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	12/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Milwaukee Health and Rehab	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 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** Based on observation, interview and record review, the facility did not ensure that residents who are unable to carry out activities of daily living received the necessary services to maintain good personal hygiene for 1 (R11) of 14 residents reviewed for Activities for Daily Living (ADL).*R11 was observed to be double briefed during incontinence cares.Findings:The Facility provided policy, titled Incontinence with no last review/revised date, indicates . 4. Residents that are incontinent of bladder will receive appropriate treatment to prevent infections and to restore continence to the extent possible. R11 was admitted to the facility on [DATE], with diagnoses including Dementia (an umbrella term for severe cognitive decline (memory, thinking, reasoning) that impairs daily life), Alzheimer's Disease (a progressive brain disorder, the most common cause of dementia, characterized by memory loss, impaired thinking, and difficulty with daily activities) and retention of urine (the inability to fully empty bladder). R11's Quarterly Minimum Data Set (MDS), dated [DATE], indicated R11 has a Brief Interview for Mental Status (BIMS) score of 5, indicating R11 has severe cognitive impairment. R11's MDS documents R11 is dependent on staff for toileting needs and is always incontinent of bowel and bladder.Surveyor reviewed R11's care plan and noted the following focus areas: R11 has bladder and bowel incontinence, with an initiation date 3/1/2018. Interventions include brief use- use disposable briefs and change every 2-3 hours, incontinence-check every 2-3 hours, as needed, and provide peri care. R11 has an ADL (Activities of Daily Living) self-care deficit, intervention includes toilet use-total assist of 1, check and change every 2-3 hours and as needed.Surveyor reviewed the Facility provided Kardex for R11. Surveyor noted under bowel and bladder indicates, R11 uses disposable briefs and to check and change every 2-3 hours.On 12/04/2025, at 9:32 AM, Surveyor observed Hospice Certified Nursing Assistant (CNA)-H assisting R11 with incontinence cares. Surveyor noted a strong urine smell, R11 to be double briefed and completely soaked through to the chuck pad with urine. Surveyor asked Licensed Practical Nurse (LPN)-E if R11 should be double briefed, LPN-E informed Surveyor that no one should be double briefed.On 12/04/2025, at 10:44 AM, Surveyor spoke with Nursing Home Administrator (NHA)-A regarding concerns of R11 observed being double briefing and both briefs were soaked with urine threw to the chucks pad. NHA-A informed Surveyor that double briefing is not allowed, is unacceptable and is not something the Facility endorses to promote good personal hygiene for residents or to assist with ADLs.

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 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason. Based on observation, interview, and record review the facility did not ensure 1 (R45) of 1 resident receive appropriate treatment and services to increase range of motion and/or to prevent further decrease in range of motion.*R45 was observed to not have a splint in place for R45's right hand.Findings include:The facility's policy titled, Use of Assistive Devices with no reviewed/revised date, indicates the following, . 2. The use of assistive devices will be based on the resident's comprehensive assessment, in accordance with the resident's plan of care. 3. The facility will provide assistive devices for residents who need them. Nursing, dietary, social services, and therapy departments will work together to ensure availability of devices, such as for ordering and/or replacement.R45's diagnoses includes Hemiplegia (affecting one side of the body, severe weakness or complete loss of movement, sensation, and coordination on the affected side.) affecting right, dominate side and contracture (a permanent tightening and shortening of muscles, tendons, skin, or other tissues, causing joints to become stiff and restricting normal movement) of right hand. Surveyor reviewed R45's current care plan and noted R45 has a focus area for Activities of Daily Living (ADL) self-care performance deficit with an intervention of R (right) hand splint (can be a splint, stuffed animal, or palmar splint, washcloth) for contraction prevention.R45's admission minimum data set (MDS), with an assessment reference date of 6/19/2025, indicates R45 has a brief interview for mental status (BIMS) score of 4, indicating R45 has severe cognitive impairment, has impairment in upper and lower extremities range of motion on 1 side of body and is dependent on staff for upper body dressing.R45's Visual/Bedside Kardex Report as of 12/4/2025, does not include application of a splint to R45's right hand.On 12/03/2025, at 1:10 PM, Surveyor observed R45 to not have a right-hand splint in place.On 12/04/2025, at 9:06 AM, Surveyor observed R45 to not have a splint in place in R45's right hand.On 12/04/2025, at 9:08 AM, Surveyor asked Certified Nursing Assistant (CNA)-G if R45 needs a splint for R45's right hand. CNA-G was unsure if R45 is supposed to have splint on her hand, CNA-G then went to ask Licensed Practical Nurse (LPN)-E. LPN-E informed CNA-G that R45 should have a splint in R45's right hand. CNA-G expressed being unable to find a splint. LPN-E looked at assignment sheet and informed CNA-G to use a towel for R45's right hand as indicated on the assignment sheet.On 12/04/2025, at 10:44 AM, Surveyor spoke with Nursing Home Administrator (NHA)-A regarding concern R45 did not have R45's right hand splint in place per care plan. NHA-A informed Surveyor she will look into it but would expect R45 to have a splint in place if indicated.No additional information was provided.

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F 0851 Level of Harm - Potential for minimal harm Residents Affected - Many	Electronically submit to CMS complete and accurate direct care staffing information, based on payroll and other verifiable and auditable data. Based on interview and record review, the facility did not ensure it completed accurate mandatory submission of staffing information based on payroll data in a uniform electronic format to the Centers for Medicare & Medicaid Services (CMS). This had the potential to affect all 56 residents residing in the facility.Staffing information for Quarter 2 (January 1 - March 31) of the Payroll Based Journal (PBJ) was not accurately submitted to CMS. Findings include: The CMS Electronic Staffing Data Submission Payroll-Based Journal, Long-term Care Facility Policy Manual, dated June 2022, indicates: Chapter 1: Overview, 1.1 introduction .(U) mandatory submission of staffing information based on payroll data in a uniform format. Long-term care facilities must electronically submit to CMS complete and accurate direct care staffing information, including information for agency and contract staff, based on payroll and other verifiable and auditable data in a uniform format according to specifications established by CMS .1.2 Submission Timelines and Accuracy. Direct care staffing and census data will be collected quarterly and is required to be timely and accurate .Report Quarter: staffing and census data will be collected for each fiscal quarter. Staffing data includes the number of hours paid to work by each staff member each day within a quarter. Census data includes the facility's census on the last day of each of the three months in a quarter. The fiscal quarters are as follows: Fiscal Quarter, Date range: (quarter) 1 October 1-December 31, (quarter) 2 January 1-March 31, (quarter) 3 April 1-June 30, (quarter) 4 July 1-September 30 . Surveyor reviewed the Payroll-Based Journal (PBJ) Staffing Data Report, CASPER Report 1705D, for Fiscal year 2025 (run on 8/11/25) which indicated the Facility had excessively low weekend staffing for the 2nd Quarter (January 1-March 31). Surveyor reviewed the Facility's weekend schedules from January 1, 2025, to March 31, 2025. Surveyor noted licensed nurses and certified nursing assistants present on each shift, for each unit. Surveyor noted these schedules included call ins, agency staff and staff who picked up shifts. Surveyor noted there did not appear to be excessive call-ins.Surveyor reviewed the Facility Assessment and compared to schedules provided. Surveyor noted the Facility consistently meets staff ratios based on the Facility assessment.On 12/04/2025, at 11:51 AM, Surveyor asked Nursing Home Administrator (NHA)-A about the triggered PBJ report for low staffing weekends. NHA-A informed Surveyor the PBJ report is completed by corporate with the assist of Human Resources (HR) and NHA-A. NHA-A must look further into why the PBJ report triggered for low weekend staffing during the 2nd Quarter.On 12/08/2025, at 10:16 AM, Surveyor interviewed Human Resource (HR) scheduler-I. HR scheduler-I indicated HR scheduler-I started at the Facility in August 2025. HR scheduler-I prepares the schedule ahead of time by 2-3 weeks and will go by census and needs of residents when making the schedule. Usually, for a census of 65 and up- HR scheduler-I will staff 3 Certified Nursing Assistants (CNA)s on each floor for 1st and 2nd shift. For night shift, HR scheduler-I schedules at least 2 CNAs on each floor. The Facility does not use agency staff. For open shifts, HR scheduler-I will post open shifts in On Shift an electronic system a month in advance for open hours and has not identified issues with staff picking up. For call in's, HR scheduler-I will make calls right away to try to get shift covered. HR scheduler-I also has CNA certification and can help if needed but has not had to work the floor yet, indicating staff are very good about coming in. HR scheduler-I indicated being responsible for the PBJ report. Corporate will send a quarterly report of nursing coverage, will let the Facility know if they were short and HR scheduler-I will see if there was something entered in wrong, and will then go in and correct it. NHA-A joined the conversation with HR scheduler-I. NHA-A indicated after looking into the report further, she believes the census was wrong on certain days, has call ins. NHA-A indicated managers are not afraid to jump in and help and sometimes that does not reflect in the PBJ report. The Facility was made aware of the concerns regarding PBJ report triggering for low weekend staffing due to inaccurate information being submitted. No further information was provided as of time of write up.