STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525421	A. Building B. Wing	03/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lindengrove Menomonee Falls	W180 N8071 Town Hall Rd 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** 38829 Based on observation, interview and record review, the facility did not ensure 1 (R197) of 1 residents reviewed were assessed by the interdisciplinary team to determine it was clinically appropriate to self administer medication. * R197's as needed (PRN) Albuterol inhaler was observed in R197's drawer without a self-administration assessment and physician order to self-administer. Findings include: The facility's policy Preparation and General Guidelines for Self-Administration of Medications last revised 1/2018 documents: Policy: In order to maintain the Residents' high level of independence, Residents who desire to self-administer medications are permitted to do so if the facility's interdisciplinary team has determined that the practice would be safe for the Resident and other Residents of the facility and there is a prescriber's order to self-administer. Procedures A. If a Resident desires to self-administer medications, an assessment is conducted by the interdisciplinary team of Resident's cognitive(including orientation to time), physical, and visual ability to carry out this responsibility during the care planning process. C. For those Residents who self-administer, the interdisciplinary team verifies the Resident's ability to self-administer medications by means of a skill assessment conducted on a quarterly basis or when there is a significant change in condition. 1. The facility may utilize the Resident's existing medication packages having the Resident complete all steps except for the removal of the medication from the package. 2. The Resident is instructed in the use of the package, purpose of the medication, reading of the label, and scheduling of medication doses. (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
	525421	A. Building B. Wing	03/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lindengrove Menomonee Falls	W180 N8071 Town Hall Rd 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	3. The Resident is then requested to read the label on each package and indicate at what time the medication should be taken and any other special instructions for use. 4. The Resident is asked to demonstrate the removal of the medication from the package and, in the case of nonsolid dosage forms such as an inhaler, to verbalize the steps involved in administration. 5. Similar reviews of administration technique is conducted for other dosage forms such as inhalers, sublingual tablets, eye drops, injections, etc. 6. The Resident is asked to complete a bedside record indicating the administration of the medication(if bedside storage is used). D. The results of the interdisciplinary team assessment of Resident skills and of the determination regarding bedside storage are recorded in the Resident's medical record, on the care plan. For each medication authorized for self-administration, the label contains a notation that it may be self-administered. E. If the Resident demonstrates the ability to safely self-administer medications, a further assessment of the safety of bedside medication storage is conducted. F. Bedside medication storage is permitted only when it does not present a risk to confused Residents who wander into the rooms of, or room with, Resident who self-administer. 1.) R197 was admitted to the facility on [DATE] with diagnoses of Unspecified Fracture of Left Patella, Dysphagia, Unspecified Asthma, and Essential Hypertension. R197's Admission MDS dated [DATE] documents R197's BIMS score of 15, indicating R197 is cognitively intact for daily decision making. On 2/9/2025, at 6:10 PM, Licensed Practical Nurse (LPN)-E documented: R197 insisted on keeping R197's as needed Albuterol inhaler in the drawer of R197's bedside table. Albuterol Sulfate HFA Inhalation Aerosol Solution 108 (90 Base) MCG (microgram)/ACT (actuation) (Albuterol Sulfate) 2 puff inhale orally every 4 hours as needed for wheezing. On 2/10/25, at 3:23 PM, Surveyor noted that R197's electronic medical record (EMR) has no self-administration assessment for R197 to keep Albuterol the bedside. On 2/11/25, at 9:30 AM, Surveyor noted that R197's electronic medical record (EMR) has no physician order for R197 to self-administer Albuterol and keep the Albuterol at the bedside. On 2/11/25, at 11:07 AM, Surveyor interviewed R197. R197 explained to Surveyor that R197 has an Albuterol inhaler with a red cap that R197 gets 2 puffs from in the morning and 2 puffs at night. R197 informed Surveyor that the Albuterol with the red cap is kept in the medication cart. R197 informed R197 has an emergency Albuterol that R197 keeps in R197's drawer just in case of an emergency and showed Surveyor the Albuterol in R197's bedside drawer. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525421	A. Building B. Wing	03/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lindengrove Menomonee Falls	W180 N8071 Town Hall Rd 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 2/11/25, at 3:23 PM, Director of Nursing (DON)-B informed Surveyor that the expectation for keeping a PRN inhaler at bedside would need a self-administration assessment completed and there should be a physician order in place for the PRN inhaler. Surveyor shared the concern with DON-B and Nursing Home Administrator (NHA)-A that R197 has an emergency Albuterol inhaler at bedside with no self-administration assessment or physician order. On 2/12/25, at 8:54 PM, the facility completed a self-administration assessment for R197's PRN Albuterol which documents that R197 has the ability to keep the PRN Albuterol at bedside. Surveyor noted the facility obtained a physician order on 2/11/25 at 8:57 PM for R197 to self administer and keep at bedside the PRN Albuterol after Surveyor brought the issue to the facility's attention. Surveyor also noted the facility has not formulated a baseline or comprehensive care plan for self-administration of medications for R197. No additional information was provided as to why R197 did not have a self-administration assessment or physician order in place to keep Albuterol at the bedside.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525421	A. Building B. Wing	03/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lindengrove Menomonee Falls	W180 N8071 Town Hall Rd 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 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Reasonably accommodate the needs and preferences of each resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38829 Based on observation, staff interviews and record review, the facility did not ensure a safe, clean, comfortable and homelike environment as evidenced by having a linen shortage in order to properly take care of residents with the potential to affect a pattern of Residents who prefer to wear hospital gowns at night. * R196 informed Surveyor that hospital gowns were not available all weekend, Monday, and Tuesday (2/8-2/11/25) for bedtime and that is R196's preference to wear a hospital gown for bed. Findings include: R196 was admitted to the facility on [DATE] with diagnoses of Hypothyroidism, Type 2 Diabetes Mellitus, Obstructive Sleep Apnea, Essential Hypertension, and Displaced Comminuted Fracture of Shaft of Right Femur. R196's Admission Minimum Data Set(MDS) dated [DATE] was in the process of being completed. The Brief Interview for Mental Status (BIMS) has been completed and the score is 15, indicating R196 is cognitively intact for daily decision making. The MDS documents R196 has no mood behavior issues. No other MDS sections are completed at this time. On 2/10/25, at 10:09 AM, Surveyor interviewed R196 whom informed Surveyor that R196 had to sleep in R196's shirt last night because R196 was told there was no gowns all weekend. R196 informed Surveyor that R196's preference is not to sleep in R196's shirt. On 2/11/25, at 8:57 AM, R196 informed Surveyor that a gown was not available to sleep in last night so R196 slept in the same shirt as the day before. On 2/10/25, at 10:13 AM, Surveyor observed no gowns on the large linen cart in the hallway of Unit A, where R196 resides. On 2/10/25, at 1:21 PM, Surveyor observed no gowns on the line cart on Unit A, where R196 resides. On 2/11/25, at 9:01 AM, Surveyor observed no gowns on the linen cart of Unit A. Certified Nursing Assistant (CNA)-BB confirmed the gowns are kept on that linen cart and agreed there are no gowns available. CNA-BB stated it happens sometimes that gowns are not available. On 2/11/25, at 9:53 AM, Surveyor interviewed Facility Services Manager (FSM)-L. FSM-L informed Surveyor that FSM-L is responsible for the laundry service. FSM-L explained that the towels, washcloths, bed linen, and gowns are all washed offsite and delivered by a contractor. FSM-L stated FSM-L completes par levels of linen. FSM-L explained that each hallway of the units have a linen cart. The linen comes in on Tuesday, Thursday, and Saturday. The units are stocked on Monday, Wednesday, and Friday morning. Surveyor requested par level for gowns and any additional information of gowns being delivered prior to the survey process starting. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525421	A. Building B. Wing	03/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lindengrove Menomonee Falls	W180 N8071 Town Hall Rd 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 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 2/11/25, at 11:10 AM, Surveyor made observations of all the linen carts for each unit with-in the facility. Surveyor observed no gowns on any linen cart at this time. Surveyor interviewed CNA-TT who informed Surveyor that the facility is sometimes out of gowns, but not all the time. CNA-TT stated that all the linen is kept on the linen cart, including gowns. On 2/11/25, at 12:45 PM, Surveyor interviewed R196 again in regards to not having gowns available for bedtime. R196 was told on 2/11/25 by an employee(does not remember who) that no gowns were delivered to the facility. R196 informed Surveyor, My preference is not to have to sleep in my shirt at night. On 2/11/25, at 1:44 PM, Surveyor reviewed the linen contract signed and dated 5/7/24. The contract documents: .will provide customer(facility) with a system generated monthly recap of clean linen pounds shipped verses soil linen pounds returned .will work with the customer(facility) staff to correct the deficiencies. This will include but not limited to: -Recommended product substitutions -In-service product usage/procedure training -Alternate delivery systems . On 2/11/25, at 2:47 PM, Surveyor observed all unit linen carts in the facility and observed no gowns on any of the linen carts. Surveyor interviewed CNA-AA who typically gets Residents ready for bed on 2nd shift. CNA-AA offers a gown and confirmed the facility is sometimes out of gowns. CNA-AA and Surveyor went to look for gowns on Unit A linen cart and agreed there are no gowns on the linen cart. On 2/13/25, at 7:49 AM, Surveyor observed gowns in a bin located in Unit A's linen cart. On 2/13/25, at 9:41 AM, Surveyor interviewed FSM-L again. FSM-L stated that 50 gowns were delivered on Saturday 1/25/25. FSM-L explained the last laundry worker leaves at 3 on Fridays. They are supposed to stock for the weekend. If the facility runs out of linen, the nurse supervisor has a key for the laundry room where there is extra kept. FSM-L is not able to answer why the facility did not have gowns from Friday(2/7/25) to Tuesday(2/11/25). The facility census at the start of the survey process on 2/10/25 was 49. On 2/13/25, at 10:00 AM, Surveyor toured with FSM-L the laundry room. Surveyor counted approximately 35 gowns available. FSM-L stated that with no gowns in the facility from 2/8/11-2/11/25 was a miscommunication between FSM-L and FSM-L's staff. Surveyor reviewed the orders for gowns: 1/28/25-50 gowns delivered 2/1/25-50 gowns delivered (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525421	A. Building B. Wing	03/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lindengrove Menomonee Falls	W180 N8071 Town Hall Rd 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 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	2/3/25-50 gowns were ordered 2/4/25-50 gowns delivered 2/7/25-no gowns ordered 2/8/25-no gowns delivered 2/10/25-no gowns ordered 2/11/25-200 gowns delivered On 2/13/25, at 11:20 AM, FSM-L informed Surveyor that FSM-L completes a count of available linen biweekly and last completed 2/10/25. FSM-L provided documentation of the count and confirmed to Surveyor that there were no gowns available on 2/10/25. On 2/13/25, at 3:04 PM, Surveyor shared the concern with Director of Nursing (DON)-B and Nursing Home Administrator (NHA)-A that the facility did not have gowns available per R196 preference for bedtime from 2/8/25-2/11/25 in the facility. No further information has been provided by the facility.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525421	A. Building B. Wing	03/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lindengrove Menomonee Falls	W180 N8071 Town Hall Rd 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 0583 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Keep residents' personal and medical records private and confidential. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38829 Based on observation and interview the facility did not ensure resident's right to personal privacy and confidentiality of his or her personal and medical records for 1(R6) of 1 residents reviewed. * On 2/10/25, Surveyor observed Nurse Practitioner Psychiatric/Mental Health (Psych NP)-C conducting an interview of R6 in the dining room at lunch time. Surveyor observed 3 Residents (R197, R38, and R16) in the dining room and a family member in close proximity at the time the interview was conducted. Findings include: The facility's admission packet dated 2/23/11, documents under the Exhibit E, Resident Rights section: .1. Dignified Existence; Communication and Access. Resident has a right to a dignified existence, self-determination, communication with and access to persons and services inside and outside facility. A Resident of the facility has the right to private and unrestricted communications with Resident's family, physician, attorney and any other person, unless medically contra-indicated as documented by Resident's physician in Resident's medical record, except that communications with public officials or with Resident's attorney shall not be restricted in any event. The right to private and unrestricted communications shall include, but is not limited to, the right to: c. Have private visits, pursuant to a reasonable written visitation policy, provided, however, that Resident has the right and Facility must provide immediate access to any Resident by the following: iii. Resident's individual physician. d. Facility must provide reasonable access to any Resident by any entity or individual that provides health, social, legal or other services to Resident, subject to Resident's right to deny or withdraw consent at any time. 11. Privacy b. Privacy concerning health care. Case discussion, consultation, examination and treatment are confidential and shall be conducted discreetly. Persons not directly involved in Residents care shall require Resident's permission to authorize their presence. c. Confidentiality of health and personal records, and the right to approve or refuse their release to any individual outside facility. Surveyor also reviewed the facility's Health Insurance Portability and Accountability Act (HIPPA) dated as last reviewed on 6/25/24 that documents: Business Associates (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525421	A. Building B. Wing	03/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lindengrove Menomonee Falls	W180 N8071 Town Hall Rd 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 0583 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Policy: The Business Associates of the organization are required to provide reasonable assurance that they will maintain the confidentiality of the Protected Health Information(PHI) of the organizations's individuals and only use and disclose it for the purposes for which it was provided. Procedure: B. Business Associates are required to sign a written contract that provides reasonable assurance that they will adhere to the organization's privacy and security practices. D. The privacy Officer will ensure that any reported security incidents or any complaints regarding violations on the part of the Business Associate are reviewed and will make recommendations to the Contract Review Committee regarding need to terminate the Business Associate contract. Individual Rights Procedure: A. The organization follows HIPPA privacy procedures as outline in HIPPA policies 4-1-1-1 through 4-1-1-7. F. The privacy officer provides oversight of compliance with the organization's HIPPA privacy policies and procedures. 1.) R6 was admitted to the facility with diagnoses of Chronic Kidney Disease, Stage 4, Type 2 Diabetes Mellitus, and Unspecified Osteoarthritis. R6's Health Care Power of Attorney(HCPOA) was activated 9/21/22. R6's Annual Minimum Data Set (MDS) dated [DATE] documents a Brief Interview for Mental Status(BIMS) score of 3, indicating R6 demonstrates severely impaired skills for daily decision making. No mood or behavior issues are documented. On 2/10/25, at 12:57 PM, Surveyor observed the lunch meal in the main dining room. Surveyor was standing facing R6's table and observing R6 eat. Surveyor observed Psych NP-C approach Certified Nursing Assistant (CNA)-D and asked which Resident was R6. Psych NP-C introduced self to R6. Surveyor observed and heard Psych NP-C ask R6 about R6's medication and if there were any problems. R6 responded that R6 is sleeping well but it is very hard to wake up. Psych NP-C informed R6 that Psych NP-C will take a peek at the medications. Psych NP-C asked R6 about mood, pain, memory, headaches, chest pain, appetite. Psych NP-C also asked R6 about R6's daughter, about being married, and employment history. Surveyor observed and heard Psych NP-C ask R6, Do you know where you are right now? What is the date? Who is the President? Do you remember your mother's [NAME] name? What is your birthdate? Surveyor heard R6 respond with a date. Psych NP-C asked R6 if R6 knows how old that makes R6. Surveyor observed R6 not eating lunch while being interviewed by Psych NP-C. Surveyor observed 3 other Residents in the dining room eating lunch. Directly behind R6 eating lunch was R197. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525421	A. Building B. Wing	03/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lindengrove Menomonee Falls	W180 N8071 Town Hall Rd 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 0583 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	R197 was admitted to the facility on [DATE] with diagnoses of Unspecified Fracture of Left Patella, Dysphagia, Unspecified Asthma, and Essential Hypertension. R197's Admission MDS dated [DATE] documents R197's BIMS score of 15, indicating that R197 is cognitively intact for daily decision making. Two tables behind R6, Surveyor observed R16 receiving assistance from a family member with lunch who was sitting next to R16. R16 was admitted to the facility on [DATE] with diagnoses of Chronic Diastolic Heart Failure, Hypertensive Heart Disease with Heart Failure, Dysphagia, and Unspecified Dementia. R16's Quarterly MDS dated [DATE] documents R16's BIMS score to be , indicating that R16 demonstrates severely impaired skills for daily decision making. Surveyor observed R38 sitting at a table next to R6's table. R38 was admitted to the facility on [DATE] with diagnoses of Hemiplegia and Hemiparesis Following Cerebral Infarction, Atherosclerotic Heart Disease, Chronic Obstructive Pulmonary Disease, Essential Hypertension, and Vascular Dementia. R38's Quarterly MDS dated [DATE] documents R38's BIMS score to be 1, indicating R16 demonstrates severely impaired skills for daily decision making. On 2/10/25, at 1:09 PM, Surveyor interviewed Psych NP-C. Surveyor asked NP-C if the facility provided a private area for Psych NP-C to evaluate Residents. Psych NP-C stated that Psych NP-C is at the facility every couple of weeks. Psych NP-C stated that Psych NP-C usually takes the Residents to their rooms, but R6 was the only resident that Psych NP-C needed to see and did not want to take R6 away from R6's lunch. On 2/10/25, at 1:11 PM, Surveyor walked back into the dining room and observed Certified Nursing Assistant (CNA)-D walking with R6's plate of food. Surveyor asked CNA-D what CNA-D had done with the plate of food. CNA-D stated CNA-D heated up the food because she talked to her for more than a minute and the food was cold. On 2/11/25, at 7:42 AM, Surveyor shared the concern with Nursing Home Administrator (NHA)-A that Psych NP-C conducted an interview with R6 in the dining room with other Residents and a family member within earshot. Surveyor informed that Psych NP-C's conversation with R6 revealed confidential medical information. NHA-A was not aware of the conversation but did ask CNA-D to heat up R6's lunch as NHA-A had observed that R6's lunch had been interrupted and R6 was not eating it. NHA-A understands the concern and planned on making a phone call to discuss. On 2/13/25, at 11:21 AM, Surveyor asked R6 if privacy is important to R6. R6 stated of course. Surveyor asked R6 if R6 would be uncomfortable talking about health conditions in front of others than self or family. R6 stated probably depending on what is talked about. R6 does not remember being interviewed in the dining room by Psych NP-C on 2/10/25. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525421	A. Building B. Wing	03/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lindengrove Menomonee Falls	W180 N8071 Town Hall Rd 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 0583 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 2/17/25, at 1:42 PM, Surveyor requested and received the documentation of Psych NP-C's Initial Psychiatry Evaluation of R6. Surveyor notes the documentation was not accessible in R6's electronic medical record(EMR) and the facility had to request directly from Psych NP-C. Psych NP-C documented that R6 was seen up at table in the dining room eating lunch alone at a table. Psych NP-C approached R6 and asked if Psych NP-C could interrupt R6's lunch to assess R6 and R6 declines to leave the dining room saying oh it's fine, don't worry about that, that its ok to talk while R6 eats there and R6 engages at length about R6's family, bright and cooperative, jokes. No additional information was provided as to why the facility did not ensure R6's right to personal privacy and confidentiality of his or her personal and medical information.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525421	A. Building B. Wing	03/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lindengrove Menomonee Falls	W180 N8071 Town Hall Rd 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 0655 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38829 Based on interview and record review, the facility did not develop and implement a baseline care plan that includes the instructions needed to provide effective and person centered care for 2 (R197 and R350) of 5 residents reviewed. * R197 was admitted to the facility on [DATE] and did not have a baseline care plan initiated upon admission. * R350 was admitted on [DATE] and did not have a baseline care plan initiated upon admission. Findings include: The facility's policy Comprehensive Person Centered Care Plan dated 7/19/2019 and last revised on 8/10/23 documents: 1. Policy: The Comprehensive Person Centered Care Plan will reflect the individual's needs and preferences to facilitate care. 2. Procedure: A. Within 48 hours after admission: a Baseline Care Plan will be completed and reviewed with Individual and/or Individual Representative. D. Individual and/or Individual Representative and direct care staff will participate in development of the comprehensive person centered care plan. 1.) R197 was admitted to the facility on [DATE] with diagnoses of Unspecified Fracture of Left Patella, Dysphagia, Unspecified Asthma, and Essential Hypertension. R197's Admission MDS dated [DATE] documents R197's BIMS score of 15, indicating R197 is cognitively intact for daily decision making. No other sections were completed. The following focused care plan problems were initiated on 2/4/25 but not reviewed with R197: Increased needs for healing, risk of weight loss due to healing of left knee fracture, GERD, pain, diagnosis: dysphagia as evidenced by: additional protein in diet, fair intake ~50% Potential for decreased activity involvement and socialization due to dx: unspecified fracture of left patella, subsequent encounter for closed fracture with routine healing, hyperosmolality and hypernatremia, hyperlipidemia, unspecified and overall weakness R197 has an ADL self-care performance deficit due to activity intolerance, impaired balance R197 is high risk for falls due to deconditioning, gait/balance problems (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525421	A. Building B. Wing	03/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lindengrove Menomonee Falls	W180 N8071 Town Hall Rd 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 0655 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	R197 has bowel incontinence due to immobility R197 has chronic pain due to fracture to left knee R197 has potential for pressure ulcer development due to Immobility due to left patella fracture, incontinent of bowel and bladder R197 has potential impairment to skin integrity due to fragile skin R197 has functional bladder incontinence at times due to activity intolerance, impaired mobility On 2/11/25, at 3:24 PM, Surveyor interviewed Director of Nursing (DON)-B regarding what the expectation is for baseline care plans to be developed and reviewed with the Resident and/or representative. DON-B informed Surveyor that baseline care plans should be completed within 48 hours of admission of a resident. The admission nurse will complete on admission. Dietary, Nursing, Therapy, and MDS provides input into the baseline. The social worker goes over the baseline with the Resident. Surveyor shared the concern that R197's baseline person-centered baseline care plan was not reviewed with R197 within 48 hrs of admission. Surveyor noted the social worker was not available to interview during the survey process. On 2/13/25, at 10:05 AM, Surveyor interviewed Registered Dietitian (RD)-DD. RD-DD stated that RD-DD is not part of the development of the baseline careplan for each Resident. RD-DD informed Surveyor that RD-DD does not develop a person-centered targeted problem for dietary within 48 hours. On 2/13/25, at 3:04 PM, Surveyor again shared the concern with NHA-A and DON-B that R197 did not have a documented person-centered baseline care plan developed with instructions on how to care for R197 within 48 hours of R197's admission to the facility. No additional information was provided by the facility at this time. 49435 2.) R350 was admitted to the facility on [DATE] with diagnosis that include Alzheimer's disease, Dementia, Pressure ulcer of right buttock, Pressure ulcer of left heel. R350's Admission Minimum Data Set assessment was in the process of being completed at the time of the survey. R350's Brief Interview for Mental Status (BIMS) assessment dated [DATE], documents a score of 4, indicating that R350 is severely cognitively impaired. R350's Braden scale assessment used for predicting pressure ulcer risk dated 2/6/25, documents R350 is at risk for pressure injuries. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525421	A. Building B. Wing	03/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lindengrove Menomonee Falls	W180 N8071 Town Hall Rd 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 0655 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	R350's Admission Section GG assessment dated [DATE], documents R350 requires substantial/maximum assist for bed mobility and R350 is dependent for transfers. R350 has an activated Power of Attorney (POA). R350's Hospital Discharge (D/C) summary dated 2/6/25 documents, in part: . discharge diagnoses: Pressure ulcers . Preventative Measures: . Turn patient every 2 hours . Pad bony prominences. Elevate heels-float heels off of bed with heel lift boots. Keep head of bed [less than] 30 degrees whenever possible . Utilize incontinence management as needed . Seat cushion . Air Powered Mattress . R350's Potential actual impairment to skin integrity care plan dated 2/6/25 documents the following interventions: Encourage good nutrition and hydration in order to promote healthier skin. Keep skin clean and dry. Use lotion on dry skin, apply barrier cream as needed. Use a draw sheet or lifting device to move resident. Surveyor noted that the preventative measures (turn patient every 2 hours, seat cushion, heel lift boots, air mattress, etc.) documented in R350's hospital discharge summary are not included in the facility's baseline care plan. Surveyor reviewed R350's Baseline Care plan dated 2/7/25 and noted that R350's Baseline care plan was not completed, signed and reviewed with R350's POA until 2/10/25 which is not within the required 48 hours. Surveyor noted that in the baseline care plan assessment form, the box for skin integrity was not checked or addressed by facility staff. Surveyor noted that the reason for R350's admission to the facility was for wound care of R350's pressure injuries. On 2/13/25 at 10:32 AM, Surveyor interviewed Licensed Practical Nurse (LPN)-F, who is the admitting nurse for the facility. Surveyor asked what information is used to complete the Baseline Care Plan. LPN-F stated that the hospital discharge summary, the hospital H&P, observations and assessments of the resident and the report from hospital staff is used to start the Baseline care plan. Surveyor asked if LPN-F completed the admission and started the baseline care plan for R350. LPN-F stated that LPN-F was not working the day that R350 was admitted . LPN-F stated that LPN-F will do audits on admissions as part of LPN-F's duties. Surveyor informed LPN-F that R350's baseline skin care plan did not include interventions that were listed in the hospital discharge summary. Surveyor asked if an audit was completed on R350's skin integrity care plan. LPN-F stated that LPN-F must have missed that one. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525421	A. Building B. Wing	03/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lindengrove Menomonee Falls	W180 N8071 Town Hall Rd 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 0655 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 2/13/25 at 10:27 AM, Surveyor spoke to Life Coach-II, who initiates the baseline care plan and reviews with resident or the resident's POA. Surveyor asked what the facility's process for the baseline care plan entails. Life Coach-II stated that Life Coach-II initiates the baseline care plan of a newly admitted resident. From there, nursing will complete their parts and then Life Coach-II will print off the baseline care plan to review at the residents first care conference. Surveyor asked who would be tasked with making sure the skin integrity care plan is accurate and resident specific. Life Coach-II stated nursing staff. Surveyor asked when R350's first care conference was held. Life Coach-II stated it was on 2/10/25. Surveyor asked if R350's POA signed the baseline care plan. Life Coach-II stated that Life Coach-II sent an email to R350's POA on 2/10/25 at 12:50 PM. Surveyor asked if the baseline care plans are typically signed within 48 hours of admission. Life Coach-II stated that if a resident is admitted on a Monday, that Life Coach-II will typically have the care conference on Wednesday. If that does not work, then it will be signed at the first care conference, but it is not always within 48 hours. On 2/13/25 at 1:58 PM, Surveyor interviewed Director of Nursing (DON)-B. Surveyor asked when the baseline care plan should be completed. DON-B stated that it should be completed and signed within 48 hours. Surveyor asked if in the skin integrity box within the baseline care plan assessment form should have been addressed on R350's form. DON-B stated yes. Surveyor asked if interventions like the air mattress, heel boots, turning and repositioning and wheelchair cushion should have been included in the baseline care plan. DON-B stated yes. On 2/17/25 at 3:05 PM, Surveyor informed DON-B and Nursing Home Administrator (NHA)-A of the concerns: R350's baseline care plan was not completed, signed and reviewed with R350's POA within the required 48 hours of admission. Within the facility's baseline care plan assessment form, the skin integrity health condition was not addressed and R350's skin integrity was the reason R350 was admitted to the facility. R350's skin integrity baseline care plan did not include individualized interventions that were documented on the hospital discharge summary. 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
	525421	A. Building B. Wing	03/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lindengrove Menomonee Falls	W180 N8071 Town Hall Rd 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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 20483 Based on interview and record review the facility did not ensure a comprehensive person centered care plan was developed for 1 (R297) of 13 residents. * R297's foley catheter was discontinued on 6/7/24. The facility did not develop a urinary care plan after R297's foley catheter was discontinued. Findings include: The facility's policy titled, Comprehensive Person Centered Care Plan and last reviewed 8/10/23 under Procedure documents C. Care Plan shall be reviewed and revised quarterly, upon change of condition, and/or as needed. 1.) R297 was admitted to the facility on [DATE] with a diagnoses that includes depression, benign prostatic hyperplasia, urinary retention, diabetes mellitus, and Alzheimer's Disease. R297's POA (power of attorney) was activated on 4/1/22. R297's admission MDS (minimum data set) with an assessment reference date of 5/31/24 has a BIMS (brief interview mental status) score of 7, which indicates severe cognitive impairment. Yes is checked for indwelling catheter placement for R297. R297's Urinary Incontinence and Indwelling Catheter CAA (care area assessment) dated 6/4/24 under analysis of findings for nature of problem/condition documents BPH (benign prostatic hyperplasia)-Urinary retention-Foley cath (per VA (veterans administration)) Assisted to safely manage and monitor cath (catheter) and output. R297's admit/readmit note dated 5/25/24, at 01:07 (1:07 a.m.) written by Registered Nurse (RN)-BBB documents Bowel and Bladder: Toilet use: Limited assistance. Bladder: Catheter. Continent of Bowel: No. R297's nursing note dated 5/26/24 at 05:07 (5:07 a.m.) written by RN-ZZ documents: C/O (complained of) neuropathy to hands and legs. PMH (past medical history) of PVD (peripheral vascular disease) noted in patient's MR (medical record). Pedal pulses weak upon assessment. Advised to lay on back and elevate legs. No pain reported at this time. Foley patent with clear yellow urine noted. BP (blood pressure) elevated 178/80. encouraged increased oral hydration. care plan continues. will continue to monitor per facility protocol. R297's nurses note dated 5/28/24 at 04:59 (4:59 a.m.) written by RN-ZZ documents: Patient did not sleep well through night. C/o pain/discomfort to Foley cath (catheter) site at tip of penis. No s/s (signs/symptoms) of injury noted. CNA (Certified Nursing Assistant) reported applying zinc. Foley patent and free of kinks. Will continue to monitor. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525421	A. Building B. Wing	03/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lindengrove Menomonee Falls	W180 N8071 Town Hall Rd 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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	R297's physician order dated 6/7/24 documents remove foley one time only for removal foley until 6/7/24. R297's nurses note dated 6/7/24 at 22:40 (10:40 p.m.) written by RN-AAA documents: Resident Foley catheter removed, no difficulties noted, resident's output was 1000 ml (milliliter). R297's nurses note dated 6/8/24 at 15:33 (3:33 p.m.) written by RN-AAA documents: Resident is being monitored for Foley removed, PVR (post void residual) 396, some hematuria, encouraged to push fluids, resident BS at am 84 and noon 170, resident refused insulin, stated he feel fine. R297's nurses note dated 6/12/24 at 0817 (8:17 a.m.) written by Licensed Practical Nurse (LPN)-WW documents: Continue to monitored for Foley catheter removal. Resident alert/orient. Skin warm and dry. No issues noted. Resident voiding without difficulties. Denies any pain or discomfort at this time. Will continue to monitor this shift. Surveyor reviewed R297's care plans and noted the following care plans: Potential for decreased activity involvement and socialization initiated 3/12/24 & revised 5/30/24. Potential alteration in nutrition abnormal labs, weight variance, and fluctuating intake initiated & revised 6/3/24. Documented Pressure Ulcer initiated 5/24/24 & revised 5/25/24. Advanced Directives initiated & revised 7/2/24. Resident has limited physical mobility initiated 3/7/24 & revised 3/18/24. Resident has impaired cognitive function/dementia or impaired though process initiated 5/24/24 & revised 5/25/24. Resident wishes to remain at SNF (skilled nursing facility) for long term care initiated 7/2/24. Resident has Diabetes Mellitus initiated 5/24/24 & revised 5/25/24. Resident is high risk for falls initiated 5/24/24 & revised 5/25/24. Resident has constipation initiated 5/24/24 & revised 5/25/24. Resident has an potential for alteration in hematological status initiated & revised 6/4/24. Resident uses antidepressant initiated 5/24/24 & revised 6/4/24. Resident has depression initiated & revised 7/2/24. Resident has potential for pain initiated 5/24/24 & revised 6/4/24. Resident has impairment to skin integrity initiated 5/24/24 & revised 5/25/24. Resident has Indwelling Catheter initiated 5/24/24 & revised 5/25/24. Surveyor noted the facility did not develop an urinary continence care plan after R297's indwelling catheter was discontinued. On 2/18/25, at 7:44 a.m., Surveyor asked Director of Nursing (DON)-B about the facility's care plan process. DON-B informed Surveyor nursing, MDS, therapy, social services, dietary or dietitian are involved in care plans. Surveyor asked if a urinary care plan would be developed after a resident's Foley catheter was discontinued. DON-B replied yes. Surveyor asked DON-B if she knew why the facility did not develop a urinary care plan after R297's Foley catheter was discontinued. DON-B replied I don't know. Surveyor asked who should of developed the new care plan. DON-B replied nursing. Surveyor asked if the floor nurse would develop this care plan. DON-B informed Surveyor the floor nurse wouldn't have done it and it would of been nursing management or MDS. No additional information was provided as to why the facility did not initiate a urinary care plan after R297's foley catheter was discontinued.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525421	A. Building B. Wing	03/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lindengrove Menomonee Falls	W180 N8071 Town Hall Rd 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 - 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** 20483 Based on interview and record review, the facility did not ensure 1 (R297) of 13 residents received treatment and care in accordance with professional standards of practice, the comprehensive person centered care plan and the residents choice. * R297 was admitted to the facility on [DATE] with an order to the left shin which continued until 8/1/24. There is only one skin assessment of this area dated 5/25/24. On 7/22/24 Advanced Practice Nurse Prescriber-FFF progress note documents two dressings on R297 left lower extremity. There are no skin assessments of R297's left lower extremity as to why dressings were applied. On 7/28/24, R297's left forearm was identified as being bruised and red with an indentation from R297's watch being too tight. On 8/1/24 R297's left forearm skin integrity changed from redness to scabbing. There is no skin assessment when R297's skin integrity changed. On 8/13/24 R297's experienced a change of condition which was not comprehensively assessed. Documentation of R297's meal intake for lunch was 0 to 25% which was the first time in the previous two weeks R297 ate only 0 to 25%. Licensed Practical Nurse (LPN)-H indicated when she came on duty R297 was in bed covered with a lot of covers which was unusual for R297 as he was usually rolling around. On 8/13/24 at 3:03 p.m., Nursing Student-CCC created an order for a UA (urinalysis). There is no assessment, including a RN assessment, no vitals signs for R297 prior to this order being created as to why this order was obtained. Approximately three hours later vital signs were obtained for R297 which revealed a temperature of 102.8 F with AMS (altered mental status). Even though R297 had an order for acetaminophen 650 mg (milligrams) every four hours for fever, this medication was not administered to R297 prior to being transported to the hospital. On 8/13/24 at 6:00 p.m., an ambulance company arrived and transported R297 to the hospital. R297 was admitted to the hospital for sepsis, UTI (urinary tract infection). Findings include: The facility's policy titled, Change of Condition and Provider Notification and last reviewed on 8/10/23 under Procedure documents 1. Change of Condition a) Change of Condition (COC) is a deviation from an individual's baseline in physical, cognitive, behavioral, or functional status. Clinically important means a deviation that, without intervention, may result in complications or death. 2. Assessment a) Licensed nurse is involved in the assessment process and contribute to the collection of the data base, the planning of interventions and evaluation of individual's response to condition change. b) A licensed nurse is to complete the initial assessment, and follow-up evaluation as indicated by the complexity and stability of the individual's condition. c) Change of Condition Assessment shall be reviewed by Registered Nurse. 1.) R297 was admitted to the facility on [DATE] with diagnoses that include depression, benign prostatic hyperplasia, urinary retention, diabetes mellitus, peripheral vascular disease, congestive heart failure, anxiety, and Alzheimer's Disease. R297's POA (power of attorney) was activated on 4/1/22. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525421	A. Building B. Wing	03/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lindengrove Menomonee Falls	W180 N8071 Town Hall Rd 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 - Actual harm Residents Affected - Few	R297's admission MDS (minimum data set) with an assessment reference date of 5/31/24 has a BIMS (brief interview mental status) score of 7 which indicates severe cognitive impairment. R297 is assessed as requiring set up for eating, supervision or touch assistance for toileting hygiene, independent for roll left & right, and partial/moderate assistance for chair/bed to chair transfer & toilet transfer. R297 has an indwelling catheter and is always continent for bowel. R297 is assessed as not having any pressure injuries, other ulcers, wounds and skin problems. Application of non surgical dressings (with or without topical medications) other than to feet is checked yes R297's impairment to skin integrity care plan initiated 5/24/24 & revised 5/25/24 documents under the intervention section: Weekly treatment documentation to include measurement of each area of skin breakdown's width, length, depth, type of tissue and exudate and any other notable changes or observations. Initiated 5/24/24 & revised 5/25/25. Monitor/document location, size and treatment of skin injury. Report abnormalities, failure to heal, s/sx of infection, maceration etc. to physician. Initiated 05/24/2024 & revised 5/25/24. R297's nurses note dated 5/24/24 at 22:46 (10:46 p.m.) written by Director of Nursing (DON)-B documents: New admit. resident alert and oriented able to make his needs known to staff. skin warm and dry. abd. (abdomen) soft and non tender with + (positive) BS (bowel sounds) x (times) 4 quads. (quadrants) LCTA. (lungs clear to auscultation) no cough or sob (shortness of breath). no s/s (signs/symptoms) of hypo/hyperglycemia. assist with adls (activities daily living) and transfers. no c/o (complaint of) pain or discomfort. R297's admit/readmit note dated 5/25/24 at 01:07 (1:07 a.m.) written by Registered Nurse (RN)- BBB documents Skin: Skin Color: Normal. Skin Temperature: Warm R297's physician orders dated 5/25/24 documents cleanse left shin with n/s (normal saline) foam border drsg (dressing) every evening shift every Mon (Monday), Wed (Wednesday), Fri (Friday) for wound care. R297's admit/readmit screener dated 5/25/24 under the skin integrity section documents under site 42) left lower leg (front), type documents abrasion and length 0.2, width 0.3, and depth 0.1. There is no further assessment of the left lower leg front and the treatment to R297's left shin continued until 8/1/24. APNP (Advanced Practice Nurse Prescriber)-FFF's note dated 7/22/24 under history of present illness documents [R297's name] 82 Y (year) male is seen in follow up day for increased LLE (lower leg edema). [R297's first name] is seen today in his room. His wife is at the bedside. She is concerned that he has some increased LLE (left lower extremity) edea sic (edema). He does have an order for prn (as needed) Bumex. She is also concerned that he is scratching at his legs. He has multiple scratch marks on his LLE. Some are bleeding. There are two dressings covering areas that were bleeding. His wife is concerned that he will develop open sores/infections from scratching as that has happened in the past. Under exam for skin documents scratch marks on BLE (bilateral lower extremities), some areas of bleeding on LLE (left lower extremity). Under medical decision making documents BLE statis dermatitis Start clotrimazole cream daily x (times) 14 days then Eucerin daily. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525421	A. Building B. Wing	03/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lindengrove Menomonee Falls	W180 N8071 Town Hall Rd 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 - Actual harm Residents Affected - Few	Surveyor noted there is no assessment R297's left lower extremity when the two dressings were applied which is identified in APNP-FFF's note dated 7/22/24 nor is there any documentation as to when these dressings were applied. Surveyor noted there are no skin assessments of R297's left lower extremities, other than the admission/readmission screen on 5/25/24, while R297 resided in the facility. R297's nurses note dated 7/28/24 at 21:08 (9:08 p.m.) written by Nursing Student-CCC documents Resident left arm is bruised and red with indication of his watch being too tight on wrist. it appears to be red no edema but look irritated and raw resident stated that he is not in pain. Surveyor was unable to locate a Registered Nurse (RN) assessment of this area when it was identified. R297's nurses note dated 7/29/24 at 05:27 (5:27 a.m.) written by Licensed Practical Nurse (LPN)-H documents Bruise on resident left arm still remains with a purplish color. Resident has no complaints of pain or discomfort. R297's wound care initial evaluation dated 7/29/24 by Wound Nurse Practitioner-O under physical examination documents Left wrist No open wounds noted- area with bruising consistent with shape of a watch. Leave area open to air, avoid wearing watch until bruising resolves. Monitor closely for breakdown. Under assessment documents Traumatic ecchymosis of left wrist. R297's nurses note dated 7/29/24 at 13:03 (1:03 p.m.) written by Director of Nursing (DON)-B documents resident seen by wound GNP for area to LT (left) wrist. no noted pressure injuries to LTV. wrist, area with redness from indentation from wrist watch, wrist to be monitored for changes, watch removed and taken home by wife. R297's nurses note dated 7/31/24 at 00:14 (12:14 a.m.) written by Nursing-DDD documents we continue to monitor for redness to (AL) arm. Redness still remains. Resident denies any pain or discomfort. No bleeding or drainage noted. resident denies area itches. Will continue to monitor. R297's nurses note dated 8/1/24 at 03:17 (3:17 a.m.) written by LPN-EEE documents generalized scabbing of LTV. forearm. no c/o (complaint of) pain when asked. no s/s (signs/symptoms) of infection. T (temperature)96.9. There is no assessment of R297's left arm when R297's skin integrity changed from redness to scabbing. R297's nurses note dated 8/1/24 at 21:09 (9:09 p.m.) written by Nursing Student-CCC documents AL (left) forearm scabbing no s/s of infection or drainage. No c/o of pain or discomfort. R297's nurses note dated 8/4/24 at 00:23 (12:23 a.m.) written by Nursing-DDD documents resident left arm is scabbing. no complaints of any pain or discomfort. no itching noted. will continue to monitor. R297's nurses note dated 8/11/24 at 05:08 (5:08 a.m.) written by LPN-H documents Resident was scratching his left lower legs and reopen scabs that were already there. Leg was clean with NS (normal saline) and bf/b (foam border) was applied to area. Surveyor noted there is no assessment of this area and that there are no nursing notes dated 8/12/24. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525421	A. Building B. Wing	03/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lindengrove Menomonee Falls	W180 N8071 Town Hall Rd 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 - Actual harm Residents Affected - Few	On 8/13/24 there is an order for USA - urinalysis one time only for UT (urinary tract infection). This order was created by Nursing Student-CCC on 8/13/24 at 15:03 (3:03 p.m.). There is no assessment for R297 as to why this urinalysis was ordered nor are their any vital signs prior to this order being created. Surveyor noted under the weights/vital tab on 8/13/24 at 17:52 (5:52 p.m.) R297's temperature was 102.8 F oral, blood pressure 145/70, pulse 55 bpm (beats per minute), and oxygen sats were 91% on room air. R297's respiratory rate was not obtained. The ambulance report documents: received 8/13/024 18:00:44 (6:00 p.m. & 44 seconds), dispatched 8/13/2024 18:00:57 (6:00 p.m. & 57 seconds) at patient 8/13/24 18:18:45 (6:18 p.m. and 45 seconds), transport 8/13/24 18:38:12 (6:38 p.m. and 12 seconds) and at destination 8/13/24 18:41:49 (6:41 p.m. and 49 seconds). The narrative documents [Ambulance company & Number] dispatched with lights and sirens to the listed nursing facility for an 82 y/o (year old) male with an altered mental status. Dispatch notes state not acting himself. Crew donned proper PPE (personal protective equipment) prior to patient contact. When arriving on scene we find our patient lying in bed with his wife at this side. His wife states the patient has been sleeping all day, has a fever, is weak and is hurting from the neck down. She states he has a history of a CVA (cerebral vascular accident) x2 (March 3rd and March 8th). She denies any falls or other trauma. Upon patient contact he presents as alert, A & O (alert and orientated) x 3 which is his baseline due to dementia, pale skin color and unlabored respirations. Patient also feels warm to the touch. Patient states he feels weak today and generally unwell. He states he is having lower back pain as well. He explained to EMS crew that he attempted to stand today to get out of bed and was unable to do so. He states he has a headache and that his vision went out for a few moments this morning. Stroke scale is performed and found to be positive at this time in patient only having a headache. No vision disturbances, facial droop, slurred speech, unsteady gait or unilateral weakness are noted at this time. At this time he is transferred onto EMS cot via draw sheet method and placed in positron of comfort. Baseline set of vitals are obtained and patient is found to be slightly tachycardic and hypoxic. Patient denies any shortness of break at this time. He is placed on 4L (liters) continuous oxygen via nasal cannula, secured x5 with safety straps and loaded in the ambulance. Once in the ambulance an oral temperature is obtained and found to be 102.9. Blood glucose is obtained and noted to be 81. 12-Lead EKG is perform and found to read sinus tachycardia. EKG is transmitted to receiving emergency department. SPO2 is noted to have increased with oxygen therapy. Additional vital signs are obtained and found to remain similar to initial set; with SPO2 having increased. Patient care report is called into receiving emergency department with an ETA (estimated time arrival) of 3 minutes. At this time transport began. R297's nursing note dated 8/13/24 at 21:49 (9:49 p.m.) written by LPN-H documents: Resident was sent out to hospital per POA (Power of Attorney) requested. MD (Medical Doctor) was informed of patients transfer. patient and an fever of 102.8 with altered mental status. Writer called [hospital initials] ER (emergency room) to get an update and patient was admitted to hospital for an UTI (urinary tract) and high fever. R297's physician orders included Acetaminophen Tablet 325 mg (milligram) Give 2 tablet by mouth every 4 hours as needed for elevated temperature; pain. Surveyor noted R297 did not receive this medication when his temperature on 8/13/24 at 17:52 (5:52 p.m.) was 102.8 degree Fahrenheit. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525421	A. Building B. Wing	03/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lindengrove Menomonee Falls	W180 N8071 Town Hall Rd 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 - Actual harm Residents Affected - Few	Surveyor reviewed R297's amount eaten from 7/30/24 to date of discharge on 8/13/24. Surveyor noted until 8/13/24 R297 ate 76-100% of his meals with the exception of breakfast on 8/6/24 & 8/9/24 and dinner on 8/12/24 when R297 ate 51-75% of his meals. On 8/13/24 two meals are documented as 0-25%. The eINTERACT Change in Condition Evaluation - V 5.1 dated 8/13/24 under status documents errors. The eINTERACT Transfer Form V5 dated 8/13/24 under status documents in progress. The hospital ED (emergency department) care time line dated 8/13/24 documents at 18:45:58 (6:45 p.m and 58 seconds) Arrival Complaint form [Facility's name] with AMS (altered mental status); fever of 102.8 not treated. The ED triage notes dated 8/13/24 at 18:49:25 (6:49 p.m. and 25 seconds) documents Patient arrives from [Facility Name] with complaint of fever and generalized weakness that started yesterday. Vitals at 18:50 (6:50 p.m.) documents 102.2 F (39 C) 108 24 167/78 86 % 81.6 kg (180 lb). The ED provider note dated 8/13/24 at 2051 (8:51 p.m.) documents History Chief Complaint Patient presents with Fever. HPI (history present illness) [AGE] year-old gentleman with past medical history of dementia presents emergency department today with a chief complaint of altered mental status Symptoms started earlier today in the facility reports he has been less active than usual. His wife came to visit him and noticed that he was warm to the touch. Has had prior UTIs as well as pneumonia. On arrival the patient is febrile and unable to provide any additional history and denies any pain or radiation of pain. Additional history limited to secondary to dementia. 2101 (9:01 p.m.) admitted for sepsis, UTI. The ED Notes Nursing Admission Handoff Report at 22:06:10 (10:06 p.m. and 10 seconds) documents Admitting diagnosis: Urinary tract infection with hematuria, site unspecified. The hospital infectious diseases consult dated 8/14/24 under Assessment/Medical Decision Making documents 82 Y male Alzheimer's dementia, COPD, T2DM who presented on 8/13/2024 with high fevers and confusion beyond baseline in addition to hypoxemic respiratory failure. Blood cultures obtained on arrival resulted as MRSA within 12 hours of collection. ID consulted for further evaluation. Exam significant for severe midline low back pain. I am concerned this is a result from MRSA bacteremia. Will order MRI T/L (thoracic/lumbar) spine with contrast to evaluate for osteodiscitis/epidural abscess which may require surgical evaluation. Will order TTE (transthoracic echocardiogram). Will order CT (computed tomography) chest without contrast due to concern for MRSA seeding lungs. Can stop ceftriaxone and azithromycin and continue vancomycin for now. Will follow repeat blood cultures. ID will follow. #Community-onset MRSA bacteremia #New onset back pain #Acute hypoxemic respiratory failure #T2DM #Bilateral LE wounds. The hospital physician death summary note dated 8/20/24 documents Death Summary [R297's name] was pronounced dead at 1908 (7:08 p.m.) on 8/20/24 Primary cause of death: MRSA (methicillin resistant staphylococcus aureus) Bacteremia. Secondary Cause of death: Sepsis secondary to cystitis. Tetiary cause of death: acute hypoxemic respiratory failure. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525421	A. Building B. Wing	03/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lindengrove Menomonee Falls	W180 N8071 Town Hall Rd 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 - Actual harm Residents Affected - Few	On 2/14/25, at 1:27 p.m., Surveyor interviewed Advanced Practice Nurse Prescriber (APNP)-FFF regarding R297 on the telephone. Surveyor asked APNP-FFF if she was aware of R297 scratching his legs. APNP-FFF replied I think so and explained R297 had been at the facility one or two times prior for subacute and had this kind of behavior before. Surveyor informed APNP-FFF her 7/22/24 note documents two dressings covering areas that were bleeding and inquired if she ordered these dressings. APNP-FFF informed Surveyor she's honestly not sure. Surveyor informed APNP-FFF R297 had a change of condition on 8/13/24 and asked APNP-FFF if she assessed R297 on this date. APNP-FFF informed Surveyor she was not in the building but remembers a phone call or text about an elevated temperature. Surveyor asked APNP-FFF if she remembers what time the facility contacted her. APNP-FFF replied want to say late afternoon or evening. Surveyor asked if she gave any instructions to the nurse. APNP-FFF informed Surveyor she remembers asking her to obtain a UA and honestly doesn't recall if there was any blood work associated with the UA. Surveyor asked if she was notified R297 was being transferred to the hospital. APNP-FFF replied yes. Surveyor asked on 8/13/24 APNP-FFF if she wrote a note on the day R297 was discharged . APNP-FFF replied I wouldn't of written a note because I didn't do a visit. On 2/17/25, at 9:56 a.m., Surveyor interviewed Licensed Practical Nurse (LPN)-WW, who worked the day shift on 8/12/24 & 8/13/24, regarding R297 on the telephone. Surveyor asked LPN-WW if she remembers being informed of R297 not feeling well or having a fever prior to R297 being transferred to the hospital. LPN-WW replied I can't recall explaining it was so long ago. LPN-WW informed Surveyor R297 was usually okay, didn't have many issues. Surveyor asked LPN-WW if he had any skin impairments on his legs. LPN-WW informed Surveyor R297 had scratches and thought he had cream some time and a bandage with dressing. Surveyor asked LPN-WW if she ever did a treatment for R297. LPN-WW replied of course I did and informed Surveyor she thought it was just allevyn, didn't think he had any kerlix wrap. LPN-WW informed Surveyor it's been awhile and so many people come and go. On 2/17/25, at 10:18 a.m. Surveyor interviewed LPN-H, who worked the evening shift on 8/12/24 & 8/13/24, regarding R297. LPN-H informed Surveyor she sent R297 out on her shift. LPN-H explained R297 had a 100 and something fever and spoke to the NP who decided to send R297 out. LPN-H informed Surveyor she probably came to the facility around 1:30 p.m. and around 2:00 p.m. she saw R297 was in bed with a lot of covers over him he was not himself. LPN-H explained R297 was usually up talking, rolling around, and his wife said he wasn't feel good. LPN-H informed Surveyor she was informed R297 didn't eat breakfast or lunch today. Surveyor asked LPN-H when she took R297's vitals. LPN-H replied she has no clue as the med tech took vitals first as R297 is on Midodrine that was scheduled at 3:00 p.m. LPN-H informed Surveyor when she took R297's temperature it was high, she talked it over with the wife and reached out to the NP who was agreeable to send R297 out. Surveyor asked LPN-H if she assessed R297's respiratory rate or listened to his lung sounds. LPN-H replied no I didn't I went off temperature &altered mental status. He wasn't being himself that's what I reported to the NP I was going to send him. Surveyor asked LPN-H if she called 911 or [Name of] ambulance. LPN-H informed Surveyor she thinks she sent R297 out by [Name] ambulance company. LPN-H informed Surveyor R297 had an elevated temperature and altered mental status, it wasn't like a seizure or heart attack. LPN-H informed Surveyor the ambulance came pretty quickly. Surveyor asked LPN-H how long she thought it took the ambulance to arrive at the facility. LPN-H replied maybe 20 minutes. Surveyor asked LPN-H if she contacted a Registered Nurse. LPN-H replied no. Surveyor asked LPN-H if any of the Certified Nursing Assistants (CNA) reported anything to her about R297. LPN-H replied no and stated she didn't think a CNA went in R297's room. Surveyor informed LPN-H Surveyor noted an order for a UA and asked if she received this order from the NP. LPN-H informed Surveyor she didn't create so Nursing Student-CCC probably got the order. LPN-H informed Surveyor she doesn't remember that order. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525421	A. Building B. Wing	03/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lindengrove Menomonee Falls	W180 N8071 Town Hall Rd 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 - Actual harm Residents Affected - Few	On 2/17/25, at 12:59 p.m., Surveyor interviewed Nursing Student-CCC on the telephone regarding R297. Nursing Student-CCC worked the evening shift on 8/13/24. Surveyor asked Nursing Student-CCC if she received anything in report regarding R297. Nursing Student-CCC informed Surveyor she didn't get report and was guessing the past couple of days he was ill. Nursing Student-CCC informed Surveyor R297 wasn't himself that's why she sent him out. Surveyor asked Nursing Student-CCC if she took R297's vital signs. Nursing Student-CCC informed Surveyor she took vital signs when starting med pass and again when R297 was sent out. Nursing Student-CCC informed Surveyor his temperature was really high that's what made her send R297 out. Surveyor asked Nursing Student-CCC if she called APNP-FFF. Nursing Student-CCC replied yes. Nursing Student-CCC informed Surveyor she was actually working under another nurse and there were two of them. Surveyor asked Nursing Student-CCC if the nurse was LPN-H. Nursing Student-CCC replied yes and said she (LPN-H) was kind of doing everything as she just graduated & was fresh out of school. Nursing Student-CCC informed Surveyor she was working under LPN-H and remembers bits and pieces. Surveyor informed Nursing Student-CCC Surveyor noted she created an order for a UA. Nursing Student-CCC informed Surveyor R297 wasn't himself, he wasn't urinating or anything. Surveyor asked if she spoke to APNP-FFF or did she text her. Nursing Student-CCC informed Surveyor she believes LPN-H called her. Surveyor asked Nursing Student-CCC if she spoke to any RN about R297's change of condition. Nursing Student-CCC informed Surveyor she's pretty sure LPN-H communicated with the DON and didn't think there was an RN in the building. Surveyor asked Nursing Student-CCC if any of the CNAs reported anything to her about R297. Nursing Student-CCC replied no not that I recall. Surveyor asked Nursing Student-CCC how she was aware R297 was not urinating. Nursing Student-CCC informed Surveyor she can't recall and doesn't know if LPN-H told her but she remembers something in that nature and thinks R297 told her he wasn't able to go. LPN-H informed Surveyor this is the first time she has sent a patient out. On 2/17/25, at 1:50 p.m., Surveyor interviewed Director of Nursing (DON)-B and asked what the expectation is if a resident has a change of condition and the nurse on the floor is a LPN. DON-B explained they would make their observations and update the MD (medical doctor) to get further orders. Surveyor asked if there would be a RN assessment. DON-B replied there is, they let management know and we will take a look at the resident as well. Surveyor asked DON-B if she remembers R297. DON-B replied slightly. DON-B informed Surveyor what she remembers R297 was a pleasant man, not many complaints, he was diabetic and there wasn't a lot of issues that she was informed of. DON-B informed Surveyor she knows he scratched himself a lot and he had cream ordered for that. Surveyor asked if there was anything ordered other than cream. DON-B replied no. Surveyor asked DON-B if a dressing was applied, would there be an assessment. DON-B replied there should be. Surveyor informed DON-B of APNP-FFF's note on 7/22/24 which documents two dressings. DON-B reviewed R297's record and then informed Surveyor there is no assessment. Surveyor asked DON-B if she was involved with R297's transfer to the hospital on 8/13/24. DON-B replied no. Surveyor asked DON-B if she was contacted regarding R297's change of condition on 8/13/24. DON-B informed Surveyor they would of contacted the on call and doesn't recall being called. Surveyor asked who was the on call RN. DON-B informed Surveyor she doesn't know. Surveyor asked DON-B to look up who was on call the evening of 8/13/24 and get back to Surveyor. DON-B did not provide Surveyor with the name of the on call RN. 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
	525421	A. Building B. Wing	03/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lindengrove Menomonee Falls	W180 N8071 Town Hall Rd 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 - Immediate jeopardy to resident health or safety Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 21855 Based on observation, record review, and interview, the facility did not ensure 2 (R147 & R350) of 3 residents reviewed with pressure injuries received the necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection, and prevent new pressure injuries from developing. * R147 developed skin concerns of MASD (moisture-associated skin damage) noted at the facility on 10/28/24. There were no care plan revisions implemented and no comprehensive assessments completed. On 11/04/24, while at the hospital, R147 was found to have an infected sacral wound requiring debridement. After debridement, the wound was classified as a stage 4 pressure injury (PI.) Upon return to the facility on [DATE], the facility failed to comprehensively assess R147's pressure injuries, did not assess the appropriateness of the type of wheelchair cushion and mattress being used, and did not implement interventions to promote healing of PIs. The facility's failure to comprehensively assess and implement an individualized plan of care for R147's pressure injuries created a finding of immediate jeopardy that began on 10/28/24. Surveyor notified the Nursing Home Administrator (NHA)-A, Director of Nurses (DON)-B, and Regional Nurse Consultant (RNC)-N of the immediate jeopardy finding on 2/17/25 at 4:20 PM. The immediate jeopardy was removed on 2/20/25. The deficient practice continues at a scope/severity of D (potential for more than minimal harm/isolated) as the facility continues to implement its action plan and as evidenced by: * R350 was assessed for being at risk for pressure injury. Preventative interventions were not observed being implemented. Findings include: The facility's policy and procedure Pressure Injury Prevention and Managing Skin Integrity dated 12/5/24 documents that preventative measures are put in place to reduce the occurrence of pressure injuries. The procedures include: 2. Identifying Interventions and Care Plan: (a.i.) The care and intervention for any identified skin breakdown or wound is intended to prevent any further advancement of the wound or additional skin breakdown. (a.i.1.) This will be in collaboration with the Interdisciplinary Team regarding the presence of breakdown and the intervention plan. (a.i.3.) The identification of risk factors present or acquired that compromise skin integrity will be considered. (2.b.i.) The Care Plan development will consider: (a.i.2.) Cognitive changes or impairment of the individual. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525421	A. Building B. Wing	03/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lindengrove Menomonee Falls	W180 N8071 Town Hall Rd 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 - Immediate jeopardy to resident health or safety Residents Affected - Few	(a.b.3.) Current state of skin integrity and personal hygiene practices of the individual that impact skin health. 3. Skin Checks: (3.a.) Skin check will be done upon admission, readmission or as clinically indicated. 4. Weekly Wound Rounds: (4.a.) Upon identification of abnormal skin findings, a licensed nurse will complete a skin assessment. Individual with abnormal skin concern(s) will be added to weekly wound rounds. (4.b.iii.) Update the Care Plan with any new interventions as applicable. 1.) R147 was readmitted to the facility from the hospital on 3/8/2024, with diagnoses including diabetes, congestive heart failure, and peripheral vascular disease. care plan related to a closed right ankle fracture initiated on 2/6/24 documents under the Goal section: The resident to remain free from skin breakdown due to incontinence and brief use. The initiated date is 2/6/24, and goal date of 3/11/25, and includes these interventions: - 2/6/24 barrier cream as ordered. - 2/6/24 monitor skin for signs of skin breakdown related to incontinence. - 2/15/24 clean peri-area with each incontinence episode. R147's Alternation in Nutrition due to Inadequate Intake care plan dated as initiated on 3/15/24 documents under the Goal section: Weight to stabilize 190 +- 10# (pounds), wound show signs and symptoms of healing, tolerate diet intake of greater than 75%, labs within MD (Medical Doctor) range, and resident will accept supplements: - 3/15/24 provide regular diet, additional protein via prosource twice a day and 6 ounces mighty shake twice a day, meals in dining room, treatment to wounds, confer with wound team, monitor intake, labs, weight, weigh per policy, staff assist/encourage at meals. R147's Quarterly Minimum Data Set (MDS) assessment completed on 9/13/24 documents that R147 had 1 unstageable pressure injury at the time of the assessment and is at risk for the development of pressure injuries. R147 is frequently incontinent of bowel and bladder and requires staff assist with activities of daily living. R147's skin assessment completed by Wound Nurse Practitioner (WNP)-O on 10/28/24 documents: Chief complaint is wound to the right heel, skin tear to left wrist/hand, wounds to R (right) posterior thigh and L (left) buttock. Subjective assessment the Patient is seen resting in bed. Staff report he has new areas of breakdown to buttocks. He denies pain, fevers or chills. He is eating and sleeping well. Medications electronic health record (EHR) reviewed. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525421	A. Building B. Wing	03/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lindengrove Menomonee Falls	W180 N8071 Town Hall Rd 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 - Immediate jeopardy to resident health or safety Residents Affected - Few	Diagnoses that could affect wound healing are type 2 diabetes, afib (atrial fibrillation), heart failure (HF), hyperlipidemia, hypertension, (peripheral vascular disease) PVD, hypothyroidism, on Warfarin. Interventions in place are heel offloading with heel offloading boots or pillows as tolerated by patient, turn and reposition every 2-3 hours with assistance as needed, dietary collaboration, physical therapy and occupational therapy (PT/OT) collaboration; Physical Examination: +Right posterior heel (stage 3 pressure ulcer) Full thickness wound measuring 4.5 x 2.5 x 0.1 centimeter (cm). 100% granular tissue. Moderate amount of serous drainage noted, no odor. Peri wound without redness or warmth to indicate infection. Wound status: improving. The Plan: Cleanse with normal saline NS or wound cleanser then apply Hydrofera Blue to the base of the wound, cover with ABD (abdominal) pad and secure with kerlix. Change daily and prn (as needed). Continue offloading with Prevalon Boot. +Right thigh moisture associated skin damage (MASD) Full thickness wound measuring 1.5 x 1.5 x 0.1 cm. 100% granular tissue. Scant serosanguineous drainage. Peri-wound is dry, intact. No sign/symptoms (s/sx) infection. Status is a new area. The Plan is happy butt cream three times a day (TID) and as needed (PRN). +Left buttock (MASD) Full thickness wound measuring 0.5 x 0.8 x 0.1 cm. 100% granular tissue. Scant serosanguineous drainage. Peri-wound is moist, fragile, intact. No s/sx infection. Status is a new area. The Plan is happy butt cream TID and PRN. The Wound Assessment Summary is a pressure ulcer of right heel, stage 3 (not new). The new skin impairment areas are irritant contact dermatitis due friction or contact with other specified body fluids. Reviewed medical records. Discussed plan of care with nurse. Protein supplementation per dietary. Continue aggressive offloading, Prevalon boot to be worn at all times (cannot be used with transfers). Discussed results of X-ray and arterial studies with wife previously. At this time she will think about possible referral to vascular as patient with severe peripheral artery disease (PAD) which will compromise healing. Magnetic resonance imagining (MRI) is also recommended as the X-ray cannot exclude osteo - wife would like to hold off on the MRI at this time and think about getting an MRI in the future. Wound care re-evaluation in 1 week. Surveyor noted that there were new skin impairment areas for R147 that were a result of moisture association that were identified in R147's 10/28/24 assessment. Surveyor noted that there is no documentation of any revisions in the plan of care to promote healing. There were no changes to R147's plan of care for skin impairment and bladder incontinence care despite the new skin impairment areas that were identified in the above assessment. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525421	A. Building B. Wing	03/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lindengrove Menomonee Falls	W180 N8071 Town Hall Rd 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 - Immediate jeopardy to resident health or safety Residents Affected - Few	On 2/13/25, at 12:26 PM, Surveyor interviewed WNP-O via telephone. WNP-O assessed R147 on 10/28/24 and did not see any open skin areas. WNP-O stated the skin areas on 10/28/24 were from moisture. WNP-O stated they ordered zinc paste for the moisture areas. WNP-O would expect diligent incontinence care. WNP-O does not personally document in R147's plan of care. WNP-O informed Surveyor that WNP-O was not notified of any open areas prior to 11/4/24. WNP-O informed Surveyor that WNP-O relies on the facility to determine types of wheelchair and air mattresses that residents use for off-loading and pressure relief. Surveyor reviewed WNP-O's wound assessment plans. Surveyor informed WNP-O that there were no documented changes with R147's skin assessment on 10/28/24 and 12/2/24. WNP-O stated there was nothing to change in the plan of care. WNP-O stated R147 can be resistant to positioning and doesn't tolerate turning. WNP-O stated WNP-O goes to various facilities and that WNP-O leaves it up to the facility to determine what type of pressure relief intervention devices are used. Surveyor noted that WNP-O's assessments document just an air mattress (not specifics), continue aggressive off-loading, protein supplement per dietary, and Prevalon boots. WNP-O stated that WNP-O relies on the facility to develop an individualized plan of care. On 2/13/25, at 8:12 AM, Surveyor interviewed Director of Nurses (DON)-B. DON-B stated facility staff observed R147's skin on 10/28/24 with the Wound Nurse. DON-B stated there was not an open area that was observed. DON-B stated facility staff were not aware of an open area before 11/4/24. DON-B stated they would attempt to locate for skin sheets for R147. DON-B provided Surveyor with a Skin Sheet dated 10/15/24. Surveyor noted that there were no Skin Sheet or Skin Evaluations completed between 10/28/24-11/4/24. Despite R147 developing pressure injuries, Surveyor noted that there was no documentation of any changes to R147's dietary plan, no changes to R147's incontinent care/product use, and no changes in R147's turning and repositioning timeframes. R147 went to a scheduled imaging appointment on 11/4/24. At the start of R147's appointment, R147 had a change in condition and was sent directly to the emergency room (ER). While in the ER, a comprehensive assessment was completed. The assessment documented there was a pressure injury on the sacrum of R147 that was odorous, with tan drainage, and appeared infected. R147's hospital records included photographs and pre-debridement measurements of the sacral wound that were 6 cm (centimeters) by 6 cm and staged as a stage 4 pressure injury. The post-debridement assessment documents measurements of 6 cm x 8 cm x 2 cm in the deepest dimension. The assessment documents: Coccygeal ulcer with purulent drainage status post (s/p) debridement - 11/4 superficial coccyx wound culture with multiple organisms isolated and 4+ Bacteroides fragilis group. Acute care surgery consulted for coccyx wound with malodor and necrotic tissue on exam and patient ultimately underwent excisional debridement of sacral decubitus ulcer on 11/5/24; operative note reports tissue from wound bed was excised until healthy bleeding was noted at the wound base; no specimens were collected intraoperatively for culture. 11/14 computed tomography (CT) imaging showed appropriately 3.7 x 3 x 6 cm sacral decubitus ulcer/wound without fluid collection. Inpatient wound care team is following, see photos in chart of wounds. Continue local wound cares regularly. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525421	A. Building B. Wing	03/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lindengrove Menomonee Falls	W180 N8071 Town Hall Rd 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 - Immediate jeopardy to resident health or safety Residents Affected - Few	Surveyor noted that from 10/28/24 to 11/4/24 there is no facility documentation related to the sacrum pressure injury discovered on R147 on 11/4/24 in the ER. R147 remained in the hospital for multiple medical reasons and was readmitted to the facility on [DATE]. R147's Admit/Readmit Screener completed on 11/25/24 documents under the Skin section: - Unstageable pressure injury to the right heel measuring 2 cm x 3 cm x .1 cm. - Stage 4 pressure injury to the sacrum measuring 5 cm x 5 cm x 1 cm. Surveyor noted that the Admit/Readmit screener completed on 11/25/24 did not include any characteristics, along with percentages, describing the two wound bed or periwound areas. Surveyor noted that there is no documentation of any revisions that were completed to R147's plan of care. Surveyor noted that R147's pressure injuries were not comprehensively assessed when R147 was readmitted to the facility, as the above Admit/Readmit screener did not include wound bed characteristics, along with percentages or a description of the periwound areas on R147. On 2/13/25, at 7:29 AM, Surveyor interviewed Licensed Practical Nurse (LPN)-R. LPN-R stated that R147 is a PM bath and that the CNAs fill out a bath sheet and the nurse does a skin evaluation at this time and that bath sheets are scanned into the EHR. LPN-R informed Surveyor that LPN-R saw R147 before they left the faciity on [DATE]. LPN-R stated R147 had a small open area on the sacrum, and it was red. LPN-R stated that the facility was putting zinc on the area and LPN-R described the area to look like a straw opening. LPN-R could not recall the wheelchair that was used for transporting R147 before he left. During this interview, R147's spouse was wheeling R147 into the dining room and informed Surveyor that the wheelchair that R147 was currently in was the wheelchair used to transport R147. Surveyor noted that the wheelchair R147 was sitting in had a wheelchair cushion in place. Surveyor was unable to locate any documentation that R147's pressure injuries were assessed until 12/2/24, or 7 days after R147 was readmitted to the facility, one week after R147 was readmitted to the facility from the hospital on 12/2/24. R147's comprehensive wound assessment dated [DATE] and completed by WNP-O documents: Return from leave assessment, has wound to right heel and sacrum. Subjective assessment: patient is seen resting in bed, recently returned from prolonged hospitalization . During hospitalization , sacral ulcer was debrided on 11/5. Was treated with intravenous (IV) antibiotics for concern for wound infection during hospitalization . R147 is seen resting in bed today. R147 complains of pain with exam. Staff report no fevers, chills or other concerns today. The current Medications in the EHR were reviewed. The diagnoses that could affect wound healing include type 2 diabetes, afib (atrial fibrillation), HF, hyperlipidemia, hypertension, PVD, hypothyroidism, on Warfarin. Interventions in place are heel offloading with heel offloading boots or pillows as tolerated by patient, turn and reposition every 2-3 hours with assistance as needed, dietary collaboration, PT/OT collaboration. Physical Examination: +Right posterior heel (unstageable pressure ulcer) (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525421	A. Building B. Wing	03/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lindengrove Menomonee Falls	W180 N8071 Town Hall Rd 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 - Immediate jeopardy to resident health or safety Residents Affected - Few	Full thickness wound measuring 4.5 x 3.5 x 0.1 cm. 80% slough, 20% granular tissue. Moderate amount of serosanguineous drainage noted, no odor. Peri wound without redness or warmth to indicate infection. This was present on readmission. Plan: Cleanse with NS or wound cleanser then apply saline moistened Hydrofera Blue to the base of the wound, cover with ABD pad and secure with kerlix. Change daily and prn. Continue offloading with Prevalon Boot. +Sacrum (stage 4 pressure injury) Full thickness wound measuring 4 x 3.5 x 3.6 cm. 100% granular tissue. Moderate serosanguineous drainage. Peri-wound is moist, fragile, intact. No s/sx infection. This was present on readmission. Plan: Gently pack with saline moistened hydrofera blue. Cover with bordered foam. Change daily and PRN The Summary Assessment is an unstageable pressure injury on the right heel, stage 4 pressure injury on the sacrum, and moderate protein-calorie malnutrition. Reviewed medical records. Discussed plan of care with nurse. Protein supplementation per dietary. Continue aggressive offloading, Prevalon boot to be worn at all times (cannot be used with transfers). Wound care reevaluation in 1 week. Patient with multiple comorbidities and multiple risk factors for developing and worsening of pressure injuries. Interventions consistent with individual needs, goals and standards of care have been implemented. Revisions to interventions were made as appropriate. Wound is considered unavoidable, and patient is at risk for further worsening or development of additional areas. Surveyor noted that there were no revisions to R147's plan of care that individualized pressure relieving interventions to promote healing. Surveyor was unable to locate any documentation of an assessment that described what an appropriate wheelchair cushion for R147 was to be used due to R147's pressure injury development. Surveyor was unable to locate any documentation of an assessment as to what type of air mattress was appropriate for R147 due to R147's pressure injury development. Despite R147 developing pressure injuries, Surveyor noted that there was no documentation of any changes to R147's dietary plan, no changes to R147's incontinent care/product use, and no changes in R147's turning and repositioning timeframes. R147's Significant Change in Status completed on 12/2/24 documents 1 unstageable pressure injury and 1 stage 4 pressure injury present from R147's readmission to the facility. The MDS documents that R147 is frequently incontinent of bowel and bladder and requires staff assist with activities of daily living. R147's Care Area Assessment for Pressure Injuries documents continue with plan of care-ambitious goal to heal wounds. Immediate goal to keep risk in balance and provide interventions to reduce 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
	525421	A. Building B. Wing	03/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lindengrove Menomonee Falls	W180 N8071 Town Hall Rd 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 - Immediate jeopardy to resident health or safety Residents Affected - Few	Surveyor noted that there were no revisions to the plan of care for nutrition with the new onset(s) of R147's skin impairments. R147's current wound assessment completed by WNP-O on 2/10/25 documents: +Right posterior heel (stage 3 pressure ulcer) Full thickness wound measuring 1.1 x 1.3 x 0.1 cm. 100% granular tissue. Moderate amount of serosanguineous drainage noted, no odor. Peri wound without redness or warmth to indicate infection. The wound status has improved. There is no change in the plan of care. +Sacrum (stage 4 pressure injury) Full thickness wound measuring 3.5 x 2.8 x 2.5 cm. Undermining 9-2, 2 cm @ 12 o'clock. 100% granular tissue. Moderate serosanguineous drainage. Peri-wound is moist, fragile, intact. No s/sx infection. The wound status has declined. There is no change in the plan of care. On 2/10/25 at 9:52 AM, Surveyor observed R147 lying in bed. R147 was on their back with the bed in a semi-Fowler position (head of bed elevated 30-45 degrees.) R147 was on a low air loss mattress set at 10-minute cycles. The bed coverings were over R147's feet. Per the facility pressure injury list that was provided to Surveyor, along with the roster matrix, R147 was reported to have a stage 3 and stage 4 pressure injury. 10 On 2/13/25 at 8:20 AM, Surveyor interviewed R147's Power of Attorney for Healthcare (POAHC)-S. POAHC-S stated R147 had a very small area on their bottom at the facility. POAHC-S stated staff used zinc on it. POAHC-S stated the facility should have treated R147's open area before it got bigger. POAHC-S stated R147 used their current wheelchair for transport and that there is not another wheelchair used by R147. Surveyor observed R147 in his wheelchair in the dining room and Surveyor observed the wheelchair to have a cushion in place. On 2/13/25, at 9:56 AM, Surveyor interviewed Certified Nursing Assistant (CNA)-Q. CNA-Q informed Surveyor that CNA-Q recalls that R147 had a small open area on the buttocks. CNA-Q stated that R147 is a check and change for incontinence. CNA-Q stated R147 can use the urinal at times and ask for a bed pan. CNA-Q could not recall any changes in the air mattress or wheelchair cushion of R147. On 2/11/25, at 10:30 AM, Surveyor interviewed Registered Nurse (RN)-I who completes resident weekly wound assessments with WNP-O. RN-I stated RN-I was on maternity leave from 9/12/24 to 12/10/24. RN-I became the facility's wound nurse when she returned on 12/10/24. RN-I informed Surveyor that with new admissions and readmissions, staff complete the screener information, and that a physical skin check is completed by the admission nurse or floor nurse. RN-I stated that nursing staff will get the discharge orders for any skin concerns and that at the end of the week, RN-I reviews the documentation for wound concerns. RN-I stated that residents with wounds are added to the weekly wound rounds that are completed on Monday with WNP-O. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525421	A. Building B. Wing	03/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lindengrove Menomonee Falls	W180 N8071 Town Hall Rd 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 - Immediate jeopardy to resident health or safety Residents Affected - Few	RN-I stated WNP-O documents in the progress notes and that they take a picture of the wounds and generate it into the Point Click Care Skin Evaluation (part of the EHR). RN-I stated that WNP-O documents the initial wound assessment and that RN-I finishes it up. RN-I informed Surveyor that the admission/floor nurse only measures the wounds and makes sure that a treatment is in place. RN-I stated that the admission/floor nurses also put in the initial care plan for any new or readmitted resident. RN-I stated that when a new open skin area on a resident develops, RN-I would update the care plan for that resident. RN-I stated that the facility has weekly meetings to review the plan of care of residents and that all nursing staff can go into the system to update the plan of care for a resident. On 2/11/25, at 2:20 PM, Surveyor observed R147 receive wound care by Assistant Director of Nurses (ADON)-G and Nurse Extern NE-P. R147 was in bed and R147's room had a strong unpleasant odor. The ADON-G is not familiar with the development of R147's pressure injuries. The Nurse Extern (NE)-P assisted in the positioning of R147 in bed. R147 had pressure relief heel boots on, and the air mattress was set to low air loss at 10-minute cycles. Surveyor observed the pressure injury treatment to the right heel was completed as ordered and correlated with wound assessment. The sacrum wound dressing was saturated with urine and drainage. The dressing date was smeared due to the extent of saturation. There was an unpleasant odor. R147 had an incontinence brief on in bed. ADON-G completed the wound treatment as ordered to the sacrum. ADON-G and NE-P provided incontinence care and changed R147's brief. ADON-G stated they had not seen R147's pressure injuries prior to completing the wound treatments. ADON-G is also the Unit Manager for R147. ADON-G stated that residents have weekly skin checks with baths and that skin evaluations are completed and scanned into the EHR. On 2/13/25, at 1:39 PM, Surveyor interviewed Registered Dietitian (RD)-DD. RD-DD stated they have started, and stopped, nutritional supplements for R147 due to weight changes. RD-DD stated the company had a brand change in their protein supplements. RD-DD informed Surveyor that RD-DD has assessed R147's protein needs and feels they are being met. RD-DD stated RD-DD did not change anything when R147 returned from the hospital on 11/25/24 with a stage 4 pressure injury. RD-DD stated R147 did not receive any additional vitamin supplements. RD-DD stated there has been no discussion about vitamins and minerals for wounds for R147. RD-DD informed Surveyor that R147 is already on a multivitamin. Surveyor noted that there were no changes in R147's nutritional management care plan despite R147 developing pressure injuries. WHEELCHAIR CUSHION INTERVENTION On 2/13/25, at 11:18 AM, Facility Service Manager (FSM)-L provided Surveyor the manufacturer recommendations for the wheelchair cushion that is in R147's wheelchair. The wheelchair cushion used by R147 is an Express Comfort Foam Flat. The product information documents it is for comfort and support. The product information does not document use for a stage 4 pressure injury. On 2/17/25, at 8:01 AM, Surveyor interviewed ADON-G about R147's wheelchair cushion. The ADON-G stated the wheelchair cushion is probably from physical therapy. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525421	A. Building B. Wing	03/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lindengrove Menomonee Falls	W180 N8071 Town Hall Rd 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 - Immediate jeopardy to resident health or safety Residents Affected - Few	On 2/17/25, at 9:06 AM, Surveyor interviewed Rehab Director (RD)-T. RD-T stated the wheelchair cushions don't necessarily come from therapy. RD-T informed Surveyor that there is a closet where anyone can take one to use. RD-T stated they will look for an assessment for the wheelchair cushion used in R147's wheelchair. On 2/17/25, at 9:45 AM, RD-T informed Surveyor that therapy does not have an assessment on the wheelchair cushion currently used by R147. On 2/17/25 at 10:02 AM, Surveyor interviewed WN-I. WN-I stated they do not coordinate, or place, the wheelchair cushions used by residents. Surveyor was unable to locate any assessment that described what an appropriate wheelchair cushion for R147 was to be used due to R147's pressure injury development. AIR MATTRESS INTERVENTION On 2/17/25, at 8:01 AM, Surveyor interviewed ADON-G. ADON-G stated the air mattress is programmed by the delivery company. ADON-G stated that the facility does not program the air mattress. On 2/17/25 at 8:24 AM, ADON-G shared with Surveyor that the air mattresses in the facility are programmed by the delivery company. On 2/17/25, at 9:04 AM, ADON-G stated R147's current air mattress was delivered on 8/16/24. The ADON-G provided Surveyor the company invoice of the air mattress delivery. On 2/17/25, at 9:14 AM, Surveyor called the air mattress Contractor-U regarding R147's air mattress. Contractor-U informed Surveyor that upon delivery, they just input the weight of the resident. Contractor-U stated the air mattress delivery staff do not program the minute cycles or anything else. Contractor-U stated the default weight is 150 pounds if there was no weight provided. On 2/17/25 at 10:02 AM, Surveyor interviewed WN-I. WN-I stated they are not involved in setting up air mattresses for residents. WN-I stated that floor staff are supposed to make sure that air mattresses are on and functioning correctly. R147 documented weights in the EHR are: - 8/25/2024: 233.0 Lbs. - 12/1/2024: 189.5 Lbs. - 1/15/2025: 219.4 Lbs. - 2/5/2025: 200.2 Lbs. Surveyor noted that R147's weights have fluctuated. Despite the weight changes in R147, Surveyor was unable to locate any documentation that R147's air mattress was adjusted to accommodate R147's weight changes. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525421	A. Building B. Wing	03/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lindengrove Menomonee Falls	W180 N8071 Town Hall Rd 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 - Immediate jeopardy to resident health or safety Residents Affected - Few	Despite R147 developing pressure injuries, Surveyor noted that there was no documentation of any changes to R147's dietary plan, no changes to R147's incontinent care/product use, and no changes in R147's turning and repositioning timeframes. Surveyor was unable to locate any assessment of what type of air mattress was appropriate for R147 due to R147's pressure injury development. Surveyor noted that there were no revisions to R147's plan of care on 10/28/24 when R147 had increased skin moisture. Surveyor was unable to locate any documentation prior to 11/4/24 that R147's stage 4 pressure injury was assessed and treated by the facility. Surveyor was unable to locate a comprehensive pressure injury assessment upon R147's return to the facility on [DATE]. Surveyor noted that a comprehensive pressure wound assessment was completed 7 days after R147 was readmitted to the facility. Surveyor noted that R147's nutritional management did not change despite R147 being readmitted to the facility with a newly acquired stage 4 pressure injury. Surveyor noted there is no documentation of R147's refusing preventative turning and or repositioning. Surveyor was unable to locate any documentation of revisions to R147's turning/positioning timeframes with R147's onset of pressure injury and increased skin moisture. The facility's failure to comprehensively assess and implement an individualized plan of care for R147's pressure injuries led to serious harm for R147, thus leading to a finding of immediate jeopardy that began on 11/4/24. Surveyor notified the Nursing Home Administrator (NHA)-A, Director of Nurses (DON)-B and Regional Nurse Consultant (RNC)-N of the immediate jeopardy finding on 2/17/25 at 4:20 PM. The immediate jeopardy was removed on 2/20/25, when the facility completed the following interventions: - Resident continues to reside in facility and has resolving pressure injury to right heel and stable stage four PI to sacrum - goals of care are currently being met. - Skin sweep completed 2/17/25 to ensure all skin altercations have been identified, documented and have appropriate treatments and interventions in place. - Care plan sweep completed by 2/19/25 to ensure all interventions are individualized (guided by skin sweep results). - All staff educated on standard skin protocol before next shift to work. This includes skin integrity monitoring and change expectations for nurses, aides, dietary and therapy. - All licensed nurses educated on standard skin protocol, and comprehensive wound documentation expectations - including upon admit and recognition of a new skin altercation the licensed nurse will: alert provider and obtain any needed treatment orders, document comprehensive skin observation, interventions to be placed and documented as appropriate for resident, update DON or designee, update POA if applicable; and complete Risk Management for any new skin altercation - before next shift to work, competency quiz to validate understanding. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525421	A. Building B. Wing	03/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lindengrove Menomonee Falls	W180 N8071 Town Hall Rd 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 - Immediate jeopardy to resident health or safety Residents Affected - Few	- All nurse managers educated on PI (pressure injury) CEP and comprehensive wound system- this will include daily in stand-up clinical leader to review progress notes, RM, 24 hours boards to ensure all new skin altercations addressed appropriately including assessment and implementation of support surface, along with update to RD and wound team, to ensure compliance of F686. Education provided on 2/18/2025. - Facility skin sweep done by midnight 2/17/25. - All skin care plans updated and individualized per skin sweep observations completed by 2/20/25 which included support surface assessments and updates. - Weekly comprehensive wound rounds to continue with RN and NP. - Skin care plans will be reviewed weekly with clinical IDT focus meeting to ensure support surface interventions, and weekly wound rounds to validate appropriate support surfaces in place. - Standard Skin Protocol reviewed and updated 2/17/25. - Skin policy and procedure reviewed. - Updated and reviewed citation with Medical Director. - DON or designee will audit five residents weekly for comprehensive skin system compliance. Results to QAPI (Quality Assurance and Performance Improvement). The deficient practice continues at a scope/severity of D (potential for more than minimal harm/isolated) as evidenced by the following: 49435 2.) R350 was admitted to the facility on [DATE] with diagnoses that include Alzheimer's disease, Dementia, Pressure ulcer of right buttock, and Pressure ulcer of left heel. R350's admission Minimum Data Set assessment was in the process of being completed. R350's Brief Interview for Mental Status (BIMS) assessment dated [DATE], documents a score of 4, indicating that R350 is severely cognitively impaired. R350's Admission Section GG assessment dated [DATE], documents R350 requires substantial/maximum assist for bed mobility and R350 is dependent for transfers. R350's Braden Scale Assessment used for predicting pressure ulcer risk dated 2/6/25, documents that R350 is at risk for pressure injuries. R350 has an activated Power of Attorney (POA). R350's hospital Wound/Skin Nurse Specialist Consult note dated 2/3/25 documents, in part: [R350] has a full thickness, stage 3 pressure injury to right buttock that measures 8 x 8 x 0.1 centimeters (cm) and a stage 1 pressure injury to R350's left heel that measures 2.5 x 2.5 cm. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525421	A. Building B. Wing	03/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lindengrove Menomonee Falls	W180 N8071 Town Hall Rd 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 - Immediate jeopardy to resident health or safety Residents Affected - Few	R350's Hospital Discharge (D/C) summary dated 2/6/25 documents, in part: . discharge diagnoses: Pressure ulcers . You need to follow wound care instructions . Wound Care treatment to [Right] buttock: 1. Cleanse wound with Puracyn Plus, saturate gauze and soak 5 minutes. 2. Pat dry with gauze. 3. Apply 3M Cavilon barrier to peri-wound skin. 4. Apply [NAME] Tul A over wound. 5. Cover with Sacral Mepilex. [Registered nurse (RN)] to assess wound and change dressing three times a week. [NAME] dressings with date applied. Wound Care treatment to heels: 1. Cleanse wound with Puracyn Pl [TRUNCATED]

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525421	A. Building B. Wing	03/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lindengrove Menomonee Falls	W180 N8071 Town Hall Rd 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 - Minimal harm or potential for actual harm Residents Affected - Some	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 observation, record review and interview, the facility did not ensure that residents received adequate supervision and assistance to prevent accidents. The facility did not thoroughly assess falls and accidents for causative factors. The facility did not ensure fall interventions were implemented. This was observed with 6 (R12, R23, R36, R39, R346 and R347) of 6 residents reviewed for accidents. * R12's falls were not thoroughly assessed for causative factors. There was not observations of fall preventative interventions * R23's falls were not thoroughly assessed for causative factors. There was not observations of fall preventative interventions * R36 was observed not to have their call light not in reach per his falls plan of care. * R39's falls were not thoroughly assessed for causative factors. There was not observations of fall preventative interventions * R346 and R347's falls were not thoroughly assessed for causative factors. Findings include: The facility's policy and procedure Falls dated 12/5/24. The policy documents that preventative measures are put in place to reduce the occurrence of falls and risk of injury from falls. The procedures include: - Licensed nurse completes electronic documentation of the Fall Incident Report. - The care plan will be updated with an identified intervention. - Registered Nurse reviews and completes the fall assessment and interventions. - Fall follow-up assessments completed as indicated. - The (Interdisciplinary Team) IDT will review Fall Incident report and utilize root cause analysis to make further recommendations. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525421	A. Building B. Wing	03/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lindengrove Menomonee Falls	W180 N8071 Town Hall Rd 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 - Minimal harm or potential for actual harm Residents Affected - Some	On 2/11/25, at 3:55 p.m., Surveyor interviewed Director of Nursing (DON)-B regarding the facility's fall process. DON-B informed Surveyor when ever there is a fall the staff check out the resident, ask the resident what happened, what they were trying to do and get statements from the aides as to when the resident was last toileted, what were they doing, were they in bed, and what was going on before the fall. Staff calls the POA (power of attorney), NP (Nurse Practitioner), herself, and the case worker. The resident is placed on the 24 hour board and neuro checks should be charted on. Residents are monitored for three days and if there is any injury they let the NP know and get orders to send them out. Surveyor inquired if anyone reviews the falls. DON-B informed Surveyor the IDT (interdisciplinary team) reviews fall in the morning meeting explaining they read the notes, try to determine what happened. If there is not a clear picture they will ask the resident and follow up with the nurses. DON-B informed Surveyor the nurses are suppose to put in an immediate intervention and they follow up. Surveyor asked if anyone reviews to see if prior interventions were in place. DON-B explained they have a weekly meeting where they go over everything including risk, wounds, injuries. Surveyor asked if anyone follows up with the CNAs. DON-B informed Surveyor they try to follow up and the CNAs shouldn't write they don't know but sometimes its difficult to get a hold of them. 1.) R12's diagnoses includes vascular dementia and is receiving hospice care. R12's significant change MDS (minimum data set) with an assessment reference date of 11/27/24 has a BIMS (brief interview mental status) score of 1 which indicates severe cognitive impairment. R12 is assessed as being dependent for toileting hygiene, roll left & right, chair/bed to chair transfer and toilet transfer. R12 is assessed as being always incontinent of urine and bowel. R12 is assessed as not having any falls since prior assessment. R12's Falls CAA (care area assessment) dated 11/29/24 under analysis of findings for nature of problem documents At risk for fall progressive weakness-recent admit to hospice services-assisted to safely transition surfaces. Daily meds (medication) add to risk potential. Under care plan considerations documents Continue with care plan. Continue to assist to safely transition and reposition. Goal to maintain safety without fall. Falls place at risk for injury. R12's fall risk evaluation dated 8/19/24 has a score of 15. Under instructions documents Assess the resident status below. If the total score is 10 or greater, the resident should be considered HIGH RISK for potential falls. Prevention protocol should be initiated immediately and documented on the care plan. R12's fall risk evaluation dated 9/12/24 has a score of 15 which indicates high 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
	525421	A. Building B. Wing	03/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lindengrove Menomonee Falls	W180 N8071 Town Hall Rd 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 - Minimal harm or potential for actual harm Residents Affected - Some	R12's at risk for falls care plan initiated & revised on 7/12/24 documents the following interventions: PT/OT (physical therapy/occupational therapy) evaluate and treat as ordered or PRN (as needed). Initiated 11/5/23. Be sure the resident's call light is within reach and encourage the resident to use it for assistance as needed. The resident needs prompt response to all requests for assistance. Initiated 7/12/24 & revised 8/19/24. Ensure that the resident is wearing appropriate footwear (Shoes/socks with nonskid soles) when ambulating, transferring or mobilizing in w/c (wheelchair). Initiated 7/12/24 & revised 8/19/24. The resident needs a safe environment with a working and reachable call light, personal items within reach. Initiated 7/24/24 & revised 8/19/24. Bed in lowest position with floor mat when in bed. Initiated 8/19/24. Staff to assist resident to bed after breakfast if allows. Initiated 8/19/24. Staff to check and change q (every) 2 to 3 hours and prn if allows. Initiated 8/19/24. Body pillow when in bed. Initiated 9/12/24. Transfer bar to assist with bed mobility. Initiated 9/26/24 & revised 12/9/24. Air mattress with bolsters. Initiated 12/11/24 & revised 12/13/24. Air mattress - check function q (every) shift and prn (as needed). Initiated 12/11/24. R12's nurses note dated 9/12/24 at 21:27 (9:27 p.m.) written by Licensed Practical Nurse (LPN)-J documents Nurse went to give resident medication at about 6.30 PM and found resident on the floor by bed. Resident fell on the floor mat and was laying on her left side. Evaluation of all limbs functioning and moving well. Resident had a neuro check and vitals done and will be ongoing. Resident had a bm (bowel movement) and was cleaned up by CNA's and was placed in Hoyer to be put back into bed. No injury noted at the time of the assessment. Surveyor reviewed the facility's fall investigation provided by Director of Nursing (DON)-B for R12's fall on 9/12/24. Surveyor noted the facility investigation does not include whether prior interventions were in place at the time of R12's fall. R12's fall risk evaluation dated 9/26/24 has a score of 13 which indicates high risk. R12's nurses note dated 9/26/24 at 11:36 a.m. written by LPN-HH documents Resident had an unwitnessed fall and was found by med tech at 0635 (6:35 a.m.). Resident was face down on ground. Tech alerted nurse and nurse went to residents room. Nurse assessed resident. Resident c/o (complained of) head and left shoulder pain. Neuro checks started, vitals taken. DON (Director of Nursing), ADON (Assistant Director of Nursing), and NP (Nurse Practitioner), POA (Power of Attorney) notified. NP assessed resident as well. Resident alert as morning progresses and denies any pain in head or shoulder. Pupils reactive, normal ROM (range of motion) as resident had before fall. ADON talked to residents POA about transfer bars. No signs of injuries or bleeding. Surveyor reviewed facility's fall investigation provided by DON-B for R12's fall on 9/26/24. Surveyor noted the facility did not conduct a thorough investigation of R12's fall as there are no staff statements or evidence staff was spoken to as to when was R12 last seen, toileted, what was R12 doing, etc. There is no information as to whether prior interventions such as the body pillow were in place at the time of R12's fall. R12's fall risk evaluation dated 12/11/24 has a score of 13 which indicates high 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
	525421	A. Building B. Wing	03/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lindengrove Menomonee Falls	W180 N8071 Town Hall Rd 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 - Minimal harm or potential for actual harm Residents Affected - Some	R12's nurses note dated 12/11/24 at 10:45 a.m. written by LPN-WW documents Writer was called into the room around 6:45 this morning to find resident lying on the floor by her bed on her right side. Resident was alert/orient and responsive. Resident was assessed and assisted with Hoyer lift back into bed. Resident has small bump to right side of head. Resident denies any pain or discomfort @ (at) this time. VSS (vital signs stable). ROM (range of motion) per usual. Hospice was called and Nurse [Name] came out to assess pt. as well. NOR (new order received) to D/C (discontinue) neuro check and one time order for dilaudid. Husband was called and updated as well as DON and administrator. Will continue to monitor this shift. Surveyor reviewed facility's fall investigation provided by DON-B for R12's fall on 12/11/24. Surveyor noted the facility did not conduct a thorough investigation of R12's fall as the two day shift staff statements indicates they didn't know when R12 was last toileted or repositioned as this fall occurred shortly after the day shift started. There are no statements or indications the night shift staff was interviewed as to who last saw R12, when was R12 toileted or repositioned. CNA (Certified Nursing Assistant)/Med Tech-KK's statement includes documentation of matt not in place on floor, bed not in lowest position. There is no indication as to whether the prior intervention of the body pillow was in place at the time of R12's fall. On 2/11/25, at 7:17 a.m., Surveyor observed R12 in bed on the right side with the bed in the lowest position and a mat on the floor along the left side of R12's bed. Surveyor observed there isn't a body pillow on the left side. The right side of R12's bed is against the wall. On 2/11/25, at 7:36 a.m. Surveyor observed Certified Nursing Assistant (CNA)-K in R12's room and is wearing gloves. CNA-K placed the wash basin on the over bed table, removed the floor mat, and informed R12 she was going to get her up, dressed, and go down for breakfast. CNA-K raised the height of bed and positioned R12 on her back. CNA-K unfastened the incontinence product which Surveyor observed contained urine. CNA-K informed R12 she was going to wash her peri area and washed R12's inner thighs and frontal perineal area. CNA-K positioned R12 on the right side, and removed the soiled incontinence product and informed R12 she was going to put the brief under her. As CNA-K was attempting to place the incontinence product under R12, R12's knee kept hitting the wall on the right side. CNA-K removed her gloves and left R12's room. Prior to leaving R12's room, CNA-K did not lower R12's bed and did not place the body pillow or mat on the floor. CNA-K reentered R12's room with a sheet, placed gloves on, folded the sheet and placed the sheet under R12 & straightened out the incontinence product by positioning R12 from side to side. CNA-K pulled up the incontinence product between R12's thighs and fastened the product. CNA-K placed pants on R12, removed R12's shirt and placed a Hoyer sling under R12. CNA-K washed R12's upper body, placed a sweater on R12, and stated to R12 she was going to lower her down while she goes to get help. CNA-K lowered the bed down, removed her gloves and left R12's room at 7:51 a.m. CNA-K did not place the body pillow on R12's bed or the mat on the floor prior to leaving R12's room. At 7:53 a.m. CNA-K and CNA-LL entered R12's room, placed gloves on, and transferred R12 from the bed into the broda chair using a Hoyer lift. On 2/11/25, at 7:25 a.m., Surveyor asked CNA-K if they use the body pillow. CNA-K replied yes at night. Surveyor informed CNA-K Surveyor did not observe the body pillow on R12's bed this morning. On 2/11/25, at 8:37 a.m., Surveyor observed R12 sitting in a broda chair along side a table in the dining room. Surveyor observed there is a pillow between R12's knees and a pink U shaped pillow around R12's neck. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525421	A. Building B. Wing	03/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lindengrove Menomonee Falls	W180 N8071 Town Hall Rd 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 - Minimal harm or potential for actual harm Residents Affected - Some	On 2/11/25, at 8:55 a.m., Surveyor observed R12 continues to be along side the table in the dining room. R12 has a spoon in her hand and is eating oatmeal. On 2/11/25, at 9:31 a.m., Surveyor observed CNA-K wheel R12 into her room and left R12's room immediately. On 2/11/25, at 9:51 a.m. Surveyor observed R12 sitting in a broda chair, which is slightly reclined back in her room holding onto a pillow with the pink u shaped pillow on R12's lap. On 2/11/25, at 10:27 a.m., Surveyor observed R12 continues to be sitting in the broda chair in her room and has thrown the two pillows on the floor. On 2/11/25, at 10:43 a.m., Surveyor asked CNA-K if R12 lays down during the day. CNA-K informed Surveyor after lunch she goes back to bed. Surveyor asked CNA-K if R12 lays down after breakfast. CNA-K replied just lunch. Surveyor noted there is a fall intervention to lay down R12 after breakfast. On 2/11/25, at 11:09 a.m. Surveyor asked Registered Nurse/Wound Nurse (RN/WN)-I if a resident has fall interventions like a body pillow should they be in place. RN/WN-I replied they should have a body pillow. Surveyor asked if the intervention is a fall mat should the mat be next to the bed. RN/WN-I replied yes because you don't know what will happen, a fall can happen that quick. Surveyor informed RN/WN-I of the observations of R12's fall interventions not in place. On 2/11/25, at 11:24 a.m., Surveyor observed R12's call light was activated. Surveyor entered R12's room and observed R12 sitting in the broda chair holding onto the call light. Surveyor asked R12 if she put her call light on. R12 put the call light up to her hear stating hello, hello. On 2/11.25, at 2:44 p.m., Surveyor observed R12 awake in bed on her left side. Surveyor observed R12's bed is in the low position with the body pillow along the left side but the mat is not the floor next to R12's bed. Surveyor observed the floor mat is propped up against the recliner in the corner. On 2/11/25, at 3:36 p.m., Surveyor observed R12 continues to be in bed awake on her left side. Surveyor observed the body pillow continues to be propped up against the recliner and is not on R12's bed according to R12's plan of care. On 2/13/25, at 2:18 p.m., Surveyor informed DON-B of Surveyor's concerns of fall interventions observed not in place for R12 and facility's investigation for R12's falls on 9/12/24, 9/26/24, & 12/11/24 were not thoroughly investigated to prevent further falls. 2.) R23's diagnoses includes congestive heart failure, depression, diabetes mellitus, glaucoma, macular degeneration, and atrial fibrillation. R23 receives hospice care. R23's admission MDS (minimum data set) with an assessment reference date of 11/8/24 has a BIMS (brief interview mental status) score of 1 which indicates severe cognitive impairment. R23 is assessed as requiring partial/moderate assistance for toileting hygiene, roll left & right and toilet transfers. R23 is assessed as requiring substantial/maximal assistance for chair/bed to chair transfer. R23 has an indwelling catheter and is frequently incontinent of bowel. R23 is assessed as not having any falls prior to admission or since admission. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525421	A. Building B. Wing	03/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lindengrove Menomonee Falls	W180 N8071 Town Hall Rd 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 - Minimal harm or potential for actual harm Residents Affected - Some	R23's fall CAA (care area assessment) dated 11/11/24 under analysis of findings for nature of the problem/condition documents Hx (history) syncope due to orthostatic hypotension adm (admission) fall score=10 indicates risk. Decreased vision/vision Dx (diagnosis). At fall risk-assisted to safely transition surfaces. Under care plan considerations documents Proceed to care plan. Maintain safety throughout her stay. Falling places at risk for injury/Fx (fracture). R23's fall risk evaluation dated 11/1/24 has a score of 10. Under instructions documents Assess the resident status below. If the total score is 10 or greater, the resident should be considered HIGH RISK for potential falls. Prevention protocol should be initiated immediately and documented on the care plan. R23's high risk for falls care plan initiated & revised on 11/1/24 documents the following interventions: Anticipate and meet the resident's needs. Initiated 11/1/24. Be sure the resident's call light is within reach and encourage the resident to use it for assistance as needed. The resident needs prompt response to all requests for assistance. Initiated 11/1/24 & revised 12/9/24. Educate the resident/family/caregivers about safety reminders and what to do if a fall occurs. Initiated 11/1/24. Encourage the resident to participate in activities that promote exercise, physical activity for strengthening and improved mobility. Initiated 11/1/24 & revised 11/5/24. Ensure that the resident is wearing appropriate footwear non skid socks when ambulating, transferring or mobilizing in w/c (wheelchair). Initiated & revised 11/1/24. Follow facility fall protocol. Initiated 11/1/24. PT/OT (physical therapy/occupational therapy) evaluate and treat as ordered or PRN (as needed). Initiated 11/1/24. Review information on past falls and attempt to determine cause of falls. Record possible root causes. Alter remove any potential causes if possible. Educate resident/family/caregivers/IDT as to causes. Initiated 11/1/24. The resident needs a safe environment with: SPECIFY even floors from spills and/or clutter, adequate, glare-free light, a working and reachable call light, the bed in low position at night, personal items within reach. Initiated 11/1/24. Staff to ensure pillows are arranged on cough sic (couch) as resident allows. Initiated 11/17/24. Call don't fall sign. Initiated 12/10/24. Bedside commode. Initiated 12/13/24. Mattress with bolsters. Initiated 12/13/24. Body pillow when in bed if allows. Initiated 12/14/24. Recliner chair with lever replaced with recliner chair with remote for easier use. Initiated 1/22/25. Recliner chair replaced with chair that does not recline. Initiated 1/23/25. Resident to sit in Broda chair when out of bed when resident allows. Initiated 1/23/25 & revised on 1/24/25. R23's ADL (activities daily living) self-care performance deficit care plan initiated 11/1/24 includes an intervention of Transfer with assist of 1 with gait belt and walker. Initiated & revised 11/1/24. R23's nurses note dated 11/17/24, at 13:41 (1:41 p.m.), written by Licensed Practical Nurse (LPN)-H documents Resident had an UWF (unwitnessed fall) this morning. Upon checking resident was continent of B/B (bowel/bladder) with proper footwear on. Resident denies having any pain. No injuries were found after head/toe observation. Resident was fixing something on her couch when she lost her balance and fell on the floor. She crawled to her recliner chair to push her call light for help. She was then helped off the floor and helped into her recliner chair and was reeducated on calling for help before getting up. Resident son was informed of the fall when he came in to visit this morning, hospice notified and NP (Nurse Practitioner). (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525421	A. Building B. Wing	03/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lindengrove Menomonee Falls	W180 N8071 Town Hall Rd 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 - Minimal harm or potential for actual harm Residents Affected - Some	Surveyor reviewed R23's fall investigation emailed by Director of Nursing (DON)-B on 2/12/25. Surveyor noted there are no statements or interviews with staff as to who last saw R23, what was R23 doing etc. There is no information as to whether previous interventions were in place. On 2/13/25, at 2:20 p.m., Surveyor interviewed DON-B regarding R23's fall on 11/17/24 and inquired if there are any staff statements/interviews. DON-B informed Surveyor she doesn't think she has any. R23's nurses note dated 12/13/24, at 10:17 a.m., written by LPN-HH documents Resident had a witnessed fall while getting up to go take a shower with CNA (Certified Nursing Assistant). Resident got dizzy, fell backward and hit her head on a wood side table. Residents head was bleeding and nurse stopped the bleeding with applied pressure. Resident said her head did not hurt when asked. Nurse called emergency contact and left a message for him to call back. [Name] hospice was notified. Neuro checks started. Surveyor reviewed the facility's fall investigation emailed by DON-B on 2/12/25. The root cause documents resident was being assisted to bathroom by CNA with wheeled walker, got dizzy and lost balance causing her to be lowered to the floor. On 2/13/25, at 2:21 p.m., Surveyor interviewed DON-B regarding R23's fall on 12/13/24. Surveyor asked if R23 was lowered to the floor how did she sustain a hematoma to the back of R23's head and was the CNA using a gait belt according to R23's plan of care. DON-B informed Surveyor she can't say if the gait belt was being used and lowered to the floor was probably a typo. Surveyor asked DON-B to get back to Surveyor with any further information regarding R23's 12/13/24 fall. DON-B did not provide Surveyor with any further information. R23's nurses note dated 12/14/24, at 05:49 (5:49 a.m.), written by Nurse Extern-XX documents Resident had a unwitnessed fall. Resident was trying to get out of bed. Gash noted from previous fall, no bleeding observed. Hospice nurse, POA, NP notified. resident did say she has no pain. Surveyor noted this fall occurred on 12/13/24 at 6:37 p.m. Surveyor reviewed the facility's fall investigation emailed by DON-B on 2/12/25. Surveyor noted there are no statements or interviews with staff as to who last saw R23, what was R23 doing etc. There is no information as to whether previous interventions were in place. On 2/13/25, at 2:24 p.m., Surveyor interviewed DON-B regarding R23's fall on 12/13/24 which was documented on 12/14/24. DON-B informed Surveyor there are not any staff statements. R23's nurses note dated 12/14/24, at 20:27 (8:27 p.m.) written by Nurse Extern-P documents UWF (unwitnessed fall) Resident was lying on the floor in front of bed on her back, assessed resident, resident said she has no pain, took vitals, resident said she is feeling ok. contacted NP, tried to contact son [Name] no answer tried contacting ADON (Assistant Director of Nursing) no answer. Surveyor reviewed the facility's investigation emailed by DON-B on 2/12/25. Surveyor noted the facility did not have a thorough investigation there are no staff statements/interviews as to who last saw R23, was R23 incontinent, what was R23 doing prior and whether prior interventions were in place. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525421	A. Building B. Wing	03/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lindengrove Menomonee Falls	W180 N8071 Town Hall Rd 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 - Minimal harm or potential for actual harm Residents Affected - Some	On 2/13/25, at 2:25 p.m., Surveyor interviewed DON-B regarding R23's fall on 12/14/24. Surveyor informed DON-B there are no staff statements/interviews as to who last saw R23, what was she doing and were prior interventions in place. Surveyor asked DON-B if the body pillow is a current intervention. DON-B informed Surveyor it's on her care plan so it's a fall intervention. Surveyor informed DON-B Surveyor has not observed R23's body pillow. R23's nurses note dated 1/21/25, at 21:20 (9:20 p.m.) written by LPN-H documents Resident was found on her floor in front of her wheelchair face down upon observation she has and large knot above her right eye, Ice was applied to the right eye. Resident had on proper footwear and was continent upon fall. Resident was asked if she would like to go to hospital and she refused, resident isn't on any blood thinners. Family, Hospice, NP and DON were informed. Neuro checks started. Family came up to facility to check on resident will let me know if they would like for her to be sent out to hospital. Surveyor reviewed the facility's investigation emailed by DON-B on 2/12/25. Surveyor noted CNA-YY's statement for time of incident 8:50 p.m. for the question when was the last time you saw the resident and what were they doing documents I saw her at 8:00 PM. She was sitting in recliner watching TV. For the question was the call light on a the time of the fall and was it within reach documents No I was in room at time. Surveyor noted this information is conflicting. On 2/13/25, at 2:26 p.m., Surveyor interviewed DON-B regarding the facility's fall investigation regarding R23's fall on 1/21/25 at 8:50 p.m. Surveyor informed DON-B CNA-YY's statement documents she last saw R23 at 8:00 p.m. but documents the call light was not on because she was in the room at the time. DON-B informed Surveyor she doesn't think she understood the questions. Surveyor asked DON-B if she asked CNA-YY if she was in R23's room when 23 fell . DON-B replied I didn't ask her. R23's Certified Nursing Assistant (CNA) kardex as of 2/11/25 under the transfer section documents Transfer with assist of 1 with gait belt and walker. On 2/10/25, at 1:49 p.m., Surveyor observed R23 sitting in a wheelchair in her room. There is a burgundy colored mat on the floor on the right side of R23's bed. On 2/10/25, at 3:41 p.m., Surveyor observed R23 sitting in a wheelchair facing the bed. Surveyor observed R23's call light is resting on the floor next to R23's bed by the floor mat. On 2/11/25, at 7:14 a.m., Surveyor observed R23 in bed on her back. R23's bed is in the low position, there is a mat on the floor on the right side and the call light is attached to the sheet on the right side hanging down. Surveyor did not observe the body pillow on R23's bed. On 2/11/25, at 8:09 a.m., Surveyor observed R23 continues to be in bed on her back. Surveyor observed there is still not a body pillow on R23's 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
	525421	A. Building B. Wing	03/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lindengrove Menomonee Falls	W180 N8071 Town Hall Rd 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 - Minimal harm or potential for actual harm Residents Affected - Some	On 2/11/25, at 10:36 a.m., CNA-K entered R23's room and placed gloves on. CNA-K informed Surveyor she will put on her socks after she is finished brushing her teeth. Surveyor observed R23 is sitting on the edge of the bed brushing her teeth. At 10:37 a.m. CNA-K placed tubi grips on R23's bilateral lower extremities and then placed gripper socks on. CNA-K asked R23 if she wants to lay down or sit up. R23 informed CNA-K she wants to sit in the wheelchair. CNA-K moved R23's wheelchair closer to the bed, placed the urinary collection bag under R23's wheelchair, held under R23's left arm & back and assisted R23 with standing, R23 took a couple steps to turn and sit in the wheelchair. CNA-K did not use a gait belt according to R23's plan of care. On 2/11/25, at 11:39 a.m., Surveyor asked CNA-K if she ever uses a gait belt when transferring R23. CNA-K replied no, just walker, used to be in care plan but hospice took it out. On 2/11/25, at 2:42 p.m., Surveyor observed R23 sleeping in bed on her back. Surveyor observed the bed is not at the lowest position, there is no floor mat on the right side and the body pillow is not on R23's bed. On 2/11/25, at 3:38 p.m., Surveyor observed R23 continues to be sleeping in bed on her back. Surveyor observed the bed is not at the lowest position, there is not a body pillow on R23's bed and there is not a floor mat on the right side of the bed. On 2/13/25, at 7:27 a.m., Surveyor observed R23 in bed on her back. Surveyor observed the bed is at the lowest position, there is a blue mat floor mat on the right side but there is no body pillow observed. On 2/13/25, at 7:36 a.m., Surveyor asked CNA/Med Tech-KK when R23 is in bed should there be a floor mat on the right side of R23's bed. CNA/Med Tech-KK replied yes. On 2/13/25, at 2:18 p.m., Surveyor asked DON-B if R23 should be transferred with a gait belt. DON-B replied if that is what the care plan says, yes. Surveyor informed DON-B of the observation of R23 being transferred without a gait belt and Surveyor had observed gait belt hanging on the back of R23's door. Surveyor also informed DON-B of other fall interventions, mat on floor and body pillow not being in place. No additional information was provided. 51016 3.) R36 was admitted on [DATE] with diagnosis that includes Spastic Hemiplegia (causing weakness) affecting right dominant side, Cerebral Infarction, Dementia and Chronic Respiratory Failure. R36's Quarterly MDS (Minimum Data Set) with an assessment reference date of 12/4/24 documents a Brief Interview for Mental Status (BIMS) score of 9, indicating moderate intact cognition for R36. Section GG (Functional Abilities and Goals) documents R36's bed mobility to roll left to right as requiring substantial maximal assistance. Section GG documents R36's bed mobility to go from sitting position to lying down as substantial maximal assistance. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525421	A. Building B. Wing	03/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lindengrove Menomonee Falls	W180 N8071 Town Hall Rd 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 - Minimal harm or potential for actual harm Residents Affected - Some	Section GG documents R36's bed mobility to go from lying position to sitting as substantial maximal assistance. Section GG documents R36's bed mobility to toilet transfer as dependent on staff. Section H documents R36's urinary and bowel incontinence as always incontinent. R36's fall risk care plan dated 8/29/24, revision on 9/6/24, documents, The resident is at risk for falls r/t (related to) confusion, deconditioning. R36's intervention dated 8/29/24, revision on 9/30/24, documents, Be sure the resident's call light is within reach and encourage the resident to use it for assistance as needed. The resident needs prompt response to all requests for assistance. On 02/10/25, at 10:30 AM, Surveyor observed R36 in bed with the call light hanging behind R36's bed. Surveyor asked R36 if R36 could reach the call light. R36 pointed behind R36 and informed Surveyor not at the moment (referring to not being able to reach the call light). On 02/10/25, at 11:49 AM, Surveyor observed R36 in bed with the call light resting over the headboard and behind the mattress of R36's bed and not in reach of R36. On 02/10/25, at 12:30 PM, Surveyor observed R36 in bed with the call light resting over the headboard and behind the mattress of R36's bed and not in reach of R36. On 02/10/25, at 01:45 PM, Surveyor observed R36 in bed with the call light resting over the headboard and behind the mattress of R36's bed and not in reach of R36. Surveyor asked R36 if R36 could reach the call light. R36 informed Surveyor R36 could not reach the call light. On 02/11/25, at 07:32 AM, Surveyor observed R36 in bed with the call light resting over the headboard and behind the mattress of R36's bed and not in reach of R36. On 02/11/25, at 09:00 AM, Surveyor observed staff take a breakfast tray into R36's room and leave after setting up a breakfast tray for R36. Surveyor observed the call light still behind R36 and out of reach. On 02/11/25, at 09:55 AM, Surveyor interviewed Certified Nursing Assistant (CNA)-K. Surveyor asked CNA-K if CNA-K worked on the unit routinely. CNA-K informed Surveyor yes. Surveyor asked CNA-K are there any residents in this hallway that cannot use their call light. CNA-K informed Surveyor they all can use their light on this hall. Surveyor asked CNA-K if R36 can use the call light. CNA-K informed Surveyor yes, R36 can use the call light. On 02/11/25, at 10:02 AM, Surveyor observed R36 in bed with the call light resting over the headboard and behind the mattress of R36's bed and not in reach of R36. Surveyor asked R36 if you wanted to call for help or call a nurse, what would R36 do. R36 pointed behind R36, and informed Surveyor use the call light. Surveyor asked R36 could R36 reach the call light if R36 needed to call for help. R36 informed Surveyor not now (referring to not being able to reach the call light). On 02/11/25, at 10:32 AM, Surveyor observed call light behind R36's head and out of reach of R36. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525421	A. Building B. Wing	03/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lindengrove Menomonee Falls	W180 N8071 Town Hall Rd 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 - Minimal harm or potential for actual harm Residents Affected - Some	On 02/11/25, at 10:43 AM, Surveyor observed R36's right heel treatment by Licensed Practical Nurse (LPN)-F. On 02/11/25, at 10:56 AM, Surveyor observed LPN-F leave R36's room after completing the treatment on R36's wound. Surveyor observed that LPN-F did not place the call light within reach of R36. On 02/11/25, at 02:34 PM, Surveyor observed R36 in bed with the call light resting over the headboard and behind the mattress of R36's bed and not in reach of R36. On 02/11/25, at 03:05 PM, Surveyor informed Nursing Home Administrator (NHA)-A, Regional Nurse Consultant-N, Assistant Director of Nursing (ADON)-G and Director of Nursing (DON)-B of the above findings. Surveyor informed the facility of Surveyor's multiple observations of the call light not being in reach of R36. Surveyor informed the facility that Surveyor witnessed a food tray be delivered and wound care completed for R36, and in both instances, the call light was not placed by staff within R36's reach. NHA-A informed Surveyor that the call light not being in reach was a concern for the facility as well and that NHA-A would make sure that was taken

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525421	A. Building B. Wing	03/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lindengrove Menomonee Falls	W180 N8071 Town Hall Rd 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** 49435 Based on observations, interview and record review, the facility did not ensure 2 (R346 and R23) of 2 residents reviewed for an indwelling catheter received the necessary services for monitoring of the indwelling catheter. * R346 has a physician's order and a care plan intervention to monitor and document catheter output three times a day. Facility staff did not document catheter output from 2/3/25 through 2/15/24. * R23 has a physician's order and a care plan intervention to monitor and document catheter output three times a day. Facility staff did not document catheter output from 11/1/24 through 2/15/24. Findings include: The facility policy with no date and titled, Standard indwelling Catheter Protocol documents: Goal-Patency will be maintained, and risk of infection will be minimized . [Certified Nursing Assistant (CNA)]- Provide perineal care am and pm shift and as needed. Keep drainage bag below level of bladder and off floor, tubing free of kinks, twists or pressure. Empty drainage bag and document output every shift in electronic record . 1.) R346 was admitted to the facility on [DATE] with diagnoses that includes cystitis, retention of urine and complicated urinary tract infection. R346's Admission Minimum Data Set assessment dated [DATE] documents R346 is moderately cognitively impaired. R346 has a urinary catheter. R346's urinary catheter care area assessment (CAA) dated 2/10/225 documents, in part: CAA triggered due to resident having a Foley Catheter due to urinary retention. [R346] Is at risk for . urinary infection . Will proceed to care plan to continue with current toileting plan, monitor and evaluate effectiveness, minimize risks. R346's Indwelling Catheter/retention uropathy care plan dated 2/3/25, includes the following pertinent interventions: The resident has Indwelling 16fr [French], 10 cc [cubic centimeters]. Position catheter bag and tubing below the level of the bladder and away from entrance room door. Enhanced Barrier Precaution. Monitor and document intake and output as per facility policy. R346's MD order dated 2/3/25 documents, Indwelling Foley catheter 16fr with 10 cc balloon for urinary retention. R346's MD order dated 2/3/25 documents, Monitor Catheter Output three times a day. R346's Treatment Administration Record (TAR) for the month of February. Surveyor noted that R346's catheter output was not documented by facility staff from 2/3/25 through 2/15/25. Facility staff started documenting catheter output during the day shift on 2/16/25. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525421	A. Building B. Wing	03/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lindengrove Menomonee Falls	W180 N8071 Town Hall Rd 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 2/17/25 at 7:48 AM, Surveyor interviewed Certified Nursing Assistant (CNA)-LL. Surveyor asked how often a catheter bag should be emptied. CNA-LL stated the catheter bag should be emptied every shift. Surveyor asked if the output is documented within the electronic medical record. (CNA)-LL stated it should be documented every shift. On 2/17/25 at 7:49 AM, Surveyor interviewed CNA-D. Surveyor asked how often a catheter bag should be emptied. CNA-D indicated the catheter bag should be emptied every shift. Surveyor asked where the output is documented. CNA-D stated that CNA-D tells the nurse the output and the nurse documents the output in the electronic medical record. On 2/17/25 at 7:54 AM, Surveyor interviewed Licensed Practical Nurse (LPN)-MM Surveyor asked how often a catheter bag should be emptied. LPN-MM stated that it should be emptied every shift. Surveyor asked where the output should be documented. LPN-MM stated it is documented in the TAR. LPN-MM stated that CNAs will empty the catheter bag and then tell the nurse what the output was for that shift. The nurse will enter total output for that shift in the TAR. On 2/17/25 at 9:05 AM, Surveyor interviewed Assistant Director of Nursing (ADON)-G. Surveyor asked how often a catheter bag should be emptied. ADON-G stated every shift. Surveyor asked where the output is documented. ADON-G stated it is documented in the TAR. On 2/17/25 at 10:08 AM, Surveyor interviewed Director of Nursing (DON)-B. Surveyor asked how often a catheter bag should be emptied and output documented. DON-B indicated it should be completed and documented every shift. Surveyor asked where catheter output documentation is located. DON-B stated in the Medication Administration Record (MAR) or TAR. Surveyor asked if R346 had documentation of catheter output from 2/3/25 through 2/15/25. DON-B indicated that there is no documentation of catheter output prior to 2/16/25. On 2/17/25 at 12:08 PM Surveyor informed Nursing Home Administrator (NHA)-A and Regional Nurse Consultant-N of the concern that R346 has a care plan intervention and a physician order to monitor catheter output three times a day and that facility staff did not document catheter output from 2/3/25 through 2/15/24. No additional information was given as to why the facility did not ensure that R346 received the necessary services for monitoring of the indwelling catheter. 20483 2.) R23's diagnoses includes obstructive & reflux uropathy and neuromuscular dysfunction of the bladder. R23 is receiving hospice services. R23's admission MDS (minimum data set) with an assessment reference date of 11/8/24 is checked for an indwelling catheter. R23's urinary incontinence and indwelling catheter CAA (care area assessment) dated 11/11/24 documents under the analysis of findings for nature of problem/condition: neurogenic bladder obstructive urop (uropathy) foley cath (catheter) retention. Under the care plan considerations section it documents: Proceed to plan of care. Maintain Foley cath-cath places at risk for infection. Goal for no complications/infections r/t (related to) cath. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525421	A. Building B. Wing	03/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lindengrove Menomonee Falls	W180 N8071 Town Hall Rd 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	R23's indwelling catheter care plan initiated 11/1/24 & revised 11/11/24 includes an intervention of monitor and document intake and output as per facility policy. This intervention is documented as initiated & revised on 11/1/24. R23's physician order dated 11/1/24 documents monitor catheter output three times a day. On 2/10/25, at 9:59 a.m., Surveyor observed R23 sitting in a wheelchair in R23's room. Surveyor observed a urinary collection bag under R23's wheelchair. On 2/10/25, at 3:43 p.m., Surveyor observed R23 sitting in a wheelchair in R23's room. The urinary collection bag was observed on the right side of R23's wheelchair. On 2/11/25, at 12:59 p.m., Surveyor observed R23 sitting in a wheelchair with R23's lunch tray in front of R23 on the over bed table. R23's urinary collection bag is under the R23's wheelchair. On 2/11/25, at 11:35 a.m., Surveyor entered R23's room with Certified Nursing Assistant (CNA)-K. CNA-K washed her hands, placed gloves on, and informed R23 she was going to empty her catheter. CNA-K emptied 200 cc (cubic centimeters) of urine into a collection basin, wiped the end of the spicket with an alcohol pad, and placed the collection bag under R23's wheelchair. CNA-K emptied the urine in the toilet, rinsed the collection basin, removed her gloves, and washed her hands. On 2/13/25, at 7:27 a.m., Surveyor observed R23 in bed on her back. Surveyor observed R23's urinary collection bag resting directly on the blue mat. On 2/13/25, at 11:33 a.m. Surveyor observed R23 sitting in a wheelchair with her legs extended. Surveyor observed the urinary collection bag is in a black bag under R23's wheelchair. On 2/17/25, at 7:18 a.m., Surveyor reviewed R23's TARs (Treatment Administration Record). Surveyor noted the TARs include Monitor Catheter Output three times a day with a start date of 11/1/24. Times listed are 0800 (8:00 a.m.), 1300 (1:00 p.m.) and 1800 (6:00 p.m.). Surveyor noted R23's November 2024, December 2024, and January 2025 TARs does not have any urinary output documented during these months. The February 2025 TAR does not have any output documented until 2/16/25. On 2/17/25, at 7:34 a.m., Surveyor reviewed R23's nurses notes for R23's urinary output and noted only the following nurses notes: R23's nurses note dated 11/26/24, at 20:34 (8:34 p.m.) written by Licensed Practical Nurse (LPN)-E documents: Resident had 600 ml (milliliter) urine output. R23's nurses note dated 2/8/25, at 21:56 (9:56 p.m.) written by LPN-E documents: Foley output was 100 cc (cubic centimeter). On 2/17/25, at 10:43 a.m., Surveyor asked LPN-UU how they monitor urinary output for residents who have an indwelling catheter. LPN-UU informed Surveyor they monitor the measurements of what is the urine bag. Surveyor asked if this is documented. LPN-UU informed Surveyor the amount is documented in PCC (pointclickcare). LPN-UU informed Surveyor any resident who has a catheter has output and then they go from there. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525421	A. Building B. Wing	03/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lindengrove Menomonee Falls	W180 N8071 Town Hall Rd 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 2/17/25, at 10:46 a.m., Surveyor asked Registered Nurse Supervisor/Wound Nurse-I if a resident has an indwelling urinary catheter do they monitor output. Registered Nurse Supervisor/Wound Nurse-I informed Surveyor it's suppose to be done every shift. Surveyor asked Registered Nurse Supervisor/Wound Nurse-I if she knew why R23's output wasn't being monitored until 2/16/25. Registered Nurse Supervisor/Wound Nurse-I replied no I don't she's always had a catheter. Surveyor informed Registered Nurse Supervisor/Wound Nurse-I Surveyor had reviewed R23's TAR and there is no documentation of R23's output from date of admission until 2/16/25. Registered Nurse Supervisor/Wound Nurse-I replied I don't know what to say about that. On 2/17/25, at 1:48 p.m., Surveyor asked Director of Nursing (DON)-B if a physician orders urine output monitoring every shift what is the expectation. DON-B informed Surveyor for the nurses to enter the output of the urine. Surveyor asked DON-B if she was aware there has not been any output monitoring of R23's urine until 2/16/25 with the exception of a couple nurses notes. DON-B informed Surveyor she did not realize this. No additional information was provided as to why R23's urinary output was not being monitored according to physician orders.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525421	A. Building B. Wing	03/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lindengrove Menomonee Falls	W180 N8071 Town Hall Rd 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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. 20483 Based on observation, interview, and record review the facility did not provide the necessary respiratory care and services for 1 (R23) of 2 residents receiving oxygen therapy. * R23's oxygen tubing was dated 12/7/24 and was not changed weekly according to R23's physician orders. Findings include: The facility's policy with no date and titled, Standard Respiratory Protocol documents under the RN (Registered Nurse) section: Replace DME (durable medical equipment) as ordered. R23's diagnoses includes interstitial pulmonary disease, heart failure, and chronic respiratory failure with hypoxia. R23's physician orders dated 11/1/24 documents Change oxygen tubing -Date Tubing every night shift every 7 days(s). R23's admission MDS (minimum data set) with an assessment reference date of 11/8/24 documents that R23 requires oxygen. On 2/10/25, at 11:37 a.m., Surveyor observed R23 sitting in a wheelchair receiving oxygen via a nasal cannula at 2 liters per minute. Surveyor observed the oxygen tubing to be dated 12/7/24. On 2/10/25, at 3:43 p.m., Surveyor observed R23 sitting in a wheelchair in R23's room receiving oxygen via nasal cannula at 2 liters per minute. Surveyor observed R23's oxygen tubing dated 12/7/24. On 2/11/25, at 7:14 a.m., Surveyor observed R23 in bed on her back receiving oxygen via nasal cannula at 2 liters per minute. Surveyor observed the oxygen tubing dated 12/7/24. On 2/11/25, at 12:59 p.m., Surveyor observed R23 sitting in a wheelchair with R23's lunch tray on the over bed table in front of R23. R23 was observed receiving oxygen via nasal cannula at 2 liters per minute. The oxygen tubing is dated 12/7/24. On 2/11/25, at 2:42 p.m., Surveyor observed R23 sleeping in bed on her back. Surveyor observed R23 is receiving oxygen via nasal cannula at 2 liters per minute. Surveyor observed the oxygen tubing is dated 12/7/24. On 2/13/25, at 7:27 a.m., Surveyor observed R23 in bed on her back receiving oxygen via nasal cannula at 2 liters. Surveyor observed the oxygen tubing is dated 12/7/24. Certified Nursing Assistant/Med Tech (CNA/Med Tech)-KK entered R23's room to obtain R23's blood sugar. Surveyor asked CNA/Med Tech-KK how often oxygen tubing is changed. CNA/Med Tech-KK replied the nurses do that at night. Surveyor informed CNA/Med Tech-KK R23's oxygen tubing is dated 12/7/24. CNA/Med Tech-KK replied that's not good. CNA/Med Tech-KK informed Surveyor she thinks it's changed weekly but can check and let Surveyor know. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525421	A. Building B. Wing	03/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lindengrove Menomonee Falls	W180 N8071 Town Hall Rd 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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 2/13/25, at 7:32 a.m., Surveyor asked Director of Nursing (DON)-B how often oxygen tubing is changed. DON-B replied weekly. Surveyor asked DON-B if Surveyor could show her the date on R23's oxygen tubing. Surveyor accompanied DON-B into R23's room and showed DON-B R23's oxygen tubing is dated 12/7/24. On 2/13/25, at 7:33 a.m., CNA/Med Tech-KK informed Surveyor DON-B is going to change the oxygen tubing. On 2/13/25, at 11:33 a.m., Surveyor observed R23 sitting in a wheelchair with her legs extended and appears to be sleeping. R23 is receiving oxygen via nasal cannula at 2 liters per minute. Surveyor observed the oxygen tubing is now dated 2/13/25. No additional information was provided as to why R23's oxygen tubing was not changed weekly according to physician orders.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525421	A. Building B. Wing	03/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lindengrove Menomonee Falls	W180 N8071 Town Hall Rd 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 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe, appropriate dialysis care/services for a resident who requires such services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42037 Based on interview and record review, the facility did not provide dialysis services consistent with professional standards of practice for 1 (R39) of 1 Residents reviewed for dialysis. * R39 receives dialysis three times per week. R39's dialysis center communication records are not being consistently completed by Facility nurses. Findings include: 1. R39 was admitted to the facility on [DATE] with diagnoses of Protein Calorie Malnutrition, End Stage Renal Disease and Dependence on Renal Dialysis. Surveyor reviewed R39's medical record, including physician's orders and comprehensive care plans. R39's care plan with an initiation date of 7/12/24 documents: Alteration in nutrition poor oral intake, abnormal labs, gradual weight loss, decline in chewing ability R/T (related to) ESRD (End Stage Renal Disease, edentulous (without teeth), Anemia (low iron level in blood, weakness A/E/B (As Evidenced By): new dx: PCM (Plasma Cell Myeloma), beginning IDPN (Intradialytic Parenteral Nutrition), Dialysis 3 x (times) a week, intake < (less than) 25 %, Mech (mechanical) soft diet, Supplements. R39's comprehensive care plan documents the following interventions: .Send Dialysis binder with resident (R39) for communication from Dialysis nurse- check binder on dialysis days .one time a day every Mon, Wed, Fri for HD (Hemodialysis) . On 2/10/25, Surveyor requested R39's dialysis communication binder from RN (Registered Nurse)-GGG. Surveyor asked RN-GGG if there should dialysis communication forms completed by facility nursing staff on each day that R39 attends dialysis. RN-GGG responded that RN-GGG is newly employed by the facility but it would be RN-GGG's understanding that every time R39 goes to dialysis that there should be a dialysis communication form completed. RN-GGG confirmed with Surveyor that R39 is the only resident currently residing at the facility who receives dialysis. On 2/11/25, Surveyor requested copies from NHA (Nursing Home Administrator)-A of R39's dialysis communication forms from their admitted [DATE] to 2/11/25. Surveyor reviewed R39's dialysis communication forms provided by the facility. Surveyor noted facility did not fully complete R39's dialysis communication forms on the following dates: 7/15/24, 8/16/24, 9/4/24, 9/30/34, 10/14/24, 10/28/24, 11/1/24, 2/3/25 and 2/5/25. From 11/5/24 to 1/21/25, Surveyor did not note any of R39's dialysis communication to be available for review. On 2/11/25 at 3:39 PM, Surveyor shared concern with NHA-A and DON (Director of Nursing)-B related to R39's multiple incomplete and missing dialysis communication records on 7/15/24, 8/16/24, 9/4/24, 9/30/34, 10/14/24, 10/28/24, 11/1/24, 11/5/24 to 1/21/25, 2/3/25 and 2/5/25. No additional information was provided as to why the facility did not provide dialysis services consistent with professional standards of practice for R39.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525421	A. Building B. Wing	03/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lindengrove Menomonee Falls	W180 N8071 Town Hall Rd 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 - Potential for minimal 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 designate a licensed nurse to serve as a charge nurse on each tour of duty. * The facility did not designate a charge nurse for each tour of duty on each daily nursing schedule. This deficient practice has the potential to affect all 49 residents residing in the facility. Findings include: On 2/11/25, Surveyor requested nursing schedules and nurse staff postings for Quarter 4 (July 1st-September 30th, 2024) due to Payroll Based Journal reporting and 1/20/25-2/10/25. Surveyor was provided with the nursing schedules and nurse staff postings and noted the facility's nursing schedules did not designate who the charge nurse was for each tour of duty. On 2/17/25, at 10:15 AM, Surveyor conducted an interview with Scheduler-HHH. Scheduler-HHH is responsible for coordinating the facility's nursing schedule and preparing the facility's nurse staff postings. Surveyor asked Schedule-HHH if they were aware there was not a charge nurse designated on the facility's nursing schedules for Quarter 4 (July 1st -September 30th, 2024) from 1/20/25-2/10/25. Scheduler-HHH told Surveyor that they were not aware that it is a requirement to designate a charge nurse for each shift on the daily nursing schedule. On 2/17/25 at 2:40 PM, Surveyor informed Nursing Home Administrator (NHA)-A of the concern related to the facility's schedules not designating who the facility charge nurse would be on the facility's nursing schedules for Quarter 4 (July 1st -September 30th, 2024) from 1/20/25-2/10/25 for each tour of duty. The facility did not provide any additional information as to why it did not ensure that the facility designated a charge nurse for each tour of duty.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525421	A. Building B. Wing	03/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lindengrove Menomonee Falls	W180 N8071 Town Hall Rd 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 0727 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis. 42037 Based on review of daily staff postings, staffing schedules, and interview, the facility did not use the services of a RN (Registered Nurse) for at least 8 consecutive hours a day, 7 days a week. * On multiple dates, there was no RN who worked at the facility for 8 consecutive hours. This deficient practice has the potential to affect 49 of 49 residents residing in the building. Findings include: 1.) On 2/11/25, Surveyor requested nursing schedules and nurse staff postings for Quarter 4 (July 1st-September 30th, 2024) due to Payroll Based Journal reporting and 1/20/25-2/10/25. Surveyor was provided with the nursing schedules and nurse staff postings and noted the facility's nursing schedules did not indicate the presence of an RN in the facility on the following dates: July 2024: July 4, 5, 9, 11, 18, 20, 24, 25, 26, 27, 28. August 2024: August 1, 2, 5, 6, 15, 16, 19, 20, 21, 25, 29, 30. September 2024: September 3, 8, 12, 13, 16, 21, 22, 26, 30. January 2025: January 13, 18, 19, 20, 23, 30. February 2025: February 3. On 2/17/25, at 10:15 AM, Surveyor conducted an interview with Scheduler-HHH. Scheduler-HHH is responsible for coordinating the facility's nursing schedule and preparing the facility's nurse staff postings. Surveyor asked Schedule-HHH if the facility was were aware that schedules that were reviewed by Surveyors for Quarter 4 (July 1st -September 30th, 2024) and 1/20/25-2/10/25 indicated that there was not an RN in the facility for at least 8 consecutive hours for the above dates. Scheduler-HHH told Surveyor that the faciliy was aware that there was a problem finding enough RNs to work for a stretch of time at the facility. Scheduler-HHH added that most days, DON-B is at the facility and can act as the covering RN. Surveyor asked Scheduler-HHH if DON-B is acting as the covering RN on weekends. Scheduler-HHH responded that they are aware of DON-B coming in some weekends to act as covering RN but that it may not be reflected on all of the facility's daily schedules. On 2/17/25 at 2:40 PM, Surveyor informed Nursing Home Administrator (NHA)-A of the concern related to the facility's schedules not indicating on the above dates that an RN was in the facility for a consecutive 8 hour tour of duty. No additional information was provided as to why the facility did not ensure that an RN (Registered Nurse) was on duty for at least 8 consecutive hours a day, 7 days a week.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525421	A. Building B. Wing	03/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lindengrove Menomonee Falls	W180 N8071 Town Hall Rd 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 0732 Level of Harm - Potential for minimal harm Residents Affected - Many	Post nurse staffing information every day. 42037 Based on observation, interview, and record review, the facility did not ensure that the daily nurse staff posting included all required information accurately. This deficient practice has the potential to affect a pattern of all 39 residents residing in the facility. The facility's nurse staff posting did not accurately reflect the correct number of staff members on each daily nurse staff posting. Findings include: On 1/25/25, Surveyor requested nursing schedules and nurse staff postings for Quarter 4 (July 1st-September 30th, 2024) due to Payroll Based Journal reporting and schedules for 1/20/25-2/10/25. Surveyor reviewed facility's nursing schedules and nurse staff postings. Surveyor noted the facility did not accurately include the proper number of staff members on each nurse staff posting for Quarter 4 and 1/20/25-2/10/25 including CNAs (Certified Nursing Assistants), Medication Technicians, LPNs (Licensed Practical Nurses) and RNs (Registered Nurses). On 2/17/25, at 10:15 AM, Surveyor conducted an interview with Scheduler-HHH. Scheduler-HHH is responsible for coordinating the facility's nursing schedule and preparing the facility's nurse staff postings. Surveyor asked Schedule-HHH if they were aware there are inaccuracies within the facility's nurse staff postings for Quarter 4 (July 1st -September 30th, 2024) from 1/20/25-2/10/25 to include the proper number of CNAs, Medication Technicians, LPNs and RNs that are working at the facility for each shift. Scheduler-HHH told Surveyor that they were not aware of any issues with the nurse staff postings. On 1/23/25, at 2:40 PM, Surveyor conducted an interview with Nursing Home Administrator (NHA)-A. Surveyor shared concern that the facility's nurse staff postings inaccuracies within the facility's nurse staff postings for Quarter 4 (July 1st -September 30th, 2024) from 1/20/25-2/10/25 did not include the proper number of CNAs, Medication Technicians, LPNs and RNs that are working at the facility for each shift. The facility did not provide any additional as to why the facility did not ensure that the daily nurse staff posting included all required information accurately.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525421	A. Building B. Wing	03/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lindengrove Menomonee Falls	W180 N8071 Town Hall Rd 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** 42037 Based on interview and record review, the facility did not ensure adequate monitoring for adverse reactions of high-risk medications for 1 (R7) of 6 residents reviewed for unnecessary medications in accordance with standards of practice. *R7 has physician's order for Warfarin (an anticoagulant) for chronic embolism and thrombosis of unspecified deep veins of unspecified lower extremity. The facility did not implement care plans to monitor for any adverse side effects that could result from taking an anticoagulant. 1.) R7 was admitted to the facility on [DATE] with diagnoses that includes Atrial Fibrillation, Cerebral Infarction and Hyperlipidemia. R7's Quarterly MDS (Minimum Data Set) Assessment with an assessment reference date of 12/23/2024 indicates that R7 received an Anticoagulant medication during the assessment period. Surveyor reviewed R7's electronic medical record and could not locate a person-centered care plan to monitor for adverse side effects related to the use of an anticoagulant and diuretic. R7's medical record was reviewed including physician orders, MARs (Medication Administration Records) TARs (Treatment Administration Records) and comprehensive care plans. R7's physicians orders document the following: .Warfarin Sodium oral tablet 2 mgs (milligrams), give 2 mg by mouth at bedtime every Tuesday, Thursday, Saturday and Sunday .Warfarin Sodium oral tablet 2 mg, Give 4 mg by mouth at bedtime every Monday, Wednesday and Friday . Surveyor reviewed R7's MAR from June 2024 to February 2024. R7 has been receiving Warfarin Sodium on a scheduled basis since June 2024. Surveyor reviewed R7's comprehensive care plan. R7's comprehensive care plan with an initiation date of 6/24/24 documents the following: The resident (R7) is on anticoagulant therapy (Warfarin) r/t (related to) Atrial Fibrillation. R7's care plan interventions include the following: .Administer anticoagulant medications as ordered by physician. Monitor for side effects and effectiveness Q (every) shift . Surveyor reviewed R7's MARs and TARs for June 2024-February 2025. Surveyor was unable to located any medication monitoring related to R7's use of the anticoagulant medication Warfarin. On 2/12/25 at 2:15 PM, Surveyor conducted interview with DON (Director of Nursing)-B. Surveyor asked DON-B how often a resident receiving anticoagulant therapy such as Warfarin, should be monitored for medication side effects or adverse reactions. DON-B responded that residents receiving Warfarin should be monitored for side effects every shift by nursing staff. On 2/12/25 at 3:30 PM at the daily exit meeting, Surveyor informed NHA (Nursing Home Administrator)-A and DON-B that Surveyor was unable to locate any medication monitoring for R7's use of Warfarin, an anticoagulant medication, in their medical record. DON-B stated that they would look into this matter further. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525421	A. Building B. Wing	03/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lindengrove Menomonee Falls	W180 N8071 Town Hall Rd 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	On 2/13/25 at 8:10 AM, Surveyor conducted a follow up interview with DON-B. Surveyor confirmed with DON-B that R7 does not have any documented medication monitoring for their use of Warfarin. No additional information was provided by facility at this time.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525421	A. Building B. Wing	03/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lindengrove Menomonee Falls	W180 N8071 Town Hall Rd 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 0806 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives and the facility provides food that accommodates resident allergies, intolerances, and preferences, as well as appealing options. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38829 Based on observation, interview and record review, the facility did not provide 3 (R196, R197, and R347) of 3 residents reviewed for dietary services, with food accommodations and preferences as listed on the Resident's meal tickets. * R196 meal ticket states no oatmeal and received oatmeal on 2/11/25 and 2/12/25. R196 did not received the berries for breakfast on 2/13/25. * R197's meal ticket states dislikes eggs but received denver eggs on 2/11/25 for breakfast. *On 2/11/25, residents received a peanut butter cookie instead of the frosted pumpkin bar listed on the posted menu. On 2/12/25, the Residents received beef barley soup instead of french onion soup listed on the posted menu. * R347 did not received a banana per meal ticket on 2/13/25. Findings Include: Surveyor reviewed the facility's dining policies and procedures. The undated Meal Identification policy documents: Policy: .A electronic meal identification and food preferences slip is used to properly identify each individual's needs and desires for food. Procedure: 1. The food service manager visits a newly admitted individual to obtain food and beverage preferences, dislikes and food allergies/intolerances before a electronic meal identification and preference card (meal ID card) is written. 2. A temporary meal ID card containing the individual's name, room number and diet order may be used until a permanent one is prepared (usually for the first meal or two). 3. The electronic meal ID includes the name of the individual, room number, diet order, beverage preferences, food dislikes and any other specific diet information. Food allergies should be written in red, or printed boldly to call attention to them. 4. Meal ID are used during meal service to ensure the correct diet is being served and food preferences are honored. 5. Meal ID are placed on corresponding meals to ensure delivery to the correct individual. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525421	A. Building B. Wing	03/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lindengrove Menomonee Falls	W180 N8071 Town Hall Rd 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 0806 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	7. The food service manager/RD is responsible for keeping ID up-to-date. Note: If computerized paper meal ID cards are used, they may be left on the tray for service. Staff may use these paper tray cards to note changes in preferences, food intake percentages and other pertinent information to send back to the food service department. The undated Diet Order policy and procedure documents: Policy: .The food service department must receive a completed diet order as soon as possible after admission or following a diet order change. Procedure: 1. The nursing staff sends the diet order(per physician's orders) to the food service department as soon as possible after admission or change(preferably within 1 to 2 hours), using the Diet Order Form. 6. Diet orders are file in the food service department. 7. Meal identification cards are adjusted accordingly. The Meal and Nourishment policy and procedure last revised 6/21/06 documents: .Procedure: A. Each Resident must receive and the facility must provide at least three meals daily, at regular times comparable to normal mealtimes in the community or in accordance with Resident needs, preferences, requests, and plan of care. 1.) R196 was admitted to the facility on [DATE] with diagnoses of Hypothyroidism, Type 2 Diabetes Mellitus, Obstructive Sleep Apnea, Essential Hypertension, and Displaced Comminuted Fracture of Shaft of Right Femur. R196's Admission Minimum Data Set(MDS) dated [DATE] is was in the process of being completed. The Brief Interview for Mental Status(BIMS) has been completed and the score was 15, indicating R196 is cognitively intact for daily decision making. No other MDS sections are completed at the time of the survey. On 2/10/25, at 10:10 AM, Surveyor spoke with R196 who stated R196 needs to see the dietitian. R196 has not been asked when admitted to the facility what R196's preferences are or choice of cereal. R196 received oatmeal and does not like oatmeal. On 2/10/25, at 1:16 PM, Surveyor observed R196's lunch tray. R196 is upset because R196 received a hamburger on bun, but the menu states kiebesa and was anticipating the kiebesa. Certified Nursing Assistant (CNA)-EE explained to R196 that the hamburger is considered heart healthy per R196's diet but will go get the kiebesa for R196. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525421	A. Building B. Wing	03/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lindengrove Menomonee Falls	W180 N8071 Town Hall Rd 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 0806 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 2/11/25, at 8:53 AM, R196 informed Surveyor that R196 spoke with the dietitian last night and informed Registered Dietitian (RD)-DD that R196 does not like oatmeal. R196 provided RD-DD with likes and dislikes. R196 wants dry cereal with milk for breakfast. On 2/11/25, at 8:58 AM, Surveyor observed R196 received oatmeal on R196's breakfast tray. R196's meal ticket states dislikes oatmeal. Surveyor received permission from R196 to keep R196's breakfast meal ticket. On 2/13/25, at 8:41 AM, R196 informed Surveyor R196 received oatmeal on 2/12/24. Surveyor observed R196's meal ticket which states: likes cold cereal, dislikes oatmeal. Instructions: cold cereal daily with milk. This was all highlighted. R196 had to send the oatmeal back. Surveyor received permission from R196 to keep R196's breakfast meal ticket. O 2/13/25, at 9:00 AM, Surveyor observed R196 tell CNA-FF that R196 did not get the fruit(berries) so CNA-FF went back to the kitchen with R196's meal ticket, came back to R196's room and told R196 they would be getting the berries for R196. 2.) R197 was admitted to the facility on [DATE] with diagnoses of Unspecified Fracture of Left Patella, Dysphagia, Unspecified Asthma, and Essential Hypertension. R197's Admission MDS dated [DATE] documents R197's BIMS score of 15, indicating R197 is cognitively intact for daily decision making. No other sections are completed. On 2/11/25, at 8:49 AM, Surveyor observed R197's breakfast tray which had denver eggs on it. R197's breakfast meal ticket states dislikes eggs. Surveyor received permission from R197 to keep R197's breakfast meal ticket. 3.) On 2/11/25, at 1:00 PM, Surveyor observed that all residents received a cookie on their trays instead of the posted frosted pumpkin bar. On 2/11/25, at 10:02 AM, Surveyor interviewed RD-DD. RD-DD informed Surveyor that RD-DD is full time at the facility and is responsible for getting likes/dislikes, preferences from the Residents. RD-DD will meet with Residents within 24-48 hours to evaluate. If a Resident comes in on a Friday, RD-DD will evaluate on Monday. RD-DD get meal tickets printed right away. As soon as RD evaluates, gets likes/dislikes/preferences will print the ticket. RD-DD stated that dietary should be checking the tickets. If a Resident does not like oatmeal, cold cereal bins are located on the counter in the dining room. The CNA is supposed to ask what cold cereal a Resident wants and fill the bowl up. Preferences show up on all 3 meals tickets. On 2/11/25, at 2:19 PM, Surveyor interviewed both Regional Food Service Director (RFSD)-Z and Food Service Director (FSD)-W. FSD-W explained the process is that the meal ticket is located on the Resident tray. The dietary aide tells the dietary aide serving the food, the correct diet and preferences, and is placed in the cart. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525421	A. Building B. Wing	03/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lindengrove Menomonee Falls	W180 N8071 Town Hall Rd 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 0806 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The dietary aide reading the meal ticket is expected to be checking the tray that the Resident received the preferred items. If there is a menu change, RD-DD informs the Residents. If a Resident dislikes eggs should they have never received the denver scrambled eggs. If a Resident dislikes oatmeal, they should not have received oatmeal on their tray. The dietary staff should have read the ticket and offered an alternative. On 2/13/25, at 10:05 AM, Surveyor interviewed RFSD-Z via telephone. Surveyor shared the concern with RFSD-Z that Residents are not receiving food items based on their meal tickets. RFSD-Z stated someone is not doing their job. Surveyor interviewed RD-DD at this time. RD-DD informed Surveyor that RD-DD goes over the menu for the next week to make sure the facility can get food items in. RD-DD stated that the facility can't even get frosted pumpkin bars and not sure why the frosted pumpkin bar was on the menu. RD-DD then informed Surveyor that on 2/12/25, the Residents received beef barley instead of french onion soup. RD-DD and Surveyor discussed that items are changing without informing the Resident. RD-DD stated that if RD-DD knows ahead of time, RD-DD can change the ticket. RD-DD stated the cookie was peanutbutter and luckily no one has a peanut allergy. RD-DD provided documentation that there have been 8 items substituted since 7/28/24. On 2/13/25, at 3:04 PM, Surveyor shared the concern with Nursing Home Administrator (NHA)-A and Director of Nursing (DON)-B that R196 and R197 have not been receiving preferences as documented on R196, and R197's meal tickets. No further information was provided by the facility. 49435 4.) R347 was admitted to the facility on [DATE] with diagnosis that include stroke, weakness and vascular dementia. R347 Admission Minimum Data Set assessment dated [DATE] documents R347 is severely cognitively impaired. R347 has an activated Power of Attorney, (POA)-GG. On 2/10/25 at 12:15 PM, Surveyor interviewed POA-GG. POA-GG informed Surveyor that R347's meal tray ticket does not always match what is served on R347's tray. POA-GG stated that there are times when fruits or vegetables are missing, and POA-GG will approach staff to get the missing item or R347 will have to go without it. POA-GG stated that fruits and vegetables are important to R347. On 2/13/25 at 10:21 AM, Surveyor observed R347 in R347's room with POA-GG. R347 was eating breakfast. Surveyor asked POA-GG if R347 received everything R347 wanted and preferred on R347's breakfast tray. POA-GG indicated that R347 did not receive a banana and wanted a banana. Surveyor reviewed R347's breakfast tray meal ticket dated 2/13/2025 which documents: Choice of Juice, [NAME] Krispies or oatmeal, [Ground] Sausage gravy, Biscuit (Must be covered in gravy), Banana, Milk. Surveyor noted that everything, except the banana, was on R347's breakfast tray on 2/13/25. On 2/13/25 at 10:25 AM, Surveyor informed Licensed Practical Nurse (LPN)-HH that R347 did not receive a banana on R347's breakfast tray and R347 still preferred to receive the banana. LPN-HH indicated that LPN-HH will get a banana for R347. Surveyor observed LPN-HH enter R347's room to give R347 a medication. LPN-HH spoke to R347 and POA-GG about getting R347 a banana. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525421	A. Building B. Wing	03/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lindengrove Menomonee Falls	W180 N8071 Town Hall Rd 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 0806 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 2/13/25 at 1:43 PM, Surveyor observed R347 and POA-GG in R347's room. Surveyor asked if R347 received the banana that was requested earlier in the day. POA-GG stated that R347 did not receive a banana. On 2/13/25 at 3:05 PM, Surveyor informed Nursing Home Administrator (NHA)-A and Director of Nursing (DON)-B about R347 not getting R347's choice of banana on R347's breakfast meal tray and after requesting it again, as of 1:43 PM, R347 had still not received the requested banana. 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
	525421	A. Building B. Wing	03/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lindengrove Menomonee Falls	W180 N8071 Town Hall Rd 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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 21855 Based on observation, interview and record review, the facility did not ensure food was prepared, and served, in a sanitary manner. This was observed in 2 of 2 food preparation and serving areas and with the meal tray service to resident rooms on 1 (Unit A) of 4 units. * The facility did not ensure the facility kitchen dish machine was functioning to sanitize dishware. * The dietary staff was observed without hair restraints in the 1st floor kitchen preparation and serving area and the main kitchen. * On Unit A resident meal trays items were not covered during delivery to resident rooms. * The facility kitchen dish machine was not monitored, and checked, to ensure appropriate sanitization of dishware. Findings include: On 2/11/25, at 12:16 PM, the Food Service Director (FSD)-W provided policy and procedures to Surveyor. There is no date of review, or revision, on the policy and procedures. The FSD-W does not know the dates and this what they use. The facility's policy and procedure with no date and titled, Hair Restraints documents that all staff entering a kitchen will wear a hairnet/hair restraint, ensuring that all hair is completely covered by the hairnet. The facility's policy and procedure with no date and tilted, Recording Dish Machine Temperatures documents that all staff will be trained to record dish machine temperatures for the wash and rinse cycles at each meal. The facility's policy and procedure with no date and titled, Manual Dishwashing documents that all flatware, serving dishes, cookware will be washed, rinsed and sanitized after each use. The policy states that the dish machine will be checked prior to meals to assure proper functioning and appropriate temperatures for cleaning and sanitation. 1.) On 2/10/25, at 11:38 AM, Surveyor observed the 1st floor kitchen area. The 1st floor kitchen service area has hairnet boxes by both entrances. There is signs in the doorways to use a hair restraint when entering. The lunch service was being prepped by Dietary Aide (DA) -X and DA-V. DA-V was observed with a medium length beard that was uncovered. DA-V was setting up meal trays and place settings in the dining room. The meal trays were being set-up on the steam table food handling area. On 2/10/25, at 12:10 PM, DA-V brought the hot food cart into the kitchen area. DA-V now is wearing a beard covering. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525421	A. Building B. Wing	03/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lindengrove Menomonee Falls	W180 N8071 Town Hall Rd 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	On 2/10/25, at 12:14 PM, DA-X removed the hot food items from the hot cart and into the food steamer. DA-X was observed with a hairnet on the top portion of their hair bun. DA-X hair on their head itself was uncovered. DA-X placed the hot food items into the serving steam table. DA-X obtained food temperatures of the food items in the steam table. After this was completed, Surveyor queried DA-X regarding hair restraints. DA-X stated they do not have any large enough to cover their entire head. DA-X stated they only cover their top bun. At this time (FSD) -W entered the kitchen area. DA-X requested a larger hairnet from FSD-W. The FSD-W did provide DA-X with a larger hair restraint. On 2/11/25, at 9:10 AM, Surveyor observed Cook-Y in the main kitchen by the food preparation area. Cook-Y has a medium length beard. Cook-Y was wearing a beard hair restraint underneath their beard. DA-V was observed by the dish machine area. DA-V has a medium length beard. DA-V did not have a hair restraint over their beard. On 2/11/25, at 2:05 PM, Surveyor interviewed the Regional Food Service Director (RFSD)-Z and the FSD-W. Both stated staff should be utilizing hair restraints in the kitchen areas. On 2/11/25, at 3:09 PM, at the facility exit meeting, Surveyor shared the hair restraint concerns with Nursing Home Administrator (NHA) -A, Regional Nurse Consultant (RNC)-N and Director of Nurses (DON) -B. 2.) 02/11/25, at 9:54 AM, Surveyor observed Dietary Aide (DA)-V emptying a used meal tray cart. DA-V went over by the dish machine loading area. DA-V stated they typically use a sticker for testing the dish machine. DA-V stated they don't look, or log, the dish machine temperatures. DA-V stated they did not test the dish machine temperature yet. DA-V has not seen the dish machine log sheet. DA-X came and took over emptying the used food carts. DA-X stated they did not know where the temperature logs were. DA-V was observed utilizing the dish machine with dishware. Surveyor requested the dish machine logs from Food Service Director (FSD) -W. The FSD-W also looked around the kitchen for the dish machine logs and could not locate them. The FSD-W stated they will look for them. On 2/11/25, at 11:18 AM, the FSD-W provided Surveyor a clipboard with the dish machine logs. Surveyor noted the dish machine logs do not include temperature documentation for each meal use of the dish machine. The dish machine logs have AM and PM headers with one entry of a temperature test strip for 2/11/25 AM. Surveyor noted there was no dish machine log temperature documentation for September 2024, November 2024, December 2024, January 2025 and February 1 - 10. Surveyor noted the August 2024 dish machine log has no temperature documentation for the following dates in August 2024: 3, 8, 11,12,13,14,15,17 and 31. Surveyor noted that the dish machine logs did have documentation of proper sanitization with use. There is not a additional system to ensure dish ware is being sanitized correctly. On 2/11/25, at 2:05 PM, Surveyor interviewed Regional Food Service Director (RFSD)-Z and FSD-W. Both stated they do not have a backup system to ensure dish machine is sanitizing correctly. There was not additional information for the dish machine logs that were missing monitoring. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525421	A. Building B. Wing	03/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lindengrove Menomonee Falls	W180 N8071 Town Hall Rd 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	On 2/11/25, at 3:09 PM, at the facility exit meeting, Surveyor shared the dish machine sanitizing concerns with Nursing Home Administrator (NHA) -A, Regional Nurse Consultant (RNC) -N and Director of Nurses (DON)-B. 38829 2) Surveyor was provided a Dining, Organization, Staffing, and Service policy and procedure last reviewed 11/29/06. The policy documents: F. Sanitary conditions shall be maintained in the storage, preparation and distribution of food. On 2/11/25, at 8:53 AM, Surveyor observed staff distributing the room breakfast trays. Surveyor observed the tray cart with door left open. Surveyor observed that the hot cereal, cold cereal, and orange in a dish is not covered. Staff take a tray out of the cart and walk 2-3 rooms away from the cart. On 2/11/25, at 12:40 PM, Surveyor observed the room lunch trays have an uncovered cookie and uncovered grated cheese on the trays. On 2/11/25 at 2:19 PM, Surveyor interviewed Regional Food Service Director (RFSD)-Z and Food Service Director (FSD)-W together. Both confirmed that a lid covers the heated plate and then transferred to the covered cart for Resident rooms. The only side item that gets covered would be the soup which would get a disposable lid. On 2/13/25 at 8:49 AM, Surveyor made observations of breakfast trays being delivered to Resident rooms. The cart of breakfast trays is parked at the beginning of the hallway of Unit A. Certified Nursing Assistant (CNA)-FF is delivering the breakfast trays. Surveyor observed CNA-FF going 3 rooms down from the cart. Surveyor observed cereal and the fruit are not covered. CNA-FF delivered breakfast trays to rooms [ROOM NUMBERS]. On 2/13/25, at 8:51 AM, CNA-FF moved the cart to the center of the hallway, and served the first room on the right(106). Side items on the tray were not covered. On 2/13/25, at 8:56 AM, CNA-FF took room(108) tray out of the cart and walked it down to room [ROOM NUMBER] with milk on the tray with no items covered including the milk. Surveyor observed this was 3 rooms down from cart. On 2/13/25, at 9:04 AM, CNA-FF took a tray out of the cart and crossed the hall to room [ROOM NUMBER]. Side items are not covered. CNA-FF placed the tray on top of the isolation cart, put a gown on and delivered the tray. On 2/13/25, at 9:19 AM, Surveyor observed CNA-CC carrying a tray all the way down to the last room on the right. CNA-CC informed Surveyor that CNA-CC got the tray from the dining room kitchenette because the Resident wanted the food to be hot. Surveyor observed the plate was covered, but the cereal and berries were not. Tea was covered. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525421	A. Building B. Wing	03/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lindengrove Menomonee Falls	W180 N8071 Town Hall Rd 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	On 2/13/25, at 10:05 AM, Surveyor spoke with RFSD-Z via telephone. RFSD-Z confirmed only the hot meal gets covered to keep the temperature. and goes directly into the covered cart. No other items are covered. RFSD-Z understands the concern that when the cart is parked at the beginning of the hallway and staff is walking the Resident room trays down the hallway with uncovered items. On 2/13/25, at 3:04 PM, Surveyor shared the concern with Director of Nursing (DON)-B and Nursing Home Administrator (NHA)-A the concern that items are not covered on the Resident room trays and are delivered down the hallway 2-3 rooms away from the cart. Surveyor explained that food should be covered when traveling a distance (i.e., down a hallway, to a different unit or floor). NHA-A shared that the facility will be getting all new kitchen staff. No other information has been provided at this time. On 2/17/25, at 8:59 AM, Surveyor observed Resident room breakfast trays being distributed. Surveyor observed the the tray cart at the beginning of the Unit A hallway by room [ROOM NUMBER]. CNA-FF carried a tray from the cart down to room [ROOM NUMBER] with uncovered oatmeal and applesauce, placed the tray on the isolation cart, donned a gown and went into the room. On 2/17/25, at 9:06 AM, Surveyor observed CNA-FF carry a room tray from the cart still parked at 102 to room [ROOM NUMBER] and the applesauce is not covered. On 2/17/25, at 9:12 AM, Surveyor observed CNA-EE carry a tray from the cart still parked at 102 with uncovered applesauce to room [ROOM NUMBER]. This is approximately 3 rooms down and across the hallway. On 2/17/25, at 9:13 AM, Surveyor observed CNA-EE carry a tray from the cart still parked at 102 with uncovered cereal and applesauce, put the tray on isolation cart, and donned gown and gloves outside of room [ROOM NUMBER] and took the tray to room [ROOM NUMBER]. 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
	525421	A. Building B. Wing	03/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lindengrove Menomonee Falls	W180 N8071 Town Hall Rd 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. 51016 Based on observations, interviews, and record review, the facility did not establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. * The facility does not have a current comprehensive water management plan that includes flow charts specific to the facility to determine areas of concern. No interventions were implemented along with tracking and measurement documentation to show effectiveness of interventions the facility implemented to prevent the spread of opportunistic pathogens (Legionella) in the facility's water systems, and the water management plan was not included in the facility assessment. *The facilities infection control program does not use baseline infection rates to analyze prevalent infections in the facility. The facility's infection control program did not comprehensively track interventions and analyze outcomes for 2 outbreaks in the facility. The facility assessment does not address how the combined role of Assistant Director of Nursing/Infection Preventionist are delineated. * R346 was on enhanced Barrier precautions. Staff did not utilize proper hand hygiene when entering or leaving room. This deficient practice has the potential to affect all 49 residents residing in the facility. Findings include: Facility policy titled: Water management program Legionella. Reviewed 12/13/23. I. Policy: Entity Shall Identify and manage risks arising from exposure to Legionella bacteria in water systems. The standards identified below will be followed in order to prevent and control Legionnaires Disease and outbreaks. II. Procedure: A. Water management team. i. Entities water management program is overseen by the Water Management team. ii. The team consists of at a minimum. The Executive Director, Environmental Services Lead, and Infection Preventionist. iii. Other members of the team may include Medical Director, Director of Quality and Risk Management Contractual Microbiologist Consultant, Industrial Hygienist, local water department representative, water maintenance contractor representative. B. Facility risk assessment. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525421	A. Building B. Wing	03/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lindengrove Menomonee Falls	W180 N8071 Town Hall Rd 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	i. Legionella environmental assessment will be conducted by the water management team annually and periodically as changes in the environment conditions dictate. ii. The following will be included within the assessment. 1. Water flow mapping diagrams describing the building, water systems and areas where Legionella could be present. 2. Areas of risk of stagnation, temperature becoming ideal for growth, devices with standing water, decorative fountains, etcetera. iii. Water Management team will review the assessment within Quality Assurance and Process Improvement QAPI team annually. C. Monitoring. i. The water management team will be responsible for monitoring risk and identifying potential cases or breaches of control measures of concern. ii. If facility is a municipality, said water department will monitor water parameters, residual disinfectant, temperature, PH. iii. If facility is rural and on. A well system. Facility will monitor water parameters following CDC guidelines. Facility will monitor temperatures of hot water and visually check for biofilm, scale, build up, etcetera. iv. All positive results of Legionella are reported to the local health department and the positive device is removed from service. v. Areas of the water system found outside of normal limits will be flushed and serviced. vi. If rooms are closed due to low census or put out of use, a routine process will be implemented to run faucets, showers and to flush toilets. vii. Documentation will be retained. viii. Corrective actions taken when control limits are not maintained will be documented. D. Water management plan. i. The water management plan will be reviewed annually or more often. As indicated. E. Contingency response i. If there is an implication of an outbreak of Legionellosis, decontamination of the hot water system may be 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
	525421	A. Building B. Wing	03/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lindengrove Menomonee Falls	W180 N8071 Town Hall Rd 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	ii. Based on the findings, Water Management Team or designee will reevaluate the disinfection process and make appropriate corrections. Thermal shock or shock chlorination methods of decontamination for the hot water system may be used. iii. Entity shall flush dead legs, water heaters and plumbing fixtures with chlorine. iv. If a water main break occurs, the main water valves will be closed, and the water emergency plan will be activated. v. For potable water systems that were open for repair, other construction or subjected 2. Water pressure changes associated with construction. It is recommended that at a minimum the systems be thoroughly flushed. Facility policy titled: Infection prevention and control program. I. Policy: to prevent the development and transmission of disease and infection, the organization will follow the infection prevention and control program procedures below, II. Procedure: 1. prevention and surveillance the facility will: i. Perform surveillance and investigation to prevent, to the extent possible, the onset and spread of infection. ii. Prevent and control outbreaks and cross contamination using transmission-based precautions in addition to standard precautions. iii. Source. Control measures may be initiated per facility source control protocol. iv. Use records of symptom onset or antibiotic start, including but not limited to electronic medical record capabilities. Line lists for individuals and changes of condition, 24-hour reports to monitor for trends and improve its infection control processes and outcomes by taking corrective actions as indicated v. Utilize hand hygiene practices consistent with accepted standards of practice to reduce the spread of infections and prevent cross contamination and. vi. Properly store, handle, process, and transport linens to minimize contamination. 2. Identification. i. Standard and transmission-based precautions are to be followed to prevent spread of infections. Use the Center for Disease Control Guideline for Isolation Precautions to determine precautions. ii. The isolation should be the least restrictive possible for the individual under the circumstances. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525421	A. Building B. Wing	03/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lindengrove Menomonee Falls	W180 N8071 Town Hall Rd 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	iii. Staff will follow McGeer's criteria for infection identification. 3. Reporting i. All staff and individual infections will be reported to the infection preventionist or designee. ii. The facility will report to the public health department according to the CDC and state guidelines. 4. Investigating. i. Trends and patterns will be discussed with the Quality Assurance Performance Improvement Committee. Process improvement projects will be chartered and managed around identified opportunities for improvement. Resulting in countermeasures. 5. Controlling infections and communicable diseases i. The organization will follow CDC, State of Wisconsin and or public health guidelines for identification of and monitoring of outbreak. ii. Signage will be posted per current CDC recommendations. 6. Education i. All staff will receive mandatory education training about infection control upon hire and annually. ii. The IP will maintain current knowledge in the field of infectious disease and epidemiology through training provided through the CDC in collaboration with Centers for Medicare and Medicaid CMS. Facility policy titled: Enhanced Barrier Precautions. Reviewed 2/6/25 I. Policy: will promote decreased transmission of Centers for Disease Control CDC targeted and epidemiologically important multidrug resistant organisms. MDRO by utilizing enhanced barrier precautions EBP. II. Procedure.: a. The infection prevention and control program establishes Enhanced barrier precautions EBP to reduce transmission of multidrug resistant organisms utilizing targeted gown and glove use during high contact resident care activities. b. EBP are used in conjunction with Standard Precautions and expand the use of PPE to donning of gloves and gown during high contact resident care activities. That provide opportunities for transmission of MDRO to staff hands and clothing. c. EBPR indicated for residents with any of 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
	525421	A. Building B. Wing	03/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lindengrove Menomonee Falls	W180 N8071 Town Hall Rd 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	i. Infection or colonization with a CDC targeted MDRO when contact precautions do not otherwise apply. ii. Wounds and or indwelling medical devices even if the resident is not known to be infected or colonized with a MDR O. 1. Wound care is included as a high contact resident care activity and is generally defined as the care of any skin opening and requiring a dressing. However, the intent of EBP is to focus on resident with higher risk of acquiring an MDRO / over a long period of time. This includes resident with chronic wounds, not those with only shorter lasting wounds such as skin breaks or skin tears covered with Band-Aid or similar dressing. Examples of chronic wound include, but are not limited to, pressure ulcers. Diabetic foot ulcers and chronic venous stasis ulcers 2. Indwelling medical device examples include central lines, urinary catheters, feeding tubes and tracheostomies. A peripheral intravenous line, not a peripherally inserted central catheter, is not considered an indwelling medical device for the purposes of EBP. d. Table one in attachment QSO. Dash 24-08-NH enhanced barrier precautions in nursing homes Details Implementing contact versus enhanced barrier precautions. MDROs. e. For residents whom EBP is indicated, EBP is employed when performing the following high contact resident care activities. i. Dressing. ii. Bathing. Showering. iii. Transferring during extended resident contact time such as bathroom, daily cares, therapy sessions. iv. Providing hygiene. v. Changing linens. vi. Changing briefs or assisting with toileting. vii. Device care or use central line urinary catheter feeding tube tracheostomy. Ventilator. viii. Wound Care. Any skin opening requiring a dressing. f. Staff education regarding enhanced barrier precautions will be processed through the Infection Prevention and Control Program. 1) Water Management (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525421	A. Building B. Wing	03/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lindengrove Menomonee Falls	W180 N8071 Town Hall Rd 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 2/10/25, at 0955 interview with Facilities Services Manager-L Surveyor asked Facilities Services Manager (FSM)-L if the facility had a more specific waterflow diagraph depicting the dead legs and other areas of concern for Legionella contamination. FSM-L asked the Surveyor what a dead leg was. Surveyor explained to FSM-L these were the areas that a water pipe may branch off the water system will dead end and are capped off and need to be flushed. FSM-L informed Surveyor that FSM-L was not aware if the facility had dead legs, and that FSM-L was not aware of them being flushed. Surveyor asked FSM-L did any legionella testing on the water system. FSM-L informed Surveyor that FSM-L did not do testing. Surveyor asked FSM-L if the facility had any information on tracking flushing, testing, and monitoring the water system. FSM-L informed Surveyor FSM-L would look for that information. On 02/11/25, at 03:37 PM, Surveyor interviewed (FSM)-L. Surveyor asked FSM-L is there another water flow schematic that shows more detail on where the dead legs are located and locations of hopper rooms, toilets, sinks. FSM-L asked Surveyors for clarification if the Surveyors were talking about the pipes, that the Surveyors discussed with FSM-L that are capped and not hooked up (referring to the dead legs). FMS-L stated I believe those pipes (referring to the dead legs) are usually located in lower level. FSM-L informed Surveyor FSM-L does not have a map of all the dead legs in the facility. Surveyor asked FSM-L does the facility have dead legs. FSM-L informed Surveyor the FSM-L was not aware if the facility had dead legs. Surveyor asked if FSM-L was aware that the facility needs to flush the dead legs if they have them. FSM-L informed the Surveyor that FSM-L has never flushed a dead leg in the waterflow system. Surveyors asked FSM-L if the facility had any diagrams, schematics of the facility piping with the dead legs or a list of hoppers, sinks rooms not being used. FSM-L informed Surveyors we have no other diagrams, schematics, lists of rooms that are not in use, hoppers, sinks or specific lists of which ones I flush. FSM-L informed Surveyors the rooms not being used are the last 5 rooms by the loading docks and those are flushed at least monthly. Surveyors asked FSM-L if the facility had documentation of locations of these areas that are flushed and the date they were flushed. FSM-L informed Surveyors no I keep the information in my head, and I flush those 5 rooms not used at least once a month. FSM-L informed Surveyors that weekly flushing was done of all unused toilets and hoppers. FSM-L showed Surveyors a monthly log that shows a weekly date range and documents, Flush all toilets and hoopers not being used, Marked done on time by FSM-L, has logs: no has docs: no. Surveyors asked FSM-L if FSM-L attended and discussed water management with Quality Assurance or Infection Control committees. FSM-L informed Surveyors we have not discussed water management with Quality Assurance or Infection Control committee. Surveyors asked FSM-L what other interventions the facility implemented to prevent legionella. FSM-L informed Surveyors that FSM-L will flush the unused toilets and the hopper rooms weekly or pour bleach down the drain if it smells. FSM-L informed Surveyors that a water treatment company comes once a year to flush and treat the system and the company came in December 2024. Surveyors asked FSM-L if any documentation from the water company and documentation could be provided to Surveyors. Surveyors asked FSM-L what other types of interventions are used in the facility to prevent legionella. FSM-L informed Surveyors no other interventions FSM-L can think 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
	525421	A. Building B. Wing	03/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lindengrove Menomonee Falls	W180 N8071 Town Hall Rd 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	Surveyors asked FSM-L what the facility protocol with rooms that become empty for the period between admissions and discharges and when a room becomes empty and how is that communicated to FSM-L. FSM-L informed Surveyors FSM-L will get an in-house roster which tells me which rooms are recently empty and they are cleaned. FSM-L informed Surveyor and then the rooms are checked every day for housekeeping issues such as cleanliness of the toilet, sink, and bed. Surveyors asked FSM-L what the protocol was to make sure those room's water areas do not sit too long after they are initially cleaned. FSM-L informed Surveyors we have people coming in and out so fast the rooms do not sit very long. Surveyors asked if FSM-L had a list or schedule to indicate how long a room may have sat empty after it was cleaned. FSM-L informed Surveyors there were no lists or schedules. FSM-L informed Surveyors the rooms are cleaned after a resident leaves, housekeeping checks them daily to make sure they are still clean before a new person comes in. Surveyors asked FSM-L what would happen if a room sat empty over a week. FSM-L informed Surveyors that does not happen. The rooms fill fast after discharges. Surveyors asked how you would determine that a room sat for a long period without some kind of tracking system. FSM-L informed Surveyors FSM-L can keep track from memory and rooms do not sit empty for that that long. Surveyors asked FSM-L what was reason the Activity room bathroom water is turned off by the toilet. FSM-L informed Surveyors the FSM-L is waiting for a part to repair the seal by the tank. Surveyors asked FSM-L how long the toilet has been out of service. FSM-L informed Surveyors It has been about a week that toilet has been out of service. Surveyors asked FSM-L if FSM-F attended the Quality Assurance Performance Improvement QAPI meetings. FSM-L informed Surveyors FSM-L attends all the QAPI meetings. Surveyors asked FSM-L what the facility protocol for tracking temperature data and making sure temperatures of the water tanks are kept in correct temperature ranges that will discourage bacteria or Legionella growth. FSM-L informed Surveyors FSM-L doesn't recall the exact temperatures right now, but FSM-L takes temperatures once a week. FSM-L informed Surveyor FSM-L will pick 4 tanks for a temperature check each week. Surveyors asked FSM-L does the facility visualize and check temperatures entering the mixing valves before water goes to the facility. FSM-L informed Surveyors FSM-L will go into the mechanical rooms and check the temperature gauges on the tanks and if there is a problem FSM-L will call a plumber. Surveyors asked FSM-L for the documentation of all the different temperature checks FSM-L performs. FSM-L informed Surveyors that FSM-L does not document those temperature checks. Surveyors asked FSM-L how the facility would know which tanks and valves have been checked and when to check them again if there is no documentation. FSM-L informed Surveyors that FSM-L keeps that data in memory. Surveyors asked if there had been Legionella in the building the past year. FSM-L informed Surveyors we have not had legionella in the building in the last year. On 02/11/25, at 04:01 PM, FSM-L gave Surveyors the water management company's service report. Surveyors asked FSM-L if FSM-L could explain the meaning of the testing results by the water management company. Surveyors informed FSM-L the Surveyors were unfamiliar with these tests and their meanings. FSM-L said that FSM-L would make a call to the company to find out for the Surveyors what the tests meant. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525421	A. Building B. Wing	03/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lindengrove Menomonee Falls	W180 N8071 Town Hall Rd 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 02/13/25, at 01:40 PM, Surveyor interviewed Facilities Services Manager (FSM)-L. Surveyor asked FSM-L who wrote the water management plan for the facility. FSM-L informed Surveyor Nursing Home Administrator (NHA)-A and my former boss wrote the water management plan. Surveyor asked FSM-L if the insurance company listed in the plan was part of writing the plan. FSM-L informed Surveyor that FSM-L did not know that information. Surveyor asked FSM-L does the facility do water testing for legionella or other bacteria as part of the facility management plan. FSM-L informed Surveyor they have a water management company that comes once a year. FSM-L informed Surveyor FSM-L was not aware of what the company tested . FSM-L informed Surveyor we do not do water testing ourselves. Surveyor asked again if FSM-L could find out what the company testing results meant. FSM-L informed Surveyor FSM-L will make some calls and will get that information for Surveyors. Surveyor requested from FSM-L if a more facility specific waterflow diagram was available and if the facility has dead legs in the water system. Surveyor asked FSM-L for any logs related to temperature monitoring, flushing low use rooms and sinks, toilets in unused rooms, and any other water features. Surveyor asked FSM-L for documentation of inspections for biofilm in the system if it is warranted. On 02/13/25, at 02:11 PM, Surveyor interviewed FSM-L and Nursing Home Administrator (NHA)-A. FSM-L informed Surveyor that the former director said it is not required to test for legionella or bacteria. NHA-A informed Surveyor that is maybe why testing is not in the water management program. Surveyor informed NHA-A and FSM-L the Surveyor asked if the facility did test as part of its plan. Surveyor informed NHA-A that the Surveyor was told a water management company does testing and treatment of the system yearly. Surveyor informed NHA-A that a request was made for any logs related to temperature monitoring, flushing low use rooms and sinks, toilets in unused rooms, any water features if indicated. Surveyor asked NHA-A for documentation on inspections for biofilm in the system if warranted and the explanation for the testing by the water management company. Surveyor informed NHA-A that documentation was very basic with no parameters for the water temperature, no documentation of the temperatures taken, no responses to temperatures being out of range if any, no visual inspection observations, no system to determine how long rooms sit after they are cleaned, and no diagram showing dead legs or other potentially hazardous areas. NHA-A informed Surveyor NHA-A was not aware of what a dead leg was and where a dead leg may be located. NHA-A informed Surveyor the facility sent this water management program in with the last Plan of Correction, and it was deemed good at that time. Surveyor asked NHA-A if the water management plan interventions such as specific flushing of water feature, temperature monitoring and visual inspections of the system are not documented how does the facility know if they are in acceptable ranges to prevent bacterial growth. Surveyor informed NHA-A there is no comprehensive list of locations of all the water areas that need flushing or clear documentation of any interventions performed on these areas. Surveyor informed NHA-A that no temperatures have been documented for the mixing valves inspections and the water tanks that FSM-L selected for weekly temperature monitoring. FSM-L informed Surveyors that temperature monitoring and visual inspection intervention data are kept in FSM-L's memory. FSM-L informed Surveyors that the weekly flushing of areas of concern are documented in a non-specific weekly form. Surveyor asked FSM-L if there are data logs with these weekly forms. FSM-L informed Surveyor there are no data logs with these weekly forms. NHA-A informed Surveyor that NHA-A will further check into these concerns and ask for more information from the facility's corporate office. FSM-L informed Surveyor FSM-L will continue to follow up with the water company and find out what the water is tested for. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525421	A. Building B. Wing	03/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lindengrove Menomonee Falls	W180 N8071 Town Hall Rd 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 02/13/25, at 02:59 PM, FSM-L informed Surveyor that FSM-L spoke with the Senior [NAME] President of Facility management. FSM-L informed Surveyor the Senior [NAME] Present believes the corporation was not required and had not done water testing. FSM-L told Surveyor that FSM-L believes there should be water testing. Surveyor informed FSM-L that Surveyors concerns about lack of documentation that the water management plan is being implemented and it was not about water testing. Surveyor informed FSM-L that water testing can be a part of the plan's evaluation of the plan's effectiveness. Surveyor's concerns are no specific documentation has been provided showing the plan has been implemented. Surveyor informed FSM-L that Surveyors are looking for temperature logs, inspection logs, flushing water systems documentation, and a comprehensive diagram with concern areas specific to this facility's waterflow system. Surveyor informed FSM-L the only real tracking data in the plan is the generic weekly log stating all toilets and hoppers have been flushed on time. On 02/13/25, at 03:47 PM, NHA-A requested Surveyor to clarify the water management program issues. Surveyor informed the NHA-A that the Center for Disease Control (CDC) recommendations are Control measures: Flushing. Recommendations: Flush low-flow pipe runs and dead legs at least weekly. Flush infrequently used fixtures regularly. Disinfectant residual water areas. Visual inspection and keeping water temperatures. Recommendations: Store hot water above 140 F (60 C). Maintain circulating hot water above 120 F (49 C). Store and maintain circulating cold water below the growth range most favorable to Legionella (77-113 F, 25-45 C). Note that Legionella may grow at temperatures as low as 68 F (20 C). Surveyor informed NHA-A that the facility has not provided documentation showing monitoring of the temperatures in the hot water tanks or mixing valves. Only a monthly generic flushing schedule with no indication of which areas are flushed weekly. All the data is kept in the Maintenance Manager's memory and not documented. Surveyor expressed concern to the NHA-A that no schedule or guideline has been shown to check when rooms sit for long periods of time. The facility only flushes the closed unit either weekly or monthly per FSM-L interview answers. Surveyor informed NHA-A that any documentation the facility could provide would be looked at. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525421	A. Building B. Wing	03/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lindengrove Menomonee Falls	W180 N8071 Town Hall Rd 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	02/17/25 10:10 AM, NHA-A and Regional Director Facility Services-M requested to speak with Surveyor. Surveyor expressed the following concerns to NHA-A and Regional Director Facility Services-M. Surveyor informed NHA-A that documentation shows a very generic weekly log for flushing of hoppers and toilets. Surveyor informed NHA-A the generic log does not show tracking of which areas that flushing is completed. Surveyor informed NHA-A that during the interview with FSM-L the closed unit is done at least once a month and then Surveyors were informed it was flushed weekly. Surveyor informed NHA-A there is no system documentation when rooms are vacated or how long the room sits open and if a room is flushed when a room sits over a week. Surveyor informed NHA-A there are no logs that temperatures have been kept above the 140 degrees or within any parameters to control Legionella. Surveyor informed NHA-A there is no documentation of the water tank temperatures or mixing valve temperatures that FSM-L told Surveyors had been taken as part of the water management program. Surveyor informed NHA-A and Regional Director of Facility Services-M that FSM-L told Surveyor that the temperature for the tanks and mixing valves are completed, but the information is kept in FSM-L memory. FSM-L will call a plumber if temperatures are outside the proper temperature range with no documentation if a plumber was ever called or needed. Surveyor informed NHA-A that an activity bathroom has had the water turned off for about a week waiting for a part with no plan to address the water sitting in those pipes for possibly 7 days or more. Surveyor informed NHA-A and Regional Director of Facility Services-M there is no documentation on if there are dead legs in the facility and if they are flushed. Surveyor asked NHA-A if anyone knows if there are dead legs in the building. NHA-A informed Surveyor that the facility does not have that information currently. Surveyor informed NHA-A all information is in your Maintenance Managers memory, and if FSM-L left or was gone for some reason, how would another person follow up with the water management program. Surveyor informed NHA-A that Surveyors were unable to find the Water Management Program in or as part of the facility assessment. Surveyor informed them if they have any of these logs or documentation the Surveyor would look at them. NHA-A and Regional Director of Facilities-M told Surveyor they completely understood what Surveyors were looking for now and would look at how to implement tracking and look for the plumbing areas like the dead legs in question. 2) Infection Control On 02/13/25, at 09:11 AM, Surveyor interviewed Assistant Director of Nurse (ADON)-G. Surveyor asked how long ADON-G was in the infection control position. ADON-G informed Surveyors since ADON-G started about 6 months ago. ADON-G informed Surveyors ADON-G did all the education required. ADON-G presented Surveyors with a 12/18/22 Infection Control Completion Certificate. Surveyor asked ADON-G what outbreaks have occurred in the facility. ADON-G informed Surveyor 2 outbreaks occurred in the last year. ADON-G informed Surveyor an influenza outbreak in December of 2024, with 7 people testing positive for influenza A. ADON-G informed Surveyor ADON-G let Waukesha public health know about the outbreak and the patients were administered Tamiflu. ADON-G informed Surveyor the rest of the residents on that unit were administered prophylactic Tamiflu. Surveyor asked ADON-G what was done for isolation and infection spread prevention. ADON-G informed the Surveyor that the doors were closed, and the residents stayed in their rooms during their isolation period. Residents had to wear N 95 masks when they went off the unit during their isolation. Housekeeping increased cleaning high touch areas including railings, tables, and door handles. Surveyor asked ADON-G to tell Surveyors about the other facility outbreak. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525421	A. Building B. Wing	03/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lindengrove Menomonee Falls	W180 N8071 Town Hall Rd 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	ADON-D informed Surveyors a Covid outbreak happened beginning in August 2024. ADON-G informed Surveyor the Covid outbreak lasted from October 20th, 2024, to November 18th ,2024. ADON-G informed Surveyor the facility had an admission of a resident with Covid in October 2024. ADON informed Surveyors the facility notified Waukesha public health immediately. Surveyors asked ADON-G if the residents and staff were tested for Covid. ADON-G informed Surveyor that Covid testing was done on all residents on the first floor, and Covid testing was done on 7 staff who worked on the first-floor units during that period. ADON-G informed the Surveyor that the doors were closed, and the resident stayed in their rooms while isolated. ADON-G informed Surveyor residents had to wear N 95 masks when they went off the unit while in isolation. ADON-G informed Surveyors that housekeeping increased cleaning high touch areas such as railings, tables, and door handles. Surveyor asked ADON-G when the facility considered Covid an outbreak. ADON-G informed Surveyor on August 23 once they had a positive resident and 3 days later 2 more residents tested positive for Covid. ADON-G informed Surveyor on the same day of the 3rd case public health was informed. Surveyor asked ADON-G for the documentation of the timeline of what the facility implemented and steps for prevention, when signs were placed, when isolation began and for whom and when each person began symptoms, when symptoms resolved, what analysis afterward was completed, quality improvement analysis of what could have been done better, analysis of what the facility could do to improve the process. Surveyors informed ADON-G the surveillance infection line lists that ADON-G provided to Surveyors didn't contain all the information required. ADON-G informed Surveyor ADON-G did not write down a timeline or summary which included the analysis of the outbreaks and what they could do to improve practice in the future. ADON-G informed Surveyors that ADON-G was recently made aware this process had to be done with each outbreak by their corporate infection control in January 2025. ADON-G informed Surveyors that ADON-G had already been working on writing the outbreak timelines out before the Survey started. Surveyors asked ADON-G was the first Covid person/case ground 0 identified, and when illness started. ADON-G informed Surveyors a residents family member came down with Covid. Surveyor asked ADON-G how they determined that was the first case of Covid. ADON-G informed Surveyors the family notified the facility about the family member testing positive for Covid. The facility had no illness prior to the notification of Covid from the family member. Surveyors asked ADON-G if the influenza outbreak was tracked from the start of the outbreak and documented on a timeline and evaluation of the outbreak. ADON-G informed Surveyor one staff member tested positive for Influenza A. ADON-G informed Surveyor after that Influenza positive staff member; the residents started having symptoms at the same time. The facility determined it was brought in from the community by that staff member. The facility tested all symptomatic people, and the symptomatic people tested positive for influenza A. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525421	A. Building B. Wing	03/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lindengrove Menomonee Falls	W180 N8071 Town Hall Rd 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	Surveyor asked ADON-A what was done instead of a timeline for these outbreaks on tracking when they started, what interventions were done and when the interventions were put in place, what analysis of what worked, what problems occurred and what could have been done to improve the process and the follow up. ADON-G informed the Surveyor instead of doing a timeline or evaluations ADON-G informed Surveyor that ADON-G would swab the residents for the infections and then go by what Public Health told me to do. ADON-G informed Surveyors I did not write down anything on a timeline or evaluate how to prevent the spread in the future. ADON-G informed Surveyors that ADON-G had just become aware of this process recently and this will be done differently in the future. ADON-G informed Surveyors ADON-G was only recently informed that documentation was required, but did have start and resolution of resident's symptoms on the line list. Surveyor asked ADON-G is there anymore document [TRUNCATED]

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525421	A. Building B. Wing	03/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lindengrove Menomonee Falls	W180 N8071 Town Hall Rd 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 0881 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Implement a program that monitors antibiotic use. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 20483 Based on interview and record review, the facility did not ensure they followed their antibiotic stewardship program for 1 (R23) of 1 residents reviewed for antibiotic use. * R23 was treated with an antibiotic for a UTI (urinary tract infection) without meeting criteria. Findings include: The facility's policy titled, Infection Prevention and Control Program dated as last reviewed on 12/5/24 under the Identification section documents: Staff will follow McGeers criteria for infection identification. The CDC (Centers for Disease Control and Prevention) Core Elements of Antibiotic Stewardship for Nursing Homes Appendix A: Policy and Practice Actions to Improve Antibiotic Use under the section Infection specific interventions to improve antibiotic use documents Reduce antibiotic use in asymptomatic bacteriuria (ASB). The prevalence of ASB, bacteriuria without localizing signs or symptoms of infections, ranges from 25% to 50% in non-catheterized nursing home residents and up to 100% among those with long-term urinary catheters. Antibiotic use for treatment of ASB in nursing home residents does not confer with any long-term benefits in preventing symptomatic urinary tract infections (UTI) or improving mortality, and may actually increase the incidence of adverse drug events and result in subsequent infections with antibiotic-resistant pathogens. 1.) R23's diagnoses includes retention of urine, obstructive & reflux uropathy, and neuromuscular dysfunction of bladder. R23 is receiving hospice services. R23's physician order dated 11/1/24 documents: Indwelling Foley Catheter 16 fr (french) with 10 cc (cubic centimeters) balloon for urinary retention. R23's admission MDS (minimum data set) with an assessment reference date of 11/8/24 documents that R23 has an indwelling catheter. R23's urinary incontinence and indwelling catheter CAA (care area assessment) dated 11/11/24 documents under the analysis of findings section: neurogenic bladder obstructive urop (uropathy) Foley cath (catheter) retention,. Under the care plan considerations section it documents: Proceed to plan of care. Maintain Foley cath-cath places at risk for infection. Goal for no complications/infections r/t (related to) cath. R23's nurses note dated 12/5/24, at 12:22 p.m. by Licensed Practical Nurse (LPN)-HH documents: Resident had concerns for burning in bladder. Hospice nurse changed Foley out and collected a UA (urinalysis). Residents catheter was kinked in 2 places. Hospice nurse only wants resident [NAME] sic (wearing) house coats or robes, NO pants. Check that tubing is draining and not kinked. UA with c&s (culture and sensitivity) was ordered, collected, faxed, confirmed by lab and urine is in the fridge. R23's nurses note dated 12/6/24, at 13:09 (1:09 p.m.) written by LPN-VV documents: lab orders reviewed NNO (no new orders). (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525421	A. Building B. Wing	03/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lindengrove Menomonee Falls	W180 N8071 Town Hall Rd 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 0881 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	R23's physician order dated 12/9/24 documents: Sulfamethoxazole-Trimethoprim Tablet 800-160 mg (milligram). Give 1 tablet by mouth every morning and at bedtime for UTI for 7 Days. Surveyor reviewed R23's December 2024 MAR (medication administration record) and noted R23 received this antibiotic starting on 12/9/24 with the HS (hour sleep) dose and twice daily on 12/10/24, 12/11/24, 12/12/24, 12/13/24, 12/14/24, & 12/15/25 and the AM (morning) dose on 12/16/24. R23's nurses note dated 12/10/24 at 00:11 (12:11 a.m.) written by LPN-E documents: Late entry from PM (evening) shift: Resident alert and responsive, continues on ABT (antibiotic) for UTI, Foley patent, draining amber urine. No adverse reactions noted from ABT. No c/o (complaint of) pain or discomfort. R23's nurses note dated 12/11/24 at 03:35 (3:35 a.m.) written by LPN-E documents: Late entry from PM shift: Resident alert and responsive, monitoring for FU (follow up)/fall, no injuries noted. ROM/WNL (range of motion/within normal limits), neuro checks negative, continues on ABT for UTI, no adverse reactions noted from ABT, Foley patent, draining amber urine. No c/o pain or discomfort. R23's nurses note dated 12/15/24 at 23:32 (11:32 p.m.) written by LPN-E documents: Resident alert and responsive, monitoring for unwitnessed fall, area to back of head is healing, no blood or drainage noted. ROM/WNL. Oxygen on @ (at) 2 L (liters)/min. via nasal cannula. Continues on ABT for UTI, no adverse reactions noted from ABT. No c/o pain or discomfort. R23's nurses note dated 12/20/24 at 01:09 (1:09 a.m.) written by LPN-E documents: Resident alert and responsive. Continues on ABT for UTI, Foley draining amber urine, no adverse reactions noted from ABT, no c/o pain or discomfort. Surveyor noted R23's antibiotic ended on 12/16/24. On 2/13/25, at 1:44 p.m., Surveyor asked Assistant Director of Nursing/Infection Preventionist (ADON/IP)- G how R23 met the McGeers criteria, which is the facility's definition of infection, for urinary tract infection in December. ADON/IP-G informed Surveyor she spoke with the NP (Nurse Practitioner) about that and the family requested test for an UTI, that's why the NP ordered it. ADON/IP-G informed Surveyor the family said she was confused. Surveyor asked ADON/IP-G if Surveyor could see how she the McGeers form she filled out for R23. ADON/IP-G looked in her computer and informed Surveyor she didn't fill one out for her. Surveyor asked ADON/IP-G to look into how R23 met their criteria for treating R23 with an antibiotic and get back to Surveyor. On 2/17/25, at 9:07 a.m., Surveyor informed ADON/IP-G Surveyor has not been provided with any information on how R23 met their definition of infection for treating a UTI in December. ADON/IP-G informed Surveyor the family spoke with the NP and they wanted the UA. Surveyor informed ADON/IP-G Surveyor understood how the UA was ordered but how did R23 meet the McGeers criteria which is their standard of practice for treating an UTI. ADON/IP-G replied she did not. Surveyor was not provided with any additional information as to why R23 was treated with an antibiotic without meeting the facility's definition of infection.