

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525422	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/11/2024
NAME OF PROVIDER OR SUPPLIER Lindengrove Waukesha		STREET ADDRESS, CITY, STATE, ZIP CODE 425 N University Dr Waukesha, WI 53188	

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)
<p>F 0554</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Allow residents to self-administer drugs if determined clinically appropriate.</p> <p>49011</p> <p>Based on observation, interview, and record review, the facility did not ensure the accurate and safe administration of medication for 1 (R34) of 5 Residents observed for medication pass.</p> <p>R34 did not have a self-administration of medication assessment or a physician's order to self-administer medication.</p> <p>Findings include:</p> <p>The Facility Policy and Procedure titled, Self-Administration of Medications Effective Date: May 2018, states in part:</p> <p>Policy</p> <p>In order to maintain the residents' highest 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.</p> <p>Procedures</p> <p>A. If the resident desires to self-administer medications, an assessment is conducted by the interdisciplinary team of the resident's cognitive (including orientation to time), physical, and visual ability to carry out this responsibility during the care planning process .</p> <p>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 .</p> <p>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.</p> <p>E. If the resident demonstrates the ability to safely self-administer medications, a further assessment of the safety of bedside medication storage is conducted .</p> <p>(continued on next page)</p>

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0554</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 05/28/24 at 09:16 AM Surveyor was observing medication pass for R34. The Licensed Practical Nurse (LPN)-V went into the room of R34 and asked R34 if Diclofenac gel and Nystatin powder had been done by R34. R34 confirmed doing such this morning already. LPN-V then marked both as administered on the MAR.</p> <p>Surveyor notes that record review revealed that R34's medical record did not contain a physician's order or a self-administration of medication assessment. Nothing was on R34's care plan for self-administration of medication.</p> <p>On 05/28/24 at 12:38 PM Nursing Home Administrator (NHA)-A informed the Surveyor that there is no self-administer assessment on file for R34, Facility was going to do one, but not done yet.</p> <p>On 05/29/24 at 08:31 AM Surveyor spoke with Acting Director of Nursing (A-DON)-B and Interim Director of Nursing (I-DON)-C. A-DON-B confirmed the assessment was done yesterday, and there was an interdisciplinary review done yesterday along with the physician order requested from R34's physician.</p> <p>On 05/29/24 at 03:38 PM Surveyor informed Facility at the daily exit meeting about the above concerns. No further information was provided.</p>		

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<p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49011</p> <p>Based on interview and record review the Facility did not notify a resident's representative or attending physician when there was a change of condition involving 1 (R45) of 14 residents in the sample.</p> <p>R45 had a fall with injury and was transported to the hospital. There was no documentation R45's representative or attending physician were updated when the change of condition occurred.</p> <p>Findings include:</p> <p>R45 was admitted to the facility on [DATE] with diagnoses that include, in part, displaced intertrochanteric fracture of right femur, subsequent encounter for closed fracture with routine healing, muscle weakness (generalized), dysphagia, oropharyngeal phase, difficulty in walking, not elsewhere classified, unsteadiness on feet, cognitive communication deficit. R45 has an activated power of attorney.</p> <p>The Medicare 5 day MDS (Minimum Data Set) dated 3/19/2024 indicates R45 has a BIMS (Brief Interview for Mental Status) of 06, indicating severe cognitive impairment. R45 is frequently incontinent of urine and bowel.</p> <p>On 05/29/24 at 09:02 AM during review of the electronic medical record Surveyor noted there was no documentation R45's resident representative and attending physician were updated regarding the fall that occurred on 3/25/2024. A progress note written by agency nurse-W dated 3/26/2024 at 05:00 AM states Patient transferred to hospital R/T (related to) fall in room between 2230 and 2300. See risk management note for details. Hospital called to update that patient has left hip fracture and brain bleed. Patient will not be returning at this time. Hospital notified family.</p> <p>On 05/29/24 at 11:30 AM Surveyor spoke with Interim Director of Nursing (I-DON)-C who stated there is no documentation that the facility contacted the family or physician after the 3/25 fall.</p> <p>On 05/29/24 at 12:16 PM surveyor spoke with the agency nurse-W who sent R45 out to the hospital and asked if the family or attending physician were called and the nurse could not remember doing so.</p> <p>On 05/29/24 at 03:38 PM Surveyor informed Facility at the daily exit meeting about the above concern. No further information was provided.</p>		