight decrease would be acceptable. Care plan reviewed and updated. Subsequent weights entered document: 4/28/24 138.2 # On 4/30/24 at 2:04 PM Surveyor spoke with Dietician-J about R5's weights. Surveyor asked how she is notified of residents' weight loss. Dietician-J stated: Typically when I'm here each week, I look at weight exceptions, it will trigger weight loss, the computer does math to notify of significant weight changes. I will then ask for a reweight. Surveyor asked how she communicates her request for reweight or orders. Dietician-J stated: The main was is (sic) I email IDT, or if I happen to be in the building for morning meeting I will verbally tell them. Dietician-J stated: I know she (R5) was on my reweight list, probably after the first extraneous (sic) weight on 3/27. Surveyor asked Dietician-J if she was notified or aware of the weight entry on 3/27/24 which indicated a loss of 40.6 # in 5. Dietician-J stated: I don't recall, but I would've asked for and expected a reweigh if there was that much of a difference. Surveyor advised no reweigh was documented. Surveyor asked about the weights entered on 4/1/24 and 4/3/24 which documented 100#. Dietician-J stated: I'm sure if I was aware I would ask for a reweigh because I would suspect it was not accurate. Surveyor asked Dietician-J why her progress note on 4/16/24 documented weight stable as R5's documented weight on 4/11/24 was 138.3 #. Surveyor asked why she considered this weight stable. Dietician-J reported she said it was stable because she reviewed the hospital weight of 186 # on 4/1, so I thought that weight (on 4/11) may not be accurate. I pegged it this week after I saw the 4/28 weight was again 138. I asked for a reweigh and was going to re-evaluate her today. Surveyor advised a re-weight was not completed. Dietician-J stated: (R5) was weighed again today and her weight was again 138, so we determined that this is probably an accurate weight. Dietician-J reported she was not notified of R5's weight on 4/3/24. Dietician-J reported she would've been back in the facility on the 4/9/24 review R5's weights, but she was in the hospital. Dietician-J reported she was not notified of R5's weight on 4/11/24. I reviewed her on 4/16 and noticed the weights not lining up, so I asked for a reweigh. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525415	A. Building B. Wing	05/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Menomonee Falls Health Services	N84 W17049 Menomonee Ave Menomonee Falls, WI 53051

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Surveyor asked if facility staff enter a weight that is significantly different from the previous, what is done. Dietician-J stated: I don't think there is a process to call me or notify me that I know of. Surveyor confirmed if staff enter a weight that indicates a significant loss from the previous weight, Dietician-J is not notified or aware until she comes to the facility each week. Dietician-J stated: I would think if there is significant weight loss entered, I would get a phone call or email. Surveyor asked if she received a phone call or email regarding the weights entered indicating a loss of 40#'s in 5 days, then another 44#'s in 5 days and then a gain of 37.5#'s in 8 days. Dietician-J stated: No. 5/1/24 at 11:04 AM Surveyor advised Director of Nursing (DON)-B and Regional VP-E of concern regarding R5's weights. Facility staff enters weights that are significantly different from the previous weight entered with no question for accuracy, and no Dietician or Physician notification, thus no new interventions implemented. Re-weight are not completed per facility policy and Dietician recommendation. Surveyor confirmed according to the facility documented weights, R5 has sustained severe weight loss of 48 pounds in the 3 months since admission. No additional information was provided. 20483 2.) R21's diagnoses includes diabetes mellitus, dysphagia, anxiety disorder, and depressive disorder. The physician order dated 3/18/24 documents Weekly weight on Wednesday every day shift every Wed (Wednesday). Surveyor noted the following weights under the weights/vitals tab in R21's medical record: 3/8/24 117 pounds 3/25/24 118 pounds 4/1/24 113.6 pounds Surveyor was unable to locate any weights after 4/1/24 in R21's medical record. On 4/28/24 starting at 12:14 p.m. Surveyor observed CNA (Certified Nursing Assistant)-M assist R21 with eating her lunch meal which consisted of turkey, mashed potatoes, green beans, and a roll. On 4/29/24 at 12:27 p.m. Surveyor asked RN (Registered Nurse)-H where Resident weights are documented. RN-H informed Surveyor they are under the weights/vitals tab explaining to Surveyor you can just pull up the weights. Surveyor reviewed R21's April 2024 MAR (medication administration record) and noted Weekly weight on Wednesday every day shift every Wed with a start date of 3/20/24 0600 (6:00 a.m.). Weights are initialed as being completed on 4/3/24, 4/10/24, 4/17/24, & 4/24/24. Surveyor noted although the MAR indicates weights were taken on these dates there are no weights recorded in R21's medical record. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525415	A. Building B. Wing	05/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Menomonee Falls Health Services	N84 W17049 Menomonee Ave Menomonee Falls, WI 53051

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 4/29/24 at 1:18 p.m. Surveyor informed DON (Director of Nursing)-B R21 has a physician order for weekly weights starting on 3/18/24. Surveyor informed DON-B the last weight Surveyor noted was dated 4/1/24 although the April MAR is initialed as weights being completed on 4/3/24, 4/10/24, 4/17/24, & 4/24/24. Surveyor asked DON-B to see if there are any weekly weights Surveyor may have missed. On 4/30/24 at 8:37 a.m. Surveyor asked DON-B if she was able to locate any weekly weights for R21 after 4/1/24. DON-B informed Surveyor she wasn't able to find any but they did get a weight yesterday for R21. Surveyor reviewed R21's medical record form a weight taken 4/29/24 but was unable to locate the weight. On 4/30/24 at 2:16 p.m. Surveyor informed DON-B Surveyor thought a weight was taken for R21 yesterday but was able to locate a weight. DON-B asked Surveyor they didn't put it in the computer? DON-B informed Surveyor she will call the nurse and make sure it gets in there. On 4/30/24 at 4:20 p.m. Surveyor asked Dietitian-J if she monitors weekly weights. Dietitian-J replied no explaining it depends on the situation as to whether it's a resident she is actively watching and monitoring. Dietitian-J explained she has her own list and if the weekly weight is a standing order she doesn't always specifically monitor the weights. Surveyor asked Dietitian-J if she is monitoring R21's weekly weights. Dietitian-J replied she isn't one that I specifically have on my list, she has an order that I agree its a good idea explaining because of R21's history of weight loss. Dietitian-J informed Surveyor R21's weight has been stable. On 5/1/24 at 9:27 a.m. Surveyor noted R21's medical record now contains a weight on 4/29/24 of 115.8 pounds. R21's weights were not obtained on 4/3/24, 4/10/24, 4/17/24, & 4/24/24 according to physician's orders.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525415	A. Building B. Wing	05/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Menomonee Falls Health Services	N84 W17049 Menomonee Ave Menomonee Falls, WI 53051

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0699 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care or services that was trauma informed and/or culturally competent. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 20483 Based on interview and record review the Facility did not comprehensively assess 1 (R2) of 1 Residents for trauma informed care and care plan approaches to mitigate any triggers to prevent re-traumatization. Findings include: The Trauma Informed Care Policy last reviewed/revised 10/18/22 under Policy documents It is the policy of this facility to provide care and services which, in addition to meeting professional standards, are delivered using approaches which are culturally competent, account for experiences and preferences, and address the needs of trauma survivors by minimizing triggers and/or re-traumatization. Under Policy Explanation and Compliance Guidelines includes documentation of 2. The facility will use a multi-pronged approach to identify a resident's history of trauma. This will include asking the resident about triggers that may be stressors or may prompt recall of a previous traumatic event, as well as reviewing documentation such as the history and physical, consultation notes, or information received from family/responsible party. 5. The facility will identify triggers which may re-traumatize residents with a history of trauma. Trigger specific interventions will identify ways to decrease the resident's exposure to triggers which re-traumatize the resident, as well as identify ways to mitigate or decrease the effect of the trigger on resident and will be added to the resident's care plan. While most triggers are highly individualized, some common triggers may include, but are not limited to: a. Experiencing a lack of privacy or confinement in a crowded or small space. b. Exposure to loud noises, or bright/flashing lights. c. Certain sights, such as objects that are associated with their abuser. d. Sounds, smells, and physical touch. 6. Trauma-specific care plan interventions will recognize the interrelation between trauma and symptoms of trauma such as substance abuse, eating disorders, depression, and anxiety. These interventions will also recognize the survivor's need to be respected, informed, connected, and hopeful regarding their own recovery. 7. The facility will evaluate whether the interventions have been able to mitigate (or reduce) the impact of identified triggers on the resident that may cause re-traumatization. The resident and/or his or her family or representative will be included in this evaluation to ensure clear and open discussion and better understand if interventions must be modified. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525415	A. Building B. Wing	05/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Menomonee Falls Health Services	N84 W17049 Menomonee Ave Menomonee Falls, WI 53051

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0699 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	8. In situations where a trauma survivor is reluctant to share their history, the facility will still try to identify triggers which may re-traumatize the resident and develop care plan interventions which minimize or eliminate the effect of the trigger on the resident. Findings include: R2 has diagnoses which include PTSD (post traumatic stress disorder), anxiety disorder and depressive disorder. The at risk for re-traumatization of past event or experience where reminders/triggers of event or experience may cause behavioral changes and/or emotional distress care plan initiated 11/7/23 documents the following interventions: * Determine as able, the triggers of traumatic event or experiences, such as sight, smells, sounds and touch, which may lead to a set of emotional, physiological and behavioral responses that arise in service of survival and safety. Initiated 11/7/23. * Determine individualized de-escalation preferences. Initiated 11/7/23. * Give opportunity to debrief after crisis or apparent crisis to explore triggers and prevent re-occurrence. Initiated 11/7/23. * Monitor for decreased social interaction and explore opportunities to avoid decline. Initiated 11/7/23. * Monitor for increased withdrawal, anger or depressive behaviors and explore opportunities to avoid. Initiated 11/7/23. * Provide a safe environment. Initiated 11/7/23. * Refer to Psychology as indicated. Initiated 11/7/23. The CNA (Certified Nursing Assistant) kardex report as of 5/1/24 has sections for bladder/bowel, bathing behavior/mood, bed mobility, dressing/splint care, eating/nutrition, monitors, mobility, personal hygiene/oral care, resident care, restorative, safety, skin, transferring, and toileting. Under the section behavior/mood documents * Help me maintain my favorite place to sit * Help me to avoid situations or people that are upsetting to me. * Non-Pharm (pharmaceutical) interventions for behaviors: 1. Address in a calm manner. 2. Attempt to orientate to place and time. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525415	A. Building B. Wing	05/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Menomonee Falls Health Services	N84 W17049 Menomonee Ave Menomonee Falls, WI 53051

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0699 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	3. Allow resident to express feelings or frustrations and provide reassurance as needed. 4. Provide assistance as needed. 5. Family visits. 6. Offer activities of choice. 7. Provide emotional support to resident as needed. 8. Offer to close door and curtains to facilitate sleep. * Please tell me what you are going to do before you begin. * Target Behavior: 1. Depression/Sadness Intervention #1: Redirect as able Intervention #2: Offer appropriate activities Intervention #3: Elicit family input. Surveyor noted the CNA Kardex does not address R2's PTSD and what R2's triggers may be. The psychosocial assessment dated [DATE] completed by Prior Social Service Director-X under additional comments documents Resident is receiving psychological or psychiatric services. Psych/Mental Health Counseling services are through [Name] and Psychiatric services are through [Name] Behavior Health. For psychosocial status concerns with other residents is checked. Dx (diagnosis) or Hx (history) of PTSD and Prior trauma are checked for the question Does the resident have any of the following that may affect approach to care. Under provide information this section was not completed. Surveyor reviewed R2's medical record and was unable to locate a trauma informed care assessment. On 4/28/24 at 3:55 p.m. Surveyor observed R2 sitting up in bed watching TV. Surveyor informed R2 Surveyor had been by her room prior but she was sleeping and inquired when would be a good time to speak with her tomorrow. R2 informed Surveyor at 1:00 p.m. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525415	A. Building B. Wing	05/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Menomonee Falls Health Services	N84 W17049 Menomonee Ave Menomonee Falls, WI 53051

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0699 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 4/29/24 at 11:42 a.m. Surveyor observed R2 sitting up in bed. Surveyor asked R2 if she wanted to talk now instead of at 1:00 p.m. During the conversation with R2, R2 informed Surveyor she takes medication for PTSD, anxiety, and depression. Surveyor asked R2 if anyone at the Facility has asked her what triggers her PTSD. R2 replied no and informed Surveyor she's not always sure what triggers it. Surveyor asked R2 if she sees a psychologist or psychiatrist. R2 informed Surveyor first name of DON (Director of Nursing)-B hooked her up and she goes to see a psychiatrist every Wednesday. R2 informed Surveyor no one has really talked to her about her PTSD other than the fact that she has it. Surveyor asked if the Social Worker has talked with her. R2 replied no. R2 informed Surveyor she thinks the Social Worker is new and has met her. R2 informed Surveyor her PTSD is from her being paralyzed and again said no one has spoken to her about her PTSD. R2 informed Surveyor they tried about a year ago but not since then. R2 informed Surveyor she had behavior issues explaining she has three issues, paralysis, congestive heart failure and PTSD. On 4/30/24 at 9:22 a.m. Surveyor asked SS (Social Service)-I if she does trauma assessments. SS-I replied I haven't so far and explained she's only been at the Facility three weeks. Surveyor asked SS-I if trauma assessments are something she would do. SS-I replied yes. Surveyor asked when she would do these assessments. SS-I informed Surveyor when ever she's informed of any trauma she would look into the matter and look to see if an evaluation needs to be done. Surveyor asked SS-I if a resident has a diagnosis of PTSD would she do a trauma assessment. SS-I replied I'm not sure if it's a requirement here but previously I have, yes. Surveyor informed SS-I R2 has a diagnosis of PTSD and wasn't able to locate a trauma assessment and R2's care plan is not personalized for R2 as there is no documentation as to what triggers R2 and what interventions should be implemented for the triggers. On 4/30/24 at 1:50 p.m. SS-I informed Surveyor she found R2's PTSD diagnosis and got some care plan stuff going for her and will do a trauma assessment. On 4/30/24 at 4:06 p.m. NHA (Nursing Home Administrator)-A, DON-B and Regional VP (Vice President)-E were informed of the above. DON-B informed Surveyor R2 has a PTSD care plan. Surveyor informed DON-B R2 does have a care plan but it's not individualized for R2.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525415	A. Building B. Wing	05/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Menomonee Falls Health Services	N84 W17049 Menomonee Ave Menomonee Falls, WI 53051

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48391 Based on observation, interview and record review, the facility did not ensure that sufficient nursing staff was provided to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident. Residents expressed concerns to surveyors that the facility does not have sufficient staff, resulting in delayed call light responses. This deficient practice has the potential to affect all 30 residents residing in the facility at the time of the survey. Findings include: The facility is composed of 3 units and had a census of 30 residents on 4/28/24. On 4/30/24 at 8:17 am, Surveyor interviewed Director of Nursing (DON)-B regarding the facility staffing levels and triggering for low weekend staffing on the Payroll Based Journal (PBJ) report for Fiscal Year 2023 (October 1 - December 31). Surveyor asked DON-B how the facility determines the amount of staffing needed to meet resident's needs. DON-B notified Surveyor that the facility determines the amount of staffing needed to meet resident's needs based on the total number of residents in the facility and acuity care needs of the residents. DON-B stated staffing does not change for the weekends and requires the same number of staff. DON-B indicates the facility uses a scheduling program called Smart Linx which creates an ideal schedule based on the number and acuity of residents residing in the facility. Surveyor reviewed the Facility assessment dated [DATE], which states the following: ~ Average daily census is 28 - 32 residents. ~ 5 Licensed Nursed providing direct care are needed ~ 8 Nurses Aides (CNA) are needed ~ 1 Registered Nurse (RN) or Licensed Practical Nurse (LPN) needed for each shift ~ 1 RN or LPN needed per 20 residents on days and PM shift. ~ 1 RN or LPN needed per 30 residents on night (NOC) shift ~ 1 CNA needed per 12 residents on day and PM shift ~ 1 CNA needed per 20 residents on NOC shift (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525415	A. Building B. Wing	05/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Menomonee Falls Health Services	N84 W17049 Menomonee Ave Menomonee Falls, WI 53051

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Surveyor reviewed the staffing from 4/1/24 to 4/29/24. Based on the staffing levels provided by the Facility Assessment, Surveyor noted the facility was short of staff the following days: 4/7/24 - Census 29 - Facility short staffed on NOC shift with 1 CNA 4/8/24 - Census 30 - Facility short staffed on NOC shift with 1 CNA 4/22/24 - Census 32 - Facility short staffed on NOC shift with 1 nurse and 1 CNA Surveyor reviewed the weekend staffing from 10/1/23 to 12/31/23. Based on the staffing levels provided by the Facility Assessment, Surveyor noted the facility was short of staff the following days: 10/7/23 - Census 27 - Facility short staffed on NOC shift with 1 CNA. Surveyor notes there are no CNA timecard punches for NOC shift. 10/8/23 - Census 27 - Facility short staffed on NOC shift with 1 CNA. Surveyor notes there are no CNA timecard punches for NOC shift. 10/14/23 - Census 27 - Facility short staffed on PM shift with 1 CNA. Facility short staffed on NOC shift with 1 CNA. 10/15/23 - Census 27 - Facility short staffed on NOC shift with 1 CNA. 10/21/23 - Census 26 - Facility short staffed on NOC shift with 1 nurse and 0 CNA. Surveyor notes the daily schedule indicates 2 CNAs called in. Surveyor notes there are no CNA timecard punches on NOC shift for CNAs. 10/22/23 - Census 26 - Facility short staffed with 1 nurse and 0 CNAs. Surveyor notes there are no timecard punches for the nurses or CNAs on NOC shift 10/28/23 - Census 27 - Facility short staffed on NOC shift with 1 CNA. 10/29/23 - Census 27 - Facility short staffed on NOC shift with 1 CNA. 11/4/23 - Census 24 - Facility short staffed on NOC shift with 1 CNA. 11/5/23 - Census 24 - Facility short staffed on NOC shift with 1 CNA. 11/11/23 - Census 23 - Facility short staffed on NOC shift with 1 CNA. Surveyor notes there are no timecard punches for CNAs on NOC shift. 11/12/23 - Census 23 - Facility short staffed on NOC shift with 1 CNA. Surveyor notes there are no timecard punches for CNAs on NOC shift. 11/18/23 - Census 23 - Facility short staffed on NOC shift with 1 CNA. 11/19/23 - Census 23 - Facility short staffed on NOC shift with 1 CNA. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525415	A. Building B. Wing	05/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Menomonee Falls Health Services	N84 W17049 Menomonee Ave Menomonee Falls, WI 53051

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	11/25/23 - Census 20 - Facility short staffed on NOC shift with 1 CNA. 11/26/23 - Census 20 - Facility short staffed on NOC shift with 1 CNA. Surveyor notes there are no timecard punches for CNAs on NOC shift. 12/2/23 - Census 25 - Facility short staffed on NOC shift with 1 CNA. 12/3/23 - Census 25 - Facility short staffed on NOC shift with 1 CNA. 12/9/23 - Census 26 - Facility short staffed on NOC shift with 1 CNA. 12/10/23 - Census 26 - Facility short staffed on NOC shift with 1 CNA. 12/16/23 - Census 24 - Facility short staffed on NOC shift with 1 CNA. 12/17/23 - Census 24 - Facility short staffed on NOC shift with 1 CNA. 12/23/23 - Census 22 - Facility short staffed on NOC shift with 1 CNA. 12/24/23 - Census 22 - Facility short staffed on NOC shift with 1 CNA. 12/30/23 - Census 24 - Facility short staffed on NOC shift with 1 CNA. 12/31/23 - Census 24 - Facility short staffed on NOC shift with 1 CNA. Surveyor notes a discrepancy with daily schedules and timecard punches. Surveyor notes the facility does not have an accurate record of staff who have worked every shift. On 4/30/24 at 1:38 pm, Surveyor conducted Resident Council during the facility recertification survey. Residents expressed concerns with long call wait times and the facility being short staffed. Residents expressed concerns with requiring additional assistance after having procedures/surgeries and long call wait times. Residents stated this concerns them if they have medical changes and/or procedures that require them to press their call light more frequently. R2 described the call light wait time as horrible. R24 states R2 resides close to her and R24 will notice R2's call light on for long periods of time. R24 stated she will personally ask R2 if she needs assistance and check on her when she notices long call light wait times. Residents in Resident Council state, they have previously brought up long call light wait time concerns and low staffing concerns with the facility and have not been updated on a resolution or progress by the facility. On 5/1/24 at 9:02 am, Surveyor notified DON-B of concerns with the above findings. No further information was provided as to why the facility did not ensure that sufficient staff was provided to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525415	A. Building B. Wing	05/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Menomonee Falls Health Services	N84 W17049 Menomonee Ave Menomonee Falls, WI 53051

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47094 Based upon interview and record review the facility did not ensure recommendations made through the medication regime review were addressed for 5 (R19, R25, R2, R4, and R7) of 30 sampled residents. *R19 had pharmacy recommendations on 11/9/2023, 12/8/2023, and 2/26/2024 to add a dose in grams for R19's order for Diclofenac sodium external gel 1%. The pharmacy recommendations were never followed up on. *R25 had pharmacy recommendations that were not followed up on. *R2 had pharmacy recommendations that were not followed up on. *R4 had pharmacy recommendations to decreased ferrous sulfate and complete an AIMS assessment that were never followed up on. *R7 had pharmacy recommendations that were not followed up on. Findings include: The facility policy entitled Medication Monitoring: Medication Regimen Review and Reporting revised 1/2024 states: Medication Regimen Review (MRR) or Drug Regimen Review is a thorough evaluation of the medication regimen of a resident, with the goal of promoting positive outcomes and minimizing adverse consequences and potential risks associated with medication. The MRR includes review of the medical record in order to prevent, identify, report, and resolve medication-related problems, medication errors, or other irregularities. PROCEDURES: . 6. Resident- specific MRR recommendations and findings are documented and acted upon by the nursing care center and/or physician. 8. The Nursing care center follows up on the recommendations to verify the appropriate action has been taken. Recommendations should be acted upon within 30 calendar days or per facility specific protocols. A. for those issues that require physician intervention, the attending physician either accepts and acts upon the report and recommendations or rejects all or some of the report and should document his or her rationale of why the recommendation is rejected in the resident's medical record. C. For recommendations that do not require physician intervention, the director of nursing or licensed designee will address the recommendations. 1.) R19 was admitted to the facility on [DATE] and has diagnoses that include rheumatoid arthritis, schizophrenia, major depressive disorder, lymphedema, and restless leg syndrome. R19's quarterly minimum data set (MDS) dated [DATE] indicated R19 had intact cognition with a brief interview for mental status (BIMS) score of 15. Surveyor reviewed R19's pharmacy MRR from 10/2023 - current and noted the same recommendation was made for R19 on 11/9/2023, 12/8/2023, and 2/26/2024 for the following order: Diclofenac Sodium External Gel 1%- Apply to back topically two times a day for back pain. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525415	A. Building B. Wing	05/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Menomonee Falls Health Services	N84 W17049 Menomonee Ave Menomonee Falls, WI 53051

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	The pharmacy recommendation was the order in PCC (PointClickCare, Healthcare software) does not have a dosage indicated (needs to have the dose in grams that are being administered) Surveyor noted the recommendation was not followed up on by nursing for 11/9/2023, 12/8/2023, and 2/26/2024. On 4/30/2024 at 1:58 PM Surveyor shared concerns with the director of nursing (DON)-B regarding R19's MRR was not followed up on for 3 months in November, December, and February. DON-B stated DON-B started at the facility about 3 months ago and noted that pharmacy MRR's were not being followed up on by the previous DON and DON-B has started to date, chart, and upload the MRR to the resident's medical record as soon as the recommendation is completed. DON-B stated DON-B likes to get the MRR completed within a week of getting the Pharmacy MRR. No further information was provided. 20483 2.) R2's diagnoses includes anxiety disorder and depressive disorder. The physician order dated 11/15/22 documents Amitriptyline HCl Tablet 25 mg (milligrams) Give 1 tablet by mouth one time a day for depression. The pharmacy review note dated 10/9/23 documents Recommendations/Irregularities: Recommendations made, review Clinical Pharmacy Report. The pharmacy review note dated 11/9/23 documents Recommendations/Irregularities: Recommendations made, review Clinical Pharmacy Report. The pharmacy review note dated 12/8/23 documents Recommendations/Irregularities: Recommendations made, review Clinical Pharmacy Report. The pharmacy review note dated 1/30/24 documents Recommendations/Irregularities: Recommendations made, review Clinical Pharmacy Report. The pharmacy review note dated 2/26/24 documents Recommendations/Irregularities: Recommendations made, review Clinical Pharmacy Report. The pharmacy review note dated 3/22/24 documents Recommendations/Irregularities: Recommendations made, review Clinical Pharmacy Report. On 4/29/24 at 1:15 p.m. Surveyor informed DON (Director of Nursing)-B the pharmacist in their monthly drug regimen review had recommendations for R2 for October 2023, November 2023, December 2023, January 2024, February 2024 & March 2024. Surveyor requested these pharmacy reports. On 4/30/24 at 2:23 p.m. DON-B informed Surveyor the pharmacy reports Surveyor requested are not in the pharmacy book which has reports through September. DON-B informed Surveyor she contacted the pharmacy consultant and asked what had been done. She did not have any signed copies of what was followed up on. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525415	A. Building B. Wing	05/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Menomonee Falls Health Services	N84 W17049 Menomonee Ave Menomonee Falls, WI 53051

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 5/1/24 at 11:41 a.m. VP (Vice President) Clinical Services-C informed Surveyor the pharmacy recommendation forms are not signed by the doctor. The recommendations were given over & over and have just recently been addressed. Surveyor reviewed the pharmacy note to attending physician/prescriber provided by VP Clinical Services-C. The note to attending physician/prescriber with a print date of 10/10/23, 11/10/23, 12/11/23, 2/27/24, & 3/22/24 all have the recommendation to discontinue amitriptyline. R2's physician has not addressed the pharmacist recommendation to discontinue amitriptyline. The pharmacy report dated 12/11/23 & 2/27/24 also include a recommendation to conduct an AIMS ASAP (as soon as possible) and every 6 months thereafter. The AIMS was not completed until 4/1/24. 3.) R7's diagnoses includes chronic pain syndrome, anxiety disorder, and depressive disorder. The pharmacy review note dated 12/8/23 documents Recommendations/Irregularities: Recommendations made, review Clinical Pharmacy Report. The pharmacy review note dated 1/30/24 documents Recommendations/Irregularities: Recommendations made, review Clinical Pharmacy Report. The pharmacy review note dated 3/22/24 documents Recommendations/Irregularities: Recommendations made, review Clinical Pharmacy Report. On 4/30/24 at 4:06 p.m. during the end of the day meeting with NHA (Nursing Home Administrator)-A, DON (Director of Nursing)-B and Regional VP (Vice President)-E Surveyor requested R7's monthly pharmacy recommendations for the months December 2023, January 2024 & March 2024. The note to attending physician/prescriber with a print date of 3/22/24 under current order documents Oxycodone 5 mg q6hr (every six hours) prn (as needed) pain (63x, previous 30 days 45) and Tramadol 50 mg q6h prn (63x, previous 30 day 45). Use is 1/4xdaily. Pain reported from 6-10. Noted increase use despite increase in Gabapentin to 300mg bid (twice daily) on 2/1/24. Resident also on Lidocain patch and prn APAP. Resident with increase in Wellbutrin on 3/8/24. Uncontrolled pain may contribute to depressed mood/anxiety. Under recommendations documents Please evaluate prn Oxycodone and Tramadol use and consider if resident would benefit from further increase Gabapentin dose or scheduled Tramadol to improve around-the-clock pain relief. The physician did not address this recommendation and the form was not signed by the physician. 4.) R26's diagnosis includes epilepsy. The pharmacy review note dated 11/9/23 documents Recommendations/Irregularities: Recommendations made, review Clinical Pharmacy Report. The pharmacy review note dated 12/8/23 documents Recommendations/Irregularities: Recommendations made, review Clinical Pharmacy Report. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525415	A. Building B. Wing	05/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Menomonee Falls Health Services	N84 W17049 Menomonee Ave Menomonee Falls, WI 53051

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	The pharmacy review note dated 1/30/24 documents Recommendations/Irregularities: Recommendations made, review Clinical Pharmacy Report. The pharmacy review note dated 2/26/24 documents Recommendations/Irregularities: Recommendations made, review Clinical Pharmacy Report. The pharmacy review note dated 3/22/24 documents Recommendations/Irregularities: Recommendations made, review Clinical Pharmacy Report. On 4/30/24 at 4:06 p.m. during the end of the day meeting with NHA (Nursing Home Administrator)-A, DON (Director of Nursing)-B and Regional VP (Vice President)-E Surveyor requested R26's monthly pharmacy recommendations from November 2023 to March 2024. Surveyor reviewed the monthly pharmacy provided and noted the physician addressed the pharmacy reports dated 12/8/23, 1/30/24, 2/26/24, & 3/22/24. The pharmacy note to attending physician/prescriber with a print date of 11/10/23 under current order documents Depakote oral tablet delayed release 250 mg (milligram) (Divalproex Sodium) Give 3 tablets by mouth every 12 hours for seizures. This resident is receiving valproic acid, why may cause blood dyscrasias and impair liver function, especially early in therapy. Under recommendations documents Please consider VPA level, CBC (complete blood count)/differential, and LFT's (liver function test) every six months to monitor therapy. This recommendation was not addressed by R26's physician and the form was not signed by the physician. 38146 5.) R4 has an order for Abilify (Aripiprazole) 2.5 mg by mouth one time a day for delusions, severe verbal/physical aggression. Surveyor review of R4's pharmacy MRR's (medical record reviews) documented: 11/9/23 at 8:16 AM Pharmacy Review. Recommendations/Irregularities: Recommendations made, review Clinical Pharmacy Report. 12/8/23 at 8:06 AM Pharmacy Review. Recommendations/Irregularities: Recommendations made, review Clinical Pharmacy Report. 2/26/24 at 6:42 PM Pharmacy Review. Recommendations/Irregularities: Recommendations made, review Clinical Pharmacy Report. 3/22/24 at 11:33 AM Pharmacy Review. Recommendations/Irregularities: Recommendations made, review Clinical Pharmacy Report. Surveyor was unable to locate the pharmacy recommendations in R4's medical record and asked the facility to provide. Surveyor was provided the following forms: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525415	A. Building B. Wing	05/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Menomonee Falls Health Services	N84 W17049 Menomonee Ave Menomonee Falls, WI 53051

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	(Name of pharmacy) note to attending Physician/Prescriber (not dated) printed 11/10/23 - recommendation: Reduce Ferrous Sulfate to 325 mg every other day. Surveyor noted the form included no documentation the physician was notified or followed up on the recommendation. The form did not include Physician's orders, was not signed by the physician and review of R4's medical record revealed she continues to receive Ferrous Sulfate 325 mg daily. (Name of pharmacy) nursing recommendations for recommendations created between 12/1/23 and 12/11/23: Conduct an AIMS (abnormal involuntary movement scale) ASAP (as soon as possible) and every 6 months thereafter. Surveyor noted an AIMS was not completed per pharmacy recommendations. R4's medical record revealed the last AIMS was completed on 2/2/22 with a score of 0. (Name of pharmacy) nursing recommendations for recommendations created between 2/1/24 and 2/27/24: Conduct an AIMS ASAP and every 6 months thereafter. Surveyor noted an AIMS was not completed per pharmacy recommendations. (Name of pharmacy) nursing recommendations for recommendations created between 3/1/24 and 3/22/24 - conduct an AIMS ASAP and every 6 months thereafter. Surveyor noted an AIMS was completed on 3/10/24 with a score of 0. On 5/1/24 at 11:04 AM Director of Nursing (DON)-B was advised of concern the facility did not follow up on pharmacy recommendations. No additional information provided.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525415	A. Building B. Wing	05/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Menomonee Falls Health Services	N84 W17049 Menomonee Ave Menomonee Falls, WI 53051

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident's drug regimen must be free from unnecessary drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 20483 Based on interview and record review, the Facility did not ensure each Resident's drug regimen was free from unnecessary drugs for 3 (R2, R26 & R17) of 5 Residents reviewed. * R2 receives Metoprolol Succinate ER 75 mg once a day. R2's heart rate was not being taken according to physician orders prior to receiving the medication. * R26 received Keflex 500 mg (milligrams), an antibiotic, once daily for 7 days starting on 2/6/24 without adequate signs/symptoms of UTI (urinary tract infection). * R17 receives Metoprolol Succinate ER 25 mg one time a day. R17's heart rate was not being taken according to physician orders prior to receiving the medication. Findings include: 1.) R2's diagnosis includes hypertension. The physician order with an order date of 2/9/23 & start date of 2/10/23 documents Metoprolol Succinate ER (extended release) Tablet Extended Release 24 hour 25 mg (milligrams) Give 3 tablet by mouth one time a day for hypertension. Hold for SBP (systolic blood pressure)< (less than) 100 and/or HR (heart rate) <60 and notify MD. Surveyor reviewed R2's March 2024 & April 2024 MAR (medication administration record) and noted R2's blood pressure is recorded daily for this medication but the March 2024 and April 2024 does not include R2's heart rate. Surveyor noted under the weight/vital sign tab in R2's medical record the last time R2's pulse was taken was on 4/11/24 at 16:49 (4:49 p.m.) with 81 bpm (beats per minute). On 5/1/24 at 12:03 p.m. Surveyor asked DON (Director of Nursing)-B if the physician orders parameters for a medication should the vital signs be taken as ordered by the physician. DON-B replied yes. Surveyor informed DON-B R2 receives Metoprolol Succinate ER 75 mg daily with instructions to hold SBP less than 100 and/or heart rate less than 60. Surveyor informed DON-B R2's blood pressure was being taken but staff did not take R2's heart rate according to physician orders prior to administering the medication. 2.) R26's diagnoses includes diabetes mellitus, chronic kidney disease stage 5, lymphedema, and epilepsy. The physician orders dated 2/6/24 documents Keflex Oral Capsule 500 mg (milligrams) (Cephalexin) Give 500 mg by mouth in the morning for UTI for 7 days. The nurses note dated 2/6/24 at 19:45 (7:45 p.m.) documents Resident returned from hospital with UTI (urinary tract infection) dx (diagnosis) and order for Keflex. This nurses note was written by RN (Registered Nurse)-R. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525415	A. Building B. Wing	05/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Menomonee Falls Health Services	N84 W17049 Menomonee Ave Menomonee Falls, WI 53051

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Surveyor was unable to locate any documentation of urinary signs & symptoms prior to R26 being transferred to the hospital on 2/6/24 and returning to the facility on the same day. Surveyor reviewed R26's medical record and was unable to locate R26's hospital records for 2/6/24. On 4/30/24 at 12:20 p.m. Surveyor met with DON (Director of Nursing)-B to discuss R26. Surveyor informed DON-B Surveyor doesn't understand how R26 meets the criteria for treating an UTI with Keflex. Surveyor informed DON-B Surveyor did not note any signs or symptoms of urinary concerns prior to R26 being transferred to the hospital on 2/6/24 & returning back to the Facility the same day. DON-B replied she doesn't, she did not meet the criteria. DON-B explained the physician decided to keep the antibiotic due to the granddaughter requesting the antibiotic & the granddaughter stating her grandmother had alerted mental status. DON-B informed Surveyor she called the hospital to get the C & S (culture and sensitivity) but the hospital did not run it so she doesn't even know if the medication was susceptible. Surveyor inquired if R26's POA (power of attorney) was activated at this time. DON-B replied no it was the granddaughter requesting this and the son is actually the POA but during this time the POA was not activated. Surveyor informed DON-B R26 did not meet their criteria of infection and should not have received the antibiotic. 38146 3.) R17 admitted to the facility on [DATE] and has diagnoses that include Chronic Diastolic (Congestive) Heart Failure, Chronic Atrial Fibrillation and Essential (primary) Hypertension. Review of R17's medical record includes a Physician's order dated 2/16/24 for Metoprolol Succinate ER (extended release) 25 mg (milligrams) by mouth one time a day for A Fib (Atrial Fibrillation). Hold for Systolic B/P (blood pressure) less than 110 or HR (heart rate) less than 60. R17's Medication Administration Record (MAR) indicates an area to record the blood pressure, but does not include an area to record R17's heart rate. Review of R17's vitals signs entered in Point Click Care revealed the last pulse documented was on 2/29/24 at 2:49 PM as 82 beats per minute. 5/1/22 at 1:20 PM Director of Nursing (DON)-B was advised of concern R17 has physician orders to hold Metoprolol for heart rate less than 60. The facility is not monitoring R17's heart rate prior to administration of Metoprolol. No additional information provided.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525415	A. Building B. Wing	05/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Menomonee Falls Health Services	N84 W17049 Menomonee Ave Menomonee Falls, WI 53051

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure medication error rates are not 5 percent or greater. 38146 Based on observation, interview and record review the facility did not ensure medication error rates are not 5 percent or greater. The facility had a medication error rate of 21.05%. R17's Metoprolol Succinate ER (extended release) was crushed. R6's Amlodipine Besylate was held with no parameters to hold the medication. R20 did not receive Farxiga, Isosorbide Mononitrate ER, Metoprolol Succinate ER, Prozac and Spiriva inhaler as ordered. R28 did not receive Bumetanide as ordered. Findings include: The facility policy titled Medication Administration dated 1/24 documents (in part) . .Medications are administered as prescribed in accordance with manufacturers' specifications, good nursing principles and practices and only by persons legally authorized to do so. Personnel authorized to administer medications do so only after they have familiarized themselves with the medication. Medication Preparation: 3. Prior to administration, review and confirm medication orders for each individual resident on the Medication Administration Record (MAR). 5. If it is safe to do so, medication tablets may be crushed or capsules emptied out when a resident has difficulty swallowing, using the following guidelines and with a specific order from prescriber. b. Long-acting, extended release or enteric-coated dosage forms should generally not be crushed; an alternative should be sought. Medication Administration: 9. Verify medication is correct three (3) times before administering the medication. Documentation: 2. If a dose of regularly scheduled medication is withheld, refused or given at other than scheduled time, an explanatory note is entered . If two consecutive doses of a vital medication are withheld or refused, the physician is notified. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525415	A. Building B. Wing	05/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Menomonee Falls Health Services	N84 W17049 Menomonee Ave Menomonee Falls, WI 53051

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 4/29/24 at 7:20 AM Surveyor observed Licensed Practical Nurse (LPN)-G prepare the following medications for R17: Eliquis 2.5 mg (milligrams), Amiodarone HCL (Hydrochloride) 100 mg, Sertraline HCL 100 mg, Lidocaine patch 4% and Metoprolol Succinate ER (extended release) 25 mg. Surveyor verified the number of tablets with LPN-G. LPN G then place all the tablets together in a plastic sheath and crushed all the tablets together. LPN-G administered the medication to R17 mixed in chocolate pudding. On 4/29/24 at 8:57 AM Surveyor asked Director of Nursing (DON)-B if the facility had standing orders. DON-B stated: Not really, all orders entered are physician orders. Surveyor clarified and asked if the facility has orders that are entered on every resident upon admission. DON-B stated: Yes, we have batch orders that are standard for every resident. Surveyor asked to view the facility batch orders and was provided a list of order set. DON-B reported nurses can put a check mark next to any order, but they are all verified with the doctor. Surveyor noted may crush medications and administer per food is on the facility batch order list. Review of R17's Physician's orders included an order dated 11/23/24: May crush medications and administer per food. No directions specified for order. Review of R17's Physician's orders included an order dated 2/16/24: Metoprolol Succinate ER Oral Tablet Extended Release 24 Hour 25 MG (Metoprolol Succinate) Give 25 mg by mouth one time a day for AFib Hold for Systolic B/P less than 110 or HR less than 60. Surveyor noted Metoprolol Succinate ER was ordered after the the order may crush medications. There is no evidence facility clarified or verified with the Physician that is was permissible to crush the extended release medication or that an alternative medication was sought. On 4/30/24 at 8:17 AM Surveyor observed Registered Nurse (RN)-F prepare medications for R6. RN-F obtained a blood pressure of 124/60 and a pulse of 59. The following medications were prepared: Amlodipine Besylate 10 mg (RN-F advised Surveyor she was holding the medication because R6's pulse was 59), Aspirin 81mg chewable and Vitamin D 0.25 mcg (micrograms) 3 tablets. Surveyor verified the number of tablets with RN-F prior to administering them to R6. Surveyor reviewed R6's Physician orders. Surveyor there was no order or parameters to hold Amlodipine. Surveyor review of R6's Medication Administration record for April 2024 documented 11 previous dates which documented R6's pulse between 51- 59 and Amlodipine was administered. On 4/30/24 at 8:27 AM Surveyor observed Registered Nurse (RN)-F prepare the following medications for R20: Senna plus 2 tablets, Iron 325 mg, Amiodarone HCL 100 mg, Diltiazem 24 h (hour) ER 240 mg, Hydralazine 50 mg, Eliquis 5 mg, Bumetanide 2 mg and Advair discus 100 mcg (microgram)/50 mcg inhaler. Surveyor verified the number of tablets with RN-F prior to administering them to R20. Surveyor reviewed R20's current Medication Administration Record (MAR). (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525415	A. Building B. Wing	05/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Menomonee Falls Health Services	N84 W17049 Menomonee Ave Menomonee Falls, WI 53051

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Surveyor noted an order for Farxiga Tablet 10 MG (Dapagliflozin Propanediol) 1 tablet by mouth one time a day related to Type 2 Diabetes Mellitus with Diabetic Neuropathy. This medication was not included in the medications observed given to R20. Surveyor noted a 9 entered by LPN-F which indicates other/see progress notes. Surveyor noted a 9 documented for this medication for additional dates 4/23 through 4/29/24. There was no evidence the physician was notified R20 had not received the medication for over 1 week. Surveyor noted an order for Isosorbide Mononitrate ER Tablet Extended Release 24 Hour 30 MG 1 tablet by mouth one time a day for hypertension. This medication was not included in the medications observed given to R20. Surveyor noted a 9 entered by LPN-F which indicates other/see progress notes. Surveyor noted a 9 documented for this medication for additional dates on 4/27 and 4/28/24. There was no evidence the physician was notified R20 had not received the medication. Surveyor noted an order for Metoprolol Succinate Oral Capsule ER 24 Hour Sprinkle 100 MG (Metoprolol Succinate) 1 capsule by mouth one time a day for heart failure. Surveyor noted LPN-F entered a check mark indicating the medication signed out as administered. This medication was not included in the medications observed given to R20. Surveyor noted an order for Prozac Oral Capsule 20 MG (Fluoxetine HCl) 20 mg by mouth one time a day for depression/anxiety give with 10 mg to = 30 mg qd (every day). Surveyor noted LPN-F entered a check mark indicating the medication signed out as administered. This medication was not included in the medications observed given to R20. Surveyor noted an order for Spiriva HandiHaler Capsule 18 MCG (Tiotropium Bromide Monohydrate) 2 puff inhale orally one time a day for Chronic obstructive lung disease. Surveyor noted LPN-F entered a check mark indicating the medication signed out as administered. This medication was not included in the medications observed given to R20. On 4/30/24 at 8:35 AM Surveyor observed Registered Nurse (RN)-F prepare the following medications for R28: Ipratropium Bromide and Albuterol Sulfate 0.5 mg/3 mg per 3 ml oral inhalation and Aripiprazole 15 mg (1/2 tablet). Surveyor verified the number of tablets with RN-F prior to administering them to R28. Surveyor reviewed R28's current MAR and noted an order for Bumetanide Tablet 2 MG 1 tablet by mouth one time a day for fluid retention. Surveyor noted LPN-F entered a check mark indicating the medication signed out as administered. This medication was not included in the medications observed given to R28. On 5/1/24 at 11:06 AM Director of Nursing (DON)-B was advised of the above observations and medication error rate. No additional information was provided.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525415	A. Building B. Wing	05/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Menomonee Falls Health Services	N84 W17049 Menomonee Ave Menomonee Falls, WI 53051

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38146 Based on observation and record review, the facility did not ensure drugs and biological's used in the facility were labeled in accordance with currently accepted professional principles, and include the expiration date when applicable for 1 of 2 medication carts reviewed. Insulin pens were not labeled, not dated when opened and were expired. Findings include: The facility policy included and appendix of resources titled Medications with Shortened Expiration Dates dated ,d+[DATE] which documented (in part) . .Lantus Pen expires 28 days after first use. Levemir pen expires 42 days after first use. Aspart pen expires 28 days after first use. On [DATE] at 8:30 AM Surveyor observed the Deerpath medication cart. Surveyor observed the following insulin pens in the top drawer of the medication cart: Insulin Aspart pen belonging to R20 which was open and used, but not dated when opened. Levemir insulin flex pen which did not contain a label with a residents' name. Surveyor noted a torn white label printed with name/date opened. Surveyor noted R10's name written in black marker on the cap of the insulin pen along with the date [DATE]. The white date opened label documented in black ink [DATE]. Aspart insulin pen belonging to R10 which was open and used, but not dated when opened. Lantus insulin pen belonging to R10 which was open and used, but not dated when opened. Surveyor advised Registered Nurse (RN)-F of the above insulin pens that were open and used, but not dated when opened and/or were expired. On [DATE] at 11:06 AM Surveyor advised Director of Nursing (DON) of the above concerns. No additional information was provided.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525415	A. Building B. Wing	05/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Menomonee Falls Health Services	N84 W17049 Menomonee Ave Menomonee Falls, WI 53051

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0811 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are assessed for appropriateness for a feeding assistant program, receive services as per their plan of care, and feeding assistants are trained and supervised. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 20483 Based on observation, interview, and record review the Facility did not ensure staff had successfully completed a State approved training course that meets the requirements before feeding residents for 1(R26) of 1 Residents. Life Enrichment Specialist-P was observed feeding breakfast to R26 on 4/29/24 & 4/30/24. Life Enrichment Specialist-P is not a CNA (Certified Nursing Assistant) and did not complete the State approved training course prior to feeding R26. Findings include: R26's diagnoses includes chronic kidney disease stage 5, diabetes mellitus, encephalopathy, and epilepsy. The at risk for nutritional/hydration status care plan initiated 10/26/22 & revised 4/9/24 documents the following interventions: * Administer medications as ordered. Initiated 10/26/22. * Administer vitamin/mineral supplements as ordered. Initiated 10/26/22. * Encourage and assist as needed to consume foods and/or supplements and fluids offered. Initiated 10/26/22. * Honor food preferences. Initiated 10/26/22. * Obtain labs as ordered and notify MD (medical doctor) of results. Initiated 10/26/22. * Provide diet as ordered. Initiated & revised 10/26/22. * Review weights and notify RD (Registered Dietitian), MD, and responsible party of significant weight changes. Initiated 10/26/22. * Eating offer assistance PRN (as needed). Initiated 4/16/23 & revised 8/29/23. * Adaptive equipment: build up utensils and weighted cup with lid. Initiated & revised 2/14/24. * L (level) 3/Advanced diet per family and resident preference Resident and POA (power of attorney) do not want puree diet for the resident. A risk vs benefits has been completed. Initiated 4/8/24 & revised 4/9/24. The difficulty communicating care plan initiated & revised 4/8/24 documents the following interventions: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525415	A. Building B. Wing	05/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Menomonee Falls Health Services	N84 W17049 Menomonee Ave Menomonee Falls, WI 53051

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0811 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	* Feeding Strategies 1. Feed resident if she is unable to feed herself 2. May eat lying on her side if needed try to have bed at 45 degree angle. 3. Cut straw shorter if resident is having trouble drawing liquid all the way up. 4. Watch resident swallow. Allow time to chew and swallow. 5. Finish meal with a drink to help clear any residual food. Initiated 4/8/24\. * Orient as needed. Explain to resident what is being done prior to doing any cares. Initiated & revised on 4/8/24. The CNA (Certified Nursing Assistant) Kardex as of 5/1/24 under the eating/nutrition section documents: * Adaptive equipment: built up utensil and weighted cup with lid. * Eating - offer assistance PRN. * Eating: Set up and extensive assist x (times) 1. Kennedy cup with lid and straw for cold beverages. Insulated cup with lid and straw for hot beverages with all meals Pt (patient) needs to be assisted with eating by staff. Plate guard at all meals. * Provide diet as ordered. The physician orders dated 4/8/24 documents Regular diet L (level) 1/Puree texture, Regular/Thin consistency, for diet order. On 4/29/24 at 8:40 a.m. Surveyor observed CNA (Certified Nursing Assistant)-M enter R26's room with her breakfast tray and state have your breakfast. CNA-M then left R26's room. On 4/29/24 at 8:43 a.m. Surveyor observed LES (Life Enrichment Specialist)-P enter R26's room stating Hi [first name of R26] want your breakfast. At 8:44 a.m. Surveyor observed LES-P sitting in a chair on R26's left side feeding R26 her breakfast. At 8:45 a.m. Surveyor observed LES-P leave R26's room. At 8:47 a.m. Surveyor observed LES-P enter R26's room and start to feed R26. At 8:50 a.m. Surveyor observed LES-P continues to be feeding R26 breakfast. At 8:54 a.m. Surveyor observed LES-P continues to be sitting in a chair to the left. LES-P is feeding R26 scrambled eggs from a spoon. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525415	A. Building B. Wing	05/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Menomonee Falls Health Services	N84 W17049 Menomonee Ave Menomonee Falls, WI 53051

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0811 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 4/30/24 at 8:39 a.m. Surveyor asked DON (Director of Nursing)-B if there are any paid feeding assistants at the Facility. DON-B replied we can do it but we don't have anyone. Surveyor asked DON-B if LES-P is also a CNA. DON-B replied no. On 4/30/24 at 8:43 a.m. Surveyor accompanied DON-B down the hall to locate LES-P. As DON-B and Surveyor approached R26's room, Surveyor observed LES-P sitting in a chair to the left of R26 feeding R26 breakfast. On 4/30/24 at 8:44 a.m. Surveyor met with LES-P. Surveyor asked LES-P why she was feeding R26. LES-P replied I like to help out when ever I can. Surveyor asked LES-P how long she has worked at the Facility. LES-P informed Surveyor about a month. Surveyor asked LES-P what her job responsibilities are. LES-P informed Surveyor she plans out activities, does activities, resident council, MDS (minimum data set) and all that sort of things. Surveyor asked LES-P if she was a CNA. LES-P replied I was at a previous facility. Surveyor asked LES-P if she has a CNA certificate. LES-P informed Surveyor she didn't know. On 4/30/24 at 8:59 a.m. Surveyor searched the website https://wi.tmutest.com/\. This site includes the Wisconsin registry where one can search for nurse aid certificates. Surveyor entered LES-P's name and a message was received which stated Sorry we didn't find a match for that. LES-P is not on the Wisconsin registry for CNAs. On 4/30/24 at 9:12 a.m. Surveyor asked ST (Speech Therapist)-Z if R26 receives speech therapy. ST-Z explained R26 was on case load until she went on hospice and then all therapies had to be discharged . Surveyor asked if R26 has a swallowing disorder. ST-Z informed Surveyor R26 doesn't cough or choke but she wasn't chewing as well as she was getting weaker. On 4/30/24 at 9:38 a.m. Surveyor informed DON-B and Regional VP (Vice President)-E of the concern of LES-P feeding R26 yesterday & today. Regional VP-E informed Surveyor they didn't know about yesterday. Surveyor informed DON-B & Regional VP-E Surveyor didn't know whether LES-P was a CNA. Also a team member during the staffing task was going to inquire if the Facility uses paid feeding assistants and if LES-P was also a CNA. Regional VP-E informed Surveyor what they learned was LES-P worked at one of their sister facilities [name] as a hospitality aide. The nurses note dated 4/30/24 at 10:51 a.m. documents Resident was being feed breakfast by a non-certified employee. Non-certified employee was relieved by a certified employee. Resident did not have any issues with swallowing. No choking/coughing noted. Resident's lung sounds diminished in bases. Pox 94% on room air. BP (blood pressure) 117/68 P (pulse) 71 R (respiration)18 T (temperature) 98.0. Nursing will monitor resident for any changes in respiratory status. This nurses note was written by RN (Registered Nurse)-H.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525415	A. Building B. Wing	05/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Menomonee Falls Health Services	N84 W17049 Menomonee Ave Menomonee Falls, WI 53051

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. 47094 Based on observation, interview, and record review the facility did not ensure food was stored or served in accordance with professional standards for food service safety potentially affecting all 30 residents residing in the facility. *During the initial tour Surveyor noted a jug of barbeque sauce sitting on the floor of the dry storage area, an open bag that had white powder in it that was unlabeled as to what it was, the freezer had an open bag of cheese omelets that was not dated, the lunch prep refrigerator had a container of several hot dogs sitting in liquid that was not dated or labeled, and a pitcher was not dated or labeled that was 1/3 full with brown liquid. Findings include: The facility policy entitled Food Storage: Dry Goods revised on 2/2023 states: All dry goods will be appropriately stored in accordance with the FDA Food Code. Procedures: 1. All items will be stored on shelves at least 6 inches above the floor. 5. All packaged and canned food items will be kept clean, dry, and properly sealed. 6. Storage areas will be neat, arranged for easy identification, and date marled as appropriate. On 4/28/2024 at 8:15 AM Surveyor did an initial tour of the kitchen area. Surveyor walked into the dry good storage area and noted a jug of barbeque sauce sitting on the floor in front of a rack. Dietary staff did not know why it was on the floor. Surveyor noted an open bag on the bottom shelf of a rack that had white powder in it, the bag was not labeled as to what the white powder was. Surveyor looked in the freezer and noted a bag of cheese omelets open without a date on the bag. Surveyor looked in the lunch prep refrigerator and noted a metal container with several hotdogs sitting in liquid, the container was not labeled or dated, and there was a pitcher that was filled 1/3 way with a brown liquid, the pitcher was not labeled or dated as to what was in the pitcher. On 4/29/2024 at 9:59 AM Surveyor interviewed Dietary manager (DM)-V. Surveyor shared observations from 4/28/2024 with DM-V. Surveyor asked why the barbeque sauce could have been on the ground. DM-V stated that staff used it to prop the door open. DM-V stated she gave the dietary staff education that doors can not be propped open in the kitchen area especially with a food product. On 4/20/2024 at 4:02 PM Surveyor shared concerns with nursing home administrator (NHA)-A regarding Surveyors initial tour observations in the kitchen. No further information was provided at this time.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525415	A. Building B. Wing	05/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Menomonee Falls Health Services	N84 W17049 Menomonee Ave Menomonee Falls, WI 53051

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0814 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Dispose of garbage and refuse properly. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47094 Based on observation, interview, and facility policy review the facility did not ensure the garbage and refuse were properly disposed in the outside garbage storage receptacles. This deficient practice had the potential to affect all 30 residents residing at the facility. Findings include: The facility policy entitled Dispose of Garbage and Refuse dated 8/2017 states: All garbage and refuse will be collected and disposed of in a safe and efficient manner. Procedures: 1. The Dining Services Director coordinated with the Director of Maintenance to ensure that the are surrounding the exterior dumpster area is maintained in a manner free of rubbish or other debris. On 4/29/2024 at 9:59 AM Surveyor observed the garbage area with Dietary Manager (DM)-V. The area had a dumpster for garbage and a dumpster for recycling. Surveyor observed behind the dumpster there were about 20 wood pallets stacked along the back of the fencing, 1 refrigerator, and an accumulation of pine needles, pinecones, dirt, and garbage bags mixed in with the build up along the back of the dumpster area. Surveyor asked DM-V what staff manages the keeping the dumpster area clean. DM-V stated DM-V believed it was maintenance that kept an eye on the area. On 4/30/2024 at 8:00 AM Surveyor observed the garbage area with Maintenance Director (MD)-Q. Surveyor pointed out concerns to MD-Q who also shared same concerns as Surveyor. MD-Q stated he was not sure what to do with the refrigerator or wood pallets and would have to look into how to get rid of the pallets and refrigerator. Surveyor asked MD-Q how MD-Q keeps up with the debris of pinecones and pine needles from the pine tree that covers the area. MD-Q stated MD-Q could shovel and sweep the area to clean it up and just keep on top of it. Surveyor asked MD-Q [NAME] often MD-Q checks on the area. MD-Q stated that MD-Q checks the area daily when he inspects along the outside grounds of the facility. On 4/30/2024 at 8:15 AM Surveyor shared concerns with nursing home administrator (NHA)-A regarding the garbage and refuse area. NHA-A stated NHA-A would have to help MD-Q figure out what to do with the pallets, refrigerator, and keeping up with the pinecones and needles that fall from the tree that covers the area. On 4/30/2024 at 9:24 AM NHA-A stated NHA-A found a company that will come clean up the area by the garbage area and MD-Q will make sure to keep up on keeping the area clean. No further information was provided at this time.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525415	A. Building B. Wing	05/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Menomonee Falls Health Services	N84 W17049 Menomonee Ave Menomonee Falls, WI 53051

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0849 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Arrange for the provision of hospice services or assist the resident in transferring to a facility that will arrange for the provision of hospice services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47094 Based on record review and interviews, the facility did not ensure the facility had a hospice policy and procedure to designate a member of the Interdisciplinary team (IDT) to be responsible for communicating with hospice for coordination of care that has the potential to affect 4 of 4 residents receiving hospice services. * R8 and R26 were reviewed for receiving hospice services. When Surveyors asked to review the facility policy and procedures for hospice services, the facility stated there was not a policy and procedure for hospice services. Findings include: 1.) R8 was admitted to the facility on [DATE] and enrolled into hospice on 5/5/2023 with a diagnosis of severe protein calorie malnutrition. On 4/29/2024 at 3:05 PM Surveyor reviewed the facility survey binder and noted it did not include a hospice contract. Surveyor requested to see the hospice policy and procedure for the facility. On 5/1/2024 at 3:23 PM the director of nursing (DON)-B informed Surveyors that there was not a policy and procedure for hospice for the facility. On 5/1/2024 at 4:00 PM Surveyors shared concerns with nursing home administrator (NHA)-A, DON-B that the facility did not have a hospice policy and procedure in place to indicate who the representatives are between the facility and hospice for coordination of care for residents on hospice, so staff know who to contact. No further information was provided at this time. 20483 2.) R26's diagnoses includes chronic kidney disease stage 5, diabetes mellitus, lymphedema, and epilepsy. The physician orders dated 4/5/24 documents hospice consult for renal disease-refusing dialysis. The hospice care plan initiated & revised on 4/15/24 documents the following interventions: * Administer medications per MD (medical doctor) orders. Initiated 4/15/24. * Allow resident/family to discuss feelings, etc. Initiated 4/15/24. * Encourage to participate in activities as able. Initiated 4/15/24. * Hospice staff to visit to provide care, assistance, and/or evaluation. Initiated 4/15/24. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525415	A. Building B. Wing	05/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Menomonee Falls Health Services	N84 W17049 Menomonee Ave Menomonee Falls, WI 53051

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0849 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Surveyor reviewed the Facility's hospice binder located at the nurses station and noted R26's start of care for hospice is documented as 4/9/24. Surveyor noted this binder also includes hospice and facility collaboration sheets for R26. On 4/30/24 at 3:23 p.m. a Surveyor was informed by DON (Director of Nursing)-B they do not have a hospice policy for the Facility. This policy would include the name of the designated member of the Facility's interdisciplinary team who is responsible for working with the hospice representative to coordinate care to the Resident provided by the facility and hospice staff. The policy would address a coordinated plan of care for each resident receiving hospice and identify the provider responsible for performing each or any specific services/functions that have been agreed upon. Surveyor noted the Facility's hospice care plan documents as an intervention hospice staff to visit to provide care, assistance and/or evaluation but does not specify the type of care, assistance or evaluation required for R26.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525415	A. Building B. Wing	05/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Menomonee Falls Health Services	N84 W17049 Menomonee Ave Menomonee Falls, WI 53051

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0851 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Electronically submit to CMS complete and accurate direct care staffing information, based on payroll and other verifiable and auditable data. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48391 Based on interview and record review, the facility did not ensure they provided consistent staff on weekends to meet the resident needs for the 30 residents residing in the facility. During review of the payroll-based-journal (PBJ) staffing data for the facility, the facility was triggered in the fiscal year quarter 1, 2023 (October-December) for low weekend staffing. Findings include: Review of the facility PBJ data, as part of the survey offsite process, indicates during the 1st quarter of the federal fiscal year 2023 (October 1 - December 31) the facility was triggered for excessively low weekend staffing. Surveyor reviewed the Facility assessment dated [DATE], which states the following: ~ Average daily census is 28 - 32 residents. ~ 5 Licensed Nurses providing direct care are needed ~ 8 Nurses Aides (CNA) are needed ~ 1 Registered Nurse (RN) or Licensed Practical Nurse (LPN) needed for each shift ~ 1 RN or LPN needed per 20 residents on days and PM shift. ~ 1 RN or LPN needed per 30 residents on night (NOC) shift ~ 1 CNA needed per 12 residents on day and PM shift ~ 1 CNA needed per 20 residents on NOC shift (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525415	A. Building B. Wing	05/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Menomonee Falls Health Services	N84 W17049 Menomonee Ave Menomonee Falls, WI 53051

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0851 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	On 4/30/24 at 8:17 am, Surveyor interviewed Director of Nursing (DON)-B and Regional [NAME] President (VP)-E. DON-B stated she is responsible for staff scheduling. DON-B indicated the facility staffing needs are based on the facility's census and acuity of residents. DON-B reports she uses an algorithm in a scheduling program called Smart Linx that the facility uses to create the staff schedule. DON-B indicated, Smart Linx creates an ideal schedule which is driven by census and acuity which allows her to create the daily schedule. DON-B stated weekend staffing does not change and requires the same number of nurses and CNAs on the weekends and weekdays. DON-B stated there is always a nurse in the building and a RN is available 24 hours a day. DON-B stated staff will receive a message through the Smart Linx app if there is a call in or open shift available. Staff are offered pick up bonuses for those who agree to stay an extra shift. Surveyor shared with the DON-B and Regional VP-E the facility triggered for low weekend staffing on the PBJ for Fiscal Year 2023 (October 1 - December 31). Regional VP-E stated the facility uses Smart Linx and by using this program, the facility will automatically be down 16 hours on the weekend with the Minimum Data Set (MDS) nurse and Social Services not being in the building on weekends. Regional VP-E stated the facility has become aware of a check box in Smart Linx that has not been checked, when using agency staff which is then not then being pulled over and triggering on the PBJ at all facilities that are using Smart Linx within their company. Regional VP-E stated they have been in contact with their Human Resources department and have developed an action plan. Regional VP-E stated the facility has a resolution in place. Regional VP-E provided the following PBJ Action Plan dated 3/5/24: PBJ Action Plan - Spoke with Human Resources (HR) Director-EE - Spoke with Chief Clinical Officer (CCO)-FF HR Director-EE, CCO-FF, and Regional VP-E reviewed the 1705D report and compared to what was submitted. It was identified that during the 10 days that stated there was not 24-hour licensed staff coverage, through investigation, it was validated there were licensed staff in the center. Root Cause of discrepancy was identified as agency hours were not pulling when the PBJ hours were submitted. There was a systemic issue that caused a delay in the agency timecard data pulling to the facility level within the PBJ reporting. Any agency that did not have an integrated timecard to the North Shore Smartlinx system was affected. Some of these agencies affected were Elite, Clipboard, and Primetime. This has been fixed and validated by HR Director-EE. This is also affecting weekend hours of total direct care reported hours. North Shore Health Care, as a company is completing an entire audit of CMS Quarter 3 and Quarter 4 for all of its Skilled Nursing Facilities. Form 1705D will be utilized to identify days that were triggered in the following areas: ~ One Star Staffing Rating ~ Excessively Low Weekend Staffing (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525415	A. Building B. Wing	05/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Menomonee Falls Health Services	N84 W17049 Menomonee Ave Menomonee Falls, WI 53051

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0851 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	~ No RN Hours ~ Failed to have licensed nursing coverage 24 hours/day If any of the above areas are triggered, an investigation will be completed. Investigation will include root cause analysis and systemic changes as applicable. North Shore Health Care, LLC is in the process of 3/5/24 completing a Past Non Compliance Plan for each skilled nursing building underneath its management. Cross reference F725.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525415	A. Building B. Wing	05/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Menomonee Falls Health Services	N84 W17049 Menomonee Ave Menomonee Falls, WI 53051

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 20483 Based on observation, interview and record review the Facility did not establish and maintain an infection prevention and control program to help prevent the development and transmission of communicable disease and infections. This has the potential to affect all 30 residents residing in the facility at the time of the survey. Monthly infection control log (line list) for September 2023, October 2023, November 2023, and December 2023 does not include date of onset, organism, if the infection definition was met and isolation type. January 2024, February 2024, March 2024 and April 2024 infection logs do not include resolve date. Base line rates of infections were not completed in September 2023, October 2023, November 2023 and December 2023. * R5 is not listed on the February 2024 infection log for C-Diff. * Infection control policies and procedures were not reviewed on an annual basis. * The facility did not have a comprehensive water management program. The water management plan did not have flow charts specific to the facility to determine areas of concerns or interventions implemented for rooms without residents to prevent the spread of opportunistic pathogens (Legionella) in the facility's water system. The facility is licensed for 100 beds and currently has a census of 30 Residents. During the Survey multiple rooms were observed empty. The water in empty resident rooms are not flushed to remove stagnant water, there is no documentation specific areas where the water is flushed and does not include the janitors closet and medication room which is listed on the Facility's water management plan as dead end areas. DON-B (Director of Nursing) is listed as a member of the water management team. DON-B informed Surveyor she is not involved in the water management program. The water management plan is not included in the facility assessment. * RN-F touched Resident's medication with her bare hands on 4/30/24. * R5's urinary collection bag was observed directly on the floor on 4/28/24 and 4/29/24. * CNA-M did not wash her hands between assisting Resident to eat. Finding include: The Infection Surveillance policy with a date reviewed/revised of 3/8/23 under policy documents A system of infection surveillance serves as a core activity of the facility's infection prevention and control program. Its purpose is to identify infections and to monitor adherence to recommended infection prevention and control practices in order to reduce infections and prevent the spread of infection. Under Policy Explanation and Compliance Guidelines includes documentation of (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525415	A. Building B. Wing	05/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Menomonee Falls Health Services	N84 W17049 Menomonee Ave Menomonee Falls, WI 53051

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	1. The Infection Preventionist serves as the leader in surveillance activities, maintains documentation of incidents, findings, and any corrective actions made by the facility and reports surveillance findings to the facility's Quality Assessment and Assurance Committee, and public health authorities when required. 9. Resident infections will be tracked. Separate, site-specific measures may be tracked as prioritized from the infection control risk assessment. Outbreaks will be investigated. 12. Formulas used in calculating infection rates will remain constant for a minimum of one calendar year and will require discussion in QAA (quality assessment assurance)/QAPI (quality assurance performance improvement) meetings before changes in the formulas are made. The Legionella Surveillance Policy date implemented 10/24/22 under policy documents It is the policy of this facility to establish primary and secondary strategies for the prevention and control of Legionella infections. Definitions include primary prevention strategy refers to the approaches to prevent and control Legionella infections in health care facilities with no identified cases. Secondary prevention strategy refers to the approaches to prevention and control of Legionella infections in health care facilities with identified cases. Under Policy Explanation and Compliance Guidelines includes documentation of 2. In the absence of Legionella infections for a period of at least one year, the facility shall implement primary prevention strategies. 1. On 4/30/24 at 11:37 a.m. Surveyor met with DON (Director of Nursing)-B who is the Facility's infection preventionist. DON-B explained the surveillance process for the Facility and informed Surveyor the Facility uses the McGeer criteria as their definition for infections. At 11:50 a.m. Surveyor asked to review the Facility's infection logs. DON-B informed Surveyor November 2023 and December 2023 have a lot of components missing such as the antibiotics are listed and there is no McGeer criteria. DON-B informed Surveyor when she started on 1/15/24 Regional VP (Vice President)-E wrote a plan of correction for the infection control program. Surveyor reviewed November 2023 and December 2023 does not include date of onset, organism, if the infection definition was met and isolation type. Baseline rates of infections were not calculated for the Facility's prevalent infections. Surveyor noted the Infection log for January 2024, February 2024, and March 2024 does not include resolved dates. On 4/30/24 at 4:06 p.m. during the daily exit meeting with NHA (Nursing Home Administrator)-A, DON-B and Regional VP-E Surveyor requested infection control logs from April 2023 to October 2023. On 5/1/24 Surveyor was provided with the requested monthly infection control logs. Surveyor noted September 2023 and October 2023 monthly logs does not include date of onset, organism, if the infection definition was met and isolation type. Baseline rates for infections were not calculated. 2. R5's order administration note dated 2/6/24 documents Contact Isolation for duration of Vanco administration for + (positive) C-Diff (Clostridium Difficile). every shift for isolation. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525415	A. Building B. Wing	05/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Menomonee Falls Health Services	N84 W17049 Menomonee Ave Menomonee Falls, WI 53051

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	On 4/30/24 at 11:37 a.m. Surveyor conducted the infection control interview with DON-B. During this interview Surveyor reviewed the Facility's infection logs. Surveyor reviewed February 2024 infection log and noted R5 is included in the February 2024 log for skin. Surveyor noted R5 is not included for C-Diff. On 4/30/24 at 12:01 p.m. Surveyor asked DON-B why R5 is not included in the February 2024 infection log for C-Diff. DON-B replied may have missed that one to be honest. 3. On 4/30/24 at 10:31 a.m. Surveyor noted the following polices: Infection Surveillance with the last date reviewed/revised 3/8/23 Antibiotic Stewardship Program with the last date reviewed/revised 11/18/22 During the infection control interview on 4/30/24 which started at 11:37 a.m. Surveyor asked DON-B how often infection control polices are reviewed. DON-B informed Surveyor she doesn't know exactly but thinks they are done yearly. Surveyor informed DON-B the Infection Surveillance policy was last reviewed on 3/8/23 and Antibiotic Stewardship program was last reviewed on 11/18/22. Surveyor asked DON-B if she could look into whether these policies had been reviewed after these dates. Surveyor was not provided with any additional information regarding when the policies were last reviewed. 4. On 4/30/24 at 12:12 p.m. during the infection control interview Surveyor inquired if there has been any residents with Legionellosis. DON-B replied no. Surveyor asked DON-B if she is a member of the water management team. DON-B replied no I'm not, and explained she told Maintenance Director-Q she wanted to be part of this. Surveyor informed DON-B Surveyor would like to see the Facility's water management program. On 5/1/24 at 8:00 a.m. Surveyor reviewed the Facility's water management program. Surveyor noted the updated water management team dated 4/22/24 includes DON-B although DON-B informed Surveyor she is not a member of the water management team. The water management program under the section areas where Legionella could grow and spread documents the areas identified with the best conditions for the growth of Legionella are in the dead end branches. Most have been eliminated. Two of the areas have been identified as a janitors closet and med room that don't get regular use. These will be put on a regular schedule to make sure water is running through these pipes. The other is a large dead-end branch that comes off the main in the boiler room. This will be eliminated in the future. Under control measures and monitoring documents Daily water temperatures and hot water heater checks will be made by the Maintenance Department to ensure everything is working as it should. Water will be flushed through pipes in areas that are not used on a weekly basis. Water management will be reviewed after any additions or changes to the building. All residents with symptoms will be evaluated. The Facility has a diagram of how the water comes into the building along with how the hot and cold water are distributed. This diagram does not include a diagram of where the dead ends are in the building. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525415	A. Building B. Wing	05/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Menomonee Falls Health Services	N84 W17049 Menomonee Ave Menomonee Falls, WI 53051

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	On 5/1/24 at 8:08 a.m. Surveyor met with Maintenance Director-Q to discuss the Facility's water management program. Maintenance Director-Q informed Surveyor every Monday and Friday he goes to the hallway and dead ends to run the water for five minutes or longer. Surveyor asked Maintenance Director-Q what he meant by end of the hallways. Maintenance Director-Q informed Surveyor rooms [ROOM NUMBERS], 149 and 150, and 166 and 167. Surveyor asked if there was any where else he ran the water. Maintenance Director-Q informed Surveyor there is a therapy sink in the back of the gym. Maintenance Director-Q informed Surveyor he believes that's it and once in a while will run the water on patio. Surveyor asked about the janitor closet. Maintenance Director-Q replied we only have basically one and there is no water sink. Surveyor inquired about a medication room. Maintenance Director-Q replied the only one I mess with is the treatment room at the end of the nurses station. Surveyor then read to Maintenance Director-Q the portion of the water management plan which documents The areas identified with the best conditions for the growth of Legionella are in the dead end branches. Most have been eliminated. Two of the areas have been identified as a janitors closet and med room that don't get regular use. Maintenance Director-Q stated trying to think what janitors closet only one think is beauty shop, that is not a janitor closet. Surveyor asked Maintenance Director if he has any records of when and where he has flushed the water. Maintenance Director-Q informed Surveyor he has Tels report which he will print for Surveyor. Surveyor asked Maintenance Director-Q if he has any map/diagram which shows the dead ends. Maintenance Director-Q replied no. Surveyor asked Maintenance Director-Q how he becomes aware if a Residents room is empty. Maintenance Director-Q was unable to tell Surveyor how he is informed. Surveyor asked Maintenance Director-Q why he doesn't run the water in the empty rooms. Maintenance Director-Q informed Surveyor he concentrates on the dead ends. On 5/1/24 at 8:36 a.m. Maintenance Director-Q provided Surveyor with Tels report beginning 5/6/23. Surveyor noted the Tels report has Water systems: Flush faucets and shower heads weekly. Surveyor noted the first time this was done was 8/12/23 and then weekly after through 5/4/24. This report does not indicate which faucets and/or shower heads were flushed and did not include the janitors closet or medication room which was identified on the water management plan as being a dead end. This report does not include empty resident rooms which could contain stagnant water. On 5/1/24 at 9:23 a.m. Surveyor reviewed the Facility assessment. Surveyor noted the water management program is not included in the Facility's assessment. On 5/1/24 at 10:02 a.m. Surveyor informed DON-B and VP (Vice President) Clinical Services-C of the above concerns regarding the Facility's water management program. 38146 5. The facility policy titled Medication Administration dated 1/24 documents (in part) . .2. An adequate supply of disposable containers (such as souffle cups and calibrated medication cups) are maintained on the medication cart for the administration of medications. If breaking tablets is necessary to administer the proper dose, hands are washed with soap and water and gloves applied prior to handling tablets. The facility policy titled Catheter Care revised 3/15/23 documents (in part) . (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525415	A. Building B. Wing	05/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Menomonee Falls Health Services	N84 W17049 Menomonee Ave Menomonee Falls, WI 53051

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	.It is the policy of this facility to ensure that residents with indwelling catheters receive appropriate catheter care and maintain their dignity and privacy when indwelling catheters are in use. 2. Privacy/dignity bags will be available and catheter drainage bags should be covered or shielded at all times while in use. On 4/30/24 at 8:17 AM Surveyor observed Registered Nurse (RN)-F prepare medications for R6. RN-F dispensed Aspirin 81 mg (milligrams) chewable tablet from the medication card directly into a plastic medication cup. LPN-F then picked up a stock bottle of Vitamin D 0.25 mcg (1000 iu), dispensed 3 tablets directly into her bare hand and then put the tablets into the plastic medication cup. LPN-F administered the medication to R6 on a spoon with applesauce. On 4/30/24 at 8:27 AM Surveyor observed RN-F prepare medications for R20. Amiodarone HCL (Hydrochloride) 100 mg, Diltiazem 24 h (hour) ER (extended release) 240 mg, Hydralazine 50 mg, Eliquis 5 mg and Bumetanide 2 mg were dispensed from the medication cards directly into a plastic medication cup. LPN-F picked up a stock bottle of Senna plus, dispensed 2 tablets directly into her bare hand and then put the tablets into the plastic medication cup. LPN-F picked up a stock bottle of Iron Sulfate 325 mg, dispensed 1 tablet directly into her bare hand and then put the tablets into the plastic medication cup. LPN-F picked up R20's Aspart insulin pen, removed the cap and applied the needle to the pen. R20 did not clean the port of the insulin pen with an alcohol wipe before applying the needle. LPN-F handed R20 the cup of medications which he swallowed with water and administered the insulin to R20's left arm. On 4/30/24 at 8:35 AM Surveyor observed RN-F prepare medications for R28. RN-F picked up the medication card containing 1/2 tablet Aripiprazole 15 mg and attempted to dispense the tablet into the medication cup. The tablet stuck to the backing of the foil on the card and RN-F removed the tablet with her bare hand and placed it in the plastic medication cup. RN-F handed R28 the medication cup and R28 swallowed the medication with water. 04/30/24 12:45 PM Director of Nursing (DON)-B was advised of the above observations. No additional information was provided. On 4/28/24 at 9:30 AM Surveyor observed R5's catheter bag on the right side of her bed uncovered, lying directly on the floor. On 4/29/24 at 10:32 AM Surveyor observed R5 lying in bed asleep. R5's bed was moved slightly away from the wall. Surveyor observed R5's Foley catheter bag uncovered, lying directly on floor between the bed and the wall. On 4/29/24 at 11:51 AM Surveyor observed R5 lying in bed asleep. Surveyor noted R5's Foley catheter bag in the same position, uncovered and lying directly on the floor between the bed and the wall. On 5/1/24 at 11:06 AM DON-B was advised of the above observations and concern regarding R5's Foley catheter. No additional information was provided. 47094 (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525415	A. Building B. Wing	05/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Menomonee Falls Health Services	N84 W17049 Menomonee Ave Menomonee Falls, WI 53051

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	6. On 4/28/2024 at 12:21 PM Surveyor was observing staff and residents in the dining room. Surveyor observed certified nursing assistant (CNA)-M assisting a resident to eat. Surveyor observed CNA-M turn towards another resident and assist them to eat. Surveyor noted that CNA-M did not wash CNA-M's hands in between assisting the residents to eat. Surveyor observed the same routine throughout the noon meal and CNA-M not washing CNA-M's hands between residents when assisting them to eat. On 4/30/2024 at 4:02 PM Surveyor shared concerns with director of nursing (DON)-B regarding Surveyors observation of CNA-M not washing hands in between assisting two residents to eat. DON-B stated CNA-M should have washed CNA-M's hands or asked another staff member to assist the other resident to eat. No further information was provided.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525415	A. Building B. Wing	05/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Menomonee Falls Health Services	N84 W17049 Menomonee Ave Menomonee Falls, WI 53051

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0883 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement policies and procedures for flu and pneumonia vaccinations. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 20483 Based on staff interview and record review the Facility did not ensure 3 (R5, R332, & R26) of 5 Resident reviewed were offered the influenza and/or pneumococcal immunization. * R5's medical record does not contain any documentation as to whether R5 received or refused the influenza and pneumococcal immunizations. * R332's medical record does not contain any documentation as to whether R332 received or refused the influenza and pneumococcal immunizations. * R26's medical record does not contain any documentation as to whether R26 received or refused the pneumococcal immunization. Findings include: The Influenza Vaccination policy last reviewed/revised on 8/31/23 under Policy Explanation and Compliance Guidelines documents: 1. It is the policy of this facility, in collaboration with the medical director, to have an immunization program against influenza disease in accordance with national standards of practice. 2. Influenza vaccinations will be routinely offered annually when it becomes available to the facility, unless such immunization is medically contraindicated, the individual has already been immunized during this time period, or refuses to receive the vaccine. 7. Individuals receiving the influenza vaccine, or their legal representatives, will be required to verbalize consent prior to the administration of the vaccine. Resident/legal representative verbal consent will be captured in the electronic medical record. Staff member consent will be documented on the Annual Employee Influenza Vaccine Consent Form. 9. The resident's medical record will include documentation that the resident and/or the resident's representative was provided education regarding the benefits and potential side effects of immunization, and that the resident received or did not receive immunization due to medical contraindication or refusal. Consider use of the Risk Vs Benefit UDA (user defined assessments) in the electronic medical record as a means to capture the resident's choice to not receive the influenza vaccination. The Pneumococcal Vaccine (Series) policy last reviewed/revised 1/11/24 under Policy Explanation and Compliance Guidelines documents: 1. Each resident will be assessed for pneumococcal immunization upon admission. Self-report of immunization shall be accepted. Any additional efforts to obtain information shall be documented, including efforts to determine date of immunization or type of vaccine received. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525415	A. Building B. Wing	05/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Menomonee Falls Health Services	N84 W17049 Menomonee Ave Menomonee Falls, WI 53051

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0883 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	2. Each resident will be offered a pneumococcal immunization unless it is medically contraindicated, or the resident has already been immunized. Following review for any medical contraindications the immunization may be administered in accordance with physician-approved standing orders. 4. The resident/representative retains the right to refuse the immunization. Refusals should be documented in the medical record, along with what education was provided and a risk vs benefit discussion. Notify MD (medical doctor) if immunization is refused. 5. A consent form shall be signed prior to the administration of the vaccine and filed in the individual's medical record. 6. The type of pneumococcal vaccine (PCV15, PCV20, or PPSV23) offered will depend upon the recipient's age and susceptibility to pneumonia, in accordance with current CDC (Centers for Disease Control and Prevention) guidelines and recommendations. 1.) R5 was admitted to the facility on [DATE]. R5 is [AGE] years old. Surveyor reviewed R5's medical record and noted the the immunization tab R5 has received the COVID immunizations. Surveyor was unable to locate any information regarding the Influenza and Pneumococcal Vaccine. There is no documentation in R5's medical record as to if R5 received these vaccines or whether they were declined. On 4/30/24 at 12:14 p.m. Surveyor informed DON (Director of Nursing)-B Surveyor was unable to locate whether R5 received or declined the Influenza & Pneumococcal vaccine. Surveyor asked DON-B to look into this and get back to Surveyor. On 4/30/24 at 4:13 p.m. Surveyor was provided with the WIR Personal Immunization History for R5. Surveyor asked Regional VP (Vice President)-E when the Facility receive this information. Regional VP-E informed Surveyor it was printed off today and acknowledged the Facility did not have this information until Surveyor requested the information. R5's WIR indicates R5 received the influenza vaccine on 10/6/23 and the Pneumococcal 23 on 1/3/07. R5's medical record did not contain this vaccine information. 2.) R332 was admitted to the facility on [DATE]. R332 is [AGE] years old. Surveyor reviewed R332's medical record and was unable to locate any information regarding the Influenza or Pneumococcal Vaccine. There is no information listed under the immunization tab and there is no documentation in R332's medical record as to if R332 received these vaccines or whether they were declined. On 4/30/24 at 12:14 p.m. Surveyor informed DON-B Surveyor was unable to locate whether R332 received or declined the Influenza & Pneumococcal vaccine. Surveyor asked DON-B to look into this and get back to Surveyor. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525415	A. Building B. Wing	05/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Menomonee Falls Health Services	N84 W17049 Menomonee Ave Menomonee Falls, WI 53051

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0883 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 4/30/24 at 4:13 p.m. Surveyor was provided with the WIR Personal Immunization History for R332. Surveyor asked Regional VP (Vice President)-E when the Facility receive this information. Regional VP-E informed Surveyor it was printed off today and acknowledged the Facility did not have this information until Surveyor requested the information. R332's WIR indicates the last time the influenza vaccine was received was 11/2/22 and the Prevnar 20 was administered on 4/26/24. R332's medical record did not contain this vaccine information. 3.) R26 was originally admitted to the facility on [DATE]. R26 is [AGE] years old. Surveyor reviewed R26's medical record and noted R26 received the Influenza vaccine on 11/6/23. Surveyor was unable to locate any documentation in R26's medical record whether R26 received the pneumococcal vaccine or declined this vaccine. On 4/30/24 at 12:14 p.m. Surveyor informed DON (Director of Nursing)-B Surveyor was unable to locate whether R26 received or declined the Pneumococcal vaccine. Surveyor asked DON-B to look into this and get back to Surveyor. On 4/30/24 at 4:13 p.m. Surveyor was provided with the WIR Personal Immunization History for R26. Surveyor asked Regional VP (Vice President)-E when the Facility receive this information. Regional VP-E informed Surveyor it was printed off today and acknowledged the Facility did not have this information until Surveyor requested the information. R26's WIR indicates the last time the influenza vaccine was received was 9/30/22 and the Pneumococcal 23 was received on 3/13/15 & Pneumo-Conjugate 13 was received on 9/15/15. R26's medical record did not contain this vaccine information. On 4/30/24 at 12:14 p.m. Surveyor asked DON (Director of Nursing)-B, who is the Infection Preventionist at the Facility, if she oversees the immunization program. DON-B informed Surveyor she does. Surveyor asked DON-B to explain the Facility's immunization program. DON-B explained when there is a new admission in the admission packet which the nurses receive from medical records there is an influenza, pneumonia, Covid, and RSV (respiratory syncytial virus) consent form and VIS (vaccine information sheet). The nurses goes through this information with the Resident and/or their representative to see if they want the immunizations. DON-B informed Surveyor they also look at previous vaccinations in the medical record and she recently took the WIR training (Wisconsin Immunization Registry) to get access.