

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 0552</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are fully informed and understand their health status, care and treatments.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49435</p> <p>Based on interview and record review, the facility did not ensure information was provided and consent was obtained for a resident who was prescribed psychotropic medications for 1 (R37) of 5 residents reviewed for unnecessary medications.</p> <p>R37 was prescribed Mirtazapine and Trazadone which are antidepressant medications. The facility did not obtain written consent from R37's Power of Attorney (POA) for these medications.</p> <p>Findings include:</p> <p>The undated facility policy, entitled Standard Psychoactive Medication Protocol, documents, in part: Nursing: . Review and obtain signature for informed consents with individual or responsible party .</p> <p>R37 was admitted to the facility on [DATE] and has pertinent diagnoses that include: Stroke, Aphasia (loss of ability to speak), Lung cancer, and Adjustment disorder with mixed anxiety and depressed mood.</p> <p>R37's Quarterly Minimum Data Set (MDS) assessment, dated 3/22/2024 indicates that R37 is rarely/never understood and R37 is severely cognitively impaired.</p> <p>Surveyor reviewed R37's current Physician orders with a black box warning (The most serious warning the Food and Drug Administration can issue for a medication. The warning is to alert the user of the major risks of taking the medication). Documented, with a start date of 2/4/2024, is Trazodone HCL 50 mg two times a day. Documented, with a start date of 2/28/2024, is Mirtazapine 7.5 mg at bedtime.</p> <p>R37's medical record did not include informed consents for these medications, including the explanation of the risks and benefits of the medication, potential side effects or alternative treatments.</p> <p>On 5/30/2024, at 12:31 PM, Surveyor interviewed Director of Nursing (DON)-B. Surveyor asked if R37 should have a consent signed by R37's POA for Trazodone and Mirtazapine. DON-B said yes. Surveyor asked if DON-B could locate a signed consent. DON-B could not locate a signed consent and stated that getting consent was overlooked. DON-B indicated that they would get consent for these medications right away.</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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F 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 5/30/24, at 12:43 PM, Surveyor informed Nursing Home Administrator (NHA)-A of the concern that consents were not obtained prior to administering Trazodone and Mirtazapine to R37. No further information was provided.		

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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>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>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>(continued on next page)</p>		

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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 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 0576</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure residents have reasonable access to and privacy in their use of communication methods.</p> <p>49435</p> <p>Based on observation and interview, the facility did not ensure that residents have reasonable access to the use of telephone, in a place where calls can be made without being overheard.</p> <p>The facility provided telephones in resident's rooms on the first floor while resident's living on the second floor of the facility did not have reasonable access to the use of telephone.</p> <p>This deficient practice has the potential to affect 28 of 28 residents residing on the second floor of the facility who could request the use of telephone.</p> <p>Findings include:</p> <p>During Resident Council held on 5/29/24 at 2:00 PM, R14 stated, I am upset that there are not phones in the rooms on the second floor. R14 stated that they were told by the facility that the budget would be reviewed in July and a plan for phones would be addressed at that time. R14 stated that there was a phone at the end of the hallway on the second floor that residents could use but that it did not provide privacy.</p> <p>On 5/30/24 at 10:22 AM, Surveyor interviewed NHA (Nursing Home Administrator)-A regarding the phone system at the facility. Surveyor asked NHA why only the first-floor residents were provided with access to telephone in their room and not residents residing on the second floor of the facility. NHA-A informed Surveyor that the facility previously disconnected all the telephone systems on the second floor of the facility because the facility thought that they would not have any resident's residing on the second floor. NHA-A informed Surveyor that residents residing on the first floor had access to a personal telephone in each of their rooms. NHA-A informed Surveyor that since the phone system was taken out, the facility has had resident's residing on the second floor. NHA-A informed Surveyor that the facility has cordless telephones on the unit for residents to use and that residents residing on the second floor can also use their personal telephones. NHA-A informed the Surveyor that the facility is working on getting additional telephone access for resident's residing on the second floor.</p> <p>On 5/30/24 at 10:30 AM, Surveyor completed a walk-through of the second-floor units. Surveyor observed only two cordless telephones for all 28 residents residing on the second floor of the facility. Surveyor observed one cordless telephone to be inoperable and it would not turn on.</p> <p>(continued on next page)</p>		

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<p>F 0576</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 5/30/24 at 10:31 AM, Surveyor interviewed RN (Registered Nurse)-L, who was working on the second floor of the facility, regarding the telephone access for residents residing on the second floor. Surveyor asked RN-L how many cordless telephones were available to residents residing on the second floor. RN-L informed Surveyor that there were two cordless telephones on the second floor but that one was not working as it was not charged. RN-L informed Surveyor that she did not know how the cordless telephones work and that she usually receives a call from family requesting to speak to residents via the facility telephone landline located inside the nurse's station. Surveyor asked how residents would be able to speak in private if they are only receiving calls via the telephone landline inside the nurse's station. RN-L informed Surveyor that if a resident wishes to speak in private, she has the resident's family call her personal cellular phone which she leaves with the resident in the resident's room. Surveyor asked RN-L if the facility needed additional cordless telephones for residents residing on the second floor to use. RN-L informed Surveyor that additional cordless telephones would be helpful as she should not have to use her personal cellular phone for resident's calls.</p> <p>On 5/30/24 at 3:02 PM, Surveyor notified NHA-A and DON (Director of Nursing)-B of the above information.</p> <p>No additional information was provided as to why the facility did not ensure that residents have reasonable access to the use of telephone, in a place where calls can be made without being overheard.</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>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49435</p> <p>Based on interview and record review, the facility did not ensure a safe, home-like environment that provided reasonable care for the protection of a resident's property from loss for 1 (R33) of 1 residents reviewed.</p> <p>Two of R33's shirts were lost after R33 sent them to be cleaned by the facilities laundry department. R33 informed the facility. The facility started the process of locating the missing the shirts but did not follow through with locating them in a timely manner.</p> <p>Findings include:</p> <p>R33 was admitted to the facility on [DATE] and has pertinent diagnoses that include Depression, Anxiety, Chronic Kidney disease, and Muscle weakness.</p> <p>R33's Quarterly Minimum Data Set (MDS) assessment, dated 3/8/2024, indicated that R33 has a Brief Interview for Mental Status (BIMS) score of 15, indicating that R33 is cognitively intact for daily decision making.</p> <p>On 5/28/24, at 1:59 PM, Surveyor interviewed R33. R33 stated that the facility does her laundry. R33 stated that about 4 months ago, 2 of her shirts went missing after she had sent them to be laundered. R33 reported this to the facility. R33 stated that R33 filled out a form indicating the color and style of shirts. R33 stated that R33 never heard anything back from the facility and did not get her shirts.</p> <p>On 5/30/2024, at 8:23 AM, Surveyor interviewed Certified Nursing Assistant (CNA)-I. Surveyor asked what protocol they follow if a resident reports missing clothes. CNA-I stated that they would look for the item in the laundry room. CNA-I indicated that they would write down a description of the item and inform the nurse and a supervisor of the missing item. CNA-I informed surveyor that they usually find the missing item. Surveyor asked what happens if they do not find the missing item. CNA-I stated that they did not know what happens after they write the description down and let everyone know of the missing item.</p> <p>On 5/30/2024, at 8:43 AM, Surveyor interviewed Assistant Director of Nursing (ADON)-D regarding missing clothing. ADON-D indicated that if the steps were taken to locate the clothes and the clothes were not found, a grievance should be filed and followed up on.</p> <p>(continued on next page)</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 5/30/2024, at 9:30 AM, Surveyor interviewed Social Worker (SW)-E. Surveyor asked what protocol they follow if a resident reports missing clothes. SW-E stated that they will hear from a CNA if a clothing item is missing. SW-E would look for the item in the laundry room. If the item is not found, SW-E would inform Nursing Home Administrator (NHA)-A. NHA-A would then find a resolution for the resident. Surveyor asked if R33 had filed a grievance regarding missing clothes in the last 6 months. SW-E did not see a grievance filed. SW-E did locate notes from a resident council meeting. SW-E stated that R33 brought up the missing items in the resident council meeting on 1/31/2024. SW-E stated that after that resident council meeting, staff did take R33 to the laundry room's lost and found area to look for the missing shirts. SW-E indicated that they thought the items were found.</p> <p>Surveyor reviewed the Resident Council Meeting minutes from the 1/31/2024 meeting. Documented was, Laundry: a few missing items. Will bring resident's down to look.</p> <p>Surveyor asked Interim Director of Nursing (DON)-C for a policy regarding Missing Items. No policy was provided.</p> <p>On 5/30/2024, at 12:45 PM, Surveyor interviewed NHA-A. Surveyor asked if NHA-A was aware that R33 had reported 2 shirts missing. NHA-A stated that they had recently spoke to SW-E. NHA-A indicated that SW-E did not know that the missing shirts was an ongoing problem until informed by Surveyor. NHA-A informed Surveyor that SW-E assumed the shirts were found and that the issue was resolved, and it was not.</p> <p>On 5/30/2024, at 3:03 PM, NHA-A informed Surveyor that NHA-A will reimburse R33 for the 2 missing shirts.</p>		

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<p>F 0655</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49435</p> <p>Based on interview and record review, the facility did not ensure information from the baseline care plan was reviewed with resident and a copy or summary of the plan was provided to the resident for one (R10) of one residents reviewed.</p> <p>Findings include:</p> <p>The facility policy, entitled Comprehensive Person-Centered Care Plan, with a review date of 8/10/2023, documents, in part: . Within 48 hours after admission: a Baseline Care Plan will be completed and reviewed with Individual and/or Individual Representative.</p> <p>R10 was admitted to the facility on [DATE] and has pertinent diagnoses that include Chronic heart failure, Weakness, Unsteadiness on feet and Chronic kidney disease.</p> <p>R10's Admission Minimum Data Set (MDS) assessment, dated 4/16/2024 indicated that R10 has a Brief Interview for Mental Status (BIMS) score of 15, indicating that R10 is cognitively intact for daily decision making.</p> <p>On 5/28/24, at 10:41 AM, Surveyor interviewed R10, who stated that R10 had not participated in the baseline care planning process. Surveyor asked if staff had reviewed R10's baseline care plan with R10. R10 stated that he did not receive any information about his baseline care plan and never signed a baseline care plan. R10 indicated that he would have like to be included and aware of what his baseline care plan documented.</p> <p>R10's MD (Medical Doctor) order with a start date of 4/16/2024 states: Complete Baseline Care Plan one time only . Print and review with Resident . Scan to [Electronic Medical Record]. This order has a completed date of 4/18/2024.</p> <p>Surveyor reviewed R10's medical record and could not locate documentation of facility providing a baseline care plan summary to R10.</p> <p>On 5/29/24, at 1:04 PM, Surveyor interviewed Acting-Director of Nursing (DON)-B and Interim-Director on Nursing (DON)-C. Surveyor asked what steps are included in developing a baseline care plan. DON-C stated that the baseline care plan should be completed within 2 days of admission. The nurse should review the baseline care plan with the resident and have the resident or resident representative sign the care plan. After the resident has reviewed and signed the care plan, the care plan should be scanned into the medical record. Surveyor asked if R10 had a signed copy of the baseline care plan in his medical record. DON-C stated the signed care plan is not in the medical record. DON-C stated that they have a process and a policy in place for the base line care plan, but it was not followed.</p> <p>On 5/29/2024, at 1:34 PM, Surveyor informed Nursing Home Administrator (NHA)-A that R10's baseline care plan was not reviewed and signed by R10 per the facility's policy. No further information was provided.</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 22692</p> <p>Based on observation and staff interview the facility did not develop and implement a comprehensive person-centered care plan for 1 (R100) of 12 residents to meet a resident's medical, nursing and mental and psychosocial needs that are identified in the comprehensive assessment.</p> <p>Findings include:</p> <p>R100 was admitted to the facility on [DATE] with diagnoses that included diabetes, muscle weakness and urinary incontinence.</p> <p>On 5/30/24 R100's Admission Minimum Data Set (MDS) dated [DATE] was reviewed and indicated R100 was at risk for pressure injuries and a Care Area Assessment (CAA) for Pressure Injury was triggered and documented: Will pressure injury be addressed on the care plan and yes is checked. R100's narrative for this CAA documented: CAA triggered for potential pressure injury due to need for assistance with bed mobility. Further complicated by sometimes incontinent of bowel and bladder and utilizes brief daily to manage. (R100) is at risk for skin breakdown.</p> <p>On 5/30/24 R100's Braden Scale for Predicting Pressure Ulcer Risk dated 4/11/24 was reviewed and documented</p> <p>R100 had a score of 18 indicating she was at risk for development of pressure injuries.</p> <p>On 06/03/24 at 11:50 AM Director of Nurses (DON)-B was interviewed and indicated R100 did not have a care plan for prevention of pressure injuries even though she is at risk and should have had one.</p> <p>On 05/30/24 R100's current care plan was reviewed and did not include any plan for prevention of pressure injuries even though R100 was assessed to be at risk on 3/18/24 and again on 4/11/24.</p> <p>During the survey from 5/20/24 to 06/03/24 R100 was observed to be on a pressure reduction mattress and her heels elevated. R100 did not have any pressure injuries observed.</p> <p>The facility's policy and procedure titled Pressure Injury Prevention and Managing Skin Integrity dated 8/10/23 documented: Based on the individual's Braden Scale Score, pressure reduction interventions will be implemented by nursing and documented in the individual's medical record.</p> <p>The above findings were shared with Nursing Home Administrator-A and DON-B at the daily exit meeting on 6/2/24. Additional information was requested if available. None was provided.</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47094</p> <p>Based on observation, interview, and record review the facility did not provide the necessary ADL (Activity of Daily Living) services for 2 (R8 and R31) of 14 residents that were dependent on staff to assist with ADL care.</p> <p>* R8 was observed to have long, dirty fingernails on both hands and was itching an open wound.</p> <p>* R31 was observed to have right and left hand contractures, R31's nails on both hands were long and dirty and had the potential of cutting into R31's palms.</p> <p>Findings include:</p> <p>The facility policy, entitled Standard ADL Protocol, that is not dated states: ADLs: . personal hygiene (oral care, face, hands) . PROBLEM: Individual requires assistance with ADLs . CNA (certified nursing assistant) . Trim finger and toenails on bath/shower day and as needed unless diabetic. RN (registered nurse) . Complete diabetic nail care. LPN (licensed practical nurse) . Complete diabetic nail care.</p> <p>1.) R8 was admitted to the facility on [DATE] and has diagnoses that include (idiopathic) normal pressure hydrocephalus, delusional disorder, chronic kidney disease stage 3, neoplasm of unspecified behavior of brain, major depressive disorder, and dementia with other behavioral disturbance.</p> <p>R8's significant change minimum data set (MDS) on 4/26/2024 indicated R8 had severely impaired cognition with a Brief Interview for Mental Status (BIMS) score of 4 and the facility assessed R8 needing maximal assistance with 1 staff member for repositioning, and dependent of 1 staff member for all R8's ADLs. R8 required a Hoyer lift transfer with 2 staff members for transferring and was incontinent of bowel and bladder and wore an adult brief.</p> <p>On 5/28/2024 at 11:03 AM Surveyor observed R8 lying in bed scratching at her right lower leg. Surveyor asked R8 if her leg was itchy and R8 replied yes and showed Surveyor R8's leg. R8 had an open area on R8's left lateral foot and right ankle that R8 was scratching. Surveyor looked at R8's fingernails and the nails on R8's right and left hands were long and dirty.</p> <p>On 5/28/2024 at 11:29 AM Surveyor observed R8 continuing to scratch R8's right lower leg around R8's open areas on R8's right lateral foot and right ankle. R8 was also scratching at the sides of R8's head with both right and left hands.</p> <p>On 5/29/2024 at 11:04 AM Surveyor observed certified nursing assistant (CNA)-M and CNA-O giving R8 a bed bath. Surveyor asked CNA-M when nail care is completed for residents. CNA-M stated nail care is usually done on bath days. Surveyor asked when R8 last had nail care. CNA-M looked at R8's nails and stated that R8 should probably have R8's fingernails cut. CNA-M also made comment how dirty R8's fingernails were. Surveyor asked if R8 usually scratches R8's body. CNA-M stated R8 does often scratch and believes it to be part of R8's dementia. Surveyor asked CNA-M if nail care is located anywhere to document when completed. CNA-M stated sometimes nail care is included on the CNA Kardex or in task manager but was not sure if was included anywhere for R8.</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Surveyor reviewed R8's medical record and did not locate a specific task for nail care for R8. Surveyor noted an order to: Complete weekly skin check, weight, and bath (according to shower schedule) Friday AMs in the morning every Friday. If any new skin abnormalities upon assessment, complete skin only evaluation. Document bath refusals (start 5/3/2024)</p> <p>Surveyor noted facility staff initialing that a bed bath was given to R8 on Fridays but does not appear nail care has been done on those days and no refusals were documented.</p> <p>On 5/29/2024 at 3:46 PM Surveyor shared concern with Interim director of nursing (DON)-C that R8 has long, dirty fingernails and was scratching at open areas on R8's right foot and ankle and head. Interim DON-C stated it would be looked into.</p> <p>On 5/30/2024 at 8:21 AM Surveyor observed R8 lying in bed and noted R8's nails on R8's right and left hands were still long and dirty.</p> <p>2.) R31 was admitted to the facility on [DATE] and has diagnoses that include anxiety disorder, dysphagia, tremor, cervical disc disorder with myelopathy, quadriplegia C1-C4 incomplete, chronic obstructive pulmonary disease, right sided heart failure, chronic viral hepatitis and schizoaffective disorder.</p> <p>R31's quarterly MDS on 5/17/2024 indicated R8 had severely impaired cognition with a BIMS score of 3 and the facility assessed R31 dependent on 1 staff for all of R31's ADL care. R31 has an indwelling catheter and was incontinent of bowel and wore an adult brief. R31 is on Hospice care and requires consistent oxygen via nasal cannula.</p> <p>On 5/28/2024 at 8:45 AM Surveyor observed R31 lying R31's bed on R31's back. R31's hands were on top of the bed covers and Surveyor noted R31's fingers on both hands to be contracted and the fingernails on both hands were long and dirty and touching R31's palms. Surveyor asked R31 if staff cut or cleaned R31's nails however R31 did not respond to Surveyor.</p> <p>On 5/29/2024 at 10:49 AM Surveyor observed the Hospice aide-U providing ADL care for R31. The Hospice aide-U stated that Hospice aide-U is at the facility one day a week to provide cares for R31. Surveyor asked Hospice aide-U if nail care is done for residents on Hospice. Hospice aide-U stated that sometimes the facility has orders for staff, but Hospice aide-U would notify staff that R31's nails need to be done.</p> <p>Surveyor reviewed R31's medical records and noted R31's certified nursing assistant (CNA) Kardex has the following interventions under skin integrity:</p> <ul style="list-style-type: none"> - Keep skin clean and well lubricated - Offer/encourage/apply lotion to dry skin as needed - Reposition [R31] q (every) 2 hours and PRN (as needed). Check for BM (bowel movement) each time repositioned. <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 6/30/2024 at 8:55 AM Surveyor observed CNA-S assisting R31 with eating breakfast. Surveyor asked CNA-S regarding nail care for residents. CNA-S stated that nail care is usually done on resident's bath days. Surveyor asked CNA-S if CNA-S does nail care. CNA-S stated CNA-S will do it if there is time and if the resident is not diabetic, then nursing has to do nail care. Surveyor asked CNA-S if there is anything specific to R31's nail care in regard to R31 having contractures and preventing nails from cutting into R31's palms. CNA-S stated that staff have to make sure R31's hands are clean and put Vaseline on to keep R31's hands from getting dry. CNA-S stated R31's nails look long and should be cut.</p> <p>Surveyor reviewed R31's orders and noted an order for: Complete weekly skin checks and bath (according to shower schedule) Sunday AM in the morning every Sunday. If any new skin abnormalities upon assessment, complete skin only evaluation. Document bath refusals (start 3/31/2024). Surveyor noted staff initialed as completed but appears nail care has not been done on those days and no refusals were documented.</p> <p>On 6/30/2024 at 10:40 AM Surveyor shared concern with nursing home administrator (NHA)-A regarding R31's right and left fingernails being long and dirty and touching R31's palm and concern that could potentially cut into R31's palms. NHA-A stated it would be looked into. No further information provided at this time.</p>		

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<p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide activities to meet all resident's needs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49435</p> <p>Based on interview and record review, the facility did not provide an ongoing, individualized and meaningful activities program designed to meet the residents interest and support their physical, mental and psychosocial well-being for 2 (R247 and R33) of 2 residents reviewed for activities.</p> <p>R247 and R33 reported that they would like to participate in organized group activities on the weekend but activities are not offered on the weekends.</p> <p>Findings include:</p> <p>R247 was admitted to the facility on [DATE] after surgery to repair a broken femur.</p> <p>R247's Admission Minimum Data Set (MDS) assessment, dated 5/22/2024 indicated that R247 has a Brief Interview for Mental Status (BIMS) score of 15, indicating that R33 is cognitively intact for daily decision making. Section F of the MDS documented that it is very important to R247 to do things with groups of people.</p> <p>On 5/28/2024, at 12/14 PM, Surveyor interviewed R247 about the facility's activity program. R47 stated that he enjoys joining the activities that the facility offered but there is not much offered on the weekends. R247 stated that the facility will have packets that R247 could pick up and do alone on Saturday and Sunday, but if you want to do something as a group on the weekends, you have to watch sports or church on the television. R247 stated repeatedly that R247 wished there was something more to do on the weekends.</p> <p>R33 was admitted to the facility on [DATE] and has pertinent diagnoses that include Depression, Anxiety, Chronic Kidney disease, and Muscle weakness.</p> <p>R33's Quarterly Minimum Data Set (MDS) assessment, dated 3/8/2024, indicated that R33 has a BIMS score of 15, indicating that R33 is cognitively intact for daily decision making.</p> <p>Surveyor noted that Section F of the MDS assessment, which would indicate the importance of activities and what activities R33 would enjoy, was not completed by the facility for R33.</p> <p>On 5/28/2024, at 10:20 AM, Surveyor interviewed R33 about the facility's activity program. R33 stated that it is very rare to have any activities on the weekend. R33 indicated that R33 and other residents have asked the facility for activities on the weekend. R33 said that the facility will tell residents that if they have activities on the weekend, then they would have to take away some of the activities during the week. R33 stated that the weekends get long with no activities offered.</p> <p>Surveyor reviewed March, April and May Activity calendars. On Saturday's, the facility offered: activity packets, puzzles, watching sports on TV and independent activities. On Sunday's, the facility offered church services on TV and sports on TV. Surveyor noted that there were no organized group activities provided on the weekends.</p> <p>(continued on next page)</p>		

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<p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Surveyor reviewed the Resident Council Meeting minutes from February, March and April. Surveyor noted that in April of 2024, Residents asked for activities on the weekends. Life Enrichment Director (LED)-H informed residents that LED-H can hire a part time staff member who can assist the activity department. The minutes documented that LED-H mentioned and reminded residents that if programs happen on the weekends, then it takes the staff off sometime during the week .</p> <p>Surveyor asked Interim Director of Nursing (DON)-C for a policy regarding resident activities. No policy was provided.</p> <p>On 5/30/24, at 10:14 AM, Surveyor interviewed LED-H. Surveyor asked what hours LED-H worked. LED-H stated she typically works 8:30 to 5 on the weekdays. LED-H stated that LED-H will sometimes work PM or weekend hours but not on a regular basis. Surveyor asked what activities are available for residents on the weekends. LED-H stated that the facility offers packets and individual activities on the weekend. LED-H indicated that group or organized activities were not consistently offered on the weekends. LED-H stated that LED-H agreed with residents that the activities on the weekend are lacking. LED-H mentioned that the facility has approval to hire a part-time employee to help with the activity program, but an employee has not been hired yet. LED-H stated that with more help, LED-H is hopeful that activities on the weekend will improve. Surveyor asked who is responsible for documenting section F of the MDS. LED-H stated that they are responsible to filling out section F. Surveyor asked if R33's MDS section F was filled out. LED-H stated that it was not filled out and that it must have fell under LED-H's radar. LED-H indicated that LED-H will complete section F of R33's MDS.</p> <p>On 5/30/24, at 12:45 PM, Surveyor informed Nursing Home Administrator (NHA)-A of the concern about activities on the weekends. NHA-A stated that they understand the concern. NHA-A indicated that they spoke with LED-H about activity options and how the facility could possibly arrange an aid or other staff member to direct weekend activities. Surveyor also informed NHA-A of the concern that section F was not completed on R33's annual MDS assessment. No further information was provided.</p>

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<p>F 0686</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47094</p> <p>Based on observation, interview, and record review the facility did not ensure residents with a pressure injury or at risk for pressure injuries received necessary treatment and services consistent with professional standards of practice, to prevent the development of pressure injuries and to promote healing for 1 (R8) of 3 residents reviewed for pressure injuries.</p> <p>R8 admitted to the facility with pressure injuries (PIs) on her left heel and right lateral foot which later resolved. R8 was assessed as high risk for PIs. Despite being at high risk, R8's physician's order for an air mattress was not implemented, a care plan for actual skin impairment was not initiated timely, and her weekly skin assessments were not completed weekly as per facility policy. R8 developed pressure injuries to her right lower extremity that deteriorated to a stage 3 and a stage 4 with necrosis and muscle/fascia visible in addition to developing two stage 2 PIs to her buttocks. R8's care plan was never revised with interventions to promote healing. Surveyors had observations of orders including repositioning and heel offloading not being implemented as well as observations of R8 removing her dressings and scratching the open areas with dirty fingernails.</p> <p>The facility's failure to provide care to prevent the development of pressure injuries and promote the healing of R8's pressure injuries, the failure to assess and update resident's pressure injury care plan, monitor R8's dressings, and provide repositioning created a finding of immediate jeopardy (IJ) that began on 1/31/2024. Surveyor notified Nursing Home Administrator (NHA)-A, Interim Director of Nursing (Interim DON)-C and assistant DON (ADON)-D of the immediate jeopardy on 5/30/2024 at 11:41 AM. The immediate jeopardy was removed on 6/3/24. The deficient practice continues as a scope and severity of a D (potential for harm/isolated) as the facility continues to implement their action plan.</p> <p>Findings include:</p> <p>The facility policy titled, Pressure Injury Prevention and Managing Skin Integrity, reviewed on 8/10/2023, documents:</p> <p>I. Policy: Prevention measures are put in place to reduce the occurrence of pressure injuries. II. Procedure:</p> <p>1. Risk Assessment.</p> <p>a. Upon admission: Braden Scale will be completed to evaluate individual's risk for developing a pressure injury at admission, and weekly for four weeks for all new admissions.</p> <p>c. Based on the individuals Braden Scale Score, pressure reduction interventions will be implemented by nursing and documented in the individual's medical record.</p> <p>2. Identify Interventions and Care Plan, a. Identify Interventions</p> <p>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 .</p> <p>(continued on next page)</p>		

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<p>F 0686</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>3. Identification of risk factors present or acquired that compromise skin integrity will be considered.</p> <p>b. Care Plan. i. In developing a plan of care, the following will be considered:</p> <p>1. Individual pressure injury history,</p> <p>2. Cognitive changes or impairment of the individual.</p> <p>3. Current state of skin integrity and personal hygiene practices of the individual that impact skin health .</p> <p>5. Risk for pressure ulcer development (Braden Scale).</p> <p>3. Skin Checks;</p> <p>a. Skin check will be done upon admission, readmission, or as clinically indicated.</p> <p>b. While providing routine care, a licensed nurse is to monitor the skin condition of each individual weekly and document the Skin Check in the medical record.</p> <p>4. Weekly Wound Rounds, .</p> <p>b. Registered Nurse (RN) or designee will:</p> <p>i. Conduct weekly skin evaluation .</p> <p>iii. Update the Care Plan with any new interventions as applicable .</p> <p>R8 was admitted to the facility on [DATE] and has diagnoses that include (idiopathic) normal pressure hydrocephalus, delusional disorder, chronic kidney disease stage 3, neoplasm of unspecified behavior of brain, major depressive disorder, and dementia with other behavioral disturbance.</p> <p>R8's quarterly minimum data set (MDS) dated [DATE] indicates R8 has severely impaired cognition with a Brief Interview for Mental Status (BIMS) score of 4; requires maximal assistance with 1 staff member for repositioning and is dependent on 1 staff member for personal hygiene. R8 requires a Hoyer lift with 2 staff members for transferring and is incontinent of bowel and bladder and wears an adult brief. On 8/15/23, the facility assessed R8 to be high risk for the development of pressure injuries with a Braden score of 11.</p> <p>Surveyor notes R8 was admitted to the facility with pressure injuries to the left heel and right lateral foot, both resolved on 11/29/2023. R8 had a significant change MDS completed on 4/26/2024 and the facility assessed R8 to be dependent on staff with repositioning as well as all activities of daily living (ADLs) with assistance of 1 staff member. R8 has an activated POA (Power of Attorney.)</p> <p>(continued on next page)</p>		

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<p>F 0686</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Surveyor reviewed R8's physician orders and noted an air mattress was ordered on 9/14/2023 and was never implemented. Surveyor observed R8's current mattress is a foam mattress. Surveyor reviewed the Manufacturer's Owner's Manual and noted a description for the memory foam flip mattress, and it was designed to provide different levels of comfort on the two opposing sides of the mattress. The memory foam side of the mattress features a soft viscoelastic foam top layer with three support layers underneath. The traditional foam side of the mattress has a firmer feel while still providing comfort and pressure redistribution. A super-soft heel section is featured on both sides of the mattress .</p> <p>On 5/29/2024 at 3:46 PM, Surveyor interviewed Interim Director of Nursing (DON)-C who stated they are not sure why R8's air mattress was never implemented when ordered on 9/14/2023. Interim DON-C stated there may be a story there but would have to look into it. Surveyor never received further information regarding why R8's air mattress was never implemented.</p> <p>R8's care plan for actual skin impairment was not initiated until 9/27/2023 (6 weeks after admission with pressure injuries) and included the following interventions:</p> <ul style="list-style-type: none"> - Encourage good nutrition and hydration in order to promote healthier skin. - Monitor/document location, size, and treatment of skin injury. Report abnormalities, failure to heal s/sx of infection, maceration, etc . - Nursing collaborate with [Name of Wound Care company] wound care consultants on changes to or worsening of the wound. <p>R8's current Certified Nursing Assistant (CNA) Kardex has the following interventions as of 5/29/2024:</p> <ul style="list-style-type: none"> - Check positioning in chair and when alone in room, tilt chair back with feet elevated for safety and proper lower extremity position. <p>Surveyor reviewed R8's [Wound Care Company] wound care assessments and noted on 1/31/2024 R8 was assessed to have two unstageable deep tissue injuries (DTIs):</p> <ul style="list-style-type: none"> - Right lateral foot measuring 0.5 cm (centimeters) x 1.0 cm (length x width x depth) - Right ankle measuring 0.5 cm x 0.5 cm <p>New orders included:</p> <ul style="list-style-type: none"> - Skin prep ordered - Offload wound, reposition, pressure off loading boots <p>Surveyor noted R8's care plan and CNA Kardex were not revised with the new interventions for offloading, pressure off loading boots, or repositioning.</p> <p>On 3/6/2024, the facility's assessment of R8's right ankle wound is documented as an unstageable PI with necrosis, 1 x 1 x 0.2, 20% necrotic (dead,) 80% granulation tissue.</p> <p>(continued on next page)</p>		

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<p>F 0686</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>On 3/13/2024, the facility's assessment of R8's right lateral foot wound is noted to be a stage 3 PI measuring 0.2 x 0.2 x 0.2, 100% granulation tissue. Wound Medical Doctor (Wound MD)-P also indicated a possible concern for bone infection in right ankle due to it not healing and an x-ray was ordered. The x-ray was found to be negative for a bone infection.</p> <p>On 3/20/2024, the facility's assessment of R8's right ankle wound is documented as a Stage 4 measuring, 1 x 1 x 0.4, 20% necrotic, 80% granulation, muscle/fascia visible.</p> <p>On 3/29/2024, Wound MD-P ordered an ace wrap be applied around the right foot to keep the bandages in place. Surveyor noted the new order was not added to R8's care plan or added to R8's MAR (Medication Administration Record)/TAR (Treatment Administration Record). Surveyor did not observe an ace wrap around R8's right foot during the survey.</p> <p>On 5/14/2024, the facility's assessment of R8's right lateral foot wound documents a deterioration from a stage 3 to stage 4, measuring 2 x 2 x 0.3, 100% granulation tissue.</p> <p>On 5/21/2024, R8's wound measurements are documented as:</p> <ul style="list-style-type: none"> -Right lateral foot, stage 4, 2.0 x 1.8 x 0.2, 90% granulation tissue, 10% muscle -Right ankle, stage 4, 2.0 x 2 x 0.3, 100% granulation tissue <p>On 5/21/2024, Wound MD-P's assessment notes state it was stressed to R8's POA and facility nursing staff the need to ensure the patient offloads site as [R8] favors laying on the right side which is a concern for ongoing source of pressure. Wound MD-P's assessment notes discussed that [R8] has palpable pulse and with improvement seen since last week's assessment, R8 should have the ability to heal, but that will not occur unless R8 continues to have pressure relief to the wound site. Re-reviewed wound orders with nursing to complete as ordered and additionally discussed ways to ensure improved offloading and prevent [R8] from continuing to favor the right side and leading to worsening of [R8's] right foot wound. Discussed with R8's POA additional treatment or adjustment to the GOC (goal of care) for hospice versus aggressive therapies should wound worsen such as amputation. R8's POA wishes to continue with aggressive wound care given seeming improvement possible with offloading measures discussed.</p> <p>Surveyor noted there were no changes to R8's care plan or the CNA Kardex to include interventions discussed in Wound MD-P's progress notes. Surveyor also noted that the above information was not noted in the progress notes for nursing to see and that the need to make sure R8 is offloading R8's right ankle and pressure injury was not indicated.</p> <p>Surveyor noted the following concerns:</p> <ul style="list-style-type: none"> - R8's care plan and CNA Kardex were never revised to include new interventions recommended by Wound MD-P for off-loading, repositioning, and pillow boots. - Multiple notes from Wound MD-P stating patient noncompliance with offloading and repositioning, and behaviors, and this was never addressed in care plan. <p>(continued on next page)</p>		

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<p>F 0686</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>- Quarterly MDS completed on 11/22/2023 and current MDS done 4/26/2023 do not document R8 refuses cares or is non compliant.</p> <p>Surveyor noted R8's current wound measurements as of 5/28/2024 are:</p> <ul style="list-style-type: none"> - Right lateral foot, Stage 4, 2.2 x 1.5 x 0.2, 100% granulation tissue - Right ankle, Stage 4, 2 x 1.5 x 0.2 100% granulation tissue <p>Buttock Pressure Injury</p> <p>On 2/7/2024 at 22:46 (10:46 PM) in progress notes, nursing documented, skin only evaluation indicating R8 has an open area on the buttock. Seen by Wound Doctor. Treatment in TAR. No other concerns.</p> <p>Surveyor noted there was no comprehensive assessment of the buttock pressure injury including measurements, description, or location of the open area on R8's buttock. Surveyor also noted there is no documentation by Wound MD-P regarding the open area on buttock from 2/7/2024.</p> <p>Surveyor reviewed R8's February 2024 MAR/TAR and noted a new treatment was not initiated on 2/7/2024 for the newly identified pressure injury. R8 had the following orders in place from 8/15/23 which documented:</p> <ul style="list-style-type: none"> -[NAME] Buttocks External Ointment (Diaper Rash Products)-Apply to buttocks topically two times a day for skin protection (Start date: 8/15/2023). -Duoderm to right buttock, change every 3 days and PRN (as needed) (Start date: 9/17/2023.) <p>Surveyor noted staff initialed the treatment as being completed 6 out of the 9 scheduled days in February. Surveyor also did not see any progress notes or assessments to indicate why R8's treatment to right buttock was changed from [NAME] Buttock Ointment to a Duoderm dressing three times a day on 9/17/23.</p> <p>Surveyor noted that there are no further assessments or progress notes regarding R8's open area on the buttocks which was noted on 2/7/2024.</p> <p>On 4/9/2024, Wound MD-P submitted a supplemental progress note which indicated R8 has buttock wounds which appear to be pressure related (stage 2) given patient frequently spends long periods of the day in [R8's] recliner. Will use Zinc TID (three times a day) for treatment in addition to upgrading patient cushion and mattress, reposition per protocol.</p> <p>Measurements were provided to Wound MD-P by facility staff:</p> <ul style="list-style-type: none"> - Right buttock wound 2.1 x 0.49 x 0.1 - Left buttock wound 2.1 x 0.49 x 0.1 <p>(per telephone from facility-did not assess)</p> <p>(continued on next page)</p>

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NAME OF PROVIDER OR SUPPLIER Lindengrove Waukesha		STREET ADDRESS, CITY, STATE, ZIP CODE 425 N University Dr Waukesha, WI 53188	

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<p>F 0686</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>- Zinc ordered for 3x (times)/day in addition to upgrade patient cushion and mattress, reposition.</p> <p>Surveyor noted R8's mattress was not upgraded on 4/9/2024 as ordered by Wound MD-P.</p> <p>On 4/16/2024, Wound MD assesses R8's buttocks wounds:</p> <ul style="list-style-type: none"> - Right buttock wound, stage 2, 2.5 x 3.0 x 0.1, open area with exposed dermis - Left buttock wound, stage 2, 5.0 x 1.0 x 0.2, open area with exposed dermis - TX (treatment) changed to leptospermum honey once daily and cover with bordered gauze. <p>R8's current measurements right and left buttocks wounds as of 5/28/2024 are:</p> <ul style="list-style-type: none"> - Right buttock wound, stage 2, 0.5 x 0.5 x 0.1. - Left buttock wound, stage 2, 3 x 3 x 0.1. <p>On 5/28/2024 at 8:27 AM, Surveyor observed R8 lying on her right side in bed sleeping. Surveyor noted there was not an air mattress on R8's bed and there were 2 blue pillow boots in R8's wheelchair. Surveyor was unable to visualize R8's legs at this time.</p> <p>On 5/28/2024 at 11:03 AM, Surveyor observed R8 lying in bed on her back slightly leaning on R8's right side and R8's legs were turned to the right and R8's right foot/ankle were against the mattress. Surveyor observed two bandages on the sheets next to R8 that were dated 5/28/2024 with [initials] on the bandage. R8 was observed scratching R8's lower extremity. Surveyor asked R8 if Surveyor could look at R8's hands. Surveyor noted R8's fingernails on her right and left hands to be long and dirty. Surveyor also observed R8 throwing a blue type dressing on her bedroom floor where another blue dressing was already lying. Surveyor did not observe R8's feet offloaded, and 2 blue pillow boots were still located on R8's wheelchair.</p> <p>On 5/28/2024 at 11:29 AM, Surveyor observed R8 lying in bed scratching at her lower right leg. 2 bandages were still located on R8 bed, and 2 blue pillow boots were located on R8's wheelchair. Surveyor noted R8's right lower leg was exposed and asked R8 if Surveyor could look at R8's right foot. Surveyor noted an open area on the right lateral side by R8's pinky toe and R8's ankle had open areas that did not have dressing on them and R8 was scratching around the open areas.</p> <p>On 5/28/2024 at 12:36 PM, Surveyor observed CNA-M going into R8's bedroom. CNA-M stated CNA-M was getting R8 up for the day. Surveyor asked CNA-M what interventions R8 has in place for R8's wounds. CNA-M stated R8 gets repositioning at least every two hours and treatments to R8's wounds. Surveyor asked CNA-M if R8 has been getting repositioned. CNA-M stated R8 has been getting repositioned because R8 is unable to do it without help. Surveyor asked CNA-M if R8 is supposed to have dressings on R8's right foot pressure injuries. CNA-M stated CNA-M noticed they were off earlier and told the Nurse. Surveyor asked CNA-M how long ago that was, and CNA-M replied at least a couple hours ago. Surveyor asked CNA-M if R8 had any pressure injuries on R8's buttocks. CNA-M stated that R8 has some areas and gets a barrier cream applied. CNA-M provided cares on R8 and applied a barrier cream to R8's buttocks.</p> <p>(continued on next page)</p>

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<p>F 0686</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>On 5/28/2024 at 12:58 PM, Licensed Practical Nurse (LPN)-N entered R8's bedroom. LPN-N stated LPN-N redressed R8's dressings earlier and was not aware they had come off again. LPN-N redressed R8's right foot dressings to R8's right lateral and right ankle pressure injuries and wrapped R8's foot with a Coban dressing so the dressings stay on. LPN-N then cleaned and applied the ordered treatments to R8's right and left buttock pressure injuries. Surveyor asked LPN-N what interventions are in place for R8's wound management. LPN-N stated R8 should be repositioned, receives treatments to the areas, and should have pillow boots on but R8 rubs her legs, and they fall off all the time.</p> <p>On 5/29/2024 at 8:02 AM, Surveyor observed R8 lying slightly on R8's right side, her knees were propped on a pillow and her right ankle was directly against the mattress. R8 did not have pillow boots on and had a Coban wrap around the right foot. Surveyor noted R8's blue pillow boots were sitting on R8's wheelchair.</p> <p>On 5/29/2024 at 11:04 AM, Surveyor observed CNA-M and CNA-O putting R8 into R8's wheelchair. Surveyor asked CNA-M and CNA-O how the pressure injuries developed on R8's right foot and buttocks. CNA-M and CNA-O both stated they were most likely due to pressure. CNA-M stated R8 favors her right side and tends to want to lay on that side. Surveyor asked if CNA-M and CNA-O were ever instructed to keep R8 off her right side or put interventions in place for offloading R8's right foot so there is no pressure in that area. CNA-M stated the pillow boots are put on to keep pressure off. Surveyor shared with CNA-M and CNA-O that Surveyor had observations that the pillow boots were not in place and sitting in R8's wheelchair. CNA-M stated the staff tries to keep the pillow boots on when able. CNA-M and CNA-O stated they were not sure what else to do.</p> <p>On 5/29/2024 at 3:46 PM, Surveyor interviewed Interim Director of Nursing (DON)-C who stated they are not sure why R8's air mattress was never implemented when ordered on 9/14/2023. Interim DON-C stated there may be a story there but would have to look into it. Surveyor never received further information regarding why R8's air mattress was never implemented.</p> <p>During the interview, Surveyor shared concerns with Interim DON-C. Interim DON-C stated they are wound care certified and has been in the Interim DON position for almost 3 weeks. Interim DON-C stated the facility is aware some things were not being completed as the staff should such as care plan and CNA Kardex's. Surveyor shared concerns with Interim DON-C that R8's impaired skin integrity care plan was never revised after R8 developed the pressure injuries in the right lateral foot and right ankle, and it was not revised again after R8 developed two stage 2 pressure injuries on R8's buttocks. Surveyor also shared concern R8's CNA Kardex does not identify the recommendations to offload and keep R8 off her right side for wound care. Interim DON-C agreed with Surveyor R8's care plan and CNA Kardex were lacking and needed to be revised and the facility is aware there is a problem and they are working on it. Surveyor shared observations made of R8 not having her right foot offloaded, not having a dressing in place for several hours, her weekly skin assessments were not completed, and there were observations of R8 not wearing pillow boots. Interim DON-C stated it would be looked into. Interim DON-C stated Interim DON-C did wound rounds with Wound MD-P the last several weeks and is worried R8's right foot wound will not heal because the bone is exposed for whatever reason and afraid that it will get infected. Interim DON-C stated R8's family is thinking of hospice services for R8.</p> <p>(continued on next page)</p>		

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<p>F 0686</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>On 5/30/2024 at 10:01 AM, Surveyor interviewed Wound MD-P who stated the primary issue with R8's wounds are not offloading them. Wound MD-P stated staff have been educated and reeducated to keep R8 off that right side, possibly using wedges to prevent rolling onto right side. Wound MD-P stated when they come to facility weekly (primarily on Tuesdays) R8 is usually lying on the right side and the pillow boots are not applied. Wound MD-P stated the wound will get better and then decline, it is like a roller coaster. Wound MD-P stated every week while I'm in the facility the staff is re-educated to make sure R8's right side is offloaded. Surveyor asked Wound MD-P if R8's pressure injury has a chance of healing. Wound MD-P stated R8's wound would heal if R8's right side stayed offloaded due to R8 having good pulses, no arterial issues, and the bone and wound tissue appear healthy, but facility staff have to keep R8 offloaded. Wound MD-P stated maintenance staff were also instructed if they observe R8 on R8's right side, they are to get someone to get R8 off that side. Surveyor asked Wound MD-P if R8 should have an air mattress in place. Wound MD-P stated R8 would benefit from an air mattress but it is not required to heal R8's right lateral foot and right ankle pressure injuries. Wound MD-P stated the facility needs to ensure R8's pillow boots remain in place and R8 stays off her right side. Wound MD-P stated if the pressure injuries on R8's buttocks worsen then she will require an air mattress for wound healing. Surveyor asked Wound MD-P to clarify notes written about R8's noncompliance with wound care. Wound MD-P stated R8 does not refuse treatment or interventions but R8 has severe dementia and has to be talked through and assure pain medication is given before treatments so R8 is comfortable with what is happening. Wound MD-P also stated the noncompliance is with R8 always going to that right side and not being offloaded.</p> <p>On 5/30/2024 at 11:41 AM, Nursing Home Administrator (NHA)-A, DON-B, and Assistant Director of Nursing (ADON)-D were informed of the facility's failure to implement changes/revisions to R8's care plan/CNA Kardex, complete skin assessments on R8, and current observations of interventions not in place for R8 to promote wound healing and prevent worsening.</p> <p>The immediate jeopardy was removed on 6/3/24 when the facility completed the following:</p> <ul style="list-style-type: none"> *All nurses and CNAs have been educated on the facility's skin prevention policy. *All nurses and CNAs have been educated on the notification process of skin changes. Detailing that changes be communicated to resident provider and clinical leadership who then coordinates with wound NP, dietician, and provider as needed. *Facility skin sweep completed on 5/31/24. *Facility residents care plans reviewed for at risk skin and updated as needed. *Facility residents with skin alterations have had a review of their care plan, RN comprehensive skin evaluations, interventions, and treatment plans in place. *Daily the DON or designee will review progress notes, risk assessments and 24-hour boards for any resident alteration of skin integrity. *Competencies and education will be conducted by nursing management and/or a nurse who has passed the competency education and has been designated to provide the education. *Staff education will occur prior to the next shift and new agency staff will be educated upon their first shift. <p>(continued on next page)</p>		

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<p>F 0686</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>*Pressure Injury Prevention and Managing Skin Integrity policy reviewed and reviewed with Medical Director.</p> <p>*Interdisciplinary Team to have weekly wound meetings to review status to include: pressure injury Policy and Procedure compliance. All findings will be reported to QAPI committee.</p> <p>*DON or designee will audit 5 medical records to ensure the skin policy and procedure are being followed weekly x 4 weeks then monthly times 3 months. Findings will be reported to the QAPI committee.</p> <p>*Root cause analysis completed on 5/13/24.</p>

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47094</p> <p>Based on record review and interview, the facility did not ensure that 1 (R6) of 3 residents reviewed for accidents had adequate assistance devices and interventions in place to prevent accidents.</p> <p>* R6 did not have a falls care plan initiated until 12/4/2023 even though R6 was admitted to the facility because of a fall at R6's previous residence and assessed at a high risk for falls.</p> <p>Findings include:</p> <p>R6 was admitted to the facility on [DATE] and has diagnoses that include age related osteoporosis, neuropathy, low back pain, spinal stenosis, cervical and lumbar region, glaucoma, atherosclerotic heart disease, bradycardia, and abnormalities of gait and mobility.</p> <p>R6's admission minimum data set (MDS) dated [DATE] indicated R6 had intact cognition with a Brief Interview of Mental Status (BIMS) score of 13 and the facility assessed R6 needing supervision with all activities of daily living (ADLs) and when walking 50 feet and performing turns. R6's fall risk evaluation assessed on 10/17/2023 indicated R6 was at risk with a score of 16.</p> <p>On 10/17/2023 at 15:12 (3:12 PM) in the progress notes nursing charted admission note- admitted from hospital via stretcher: admitting diagnosis: [NAME] with head trauma, resident mobility: walking in room with supervision, transfer with supervision .</p> <p>On 10/18/2023 at 00:16 (12:16 AM) in the progress notes nursing charted patient admitted after fall at ALF (assisted living facility). A/O (alert/orientated) X 4 (person, place, time, situation) with safety concerns. Patient does self-transfer. Call light with patient, use encouraged and reinforced. [NAME] and wheelchair at bedside</p> <p>On 5/28/2024 at 9:33 AM surveyor observed R6 sitting in the recliner watching TV. Surveyor asked R6 if R6 has fallen while at the facility. R6 stated that when first came to the facility had a couple falls, but not lately. R6 denied injuries from the falls.</p> <p>R6 falls care plan was initiated on 12/4/2023 with the following intervention:</p> <p>-Monitor/document/report PRN (as needed) X 72 hours to MD (medical doctor) for s/sx (signs/symptoms): pain, bruises, change in mental status, new onset: confusion, sleepiness, inability to maintain posture, agitation.</p> <p>Surveyor noted that R6 was admitted to the facility from having a fall with head trauma at R6's previous residence and was assessed as a fall risk on admission, but R6's falls care plan was not implemented until about 2 months after R6 was residing in the facility.</p> <p>On 12/5/2023 at 22:01 (10:01 PM) in the progress notes nursing charted resident is follow- up witnessed eased to floor without injury. Denies acute or new onset of pain.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Surveyor requested fall investigation for R6 being lowered to the floor.</p> <p>Surveyor reviewed the fall investigation from 12/4/2023 at 21:31 (9:31 PM). The investigation consisted of R6's statement stating R6 was attempting to get clothes ready for a shower, lost balance, and fell into wheelchair at an odd angle and was unable to get up. Staff statement state R6 was observed at 21:39 (9:39 PM) sitting sideways on R6's wheelchair, 2 CNA (certified nursing assistant) staff were unable to get R6 to a standing position due to the angle R6 was at and staff assisted R6 to the ground and used a Hoyer lift to get R6 into wheelchair safely and assisted R6 with getting ready for a shower.</p> <p>Surveyor noted the investigation and noted that R6 did not push call light for assistance and staff did not indicate what intervention was put in place for R6 to prevent further falls from happening or investigate possibility why R6 lost balance.</p> <p>On 12/8/2023 at 11:43 AM in the progress notes nursing charted patient nurse from [hospital] called to report patient will likely be returning to facility with orders for PT/OT (physical therapy/occupational therapy).</p> <p>On 12/9/2023 at 21:51 (9:51 PM) in the progress notes nursing charted resident continues to be monitored from unwitnessed fall. Ambulating from bed to bathroom with assist of one and walker. Reminded to call for assistance with all ADL's and transfers as needed.</p> <p>On 12/12/2023 at 3:37 AM in the progress notes nursing charted patient self-transferring through the night with wheeled walker to the bathroom. Encouraged to call for assist, resident states will if needed. Safety rounds done Every 30-45 minutes as able.</p> <p>Surveyor reviewed fall investigation for R6's fall on 12/8/2023. R6 interview stated got up to place water on table due to staff placing in on the wrong side and R6's legs gave out. Staff statements state staff entered room to give R6 medication and found R6 on the floor and was sent to hospital for further evaluation.</p> <p>Surveyor noted R6's care plan was not revised after R6's fall on 12/8/2023 or 12/12/2023 when R6 required 30-45 minute safety checks due to R6 not using call light when ambulating.</p> <p>On 5/29/2024 at 10:19 AM Surveyor observed R6 sitting in recliner watching TV and call light was in reach of R6. Surveyor asked R6 if R6 used the call light for assistance or if R6 could walk alone. R6 stated that R6 uses the call light because has had a couple falls and does not want to fall again and that staff told R6 to push it when needs help. Surveyor asked R6 if R6 has to wait a long time when R6 pushes the call light. R6 stated that staff come pretty quickly when R6 pushes the call light.</p> <p>On 5/30/2024 at 3:01 PM Surveyor shared concerns with Nursing home administrator (NHA)-A, acting director of nursing (DON)-B, Interim DON-C and assistant DON-D that R6 did not have a falls care plan initiated until 12/4/2023 even though R6 was admitted to the facility because of a fall at R6's previous residence and assessed at a high risk for falls. Surveyor also shared concern that R6's care plan was not revised to include interventions that were appropriate for R6 after the fall on 12/4/2023 and 12/8/2023 to include call light use, monitoring, frequent checks etc. No further information was provided at this time.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 6/3/2024 at 9:39 AM Surveyor interviewed CNA-S who stated R6 likes to be independent and not be bothered unless R6 has to be. CNA-S stated R6 uses the call light and is pretty good about waiting for staff to come and assist with what R6 needs. CNA-S stated that frequent rounding is done on R6 because R6 used to be more compulsive and get up on own and walk but has been waiting for staff last couple months. CNA-S stated staff know to get to R6's room when R6 uses the call light and to make sure the call light is always close to R6.</p>		

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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47094</p> <p>Based on observation, interview, and record review the facility did not ensure 1 (R31) of 2 reviewed for an indwelling catheter had a valid medical justification for continued use of the indwelling catheter, received necessary services for monitoring of the indwelling catheter and provide dignity for resident who had an indwelling catheter.</p> <p>R31 was admitted to the facility with a foley catheter. There was no diagnosis or justification for the catheter, no size indicated, and no orders for monitoring or cares for the indwelling catheter. Observations were made of catheter bag not being in a privacy bag.</p> <p>Findings include:</p> <p>The facility policy, entitled STANDARD INDWELLING CATHETER PROTOCOL, no date indicated, states: Problem: Individual has Indwelling Catheter, . RN/LPN (registered nurse/ licensed practical nurse): Obtain order for indwelling catheter, Document type, size, balloon inflation size and indication for use . , Urinary assessment and documentation as indicated and directed by the RN, Change catheter/ bag per CDC (Center for Disease Control) guidelines or as ordered by MD (medical doctor), . All: . Involve individual and/or responsible party in care plan process.</p> <p>R31 was admitted to the facility on [DATE] and has diagnoses that include anxiety disorder, dysphagia, tremor, cervical disc disorder with myelopathy, quadriplegia C1-C4 incomplete, chronic obstructive pulmonary disease, right sided heart failure, chronic viral hepatitis and schizoaffective disorder.</p> <p>R31's quarterly Minimum Data Set (MDS) on 5/17/2024 indicated R31 had severely impaired cognition with a Brief Interview for Mental Status (BIMS) score of 3 and the facility assessed R31 as being dependent on 1 staff for all of R31's Activities of Daily Living (ADL) cares. R31 was admitted with an indwelling catheter and was incontinent of bowel and wore an adult brief. R31 is on Hospice care and requires consistent oxygen via nasal cannula.</p> <p>On 5/28/2024 at 8:09 AM Surveyor observed R31 lying in bed and a catheter bag hanging on the left side of the bed. R31's catheter bag was not in a privacy bag and had about 300 ml of dark yellow urine in the bag.</p> <p>During survey Surveyor made several observations of R31's catheter bag on the left side of R31's bed and no privacy cover. Surveyor noted R31's urine bag never to be more than 400 ml of dark yellow urine when observed.</p> <p>Surveyor reviewed R31's medical record and did not locate an order, diagnosis, or justification for R31 having a catheter. Surveyor also noted there was no catheter care instructions for R31's catheter.</p> <p>R31 did not have a catheter care plan in place and there were no interventions listed of the certified nursing assistant (CNA) Kardex for catheter care for R31.</p> <p>(continued on next page)</p>		

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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 6/3/2024 at 8:55 AM Surveyor observed CNA-S working with R31. Surveyor asked CNA-S what kind of care is provided for R31's catheter. CNA-S stated CNA-S empties R31's catheter bag in the morning, after breakfast, after lunch, and also checks it during rounds. Surveyor asked if R31's bag ever gets changed or catheter insertion site gets cleaned. CNA-S stated normal catheter cares are provided for R31 and was not sure if R31 got new catheter bags. Surveyor asked CNA-S how staff know if a resident has a catheter and needs care. CNA-S stated that it is passed on in shift change report or notices the resident has a catheter when providing cares. Surveyor asked if CNA-S documents output for R31. CNA-S stated that CNA-S documents output and notifies nursing if there is none regardless of if its ordered or not, that it was something CNA-S just does.</p> <p>On 6/3/2024 at 10:40 AM Surveyor shared concerns with nursing home administrator (NHA)-A about R31 having an indwelling catheter and no orders, diagnosis, or justification for having an indwelling catheter. Surveyor also shared with NHA-A observations made of R31's catheter bag not being in a privacy bag and visible to anyone when walks into R31's bedroom. NHA-A stated it will be looked into.</p> <p>On 6/3/2024 at 10:59 AM Surveyor interviewed licensed practical nurse (LPN)-N who stated catheter cares are usually located on the resident's medication administration record/ treatment administration record (MAR/TAR) but agreed that R31 did not have any orders on R31's MAR/TAR when LPN-N looked at R31's medical record. Surveyor asked LPN-N when R31's catheter and catheter bag were changed. LPN-N was unsure when they were changed because it was not documented anywhere. LPN-N stated LPN-N had a feeling Hospice changed R31's catheter and catheter bag when the Hospice nurse visited R31 but was not sure.</p>		

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NAME OF PROVIDER OR SUPPLIER Lindengrove Waukesha		STREET ADDRESS, CITY, STATE, ZIP CODE 425 N University Dr Waukesha, WI 53188	
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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47094</p> <p>Based on observation, interview, and record review the facility did not ensure the necessary care and services to provide respiratory care were consistent with professional standards of practice for 1 (R31) of 1 resident reviewed for respiratory care.</p> <p>R31's oxygen tubing was not labeled, there was no care plan for respiratory/ oxygen use, and no orders in place for care of oxygen supplies.</p> <p>Findings include:</p> <p>The Facility policy, entitled STANDARD RESPIRATORY PROTOCOL, no date indicated, states: Problem: Impaired or potential impairment of gas exchange r/t (related to) chronic respiratory disease. RN (registered nurse): Assess for signs of ineffective breathing pattern PRN (as needed), Monitor/Document respiratory status PRN, ., Protective covering to oxygen tubing, around ears, Replace DME (durable medical equipment) as ordered. MAA (medication administration assistant): . Replace DME as ordered, All: . Involve individual and/or responsible party in care plan process.</p> <p>R31 was admitted to the facility on [DATE] and has diagnoses that include anxiety disorder, dysphagia, tremor, cervical disc disorder with myelopathy, quadriplegia C1-C4 incomplete, chronic obstructive pulmonary disease, right sided heart failure, chronic viral hepatitis and schizoaffective disorder.</p> <p>R31's quarterly Minimum Data Set (MDS) on 5/17/2024 indicated R31 had severely impaired cognition with a Brief Interview for Mental status (BIMS) score of 3 and the facility assessed R31 as dependent on 1 staff for all of R31's Activities of Daily Living (ADL) care. R31 was admitted with an indwelling catheter and was incontinent of bowel and wore an adult brief. R31 is on Hospice care and requires consistent oxygen via nasal cannula.</p> <p>On 5/28/2024 Surveyor observed R31 lying in bed. R31's oxygen concentrator was running at 5L (liters) and R31 had a nasal cannula in their nose. Surveyor looked at R31's oxygen tubing and noted that it was not labeled related to R31's use. Surveyor noted that R31 did not have coverings around the oxygen tubing by R31's ear as stated in the facility respiratory protocol.</p> <p>Surveyor reviewed R31's medical record and noted that R31 did not have a respiratory or oxygen care plan. Surveyor also looked at the CNA Kardex and noted there was no interventions for R31's respiratory care or monitoring.</p> <p>Surveyor reviewed R31's orders and noted the following order:</p> <p>-Oxygen at 1-5 liters per NC (nasal Cannula) to keep O2 (oxygen) sats (saturation/level) > (greater than) --- every shift. (Start date 4/10/2024).</p> <p>Surveyor noted that there was not a percentage written in the above order for staff to monitor what oxygen level to keep R31's oxygen above.</p> <p>(continued on next page)</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Surveyor also noted there are no further orders for when to replace/ switch out R31's oxygen equipment.</p> <p>On 5/29/2024 at 8:13 AM Surveyor observed R31 lying in bed and R31's oxygen was running at 5L and R31's nasal cannula was off to the right side of R31's face and not in R31's nose. Surveyor noted that R31's tubing was still not labeled.</p> <p>On 5/30/2024 at 3:01 PM Surveyor shared concerns with nursing home administrator (NHA)-A acting director of nursing (DON)-B, Interim DON-C, and assistant DON-D. Surveyor asked what the expectations were for residents on oxygen. Interim DON-C stated she thinks oxygen equipment should be changed weekly but would have to look up what the standard of practice was to know for sure. Surveyor asked if staff should be labeling tubing when changed. Interim DON-C stated the oxygen tubing should be labeled with date and time when it is changed. Surveyor shared observations that R31's oxygen tubing is not labeled and R31 did not have tubing protectors placed over R31's ears. Surveyor also shared concern that R31 did not have a care plan in place for respiratory or oxygen use in place and there were no orders for when to change out R31's oxygen supplies. No further information was provided at this time.</p> <p>On 6/3/2024 at 8:55 AM Surveyor observed CNA-S working with R31. Surveyor asked CNA-S what kind of care is provided to R31 regarding R31's oxygen use. CNA-S stated that CNA-S makes sure that the cannula stays in R31's nose because it slides out at times otherwise does not do anything else. Surveyor asked CNA-S if R31 is supposed to have tubing protection around R31's ears. CNA-S stated CNA-S was not sure but did not think R31 had any irritation from the tubing being there. Surveyor noted R31's oxygen was running at 5L.</p> <p>On 6/30/2024 at 10:50 AM Surveyor interviewed licensed practical nurse (LPN)-N who stated LPN-N was not sure what shift changes oxygen tubing for residents but feels it is night shift. LPN-N stated not aware of there are orders on when to change tubing for anyone, and that sometimes LPN-N will change oxygen tubing on Wednesdays since LPN-N is usually at the facility on Wednesday. Surveyor asked if oxygen tubing should be labeled when changed. LPN-N stated yes, oxygen tubing should be labeled when changed.</p>

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<p>F 0732</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Post nurse staffing information every day.</p> <p>47094</p> <p>Based on observation, interview, and record review the facility did not ensure they posted the nurse staffing data to include the date, resident census, and the total actual hours worked by Registered Nurses, Licensed Practical Nurses, and Certified Nurses Aides, on a daily basis. This has the capability to affect all 44 residents which is the total census upon survey entrance.</p> <p>Findings include:</p> <p>On 6/3/2024, at 9:44 AM, Surveyor noted the nursing postings located in a cabinet in the facility's main entrance hallway and the posting was dated for 5/30/2024.</p> <p>On 6/3/2024, at 10:40 AM, Surveyor shared observation with Nursing Home Administrator (NHA)-A that the nursing posting is from 5/30/2024 and that surveyor was trying to locate scheduler-R. NHA-A noted Surveyors concern and will locate scheduler-R.</p> <p>On 6/3/2024, at 1:24 PM, Surveyor interviewed scheduler- R who stated typically, schedules are printed out for the weekend and left for the manager on duty (MOD). Scheduler-R was not sure who placed the daily postings on weekends or when scheduler-R is not at the facility. Surveyor shared observation that the nurse posting made this morning was from 5/30/2024. Scheduler-R stated scheduler-R must have forgot to post on 5/31/2024. Scheduler-R stated that when they come in on Mondays the nurse posting is from the Sunday prior so feels someone is changing it, but not sure who it is. Surveyor asked what the process is if scheduler-R notices the posting was not changed from the weekend. Scheduler-R stated NHA-A is informed.</p> <p>On 6/3/2024, at 2:26 PM, Surveyor asked NHA-A who replaces the nurse postings for the weekend or if scheduler-R was not in the facility. NHA-A was under impression that scheduler-R leaves information for staff. NHA-A was not sure who was in charge of replacing the nurse postings when scheduler-R is not in the facility. Surveyor shared concern with NHA-A that nurse posting is not being changed daily. NHA-A shared concern and stated would talk to and come up with a policy with scheduler-R to make sure nurse postings are posted and updated daily.</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</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 2 (R7 and R34) of 5 Residents observed for medication pass.</p> <p>R7 and R34 were not provided medications that were on the physician orders due to not having on medication cart yet were signed out as given on the Medication Administration Record (MAR).</p> <p>Findings include:</p> <p>The Facility Policy and Procedure titled, Medication Administration-General Guidelines Effective Date: May 2018, states in part:</p> <p>Procedures</p> <p>A. Preparation .</p> <p>11) If a medication with a current, active order cannot be located in the medication cart/drawer, other areas of the medication cart, medication room, and facility (e.g., other units) are searched, if possible. If the medication cannot be located after further investigation, the pharmacy is contacted, or medication removed from the night box/emergency kit .</p> <p>D. Documentation .</p> <p>6) If a dose of regularly scheduled medication is withheld, refused, not available, or given at a time other than the scheduled time .if electronic MAR (Medication Administration Record) is used, documentation of the unadministered dose is done as instructed by the procedures for use of the eMAR system. An explanatory note is entered on the reverse side of the record .</p> <p>On 05/28/24 at 09:16 AM Surveyor was observing medication pass for R34, Hydrochlorothiazide 12.5 MG was not given as discovered during record review.</p> <p>On 05/28/24 at 02:08 PM Surveyor interviewed Licensed Practical Nurse (LPN)-V and asked why this medication was not given. The LPN-V responded that they did not find the medication in the medication cart so it was not given. Surveyor noted that the medication was signed as administered on the MAR.</p> <p>On 05/28/24 at 09:38 AM Surveyor was observing medication pass and watched as the agency nurse was looking through medication cart drawer for Voltaren gel for R7. The agency nurse then told Surveyor that it was used up yesterday by them and not reordered.</p> <p>On 05/28/24 at 01:36 PM Surveyor spoke with agency nurse about why medication was signed out as administered. Agency nurse stated that they have completed the order sheet for the medication and will fax to pharmacy before leaves. Agency nurse stated that they did not sign out, the person they were training (LPN-V) signed it out as administered.</p> <p>(continued on next page)</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</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. Surveyor was informed that if a medication is not available nurses should get an order from the doctor and that Facility has an Omnicell, nurses need to check if available there before not giving. When there is a missed dose of critical medication like Hydrochlorothiazide nurses should update the Nurse Practitioner. Surveyor was told that both missed medications were in Omnicell and should have been given.</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 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47094</p> <p>2.) R6 was admitted to the facility on [DATE] and has diagnoses that include age-related osteoporosis, neuropathy, low back pain, spinal stenosis- cervical region and lumbar region, glaucoma, bradycardia, and abnormalities of gait and mobility.</p> <p>R6's quarterly minimum data set (MDS) dated [DATE] indicated R6 had intact cognition with a Brief Interview for Mental Status (BIMS) score of 15, PHQ-9 (patient health questionnaire-9- screening/diagnosing/monitoring/and measuring the severity of depression) score of 0 indicating no depressive symptoms, and R6 did not have any behaviors.</p> <p>Surveyor reviewed R6's medical record and noted an order for:</p> <ol style="list-style-type: none"> 1. Duloxetine HCl oral capsule, Delayed release particles 40 MG (Duloxetine HCl)- Give 40 mg by mouth in the morning for depression (Start: 3/27/2024) 2. Anti-depressant medication use- observe resident closely for significant side effects: sedation, drowsiness, dry mouth, blurred vision, urinary retention, tachycardia, muscle tremor, agitation, headache, skin rash, photosensitivity (Skin), excessive weight gain. Document Y (yes) if monitored and none of the above observed. N (No) if monitored and any of the above was observed, select chart code Other/see nurses notes and progress note findings every shift. (Start: 10/17/2023) <p>Surveyor noted that there is an order for monitoring anti- depressant medication use, however it is not located anywhere for staff to document if R6 is experiencing side effects. Surveyor reviewed progress notes and did not see progress notes regarding side effects of the medication and if R6 was having them or not.</p> <p>Surveyor reviewed R6's care plan and noted that there was not a care plan for R6 for depression or taking anti-depressant medication. Surveyor also reviewed the certified nursing assistant (CNA) Kardex and noted there was no monitoring for behaviors for R6.</p> <p>On 5/30/2024 at 3:01 PM Surveyor shared concern with nursing home administrator (NHA)-A, acting director of nursing (DON)-B, Interim DON-C, and assistant DON-D that R6 did not have a care plan for an antidepressant or monitoring for depressive symptoms and side effects. Surveyor shared concern that there was no documentation from staff regarding if R6 is having depressive symptoms or side effects from taking the medication. NHA-A stated monitoring may be done in the task section.</p> <p>On 6/3/2024 at 10:40 AM NHA-A showed Surveyor where certified nursing assistants (CNAs) documented resident behavior symptoms. Surveyor asked if that was general documentation for all residents and if it was specific to R6's depressive symptoms. NHA-A stated that it was general for all residents but was sure it could be made specific to residents. Surveyor noted that this was CNA charting and not for nursing to monitor R6.</p> <p>(continued on next page)</p>		

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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Surveyor reviewed the task: behavior symptoms for R6 and noted that staff was not consistently filling in and signing out that it was being done daily on each shift.</p> <p>On 6/3/2024 at 10:54 AM Surveyor interviewed CNA-S who stated CNA-S was not sure of any monitoring to do for R6. CNA-S did mention CNA-S would fill out the behavior section in tasks if a resident was having a behavior, but that CNA-S did not do it for everybody. CNA-S also stated that nursing is updated on any behavior's residents have. CNA-S stated that R6 likes to be left alone and not questioned a lot or R6 gets a little angry, but R6 never really had any behaviors that CNA-S was aware of.</p> <p>On 6/3/2024 at 10:59 AM Surveyor interviewed licensed practical nurse (LPN)-N who stated not sure if there were specific things to watch for with R6 but generally just monitor for any side effects with any medications. LPN-N stated R6 is pretty low key and does not really have any behavior issues. Surveyor asked LPN-N if a resident is on an anti-depressant if it usually care planned and if there is monitoring done specifically for that medications or depressive symptoms and how do staff know if the medication is helping. LPN-N stated not sure if anyone really has that kind of monitoring. LPN-N stated that if someone is at risk for depressive symptoms or on medication then they should be monitored more closely and should be care planned. LPN-N was not aware of any extra monitoring to do for R6.</p> <p>On 6/3/2024 at 2:35 PM NHA-A provided Surveyor with updated CNA Kardex that had behavior monitoring included for R6.</p> <p>49435</p> <p>Based on interview and record review, the facility did not ensure adequate monitoring to ensure the medication regimen for 2 (R37 & R6) of 5 residents were free from unnecessary psychotropic medications.</p> <p>R37 was receiving 2 psychotropic medications without monitoring for effectiveness.</p> <p>R6 was prescribed Duloxetine 40 mg in the morning for depression. The facility did not implement a care plan or orders to monitor for any signs/ symptoms of depressive episodes or side effect to monitor if medication is working or any reactions to medication.</p> <p>Findings include:</p> <p>The undated facility policy, entitled Standard psychoactive medication protocol, documents, in part: Problem: individual is prescribed a psychotropic medication. Goal: Individual will have minimized side effects of psychotropic drug use . Nursing: Administer medications as ordered. Report changes to Physician. Monitor medication side effects. (Arrhythmia, falls, lethargy, behavior/cognition changes, etc.) . Document target behaviors, interventions and effectiveness .</p> <p>1.) R37 was admitted to the facility on [DATE] and has pertinent diagnoses that include: Stroke, Aphasia (loss of ability to speak), Lung cancer, and Adjustment disorder with mixed anxiety and depressed mood.</p> <p>R37's Quarterly Minimum Data Set (MDS) assessment, dated 3/22/2024 documents R37 is rarely/never understood and R37 is severely cognitively impaired.</p> <p>(continued on next page)</p>		

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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of R37's current physician orders showed R37 was receiving the following Psychotropic medications:</p> <p>*Trazodone HCL 50 milligram (mg). Give one tablet by mouth two times a day for anxiety. Start date 2/4/2024.</p> <p>*Mirtazapine 7.5 mg. Give one tablet by mouth at bedtime for appetite. Start date 2/28/2024.</p> <p>R37's care plan, dated 4/10/2024, documents, in part: Focus- The resident uses antidepressant medication. Goal- The resident will be free from discomfort or adverse reactions related to antidepressant therapy through the review date. Interventions include: Administer antidepressant medications as ordered by physician. Monitor/document side effects and effectiveness [every] shift .</p> <p>Surveyor noted R37 started 2 psychotropic medications in February, but the care plan was not initiated until 4/10/24. Surveyor noted that the Trazodone indication for use is anxiety, but the care plan is for an antidepressant medication.</p> <p>Surveyor reviewed R37's Medication Regimen Review for the months of March, April and May. On 3/6/2024 and 5/1/2024, the Pharmacist recommended: target behaviors for Trazodone.</p> <p>Surveyor reviewed R37's Treatment Administration Record (TAR). For the months of February, March, April and May 1-28th, the TAR did not show nursing staff was monitoring R37's behaviors to ensure the effectiveness of the medications being administered.</p> <p>On 5/29/2024, at 11:38 PM, Surveyor interviewed Registered Nurse (RN)-K. Surveyor asked where behaviors would be documented in the medical record. RN-K stated that they would be in the Medication Administration Record (MAR) or TAR. Surveyor asked if behavior monitoring should be completed for R37. RN-K stated yes. Surveyor asked if nursing is documenting behaviors for R37. RN-K could not locate nursing documentation of R37's behavior. Surveyor asked if the facility had a policy regarding monitoring of behaviors while on certain medications. RN-K stated that they do not have specific guidelines that she remembers.</p> <p>On 5/29/2024, at 11:48 PM, Surveyor interviewed Assistant Director of Nursing (ADON)-D. Surveyor asked if behavior monitoring should be completed for R37. ADON-D indicated that based on the medications R37 is taking, R37 should have a care plan and behavior monitoring. ADON-D was unable to find any behavior monitoring but stated that he would look and get back to Surveyor.</p> <p>On 5/29/2024, at 12:20 PM, ADON-D returned to Surveyor. ADON-D informed Surveyor that behavior monitoring was not being completed in R37's MAR or TAR. Surveyor informed ADON-D of the concern that this monitoring was not being completed to ensure the effectiveness of the medications being administered. ADON-D indicated that he understood the concern and that the facility will do it's best to ensure that the problem is fixed.</p> <p>Surveyor noted a new MD order with a start date of 5/29/2024: Targeted behavior: Yelling out. 'Y' if occurred. 'N' if no behavior occurred. [Document] every shift.</p> <p>(continued on next page)</p>		

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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 5/30/24, at 12:31 PM, Surveyor interviewed Director of Nursing (DON)-B. Surveyor asked if R37 should have an anti-anxiety care plan. DON-B stated that they could locate a care plan for an antidepressant but not for an antianxiety medication. Surveyor asked if R37 should have an anti-anxiety care plan. DON-B stated yes. Surveyor asked if nurses should be monitoring R37's behaviors based on the medication R37 is receiving. DON-B indicated that they agreed that behavior monitoring should be completed by a nurse.</p> <p>On 5/30/2024, 12:43 PM, Surveyor informed Nursing Home Administrator (NHA)-A of the concern that R37 did not have behavior monitoring in place to ensure the effectiveness of the medications being administered. No further information was provided.</p>		

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<p>F 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure medication error rates are not 5 percent or greater.</p> <p>49011</p> <p>Based on observation, interview and record review, the facility did not ensure the medication error rate was below 5% for 3 residents (R7, R35 and R100) of 5 residents observed receiving medications. The facility medication error rate was 11.11%.</p> <p>*R7 did not have Voltaren Gel applied per order and the gel was signed out on the Medication Administration Record (MAR).</p> <p>*R34 did not receive Hydrochlorothiazide 12.5 mg tablet which was signed out on the MAR.</p> <p>*R100 did not receive Amlodipine 10mg tablet which was signed out on the MAR.</p> <p>Findings include:</p> <p>The Facility Policy and Procedure titled, Medication Administration-General Guidelines Effective Date: May 2018, states in part:</p> <p>Procedures</p> <p>A. Preparation .</p> <p>11) If a medication with a current, active order cannot be located in the medication cart/drawer, other areas of the medication cart, medication room, and facility (e.g., other units) are searched, if possible. If the medication cannot be located after further investigation, the pharmacy is contacted, or medication removed from the night box/emergency kit .</p> <p>D. Documentation .</p> <p>6) If a dose of regularly scheduled medication is withheld, refused, not available, or given at a time other than the scheduled time .if electronic MAR (Medication Administration Record) is used, documentation of the unadministered dose is done as instructed by the procedures for use of the eMAR system. An explanatory note is entered on the reverse side of the record .</p> <p>1.) On 05/28/24 at 09:38 AM Surveyor was observing medication pass and watched as the agency nurse was looking through the medication cart drawer for Voltaren gel for R7. The agency nurse then told Surveyor that it was used up yesterday by them and not reordered.</p> <p>On 05/28/24 at 01:36 PM Surveyor spoke with agency nurse about why medication was signed out as administered. Agency nurse stated that they have completed the order sheet for the medication and will fax to pharmacy before leaving. Agency nurse stated that they did not sign out, the person they were training, Licensed Practical Nurse (LPN)-V, signed it out as administered.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER Lindengrove Waukesha		STREET ADDRESS, CITY, STATE, ZIP CODE 425 N University Dr Waukesha, WI 53188	
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<p>F 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</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. Surveyor was informed that if a medication is not available nurses should get an order from the doctor and that Facility has an Omnicell, nurses need to check if available there before not giving. Surveyor was told that this medication is in Omnicell and should have been given.</p> <p>On 05/29/24 at 03:38 PM Surveyor informed Facility at the daily exit meeting about the above concern.</p> <p>2.) On 05/28/24 at 09:16 AM Surveyor was observing medication pass for R34, Hydrochlorothiazide 12.5 MG was not given as discovered during record review.</p> <p>On 05/28/24 at 02:08 PM Surveyor interviewed LPN-V and asked why this medication was not given. LPN-V responded that they did not find the medication, so was not given. Surveyor noted that the medication was signed as administered on the Medication Administration Record (MAR).</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 . Surveyor was informed that if a medication is not available nurses should get an order from the doctor and that Facility has an Omnicell, nurses need to check if available there before not giving. When there is a missed dose of critical medication like Hydrochlorothiazide nurses should update the Nurse Practitioner. Surveyor was told that this medication is in Omnicell and should have been given.</p> <p>On 05/29/24 at 03:38 PM Surveyor informed Facility at the daily exit meeting about the above concern.</p> <p>3.) On 05/28/24 at 08:50 AM Surveyor was observing medication pass for R100, one Pantoprazole 40 mg, one lactobacillus, two acetaminophen 500 mg, one senna 8.6 mg, one glipizide 5mg, one Sertraline 50 mg, one lisinopril 20 mg were placed in the medication cup by the agency registered nurse. Surveyor confirmed the number of pills in the medication cup with the nurse who stated 8.</p> <p>Surveyor was given the medication card by the nurse for Amlodipine 10mg but this medication was not put in the medication cup. During record review Surveyor reconciled R100's MAR and confirmed that Amlodipine was an active physician order and that it was signed as administered by the nurse. Surveyor notes this would have been a 9th pill.</p> <p>On 05/29/24 at 03:38 PM Surveyor informed Facility at the daily exit meeting about the above concern.</p>		

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<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are free from significant medication errors.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 22692</p> <p>Based on interview and record review, the facility did not ensure 1 of 3 residents reviewed (R100) was free of significant medication errors.</p> <p>* R100 had an order for Vancomycin every 3 days transcribed twice so she received double the ordered dose from 4/12/24 to 5/28/24 when it was brought to the facility's attention.</p> <p>Findings include:</p> <p>R100 was admitted to the facility on [DATE] with diagnoses that included status post right knee surgery for a right knee tear.</p> <p>On 5/28/24 R100's current Physician's orders were reviewed and included Vancomycin 125 milligrams (MG) for infection (right knee) every 3 days started on admission with the first dose on 3/12/24. R100 also had another order for Vancomycin 125 MG for right knee effusion every 3 days started on admission which was 4/12/24 and discontinued 5/28/24.</p> <p>On 5/28/24 R100's Medication Administration Record (MAR) for April and May 2024 were reviewed and documented that R100 received 16 extra doses of Vancomycin 125 MG in the timeframe from 4/12/24 to 5/27/24.</p> <p>On 5/28/24 at 3:00 PM Nursing Home Administrator (NHA)-A and Director of Nurses (DON)-B were made aware of R100's double order of Vancomycin 125 mg every 3 days by the surveyor in an effort to prevent further medication errors to R100.</p> <p>On 5/29/24 at 1:00 PM DON-B was interviewed and indicated that R100's order for Vancomycin 125 MG was transcribed twice and R100 should only have received Vancomycin 125 MG every 3 days and instead received it twice every 3 days.</p> <p>On 5/29/24 R100's Medical Record was reviewed and no negative effects from the extra doses of Vancomycin 125 MG could be found.</p> <p>The above findings were shared with NHA-A and DON-B on 5/30/24. Additional information was requested in available. None was provided.</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>49011</p> <p>Based on observation, interview, and record review the facility did not ensure all drugs and biologicals were stored and labeled in accordance with currently accepted professional principles and did not ensure expired medications were removed from medication carts. This occurred for 3 of 5 medication carts/storage rooms observed.</p> <p>The refrigerators in the 1st and 2nd floor medication storage rooms did not have monitoring of temperatures recorded</p> <p>R9's Insulin Glargine was stored in the medication cart beyond use by date</p> <p>Findings include:</p> <p>1.) The Facility Policy and Procedure titled, Medication Storage in the Facility Effective Date: May 2018, states in part:</p> <p>Procedures .</p> <p>K. Refrigerated medications are kept in closed and labeled containers, with internal and external medications separated .</p> <p>L. All medications are maintained within the temperature ranges noted in the United States Pharmacopeia .</p> <p>3) Refrigerated 36 degrees to 46 degrees Fahrenheit with a thermometer to allow temperature monitoring .</p> <p>Temperature .</p> <p>C. Medications requiring refrigeration are kept in a refrigerator at temperatures between 36 degrees and 46 degrees Fahrenheit with a thermometer to allow temperature monitoring.</p> <p>E. The Facility should maintain a temperature log in the storage area to record temperatures at least one a day .</p> <p>On 05/29/24 at 10:59 AM Surveyor observed the 2nd floor medication storage room. Surveyor noted no temperature log was visible in the room. Per the agency nurse NOC shift does the refrigerator temperatures, they did not know where the log would be kept.</p> <p>On 05/29/24 at 11:07 AM Surveyor observed the 1st floor medication storage room. Surveyor observed a temperature log hanging on cabinet above the refrigerator with the month of December written on it and the dates of 3, 4, and 17 filled out.</p> <p>(continued on next page)</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 05/29/24 at 11:30 AM Surveyor spoke with Interim Director of Nursing (I-DON)-C who confirmed that temperature logs are not being done, Facility will start recording today on forms in I-DON-C's hand to be put out in medication storage rooms.</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> <p>2.) On 05/28/24 at 11:43 AM Surveyor was observing medication pass, Licensed Practical Nurse (LPN)-V got insulin glargine out of medication cart to determine if resident needed this. Surveyor looked at vial and noted that the label had written that insulin was opened on 3-15-24. Surveyor notes that Diabetes.org indicates once the vial is opened it can be stored at room temperature for no more than 28 days and then must be discarded.</p> <p>On 05/29/24 at 10:55 AM Surveyor was reviewing the (name of unit) medication cart and the insulin glargine was still in the cart with the 3/15/24 opened date written on it.</p> <p>On 05/29/24 at 01:54 PM Surveyor reviewed R9's electronic medical record and confirmed R9 has an active physician order from 3/8/2024 for insulin glargine to inject 14 units subcutaneously at bedtime for diabetes.</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>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>22692</p> <p>Based on observation, interview and record review the facility did not follow proper sanitation and food handling practices in accordance with professional standards for food service safety in the kitchen and 1 of 2 serving areas with the potential to affect 44 residents.</p> <ul style="list-style-type: none"> * Garbage cans in the kitchen were observed to be very soiled and a lid was not on a garbage can next to a food preparation area. * Multiple items in the kitchen were found to be undated and several were uncovered. * The handwashing sink in the kitchen was very dirty. * The serving area on the second floor was found to have a mop and bucket with dirty water next to a cart for food trays. * Several food storage bins were observed to have the scoop stored inside the bin in direct contact with the product. <p>Findings Include:</p> <p>On 5/28/24 at 8:48 AM the following was observed in the kitchen:</p> <ul style="list-style-type: none"> * In a refrigerator in the food preparation area was a chef salad and 3 packs of partially used cold cuts without a date. * In the walk in Refrigerator was a large container of partially used fruit salad with no date, a pan of red and blue jello with no cover or date, and 3 pieces of cake not labeled or dated. * In the bulk food bins of flour, sugar, oatmeal and bread crumbs the scoop was observed to be stored in the product even though there was a holder for the scoop on the bin. * A garbage can by the meat slicer was observed not to have a lid. 2 garbage cans were observed to be very soiled. * The handwashing sink was observed to be very dirty. <p>Dietary Manager (DM)-T was interviewed immediately after the observation and indicated he was going to throw out the uncovered and undated food. DM-T indicated the scoops should be stored in the holder of the food bins and not in the product.</p> <p>On 5/29/24 at 10:30 AM the following was observed in the kitchen:</p> <ul style="list-style-type: none"> * Scoops were observed in the food bins for oatmeal and food thickener. <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On 5/29/24 at 12:15 PM the following was observed in the second floor food serving area:</p> <ul style="list-style-type: none"> * A mop bucket with dirty water and a mop in it by the refrigerator and food service cart. * The sink was observed to be very dirty. <p>On 5/30/24 the facility policy titled Dining Cleaning (no date) was reviewed and documented: Waste receptacles should be cleaned and disinfected weekly.</p> <p>On 5/30/24 the facility policy titled Dining Storage (no date) was reviewed and documented: Scoops must be provided for bulk foods. Scoops are not to be stored in food. Food should be dated as it is placed on the shelves.</p> <p>The above findings were shared with Administrator-A and Director of Nursing-B on 5/30/24 at 3:00 PM.</p>