STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525417	A. Building B. Wing	07/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Crossroads Care Center of Milwaukee	3216 W Highland Blvd Milwaukee, WI 53208

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. 38146 Based on observation and interview the facility did not ensure residents had a safe, clean, comfortable and homelike environment for 1 of 2 shower rooms observed in the facility. On 7/23/24, at 10:55 AM, Surveyor observed the 2nd floor shower room had yellow tape across the door and a sign that read out of order. All facility residents that required showers had to use the 3rd floor shower room which was not maintained in a hygienic manner. Findings include: The facility did not have a policy and procedure specific to cleaning of shower rooms. Surveyor was provided a sheet of paper titled Daily Room Cleaning checklist which addressed cleaning of resident rooms only. On 7/23/24, at 10:55 AM, Surveyor observed the 2nd floor shower room had yellow tape across the door and a sign that read out of order. On 7/23/24, at 11:00 AM, Certified Nursing Assistant (CNA)-H showed Surveyor the shower room on the 3rd floor. CNA-H confirmed the 3rd floor shower room is working and staff is using it for residents' showers because the 2nd floor shower room is broken. Surveyor observed the following in the 3rd floor shower room: The sink contained 3 dirty, gray-colored wet washcloths, 4 empty skin/hair cleanser bottles, a bottle of Dove micro moisture and the shower head was resting in the sink with the hose extending to the floor. There was a pink basin which contained approximately an inch of water under the sink with an empty bottle of moisture lotion on the floor. Surveyor observed the shower pipe extending out of the wall was dripping constant water with standing water on the floor that extended approximately 5 feet in length from the sink to shower drain. The drain was covered with dirt, debris and hair. The entire floor of the shower area was dirty with a black substance and there was dirt and hair in the shower drain under the shower chair. Surveyor observed a brown, slimy film covering 4 tiles along the base of the wall under the shower. Surveyor observed the shower room appeared to be used for storage as well. The room contained a hoyer lift, 2 shower chairs, 4 bedside commodes, a broda chair, a wheelchair, 2 mechanical lift chargers (1 on the floor, 1 on a shower chair) and a bed bolster labeled Integra equipment. Inside the tub was a bedside commode bucket which was dirty on the inside with brown and yellow stains resembling stool and urine. (continued on next page)

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 7/23/24, at 11:13 AM, Registered Nurse (RN)-E accompanied Surveyor to the 3rd floor shower room. Surveyor asked RN-E if the room is used for residents' showers. RN-E stated Yes, the other one is broken, so we're using this one. Upon entering the shower room, RN-E stated Oh wow, I didn't realize it was like this. Surveyor asked if the area is used for storage. RN-E stated It looks like it. Surveyor asked if staff cleans equipment before storing it in the shower room. RN-E stated Yes. I think they're just keeping stuff in here because there's nowhere else to go with it. Surveyor showed RN-E the dirty bedside commode inside the tub. RN-E reported she didn't know how long it had been there, as the tub has not been used for years. Surveyor showed RN-E the other concerns in the shower room as observed above. RN-E stated Wow. I don't think I'm the person to talk to, maybe you should talk to maintenance. On 7/24/24, at 9:33 AM, Maintenance-D accompanied Surveyor to the 3rd floor shower room. Surveyor noted the sink faucet was now dripping water. The same empty bottles and dirty washcloths were in the sink. Surveyor observed several wet towels and a wet incontinence bed bad on the floor and the pipe for the shower was no longer dripping water. Maintenance-D reported he saw the shower room yesterday with the Life Safety Surveyor and discussed the leak which is believed to be from pipes involving the sink. Maintenance-D reported he noticed water dripping from the shower pipe and that someone forgot to turn the water off all the way. Maintenance-D reported he saw the shower head in the sink and that it must have broken off in the morning. Maintenance-D confirmed he was not notified of the broken shower head, but has ordered a new one. Maintenance-D reported housekeeping is responsible for cleaning the shower room. Surveyor showed Maintenance-D all the above observations and concerns, including (but not limited to) the standing water, dirty wet linen, floor drain containing dirt and hair, and the brown slimy film covering the tile. Maintenance-D stated It doesn't look like mold. Maintenance-D wiped the area with his finger and stated I think it's scum, I'll have housekeeping come clean this room. On 7/24/24, at 10:05 AM, Surveyor informed Nursing Home Administrator (NHA)-A and Director of Nursing (DON)-B of the above concerns regarding the dirty shower room. No additional information was provided.

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(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 that residents who enter the facility with an indwelling catheter are assessed for removal of the catheter as soon as possible unless the resident's clinical condition demonstrates that catheterization is necessary and residents received appropriate treatment and services to restore continence to the extent possible for 1 of 2 (R55) residents reviewed for catheters. R55 had Urologist orders that were not followed. Findings include: R55 admitted to the facility on [DATE] and has diagnoses that include Transverse Myelitis in Demyelinating Disease of Central Nervous System, Neuromuscular Dysfunction of Bladder and Paraplegia. R55's Admission Minimum Data Set (MDS) dated [DATE] documents: Indwelling catheter (including suprapubic catheter and nephrostomy tube) - Yes. The Care Area Assessment (CAA) worksheet documents (in part) . Triggered Indwelling Catheter: Current Dx (diagnosis) of acute transverse myelitis in demyelinating disease, pressure ulcer of sacral region, neuromuscular dysfunction of bladder, paraplegia, need for assistance with personal care. Does have an indwelling catheter in place. His catheter is managed by staff. Will continue to monitor. Continue with POC (Plan of Care). R55's Care Plan Focus Area revised 5/1/2024 documents: The resident has Urinary Catheter. Neurogenic bladder. Goal: The resident will be/remain free of complications from catheter-related use through review date. Interventions include: The resident has 16 Fr (French) 10 cc (cubic centimeter). Position catheter bag and tubing below the level of the bladder and away from entrance room door. Monitor for s/sx (signs/symptoms) of discomfort on urination and frequency. Monitor s/sx of catheter complications i.e. (example) leaking, obstruction, etc (etcetera). Monitor/document for pain/discomfort due to catheter. On 7/22/24, at 10:20 AM, Surveyor spoke with R55 who reported he has had a catheter since he was hospitalized and thinks they're going to take it out soon. Surveyor observed a catheter bag hanging on the right side of the bed. The hospital Physician note dated 4/17/24 documents: Neurogenic bladder. AKI (Acute Kidney Injury) likely multifactorial w (with)/ATN component and obstruction in setting of neurogenic bladder - improving. Pt (patient) on Bethanechol PTA (prior to admission). Discussed w/urology, OK with discontinuing. Patient will discharge with Foley. Foley placed by urology, will continue Foley throughout admission and will schedule urology follow up. (continued on next page)

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F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	R55's Urology consult dated 5/21/24 documents: Pt unable to empty his bladder. Foley catheter replaced. FU (follow up) w/(named doctor) 5/30/24. Foley catheter change 4 weeks. R55's Urology consult dated 5/30/24 documents: Neurogenic bladder. Will continue Foley for now. Will start Vesicare 10 mg (milligrams) q (every) HS (hour of sleep). Return 3 weeks for cath change and renal US (ultrasound). If all is well res (resident) can start by cycling his bladder by capping/uncapping Foley. Once his bladder can hold 250-300 of urine he may begin CIC (clean intermittent catheterization). R55's Physician order dated 6/3/24 documents: Every day and every shift every 4 hours empty Foley bag and clamp Foley until pt feels pressure and can no longer handle Foley being clamped. Unclamp and measure output. Goal is to have pt able to hold 250-300 cc in bladder every 4 hours for Foley. R55's Urology consult dated 6/28/24 documents: (R55) is hoping to get the catheter out and start CIC. He understands his bladder capacity and compliance will need to improve significantly. If not, he would consider a SPT (Suprapubic catheter). Plan - Continue Vesicare 10 mg. Cycle bladder BID (two times a day). If spasms are better and hydro has resolved can consider cycling his bladder by capping/uncapping the SPT. If he can safely store urine in his bladder for about 3 hours we can consider Foley removal and start CIC. Surveyor noted this order was not transcribed. R55's July, 2024 Medication Administration Record (MAR) documented the 6/3/24 Physician's order every day and every shift every 4 hours empty Foley bag and clamp Foley until pt feels pressure and can no longer handle Foley being clamped. Unclamp and measure output. Goal is to have pt able to hold 250-300 cc in bladder every 4 hours for Foley with times starting at midnight and every 4 hours thereafter - which were signed out as having been completed. Surveyor noted there was no documentation of urine output in on the MAR or in R55's progress notes. Surveyor noted there was no documentation in the progress notes indicating the outcome of the ordered procedure every 4 hours. There was no documentation staff performed the ordered procedure or if it is effective (ie: feeling pressure/can no longer handle Foley being clamped) or if the resident is meeting goal of holding urine in his bladder. Surveyor reviewed of Point of Care (POC) documentation of fluid output for the past 30 days documented: Only 1 entry of output daily 6/25-6/28, 7/1, 7/5, 7/7, 7/8, 7/11, 7/13, 7/16, 7/18, 7/19 and 7/20/24. There was no entry of urine output on 6/29, 6/30, 7/2-7/4, 7/6, 7/9, 7/10, 7/12, 7/14 and 7/17/24. There were 2 entries of urine output on 7/15/24. Surveyor noted the Physician's order was to clamp the Foley every 4 hours until the resident can no longer handle Foley being clamped, unclamp and measure output. The POC documentation of urine output reveals the order was not followed as evidenced by only daily or no urine output documented. The Nurse Practitioner progress noted dated 7/2/24 documents: Abdominal ultrasound unremarkable besides moderate gas noted. (continued on next page)

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F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 7/23/24, at 9:48 AM, Surveyor spoke with the Unit Manager, Licensed Practical Nurse (LPN)-F. Surveyor advised LPN-F of the Urology consult and Physician's order dated 6/3/24 regarding clamping of catheter every 4 hours. Surveyor asked how staff is assessing or monitoring if this procedure is effective or working, as there is no documentation. LPN-F reported she was not aware of the order for clamping of the catheter, so she is not sure about the results. Surveyor advised the order was obtained on 6/3/24 and is signed out on the MAR as having been completed every 4 hours. Surveyor advised there is no documentation of R55's tolerance, reaction or if he is meeting the goal to hold 250-300 cc in bladder. LPN-F stated I did not even know this was being done. Let me look into it. LPN-F reported R55's next urology appointment is 8/5/24. On 7/23/24, at 10:03 AM, Surveyor spoke with LPN-G and asked what catheter care she provides for R55. LPN-G stated We clean it and flush it with acetic acid liquid. We usually empty his bag twice a shift because it fills up so fast, we don't want urine backing up into the tubing or his bladder. Surveyor asked if she does anything else specific with his catheter like clamping it throughout the day. LPN-G stated No, we just empty it. Surveyor read the Physicians' order on the MAR aloud regarding every 4 hours clamping the Foley until pt feels pressure and can no longer handle, unclamping and measuring output, with the goal to have pt able to hold 250-300 cc in his bladder. LPN-G stated I don't remember ever seeing that. Surveyor asked, so you've never done this? LPN-G stated No, I don't remember seeing that. On 7/23/24, at 2:40 PM, MDS-C and Director of Nursing (DON)-B asked to provide additional information to Surveyor. MDC-C read the 5/30/24 urologist documentation if all is well res can start by cycling his bladder by capping/uncapping Foley. MDS-C reported staff is not doing it because the resident is still having spasms. Surveyor advised the Physician's order on 6/3/24 does not include instructions to not perform the procedure if the resident is having spasms and there is no documentation staff is not performing the ordered procedure because resident is having spasms. MDS-C reported the 6/3/24 order was the clarification order. Surveyor advised again that the order does not indicate the procedure is not to be done if the resident is having spasms. In addition, staff is signing it out as having been completed every 4 hours. There is no documentation the procedure was attempted and/or not completed due to spasms and no documentation of R55's reaction, tolerance or effectiveness of the procedure. Surveyor advised nurses are signing the order as completed, although LPN-G interview reported she was not even aware of the order. MDS-C stated That's because they're not doing it because he is still having spasms. Surveyor advised staff is signing the procedure as completed and there is no documentation anywhere that it is not being completed due to spasms. In addition, there is no documentation the urologist was notified the procedure is not being done due to spasms. On 7/24/24, at 11:57 AM, Surveyor advised DON-B of the above concern. DON-B reported she understood and no additional information was provided.

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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. 42037 Based on observation, interview, and record review, the facility did not ensure sufficient nursing staff was provided to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident. This deficient practice has the potential to affect all 66 residents residing in the facility at the time of this survey. *On 7/23/24 at 11:07 AM, Surveyors conducted the resident council interview task. R58 shared with surveyors that night shift at the facility is like a ghost town due to lack of staff. R58 shared that they have had their call light unanswered for almost an hour at times. R58 told Surveyor that they have been afraid at times that they would be incontinent of bladder due to waiting for toileting assistance but were able to hold their bladder. The facility triggered for low weekend staffing for Fiscal Year Quarter 2 (January 1st 2024-March 31st 2024.) Findings include: On 7/23/24 at 8:30 AM, Surveyor reviewed facility's CASPER PBJ (Payroll Based Journal) report. Surveyor noted the facility triggered for low weekend staffing for Fiscal Year Quarter 2 (January 1st 2024-March 31st 2024.) Surveyor requested staffing schedules for Fiscal Year Quarter 2 and the previous 30 days. On 7/23/24 at 12:40 PM, Surveyor reviewed the Facility Assessment Tool with a initiation date of 8/2022 and review date of 2/21/24. The facility's staffing plan indicates the following: Licensed Nurses providing direct care .Total Number Needed or Average or Range: Licensed Staff: Days & PMs - 1:20-24, NOCs (Night Shift) - 1:35-45 .Certified Nurse Aides .Total Number Needed or Average or Range: Days and PMs - 1:12-18 residents, NOCs 1:15-22 residents. Surveyor reviewed Fiscal Year Quarter 2 staffing schedules. On 1/19/24, there was 1 Certified Nurse Aide scheduled on NOC shift with a facility census of 64. On 1/22/24, there was no Certified Nurse Aide scheduled on NOC shift with a facility census of 64. On 1/27/24, there was 1 Certified Nurse Aide scheduled and 1 licensed nurse on NOC shift with a facility census of 64. On 2/7/24, there was 1 licensed nurse scheduled on NOC shift with a facility census of 64. On 2/10/24, there was 1 licensed nurse scheduled on NOC shift with a facility census of 60. On 2/14/24, there was 1 licensed nurse scheduled on NOC shift with a facility census of 57. On 3/20/24, there was 1 Certified Nurse Aide scheduled on NOC shift with a facility census of 63. On 3/9/24, there was 1 Certified Nurse Aide scheduled on NOC shift with a facility census of 63. On 3/20/24, there was 1 Certified Nurse Aide and 1 licensed nurse scheduled on NOC shift with a facility census of 63. On 3/24/24, there was 1 Certified Nurse Aide and 1 licensed nurse scheduled on NOC shift with a facility census of 63. On 3/25/24, there was 1 licensed nurse scheduled on NOC shift with a facility census of 63. On 3/28/24, there was 1 licensed nurse scheduled on NOC shift with a facility census of 63. (continued on next page)

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Surveyor reviewed staffing schedules for the previous 30 days. On 6/25/24, there was 1 Certified Nurse Aide scheduled on NOC shift with a facility census of 63. On 6/28/24, there was 1 Certified Nurse Aide scheduled on NOC shift with a facility census of 63. On 6/30/24, there was 1 Certified Nurse Aide and 1 licensed nurse scheduled on NOC shift with a facility census of 63. On 7/3/24, there was 1 Certified Nurse Aide and 1 licensed nurse scheduled on NOC shift with a facility census of 63. On 7/5/24, there was 1 Certified Nurse Aide and 1 licensed nurse scheduled on NOC shift with a facility census of 63. On 7/8/24, there was 1 Certified Nurse Aide scheduled on NOC shift with a facility census of 63. On 7/9/24, there was 1 Certified Nurse Aide scheduled on NOC shift with a facility census of 63. On 7/11/24, there was 1 Certified Nurse Aide scheduled on NOC shift with a facility census of 63. On 7/24/24 at 9:05 AM, Surveyor conducted interview with Scheduler-I. Surveyor asked Scheduler-I how staffing levels are determined. Scheduler-I told Surveyor they staff the facility by census. Surveyor asked Scheduler-I if facility utilizes agency staff to address short staffing. Scheduler-I told Surveyor the facility does not utilize agency staff. Surveyor asked Scheduler-I if they are aware of the staffing shortages occurring on NOC shift based off of the facility assessment tool. Scheduler-I responded they try to over staff on NOCs to anticipate call ins but sometimes it is challenging to address shortages. On 7/24/24 at 12:50 PM, Surveyor met with NHA (Nursing Home Administrator)-A, Corp Consultant-J, and Corp Consultant-K. Surveyor shared concern that facility had triggered for low weekend staffing during Fiscal Year Quarter 2. Surveyor shared that after reviewing staffing schedules it was noted that multiple NOC shifts did not have adequate staffing for Certified Nurse Aides and licensed nurse staff in accordance with the facility assessment tool's proposed staffing ratios. The facility did not provide any further information regarding Surveyor's staffing concern at this time.