STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525490	A. Building B. Wing	10/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aria of Waukesha	1451 Cleveland Ave Waukesha, WI 53186

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0801 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, including a qualified dietician. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37590 Based on interview, record review, and facility document review, the facility failed to employ a qualified Dietary Manager (DM) or clinically qualified nutritional professional on a full-time basis to carry out the functions of overseeing the menus. 4 (R25, R9, R11 and R49) of 4 residents interviewed regarding menus and food selection expressed concerns regarding kitchen management. Findings include: Review of the facility's undated job description and responsibilities for the Dietary Manager (DM) revealed that the primary purpose of the job is to . assist the Dietitian in planning, organizing, developing and directing the overall operation of the Food Services Department in accordance with current federal, state, and local standards, guidelines and regulations governing our facility, and as may be directed by the Administrator, to assure that quality nutritional services are provided on a daily basis and that the Food Services Department is maintained in a clean, safe, and sanitary manner . During the initial kitchen tour on 10/08/24 at 9:45 AM, the menus for the week of 10/06/24 through 10/12/24 were reviewed. The breakfast menu revealed hot or cold cereal and eggs were served daily. Meat was listed as the protein source on 10/08/24 (sausage gravy) and 10/12/24 (sausage links). During an interview on 10/08/24 at 11:00 AM, the DM confirmed that she has been at the facility for over [AGE] years and had been the DM for about two years. The DM confirmed she was not a Certified Dietary Manager. She stated she believed the facility had a full-time registered dietitian (RD). The DM stated the RD was responsible for completing resident assessments, and the DM was responsible for the menus, ordering, and maintaining inventory. During an interview on 10/08/24 at 12:59 PM, Resident (R) 25, who had been at the facility since 08/03/14, stated that they received the same items for breakfast each morning. R25 stated the residents received eggs every day and no meat. During a Resident Council meeting on 10/09/24 at 11:00 AM, R9, R11, and R49 confirmed that they rarely receive meat during the breakfast meal. The residents stated they had talked with staff about the lack of meat at breakfast. (continued on next page)

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

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F 0801 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview with the DM on 10/10/24 at 7:06 AM, the DM stated she was unaware of residents' complaints regarding the lack of meat during the breakfast meal. She stated the RD was responsible for creating the menus and ensuring they met each resident's nutritional needs. The DM stated she was responsible for ordering all kitchen inventory. She stated that she would advise the RD of the residents' concerns and would attempt to adjust the menu and purchase orders. A phone interview was conducted with a representative of the facility's consultant registered dietitian (RD) group on 10/10/24 at 10:06 AM, and she advised that she and her team provided three to four hours of remote consultative work per week, which consisted of updating charts and attending weekly interdisciplinary meetings. When asked if she was aware of any food or menu complaints or concerns, the RD stated that would be the responsibility of the DM, as she was responsible for the menu and the ordering of stock. The RD stated the DM was also responsible for compiling and responding to resident requests and suggestions. During an interview on 10/10/24 at 12:52 PM with the Director of Nursing (DON) and the Administrator, they confirmed that the dietitian was a consultant that was not full-time. They confirmed that they were working with the current DM to get her certified. When asked who was responsible for planning the menu, they confirmed that the DM was, with assistance from an automated menu planning program. They stated they were unaware the residents were unhappy with the lack of meat protein served for breakfast.

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37590 Based on interview, observation, record review, policy review, and review of the United States Department of Agriculture (USDA) website, the facility failed to store food and snacks in a sanitary manner in one of two resident refrigerators (East unit refrigerator). The facility did not ensure items stored in the East unit refrigerator were labeled, dated, and removed, when necessary. This had the potential to cause food-borne illness for residents who utilized the East unit refrigerator. Findings include: Review of R25's Face Sheet, found under the Census tab of the electronic medical record (EMR), revealed R25 was admitted to the facility on [DATE] for rehabilitation services following a fall at home. Review of R15's admission Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 08/09/24 and located under the MDS tab of the EMR, revealed R25 had a Brief Interview for Mental Status (BIMS) score of 14 out of 15, which indicated she was cognitively intact. During an interview on 10/08/24 at 12:59 PM, R25 stated that the refrigerator/freezer located at the East nurses' station was unclean and needed to be defrosted. During an observation on 10/11/24 at 10:48 AM, Certified Nurse Aide (CNA) 2 was seen removing a can of an energy drink from the freezer portion of the refrigerator located at the East nurses' station. She opened the beverage and began to sip. A sign on the door of the refrigerator recorded that the refrigerator was for resident foods, and all items needed to be labeled, dated, and discarded after three days. Observation of the interior of the freezer portion of the refrigerator revealed a buildup of ice and frost. The ice was approximately two and one-half inches thick. There were two plastic soda bottles stored in the freezer area, and they took up most of the free space in the freezer. The bottles were not labeled or dated. There were leftover fast-food containers, leftover individually packaged beverages, and other unknown items in the refrigerator that were not labeled or dated. In the door of the refrigerator, there were multiple opened containers of condiments, including salad dressing and mustard, and none of the items were labeled or dated. During an interview on 10/11/24 at 11:18 AM, the DON was asked about the refrigerator located at the East nurses' station and who was responsible for cleaning and ensuring its' contents were labeled, dated, and properly stored and/or discarded. The DON stated that the refrigerator in question was specifically used for the residents, and it was the responsibility of the dietary staff to clean it and for the nursing staff to ensure any item placed inside the refrigerator was labeled with resident information and the date the item was placed in the refrigerator. (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 10/11/24 at 3:03 PM, the Administrator provided an infection control cleaning policy and a housekeeping (HK) responsibility checklist. Review of the checklist revealed no documentation of whose responsibility it was to clean the residents' refrigerators. The Administrator stated she felt the facility had missed assigning responsibility for cleaning the resident refrigerators to a particular department, and no one took responsibility for it. The Administrator advised that the refrigerator would be cleaned immediately, and items would be discarded as needed. Review of the facility policy titled, Infection Control-Cleaning and disinfection/non-critical and shared equipment, revised 07/07/23, revealed that the facility is to . ensure that appropriate infection prevention and control measures are taken to provide a safe, sanitary, and comfortable environment to prevent the spread of infection in accordance with State and Federal Regulations . Review of the USDA website at https://ask.usda.gov/s/ revealed opened salad dressings can be safely stored in refrigeration for two months and opened mustard for 12 months.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 16752 Based on observation, record review, interview, and review of facility policy, the facility failed to ensure staff donned the appropriate personal protective equipment (PPE) when providing direct care to one of 13 residents (Resident (R) 313) on Enhanced Barrier Precautions (EBP) out of a total sample of 25. This failure could promote the spread of multi-drug-resistant organisms throughout the facility. Findings include: A review of the facility's document titled, Enhanced Barrier Precautions, dated 03/25/24 reads in part, Enhanced barrier precautions (EBP) refer to an infection control intervention designed to reduce transmission of multidrug-resistant organisms that employ targeted gown and gloves use during high contact resident care activities . An order for enhanced barrier precautions (by physician-approved 'standing orders') will be initiated for residents with any of the following: i. Wounds (e.g., chronic wounds such as pressure ulcers, diabetic foot ulcers, unhealed surgical wounds, and chronic venous stasis ulcers) and/or indwelling medical devices (e.g., central lines, urinary catheters, feeding tubes, tracheostomy/ventilator tubes) even if the resident is not known to be infected or colonized with an MDRO. Infection or colonization with a CDC-targeted MDRO when Contact Precautions do not otherwise apply . Make gowns and gloves available immediately near or outside of the resident's room. Note: face protection may also be needed if performing an activity with a risk of splash or spray (i.e., wound irrigation, tracheostomy care). PPE for enhanced barrier precautions is only necessary when performing high-contact care activities (described below) and may not need to be donned before entering the resident's room. Ensure access to alcohol-based hand rub . A review of Resident 313's Admission Record, located in the resident's electronic medical record (EMR) tab titled, Profile, documented the resident was admitted to the facility on [DATE] with diagnoses that included stage IV sacral pressure ulcer, vascular dementia, hemiplegia, hemiparesis, bacteremia, urinary retention, and gastrostomy tube. A review of R 313's Physicians' Orders, located in the resident's EMR tab titled Orders, documented the resident was on Enhanced Barrier precautions related to having an indwelling urinary catheter and wounds. An observation on 10/09/24 at 3:26 PM revealed that R313's room door had signage posted that read, Enhanced Barrier Precautions. The signage directed staff to perform hand hygiene and don gowns and gloves when providing direct care for R313. An observation on 10/09/24 at 3:37 PM revealed Registered Nurse (RN) 1 performed hand hygiene, donned a pair of gloves, and then entered R313's room. The nurse failed to don a gown. RN1 performed wound care on R313's heel ulcer without wearing a gown. An interview on 10/09/24 at 4:10 PM with RN1 revealed that she was unaware the resident was on EBP but agreed that since the resident did have an indwelling urinary catheter, received wound care, and had a feeding tube, the resident should be on EBP and acknowledged that she failed to follow the directions on the signage posted on the resident's door. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	An interview was conducted on 10/11/24 at 10:06 AM with the Director of Nursing (DON). The DON stated that it was an expectation that staff providing direct care to residents on Enhanced Barrier Precautions would perform hand hygiene when entering and exiting the resident's room and that staff were to wear gowns and gloves when providing direct care. The DON stated the staff were recently instructed on EBP precautions. A review of the facility's in-service records for Enhanced Barrier Precautions training revealed that RN1 attended a training session on 10/10/24.