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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                          | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>525495 | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                              | (X3) DATE SURVEY COMPLETED<br><br>12/26/2024 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Ascension Living - Lakeshore at Siena |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>5643 Erie Street<br>Racine, WI 53402 |  |

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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)   |
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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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 42037</p> <p>Based on interview and record review, the facility did not ensure that 2 (R1, R2) of 3 residents reviewed were kept safe from accidents or hazards.</p> <p>*R1 sustained 3 falls while residing at the facility. The facility did not ensure that fall risk assessments were completed for each fall. The facility did not implement appropriate fall interventions for R1.</p> <p>*R2 was hit in the lip during a hooyer lift transfer on 11/25/24. The facility did not ensure staff reported the incident so that the facility was able to evaluate the circumstances on how the accident occurred and how to prevent future similar accidents from occurring.</p> <p>Findings include:</p> <p>On 12/30/24 at 9:30 AM, Surveyor reviewed the facility's Fall Policy with an initiation date of 12/2017 and a revision date of 07/2023 which documented: Policy Detail: The [NAME] Fall Risk Assessment form (or similar fall risk evaluation) should be utilized to complete the evaluation of the resident's potential for falls during the admission process should be completed quarterly and after every fall.</p> <p>1.) R1 was admitted to the facility on [DATE] with a diagnoses that included Parkinson's Disease, Dementia, Delirium, Acute Kidney Failure and unsteadiness on feet.</p> <p>R1's Admission MDS (Minimum Data Set) with an ARD (Assessment Reference) of 11/11/24 documents that R1 has a BIMS (Brief Interview for Mental Status) score of 07, indicating that R1 was severely cognitively impaired at the time of assessment and has short and long term memory impairments. R1 required assistance of 1 staff for transfers and personal cares at the time of assessment. R1 was discharged from the facility on 11/22/24</p> <p>Surveyor reviewed R1's closed medical record including nurse progress notes, therapy documentation, nurse practitioner progress notes, medication administration records, treatment administration records and comprehensive care plans.</p> <p>On 12/26/24, Surveyor reviewed a grievance regarding R1 dated 11/20/24.</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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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>R1's comprehensive fall care plan with an initiation date of 11/5/24 documents: R1 has the potential for falls related to recent admission to community, immobility, impaired cognition, incontinence.</p> <p>R1's comprehensive fall care plan dated 11/5/24 documented the following initial interventions: R1 has anti-slip dycem device in place between W/C (wheelchair) and cushion .keep pathways clear and provide adequate lighting .orient to room and call light</p> <p>R1 had sustained falls while residing at the facility on 11/7/24, 11/9/24 and 11/12/24. On 12/30/24, Surveyor requested R1's fall investigations for 11/7/24, 11/9/24 and 11/12/24. Surveyor reviewed R1's fall investigation for 11/7/24.</p> <p>Surveyor noted a care plan revision initiated on 11/8/12 which documents: When restless or agitated, encourage and assist to area of high visibility.</p> <p>Surveyor reviewed R1's fall investigation for 11/9/24. Surveyor noted a care plan revision initiated on 11/10/12 which documents: Resident to have non slip footwear on at all times.</p> <p>Surveyor reviewed R1's fall investigation for 11/12/24. R1's nursing note dated 11/12/24 documents, At 02:20 am patient found on the floor from w/c (wheelchair)laying on left side by nursing station. No injury noted, ROM (range of motion) wnl (within normal limits). No s/s (signs and symptoms) of pain. Patient unable to explain what he was doing at the time of fall. Neurochecks wnl. Call placed and Informed NP (nurse practitioner) at 02:59 am on call nurse at 03:00 am and DON (Director of Nursing) at 03:10 am. Will continue to monitor.</p> <p>R1 was noted by staff to be on the floor laying next to their wheelchair near the nurses station. It was determined by the facility's interdisciplinary team that R1 had been attempting to self transfer, lost their balance and fell to the floor near the nurses station. Surveyor did not note a revision to R1's fall care plan regarding their fall on 11/12/24. Surveyor reviewed the investigation document titled Nurse Post Fall Assessment and Follow Up. Surveyor noted that on 11/12/24, the facility documented the following intervention on the form titled Nurse Post Fall Assessment and Follow Up: Frequent reminders to ask for staff assist prior to ambulation/transfers.</p> <p>Upon Surveyor review of R1's falls on 11/7/24, 11/9/24 and 11/12/24, Surveyor noted that the facility did not complete [NAME] Fall Risk Assessment forms to document R1's fall risk factors on 11/7/24, 11/9/24 or 11/12/24. Surveyor reviewed R1's fall interventions. On 11/12/24, the facility documented the following intervention on the form titled Nurse Post Fall Assessment and Follow Up: Frequent reminders to ask for staff assist prior to ambulation/transfers.</p> <p>On 12/30/24 at 9:20 AM, Surveyor conducted interview with Director of Quality Assurance-C. Surveyor asked Director of Quality Assurance-C if [NAME] Fall Risk Assessments should be completed for residents after each fall that they sustain.</p> <p>Director of Quality Assurance-C responded Yes, that should be the expectation .I think it's in the policy how often we should do those . Surveyor asked Director of Quality Assurance-C if it would be an appropriate expectation for a resident with severe cognitive impairment including diagnosis of Dementia and a BIMS score of 07 to be expected to call for staff assistance to prevent falls.</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>Director of Quality Assurance-C responded that it may not be the best intervention for someone with a cognitive impairment. Surveyor shared concern with Director of Quality Assurance-C related to R1's BIMS score of 07 and their cognitive ability related to the fall intervention implemented on 11/12/24.</p> <p>Surveyor also shared concerns related to the lack of [NAME] Fall Risk Assessments related to R1's fall on 11/7/24, 11/9/24 and 11/12/24. Director of Quality Assurance-C responded that they would go and look into R1's medical record to see if they could find additional information. On 12/30/24 at 10:40 AM, Director of Quality Assurance-C told Surveyor that they could not find any [NAME] Fall Risk Assessments completed for R1's falls on 11/7/24, 11/9/24 or 11/12/24</p> <p>On 12/30/2024 at 11:33 AM, Surveyor conducted meeting with NHA (Nursing Home Administrator)-A and DON (Director of Nursing)-B.</p> <p>Surveyor shared concern with NHA-A and DON-B related to R1's BIMS score of 07 and their cognitive ability related to the fall intervention implemented on 11/12/24. Surveyor also shared concerns related to the lack of [NAME] Fall Risk Assessments related to R1's fall on 11/7/24, 11/9/24 and 11/12/24.</p> <p>On 12/30/24 at 12:30 PM, at the Survey exit meeting, the facility was unable to provide any additional information regarding R1's missing [NAME] Fall Risk Assessments or fall interventions.</p> <p>49845</p> <p>2.) R2 was admitted to the facility on [DATE] with a diagnosis that includes dementia, Alzheimer's Disease, age-related physical debility, unsteadiness on feet, and need for assistance with personal cares.</p> <p>R2's Annual Minimum Data Set (MDS), dated [DATE] documents that R2 has short and long-term memory problem and is severely impaired for cognitive skills for daily decision making. R2 is dependent on staff for transfers.</p> <p>Surveyor reviewed facility documents regarding R2. R2 was not at the Facility during time of Survey.</p> <p>Surveyor reviewed a complaint indicating R2 was struck by a Hoyer lift during a transfer, resulting in R2 sustaining a bloody upper lip. The complaint indicates CNA-F, CNA-E and LPN-G were involved in the incident.</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 12/26/2024, at 11:56 AM, Surveyor interviewed CNA-F, via phone, who was mentioned in a complaint filed with the State Survey Agency. Surveyor asked CNA-F if she recalled an incident involving R2 during a transfer using a Hoyer lift. CNA-F indicated to Surveyor that CNA-F and CNA-E were using a Hoyer lift to transfer R2. CNA-F stated the Hoyer accidentally nipped R2 in the lip. CNA-F indicated to Surveyor that R2 cried and said, you hit me. CNA-F informed Surveyor that R2 was agitated and uncomfortable prior to the incident, which is why the CNAs were in the process of transferring R2 into a different position. CNA-F informed Surveyor that CNA-F did not observe any marks on R2 after the incident. CNA-F indicated CNA-F informed a Nurse after the incident but could not recall the nurse's name. CNA-F informed Surveyor that at the time of the incident, R2's family member was in the room as well.</p> <p>On 12/26/2024, at 12:04 PM, Surveyor interviewed CNA-E, via phone, who was also mentioned in the complaint. CNA-E indicated to Surveyor that CNA-E and CNA-F were transferring R2, and the Hoyer came close to R2's face and scared R2. CNA-E indicated that R2's family member, asked CNA-E if the Hoyer hit R2, and CNA-E indicated it did not.</p> <p>Surveyor reviewed the Facility's staff schedule and noted LPN-G was the nurse working with CNA-E and CNA-F on the alleged date of the incident.</p> <p>On 12/26/2024, at 01:39 PM, Surveyor interviewed LPN-G via phone, LPN-G indicated to Surveyor that LPN-G did not have any knowledge of an incident involving R2 during a Hoyer transfer.</p> <p>On 12/26/2024, at 03:01 PM, Surveyor interviewed NHA-A and Director of Quality Assurance (DQA)-C. NHA-A and DQA-C denied having knowledge of the incident involving R2 during a Hoyer transfer.</p> <p>On 12/30/2024, at 08:12 AM, Surveyor interviewed DON-B. DON-B indicated to Surveyor that DON-B was not aware of an incident involving R2 during a Hoyer transfer. DON-B informed Surveyor that DON-B spoke to LPN-G, who informed DON-B that the Hoyer barely touched R2 in the lip, and that rounding was completed the day following the incident and nothing was noted for R2. DON-B informed Surveyor that LPN-G is writing a note on the incident now. DON-B informed Surveyor that R2's family member was in the room and usually would report things like that but states the family had not reported anything to the Facility. DON-B indicated to Surveyor the facility is investigating the incident.</p> <p>Surveyor reviewed the Facility provided document regarding R2, titled SBAR Communication Form, documents in part . SITUATION. This started on 11/25/24. Other relevant information CNA reported hoyer sling grazed resident upper lip. The SBAR documents that R2's physician was notified on 12/30/2024.</p> <p>On 12/30/2024, at the daily exit meeting, Surveyor informed NHA (Nursing Home Administrator)-A and DON (Director of Nursing)-B of the concern that staff not reporting the above incident to the facility. Surveyor also informed NHA-A and DON-B of the concern that staff did not implement any interventions after the above incident to prevent future accidents for R2.</p> <p>No additional information was provided.</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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 49845</p> <p>Based on interview and record review, the facility did not ensure medication administration records were complete and accurate for 1 (R2) of 4 residents reviewed for medication administration.</p> <p>* R2's Medication Administration Record (MAR) indicated R2 was given R2's prescribed narcotic pain medication twice in the month of November 2024. The Facility's controlled drug log indicated R2's prescribed narcotic medication was signed out six times in the month of November 2024.</p> <p>Findings include:</p> <p>1.) R2 was admitted to the facility on [DATE] with diagnosis that include Alzheimer's Disease, chronic pain, and dementia.</p> <p>The facility policy, titled Administering Medications dated 12/2024, documents: . Policy Interpretation and Implementation. The individual administering the medication to document on the MAR or eMAR after giving each medication and before administering the next ones. S. As required or indicated for a medication, the individual administering the medication will record in the resident's medical record: 1. The date and time the medication was administered; .</p> <p>Surveyor reviewed the facility's provided document for R2, titled, MEDICATION RECORD for 11/2024 with a print date of 12/26/2024 at 11:56 AM, which documents R2 received R2's as needed narcotic pain medication (Morphine) on 11/7/2024 and 11/16/2024.</p> <p>On 12/26/2024, at 01:58 PM, Surveyor interviewed LPN-D. LPN-D indicated to Surveyor that two nurses will go through the narcotic medications in the medication cart lock box and count them before and after every shift. LPN-D informed Surveyor that if a resident is discharged from Hospice services, the residents-controlled medications are discarded as soon as possible, but there is no specific time frame. LPN-D showed Surveyor the process of discarding discontinued controlled medications. LPN-D showed Surveyor the controlled medication logbook on top of a large, blue, locked bin. Surveyor noted R2's discontinued controlled medications are listed on the log, but the log does not have dates of when the controlled medication was put into the lock bin.</p> <p>On 12/30/2024, at 08:12 AM, Surveyor interviewed DON-B. DON-B informed Surveyor that nurses will discard any discontinued controlled medications in the unit medication room. DON-B indicated 2 nurses will validate the controlled medication, fill out a paper, put the paper with the controlled medication, and put it into a locked bin in the medication room. Once per month, DQA-C and a unit manager will go through the locked bin and destroy the controlled medications. DON-B provided Surveyor with a document titled, MEDICATION RECORD FOR 11/2024 for R2. DON-B pointed out to Surveyor that there were actually 7 documented administrations of R2's morphine, and informed Surveyor that if multiple doses are given on the same day, it may not show on the regular Medication Record. Surveyor noted the document titled MEDICATION RECORD FOR 11/2024 provided by DON-B, documents R2 received R2's Morphine on 11/07/24, twice on 11/09/24, 11/16/24, 11/19/24 and twice on 11/23/24.</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>Surveyor reviewed the Facility provided document titled, CONTROLLED DRUG RECEIPT/RECORD/DISPOSITION FORM documents R2 received doses of R2's Morphine on 11/7/24, 11/09/24 x2, 11/16/24, 11/19/24 and 11/23/24.</p> <p>On 12/30/2024, at 10:35 AM, Surveyor interviewed DON-B. Surveyor asked DON-B why the medication records provided do not match the narcotic medication logs. Surveyor also noted that the most recent Medication Record for R2 has more administration times documented for R2's Morphine than what is documented in R2's MAR. DON-B informed Surveyor that the nurse went back into the record and entered R2's Morphine administrations late.</p> <p>Surveyor noted that the facility did not ensure R2's-controlled medication was documented in R2's record at time of administration and that the facility did not ensure medication records were accurately documented.</p> <p>On 12/30/2024, at 11:33 AM, Surveyor informed NHA-A and DON-B of above concerns. No additional information was provided at time of write up.</p> |