

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525498	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/29/2025
NAME OF PROVIDER OR SUPPLIER Waterfall Health of Brown Deer		STREET ADDRESS, CITY, STATE, ZIP CODE 7500 W Dean Rd Milwaukee, WI 53223	

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 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** 49435</p> <p>Based on interview and record review, the Facility did not ensure the necessary care and services to provide respiratory care for 1 (R6) of 2 Residents receiving oxygen care.</p> <p>*R6's tracheotomy tube was removed on 2/12/25. After removal, R6 was placed on oxygen (O2) via nasal cannula. R6 did not have a physician order for oxygen. R6's care plan was not updated to document the specifics related to R6 receiving O2 via nasal cannula.</p> <p>Findings include:</p> <p>The undated facility policy titled, Oxygen Administration documents, in part: The purpose of this procedure is to provide guidelines for safe oxygen administration. Preparation- Verify that there is a physician's order for this procedure. Review the physician's orders or facility protocol for oxygen administration.</p> <p>R6 was admitted to the facility on [DATE] with diagnosis that include: acute respiratory failure with hypoxia, chronic respiratory failure, chronic obstructive pulmonary disease (COPD), asthma, and tracheostomy.</p> <p>R6's Quarterly Minimum Data Set (MDS) assessment dated [DATE] documents, in part: R6 is severely cognitively impaired. R6 receives oxygen therapy. R6 has a tracheostomy.</p> <p>R6's Vent/Respiratory Care Plan initiated 10/30/24 documents, in part: [R6] is vent dependent due to diagnosis of chronic and acute respiratory failure with hypoxia . Interventions include, in part: Administer oxygen as ordered. Assess respiratory status .</p> <p>R6's Oxygen Care Plan initiated 10/29/24 documents the following interventions: Monitor for [signs and symptoms] of respiratory distress and report to MD [as needed] . Oxygen settings: O2 via (SPECIFY FREQ). Humidified (SPECIFY).</p> <p>Surveyor noted that R6's Oxygen care plan did not specify how much oxygen is to be delivered to R6, did not specify how the oxygen was to be administered (i.e. nasal cannula, mask, etc.), did not specify the frequency (continuous or intermittent) and did not specify whether O2 was to be humidified or not.</p> <p>R6's Certified Nursing Assistant (CNA) Kardex documents: Administer oxygen as ordered.</p> <p>(continued on next page)</p>

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Surveyor reviewed R6's MD orders. Surveyor noted R6 had a Ventilator order documenting the necessary settings and O2 requirements from admission until 2/13/25.</p> <p>R6's progress note dated 2/12/25 at 9:33 PM documents, in part: Resident decannulated . Resident is on supplemental oxygen .</p> <p>Surveyor reviewed R6's MD orders and noted that R6 did not have an active order for Oxygen that specifies the flow rate, the indication for use, how the O2 is to be delivered, and any parameters facility staff should follow.</p> <p>R6's progress note dated 2/13/25 at 4:12 PM documents, in part: Resident decannulated . on 2/12 . [R6] is on 3 liters of oxygen via cannula .</p> <p>R6's progress note dated 2/15/25 at 5:06 AM documents, in part: The resident remained stable on 3 liters of oxygen via nasal cannula .</p> <p>R6's physician note dated 2/17/25 at 9:27 AM documents, in part: [R6] is on 3 [liters] nasal cannula with oxygen sats of 98% .</p> <p>Surveyor noted on 2/18/25, R6 was moved from the ventilator unit to the north unit of the facility.</p> <p>R6's progress note dated 2/18/25 at 7:26 PM documents, in part: . Resident currently in bed with O2 on 3 [liters per minute] per [nasal cannula] .</p> <p>R6's progress note dated 2/19/25 at 2:34 PM documents, in part: . O2 on at 3 [liters per minute] per [nasal cannula].</p> <p>R6's progress note dated 2/22/25 at 1:14 PM documents, in part: . on 3 [liters] [nasal cannula].</p> <p>R6 was discharged from the facility to the hospital on 2/22/25.</p> <p>Surveyor noted that R6 did not have an Oxygen order placed after R6's tracheostomy was removed on 2/12/25. Surveyor reviewed R6's Oxygen care plan and noted that the care plan was not updated after R6's tracheotomy tube was removed and R6 was started on supplemental O2 via nasal cannula.</p> <p>On 4/28/25 at 12:20 PM, Surveyor interviewed Licensed Practical Nurse (LPN)-C. Surveyor asked if a resident needs a MD order for oxygen delivery. LPN-C stated that if a resident is on O2, they should have a MD order. LPN-C indicated that the MD order typically specifies how much is to be delivered, how it is to be delivered, and any other specifics like to call MD if SP02 is less than a certain number. Surveyor asked if a resident's care plan would have specifics about oxygen. LPN-C stated that oxygen should be in the resident's care plan and include how much is delivered and how it is administered.</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>On 4/28/25 at 12:30 PM, Surveyor interviewed Registered Nurse (RN)-D, who works on the ventilator unit at the facility. Surveyor asked if a resident needs a MD order for oxygen delivery. RN-D stated that oxygen is included in the MD orders. RN-D stated that the vent unit has a standing order related to oxygen and weaning oxygen. RN-D stated that that is how it works on the vent unit but was unsure how it works on the long-term side of the facility. Surveyor asked if Oxygen should be included in the resident's care plan. RN-D stated it should be in the care plan.</p> <p>On 4/29/25 at 8:25 AM, Surveyor interviewed LPN-D. Surveyor asked if a resident needs a MD order to receive oxygen. LPN-D stated yes. Surveyor asked what the MD order would entail. LPN-D stated that it would list the specific number of liters to be administered and how it is to be administered. In addition, LPN-D stated that typically there is a MD order to change the O2 tubing every Monday on night shift. Surveyor asked if oxygen administration should be detailed in the resident's care plan. LPN-D stated yes. Surveyor asked what specifics are listed in the care plan. LPN-D indicated that the care plan usually has the specific number of liters to be administered and how the O2 is administered.</p> <p>On 4/28/25 at 2:02 PM, Surveyor interviewed Director of Nursing (DON)-B. Surveyor asked if a resident who is receiving oxygen needs a MD order. DON-B indicated that a resident on O2 needs an MD order. Surveyor asked if oxygen delivery should be included in the care plan. DON-B indicated that it should be part of the care plan. Surveyor asked if R6 had an order for oxygen after R6's tracheotomy tube was removed on 2/12/25. DON-B stated that DON-B had looked earlier and did not see an order, but DON-B stated that DON-B would check again. On 4/29/25 at 7:58 AM, DON-B informed Surveyor that an active order for R6's oxygen was not found. DON-B stated R6 had an oxygen care plan. Surveyor informed DON-B that the care plan was not individualized after R6's tracheotomy tube was removed. Surveyor stated that the specifics like how much is to be delivered and how it is to be delivered and if it was intermittent or continuous was not updated in the care plan. DON-B stated ok.</p> <p>On 4/29/25 at 10:54 AM, Nursing Home Administrator (NHA)-A and DON-B were notified of the concerns that R6 did not have a MD order for oxygen after the tracheotomy tube was removed on 2/12/25 through 2/22/25 when R6 was discharged from the facility. R6's care plan was not updated to document the individualized specifics of R6's oxygen administration.</p>		