

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525495	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/11/2025
NAME OF PROVIDER OR SUPPLIER Ascension Living - Lakeshore at Siena		STREET ADDRESS, CITY, STATE, ZIP CODE 5643 Erie Street 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 (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 20025</p> <p>Based on interview and record review the facility did not ensure 1 (R2) of 3 residents reviewed had a complete and accurate medical record.</p> <p>R2 had a diabetic wound ulcer and was being followed by Wound MD-C for four weeks. The facility changed their contract with Wound MD-C and obtained a new contract with Wound MD-D. The facility did not obtain Wound MD-C documentation of R2 wounds assessments.</p> <p>Surveyor asked to review R2's wound assessments from Wound MD-C and Nursing Home Administrator (NHA)-A stated the facility has no access to those records because they ended the contract with Wound MD-C.</p> <p>Findings include:</p> <p>R2 was admitted to the facility on [DATE] with diagnoses of right hip pining, type 2 diabetes, right diabetic foot ulcer. R2 was discharged home on 12/21/24.</p> <p>The admission MDS (minimum data set) dated 10/29/24 indicates R2 is cognitively intact.</p> <p>The facility's documentation indicates Wound MD-C was assessing and ordering treatments to R2's diabetic foot wound. The medical record indicates the facility was assessing R2's wounds along with Wound MD-C.</p> <p>Surveyor requested all wound assessments completed by the facility staff and Wound MDs. Surveyor received the facility staff skin/wound weekly assessments and Wound MD-D assessments dated 12/9/24 and 12/16/24.</p> <p>On 2/11/25, at 8:30 a.m., Surveyor asked Nursing Home Administrator (NHA)-A for Wound MD-C's wound assessments. NHA-A stated the facility doesn't have access to those assessments because when the facility switched contracted wound providers, Wound MD-C closed the facility's access to the medical record. Surveyor explained Wound MD-C's assessments are part of R12's medical record and the facility needs to be able to access that information. NHA-A stated he understood but had no additional information.</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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