| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 525504 | A. Building<br>B. Wing | 03/26/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Autumn Lake Healthcare at Greenfield | 5790 S 27th St<br>Milwaukee, WI 53221 |

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) |
|---|---|
| F 0609<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50700<br><br>Based on interview and record review the facility did not report 1(R2) of 2, reportable incidents reviewed, to the State survey agency and/or Law Enforcement within the required timeframe.<br><br>*On 02/24/2025, The facility was made aware of R2's missing money. The facility did not notify the local Law Enforcement within the required timeframe.<br><br>Findings include:<br><br>The facility policy, titled [Facility Name] abuse, neglect and exploitation, dated 6/1/2024, documents, Policy: It is the policy of this facility to provide protections for the health, welfare and rights of each resident by developing and implementing written policies and procedures that prohibit and prevent abuse, neglect, exploitation and misappropriation of resident property. VII. Reporting/Response A. The facility will have written procedures that include: 1. Reporting of all alleged violations to the administrator, state agency, Adult Protective Services and to all other required agency (E.G., law enforcement when applicable.<br><br>1.) R2 was admitted to the facility on [DATE] with diagnoses that included major depressive disorder, single episode, anxiety disorder, transient cerebral ischemic attack, repeated falls.<br><br>R2's Quarterly Minimum Data Set (MDS), dated [DATE], documented a brief interview mental status (BIMS) score of 15, indicating R2's cognition was intact. Section B documented that R2 is understood and understands.<br><br>R2's Behavioral care plan, dated 8/15/2024, with the target date of 4/17/2025, documents under the intervention section anticipate and meet the resident's needs, attempt to limit the assignment of new staff, encourage the resident to express feelings appropriately, explain all procedures to the resident before starting and as performing cares, if reasonable, discuss the resident's behavior.<br><br>Interview necessary to protect the rights and safety of others monitor behavior episodes and attempt to determine underline cause.<br><br>Surveyor reviewed a complaint sent into the State Agency regarding allegations of misappropriation that had occurred at the facility in February of 2025.<br><br>(continued on next page) |

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 |
|---|---|---|
| | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525504 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 03/26/2025 |
|---|---|---|---|
| NAME OF PROVIDER OR SUPPLIER Autumn Lake Healthcare at Greenfield | | STREET ADDRESS, CITY, STATE, ZIP CODE 5790 S 27th St Milwaukee, WI 53221 | |

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 0609<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | On 3/24/2025, at 10:15 AM, Surveyor interviewed R2, who indicated there was money in an envelope inside of R2's purse and that the envelope of money was missing. R2 indicated that Social Services Director (SSD)-J took statements and helped look for the missing money. R2 stated that the money was not found and that the police were never called. R2 indicated asking for the phone number for the police because she wanted her purse fingerprinted but then R2 just decided not to call after all.<br><br>On 3/26/2025, at 8:40 AM, Surveyor interviewed Nursing Home Administrator (NHA)-A who stated that expectations for misappropriation allegations would be to contact local law enforcement. NHA-A indicated being on vacation during the time of the investigation of R2's missing money on 2/24/2025. NHA-A stated that Surveyor would need to speak with social service director (SSD)-J for further information.<br><br>On 3/26/2025, at 9:26 AM, Surveyor interviewed SSD-J who stated that R2 didn't want SSD-J to contact the police. SSD-J stated that R2 had two different allegations, the first one when the police were called, as these where 2 separate occurrences and the current one where the money was found. The second reported incident, SSD-J wanted to call the police herself. SSD-J indicated not calling the police for this matter as R2 didn't want her to, and R2 wanted to call herself.<br><br>On 3/26/2025, at 10:55 AM, Surveyor informed Director of Nursing (DON)-B and NHA-A, of the concern with R2's reported allegation of misappropriation on 2/24/2025 not being reported to local law enforcement. No additional information was provided. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525504 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 03/26/2025 |
|---|---|---|---|
| NAME OF PROVIDER OR SUPPLIER Autumn Lake Healthcare at Greenfield | | STREET ADDRESS, CITY, STATE, ZIP CODE 5790 S 27th St Milwaukee, WI 53221 | |

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 0610<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Respond appropriately to all alleged violations.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50700<br><br>Based on interview and record review the facility did not ensure that 1 (R2) of 1 allegations of mistreatment involving residents were thoroughly investigated.<br><br>* R2 reported allegations of retaliation from a staff member and the allegations were not reported to the Nursing Home Administrator (NHA)-A in a timely manner. Certified Nursing Assistant (CNA)-O continued to work in resident care the rest of the shift.<br><br>Findings include:<br><br>The facility's policy titled, [NAME] Lake healthcare at [NAME] Abuse, Neglect and Exploitation dated: 6/1/2024 documents under the policy: . V. Investigation of alleged abuse, neglect and exploitation. A. An immediate investigation is warranted when suspicion of abuse, neglect or exploitation, or reports of abuse, neglect or exploitation of curb. VI. Protection of resident. The facility will make efforts to ensure all residents are protected from physical and psychosocial harm, as well as additional abuse, during and after the investigation. Examples include but are not limited to: A. Responding immediately to protect the alleged victim and integrity of the investigation.<br><br>1.) R2 was admitted to the facility on [DATE] with diagnoses that includes major depressive disorder, single episode, anxiety disorder, transient cerebral ischemic attack and repeated falls.<br><br>R2's Quarterly Minimum Data Set (MDS), dated [DATE], documented a brief interview mental status (BIMS) score of 15, indicating that R2's cognition was intact. Section B, documents that R2 is understood and understands.<br><br>R2's Behavioral care plan, dated 8/15/2024, with the target date of 4/17/2025, documents under the intervention section anticipate and meet the resident's needs, attempt to limit the assignment of new staff, encourage the resident to express feelings appropriately, explain all procedures to the resident before starting and as performing cares, if reasonable, discuss the resident's behavior. Interview necessary to protect the rights and safety of others monitor behavior episodes and attempt to determine underline because.<br><br>Surveyor reviewed a complaint sent into the State Agency from R2, this complaint was regarding allegations of mistreatment or retaliation that had occurred at the facility in March of 2025.<br><br>On 3/24/2025, at 9:50 AM, Surveyor interviewed R2, who indicated working with CNA-O on 3/6/2025. R2 indicated telling CNA-O that R2 wanted to use the toilet after being cleaned up from morning cares. R2 indicated that CNA-O used vulgar language and indicated that this was not going to happen after a complete bed bath was just done. R2 stated telling CNA-O that it is on R2's care plan to do it this way. R2 stated telling CNA-O that R2 will be calling the office and started to call. R2 indicated CNA-O then, bent down and unplugged the phone cord, R2 stated R2 started to yell out to CNA-O to plug the phone line back in. R2 stated that CNA-O then stated, my back hurts can't you see I'm in pain and then walked out of R2's room. R2 stated that R2 yelled out for help until another CNA came into R2's room to help, and that was CNA-F. R2 stated that CNA-O has not worked with R2 since the incident. R2 stated the only staff that R2 had a concern with is CNA-O.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525504 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 03/26/2025 |
|---|---|---|---|
| NAME OF PROVIDER OR SUPPLIER: Autumn Lake Healthcare at Greenfield | | STREET ADDRESS, CITY, STATE, ZIP CODE: 5790 S 27th St Milwaukee, WI 53221 | |

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 0610<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | On 3/24/2025, at 12:30 PM, Surveyor interviewed CNA-O, who indicated working with R2 on 3/6/2025. CNA-O indicated remembering that CNA-O was about to use cream on R2 and that the cream fell under the bed. CNA-O stated having to move the bed to retrieve the cream and the phone getting unplugged at that time. CNA-O indicated that R2 was yelling and screaming, and that CNA-O went into the hall to get assistance from someone else related to R2's behaviors. CNA-O indicated being suspended on 3/10/2025 for the incident for the facility to investigate and returning to work on 3/17/2025.<br><br>On 3/25/2025, at 9:30 AM, Surveyor interviewed CNA-F, who indicated working with R2 and CNA-O on 3/6/2025. CNA-F stated hearing R2 yelling out for help, and this was abnormal for R2, this is not a behavior that R2 has. CNA-F indicated that CNA-O was walking out of R2's room when she heard the yelling. CNA-O explained to CNA-F that the cream got dropped and when CNA-O moved the bed it must have unplugged the phone. CNA-F indicated remembering that R2's cares were switched to CNA-F for the rest of the shift, and this was the nurse's recommendations. CNA-F indicated that both CNA-F and CNA-O updated licensed practical nurse (LPN)-P right away.<br><br>LPN-P is no longer employed at the facility.<br><br>Surveyor reviewed the statement from the facility investigation from LPN-P. LPN-P indicated that LPN-P worked with R2 on 3/6/2025. LPN-P stated being informed of the allegation and that LPN-P changed the alleged CNA-O to not be assigned to R2 cares. LPN-P asked CNA-F to care for R2 for the remainder of the shift.<br><br>R2's nurse didn't report allegation to NHA-A until the end of LPN-P's shift, causing the CNA-O to continue to work in resident care the rest of CNA-O's shift.<br><br>On 3/26/2025, at 8:40 AM, Surveyor interviewed NHA-A, who indicated being updated about R2's incident at the end of LPN-P's shift. NHA-A stated that LPN-P is no longer employed here because LPN-P didn't notify NHA-A in a timely manner of what had occurred. NHA-A indicated that the facility just completed an in-service on reporting and LPN-P didn't report the allegation of potential retaliation in a timely manner. NHA-A indicated that as soon as NHA-A was aware of the allegation CNA-O was suspended.<br><br>On 3/26/2025, at 9:26 AM, Surveyor interviewed Social Service Director (SSD)-M, who indicated not being informed of allegation of retaliation from R2 on 3/6/2025 until the end of LPN-P's shift. SSD-M stated that LPN-P should have updated SSD-M or NHA-A immediately. SSD-M stated that SSD-M immediately told HR (Human Resources) and scheduling that CNA-O was suspended.<br><br>On 3/26/2025, at 9:45 AM, Surveyor interviewed Scheduler (SCHED)-S, who stated that CNA-O didn't work after 3/6/2025 and Surveyor observed the electronic schedule on (SCHED)-S computer and confirmed that CNA-O was not documented on the schedule.<br><br>On 3/26/2025, at 10:55 AM, Surveyor informed NHA-A and Director of Nursing (DON)-B, of concern with CNA-O continuing to work on 3/6/2025 after the reported allegations of retaliation were made by R2. Surveyor informed concerns that LPN-P didn't report incident immediately. No additional information was provided. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 525504 | A. Building<br>B. Wing | 03/26/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Autumn Lake Healthcare at Greenfield | 5790 S 27th St<br>Milwaukee, WI 53221 |

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 0656<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. |

**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50700

Based on observation, interview, and record review, the facility did not implement a comprehensive person-centered care plan to meet a resident's mental and psychosocial needs that are identified in the comprehensive assessment for 1 (R2) of 6 residents reviewed.

* R2 had interventions documented in the focus area of R2's care plan which documented, Attempt to limit the assignment of new staff to the resident or have established staff members slowly introduce new staff to her, when possible, to help set positive tone. The care plan was not observed to be in place during survey or as being utilized in the resident's cares. The focused intervention was not on the resident's care card for Certified Nursing Assistant (CNA) staff to be aware of the intervention.

Findings include:

The facility policy titled Comprehensive Care Plans dated on 9/1/2024, documents, Policy: It is the policy of this facility to develop and implement a comprehensive person centered care plan for each resident, consistent with resident rights, that includes measurable objectives and time frames to meet a resident's medical, nursing, and mental and psychosocial needs and ALL services that are identified in the resident's comprehensive assessment and meet professional standards of quality. Policy explanation and compliance guidelines: . 3. Comprehensive Care plan will describe, at a minimum, the following: a. The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being. b. Any services that would otherwise be furnished but are not provided due to the resident's exercise of his or her right to refuse treatment.

1.) R2 was admitted to the facility on [DATE] with diagnoses that include major depressive disorder, single episode, anxiety disorder, transient cerebral ischemic attack and repeated falls.

R2's Quarterly Minimum Data Set (MDS) assessment, dated 1/4/2025, documented a brief interview mental status (BIMS) score of 15, indicating that R2's cognation is intact. Section B, documents that R2 is understood and understands.

R2's Behavioral care plan, dated 8/15/2024, documented under the Interventions section, Attempt to limit the assignment of new staff to the resident or have established staff members slowly introduce new staff to her, when possible, to help set positive tone. Date initiated: 3/13/2025.

(continued on next page)

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 525504 | A. Building<br>B. Wing | 03/26/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Autumn Lake Healthcare at Greenfield | 5790 S 27th St<br>Milwaukee, WI 53221 |

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) |
|---|---|
| F 0656<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | On 3/24/2025, at 9:50 AM, Surveyor interviewed R2, who indicated working with CNA-O on 3/6/2025. R2 stated telling CNA-O that R2 wanted to use the toilet after being cleaned up from morning cares. R2 stated that CNA-O used vulgar language and indicated that this was not going to happen after a complete bed bath was just done. R2 indicated telling CNA-O that it is on R2's care plan to do it this way. R2 indicated telling CNA-O that R2 will be calling the office and started to call. R2 indicated CNA-O then, bent down and unplugged the phone cord, R2 indicated starting to yell out to CNA-O to plug the phone line back in. R2 indicated that CNA-O then stated, my back hurts can't you see I'm in pain and then walked out of R2's room. R2 stated that R2 yelled out for help until another CNA came into R2's room to help, and that was CNA-F. R2 indicated that CNA-O has not worked with R2 since the incident. R2 indicated the only staff that R2 had a concern with is CNA-O.<br><br>Surveyor reviewed the facility self-report submitted on 3/13/2025, documents: Explain what steps the entity takes upon learning of the incident to protect the affected person and others from further potential misconduct. Facility will attempt to limit the assignment of new staff members to the resident or will have established staff members slowly introduce new staff members to her, when at all possible, to help build trust/report.<br><br>Surveyor reviewed the CNA care plan for R2 and noted that it did not have the attempt to limit new staff, intervention documented on it. The above-mentioned intervention was available on the nurse's care plan to review but not the CNA's care plan.<br><br>On 3/25/2025, at 9:30 AM, Surveyor interviewed CNA-F, who indicated that CNA's pick their own resident list on the floor which is determined on a first-come first-serve basis. CNA-F indicated that there is nothing in the resident's room saying anything about behaviors or cares. CNA-F indicated that if you wanted to see the care plan for the resident you have to ask the nurse to print it out.<br><br>On 3/25/2025, at 9:40 AM, Surveyor interviewed CNA V, who indicated that the CNA staff pick their own list when they come in in the morning as to what residents they will take care of for the day. CNA-V indicated that care plans are sometimes hanging in the resident's rooms.<br><br>On 3/25/2025, at 9:48 AM, Surveyor interviewed CNA-U, who was currently scheduled for cares with R2. CNA-U indicated that R2 has no behaviors that CNA-U is aware of, and if CNAs wanted to know about behaviors that the nurse would have to print out the care cards.<br><br>On 3/25/2025, at 10:04 AM, Surveyor interviewed Scheduler (SCHED)-Q, who indicated nurses would pick where the CNAs are scheduled to work on the unit, unless its agency, or new nurses then the CNAs pick where they want to go.<br><br>On 3/25/2025, at 11:40 AM, Surveyor interviewed Licensed Practical Nurse (LPN)-T who indicated that the CNA staff pick where they go. LPN-T indicated that LPN-T sees no conflict with CNA's picking their own locations on the floor. LPN-T stated that a lot of new staff or agency is usually in the building and that LPN-T is agency as well. LPN-T indicated staff is half agency and half facility staff and that usually CNA's just pick where they want to work.<br><br>Surveyor did not observe R2's nursing intervention of limiting attempt of new staff on the CNA care plan for R2. The CNA care plan would have details for the resident that would be pertinent for the CNA staff to complete tasks, such as behaviors, or care requests<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525504 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 03/26/2025 |
|---|---|---|---|
| NAME OF PROVIDER OR SUPPLIER Autumn Lake Healthcare at Greenfield | | STREET ADDRESS, CITY, STATE, ZIP CODE 5790 S 27th St Milwaukee, WI 53221 | |

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 0656<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | On 3/25/2025, at 3:03 PM, Surveyor informed Nursing Home Administrator (NHA)-A and Director of Nursing (DON)-B, of the concern that R2's care plan intervention, of limiting new staff was not being followed. Surveyor informed NHA-A and DON-B that R2's intervention for limiting new staff was not documented on the CAN care card so that CNA staff were aware of the intervention.<br><br>Surveyor informed NHA-A and DON-B that based on the interviews with the CNA and nursing staff, CNA's decide which list they want to work, and they are not informed of R2's intervention because it is missing from the CNA care plan. NHA-A informed DON-B that DON-B needs to update the CNA care plan. NHA-A indicated that the facility will be updating the CNA care plan right away. No additional information was provided. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525504 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 03/26/2025 |
|---|---|---|---|
| NAME OF PROVIDER OR SUPPLIER Autumn Lake Healthcare at Greenfield | | STREET ADDRESS, CITY, STATE, ZIP CODE 5790 S 27th St Milwaukee, WI 53221 | |

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 0686<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide appropriate pressure ulcer care and prevent new ulcers from developing.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 20483<br><br>Based on observation, interview and record review, the facility did not ensure that 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 (R1) of 2 residents reviewed for pressure injuries.<br><br>R1 was admitted to the facility on [DATE] with a Stage 3 sacrum pressure injury. There was not a comprehensive assignment until 2/11/25 and a wound treatment was not started until 2/11/25. R1 was transferred to the hospital on 2/26/25 & returned to the facility on [DATE]. R1's weekly pressure injury assessment dated [DATE] incorrectly stages R1's right & left buttocks pressure injuries. On 3/24/25 during R1's treatment observation, Surveyor observed the adhesive portion of the dressing being applied over R1's right buttocks pressure injury. Observations were made during the survey of R1 not wearing or being offered pressure relieving boots and R1's heels were not being offloaded according to R1's plan of care.<br><br>Findings include:<br><br>1.) R1 was originally admitted to the facility on [DATE] and has subsequent admitted [DATE].<br><br>R1's diagnoses includes sickle cell disease, chronic kidney disease, cerebral infarction, hypertension, diabetes mellitus, and spastic hemiplegia affecting right dominate side.<br><br>R1's admission MDS (minimum data set) with an assessment reference date of 2/13/25 has a BIMS (brief interview mental status) score of 8 which indicates moderate cognitive impairment. R1 is assessed as not having any behavior including refusal of care. R1 is assessed as requiring set up or clean up assistance for eating, substantial/maximal assistance for toileting hygiene, supervision or touching assistance for roll left & right, and dependent for chair/bed to chair transfer & toilet transfer. R1 is always incontinent of urine and bowel. R1 is at risk for pressure injury development, has an unhealed pressure injury with one stage 3 present on admission.<br><br>R1's pressure ulcer/injury CAA (care area assessment) dated 2/18/25 under analysis of finding for nature of the problem/condition documents Triggered r/t (related to) PI (pressure injury) upon admission and at risk for further pressure injuries secondary to decrease mobility and incontinence of bladder. Low-air loss pressure redistribution mattress in place. Staff assists with turning and repositioning eery 2 hours and prn (as needed) for pressure redistribution. Staff assist with toileting and incontinence cares as necessary keeping [R1's first name] clean and dry and applying barrier for protection. Treatments provided by wound team.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525504 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 03/26/2025 |
|---|---|---|---|
| NAME OF PROVIDER OR SUPPLIER: Autumn Lake Healthcare at Greenfield | | STREET ADDRESS, CITY, STATE, ZIP CODE: 5790 S 27th St Milwaukee, WI 53221 | |

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 0686<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | R1's actual impairment to skin integrity care plan initiated 2/10/25 and revised 3/11/25 documents the following interventions: Avoid scratching and keep hands and body parts from excessive moisture. Keep fingernails short. Initiate 2/10/25. Bil (bilateral) heel boots while in bed. Initiated 2/20/25. Educate resident/family/caregivers of causative factors and measures to prevent skin injury. Initiated 2/10/25. Encourage good nutrition and hydration in order to promote healthier skin. Initiated 2/10/25. Follow MD (medical doctor) orders for treatments of wounds. Initiated 2/10/25. Identify/document potential causative factors and eliminate/resolve where possible. Initiated 2/10/25. Keep skin clean and dry. Use lotion on dry skin. Initiated 2/10/25 & revised 3/24/25. Low Airloss mattress to bed. Initiated 2/20/25. Provide assistance with turning and repositioning Q (every) 2 hours. Initiated 2/10/25. Provide nutritional supplement. Initiated 2/10/25. Provide peri care and brief change after each incontinent episode. Initiated 2/10/25. Use a draw sheet or lifting device to move resident. Initiated 2/10/25. [Name] Wound MD to Eval and treat. Initiated 2/10/25.<br><br>R1's Admit/Readmit Screener dated 2/7/25 under the Skin Integrity section for 10. Integrity site is documented as 53) Sacrum, Type is Pressure, under Units of measure: centimeters for length documents 1. 5, width 1.2, depth 0.1 and Stage is III (3). There is no description of the wound bed. This section was signed by Director of Nursing (DON)-B on 2/10/25.<br><br>Surveyor reviewed R1's physician orders and noted the following orders:<br><br>*Order date 2/8/25 R (right) Buttock: Cleanse open area on R buttock and pat dry f/b (followed by) medihoney f/b border gauze. This order was created by Former Registered Nurse (RN) Supervisor-K on 2/8/25 at 00:05 (12:05 a.m.). Surveyor noted there is no start date and the end date is 2/8/25. This order did not transfer onto the February TAR (treatment administration record).<br><br>* Order date 2/8/25 Wound care right buttocks Cleanse open area on R buttock and pat dry f/b medihoney, f/b border gauze. This order was created by Director of Nursing (DON)-B on 2/8/25 at 1345 (1:45 p.m.). Surveyor noted there is no start date and the end date is 2/8/25. This order did not transfer onto the February TAR.<br><br>* Order date 2/9/25 Wound care right buttocks. Cleanse open area on R buttock and pat dry f/b medihoney, f/b border gauze every day shift for wound care. This order was created by Licensed Practical Nurse (LPN)-H on 2/9/25 at 11:50 a.m. The start date is 2/10/25 and end date is 2/10/25. Surveyor noted this order is on R1's February TAR but there is not a check with an initial indicating the treatment was completed, 2/10 is blank.<br><br>* Order date 2/10/25 Wound care Sacrum: Cleanse with NS (normal saline) & pat dry. Apply medihoney to wound bed followed by dry cover dressing daily and PRN (as needed). every day shift and as needed. This order was created by LPN/Wound Nurse (WN)-C on 2/10/25 at 12:10 p.m. The start date is 2/10/25 and was discontinued on 2/28/25. Surveyor noted the February TAR indicates the treatment started on 2/11/25.<br><br>R1's Braden assessment dated [DATE] has a score of 14 which indicates moderate risk for pressure injury development.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525504 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 03/26/2025 |
|---|---|---|---|
| NAME OF PROVIDER OR SUPPLIER: Autumn Lake Healthcare at Greenfield | | STREET ADDRESS, CITY, STATE, ZIP CODE: 5790 S 27th St Milwaukee, WI 53221 | |

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 0686<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | R1's weekly wound assessment dated [DATE] for Wound 1 for date of onset site 1 document 2/7/25. Wound site is Sacrum, Type is 1) Pressure, Length (cm) (centimeters) 1.2, width 0.8, depth 0.1 and stage is 4) Stage III (3). For specify the percentage of each tissue type that was chosen documents 50% slough, 50% granulation. Treatment documents medihoney and cover dressing daily. Under summary documents Wound bed with slough and granulation. Peri wound is normal skin and is fragile. Res (Resident) noted with low body fat. Light serosanguinous drainage without odor noted. Res. denies pain to site.<br><br>Surveyor noted this comprehensive assessment is 4 days after R1 was admitted to the facility.<br><br>Surveyor noted weekly assessment of R1's sacrum pressure injury by the facility and wound doctor. On 2/26/25 R1 was discharged to the hospital and returned to the facility on [DATE].<br><br>R1's facility's weekly wound assessment dated [DATE] Wound 1 for date of onset site 1 document 2/7/25. Wound site is Sacrum, Type is 1) Pressure, Length (cm) , 2.5 width 0.5, depth 0.1 and stage is 4) Stage III (3). For specify the percentage of each tissue type that was chosen documents 80% slough, 20% granulation. Treatment documents medihoney and cover dressing daily. Under summary documents Wound is worsened upon res readmission to facility. Wound bed with slough and granulation. Peri wound is normal skin and is fragile. Res noted with low body fat. Light serosanguinous drainage without odor noted. res denies pain to site.<br><br>Wound 2. for date of onset site 2 documents 3/5/25. Wound site is 31) Right Buttocks, Type is Pressure, length (cm) is 4.0, width 3.0, depth 0.1, and stage is 3) Stage II (2). For specify the percentage of each tissue type that was chosen document 100% granulation. Treatment documents medihoney and cover dressing daily. Summary documents Res readmitted to facility with new buttock wound. Wound bed with granulation. Peri wound inflamed but stable. Light serosanguinous drainage present. No odor observed.<br><br>Surveyor noted R1's right buttock pressure injury is incorrectly staged and should have been staged as a Stage 3. A Stage 2 pressure injury does not have granulation tissue.<br><br>Wound 3. for date of onset site 3 documents 3/5/25. Wound site is 32) Left Buttocks, Type is Pressure, length (cm) is 6.0, width 2.0, depth 0.1, and stage is 3) Stage II (2). For specify the percentage of each tissue type that was chosen document 100% granulation. Treatment documents medihoney and cover dressing daily. Summary documents Res readmitted to facility with new buttock wound. Wound bed with granulation. Peri wound inflamed but stable. Light serosanguinous drainage present. No odor observed.<br><br>Surveyor noted R1's left buttock pressure injury is incorrectly staged and should have been staged as a Stage 3. A Stage 2 pressure injury does not have granulation tissue.<br><br>R1's Certified Nursing Assistant (CNA) Kardex located on the back of R1's door as of 3/14/25 under the skin section documents Bil (bilateral) boots when in bed, Follow MD orders for tx (treatment) of wounds. Low Airloss mattress on bed. Provide assistance with turning and repositioning Q 2 hours. Provide nutritional supplement. Provide pericare and brief change after each incontinence episode. [Name] Wound MD to eval and treat.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525504 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 03/26/2025 |
|---|---|---|---|
| NAME OF PROVIDER OR SUPPLIER Autumn Lake Healthcare at Greenfield | | STREET ADDRESS, CITY, STATE, ZIP CODE 5790 S 27th St Milwaukee, WI 53221 | |

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 0686<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | On 3/24/25, at 10:05 a.m., Surveyor observed R1 in bed on the right side. R1 has bare feet, is not wearing pressure relieving boots, and R1's heels are resting directly on the mattress. Surveyor asked R1 if staff does any wound treatments for her. R1 informed Surveyor on her butt. Surveyor asked permission to observe the treatment to which R1 gave her permission and stated if you are around. Surveyor asked R1 if she wears pressure relieving boots. R1 informed Surveyor she hasn't seen them in a while and they make her feet hot.<br><br>On 3/24/25, at 11:37 a.m. Surveyor observed R1 on her back. R1's heels are resting directly on the mattress and R1 is not wearing pressure relieving boots. Surveyor asked R1 if the nurse did her treatment on her bottom. R1 replied no.<br><br>On 3/24/25, at 11:43 a.m., Surveyor observed RN-D on the wing opposite R1's room. Surveyor asked RN-D if she did the treatments on the other side. RN-D replied no and asked Surveyor if there was anyone in particular Surveyor wanted to see. Surveyor informed RN-D, R1. RN-D informed Surveyor she will do R1's treatment in about half an hour.<br><br>On 3/24/25, at 12:04 p.m., R1 yelled to Surveyor. Surveyor was standing in the hallway near R1's room. Surveyor entered the room and R1 asked Surveyor if Surveyor could change her brief stating it's really needs to be changed. Surveyor informed R1 Surveyor is not able to do this and suggested R1 place on her call light which R1 did. At 12:05 p.m. Certified Nursing Assistant (CNA)-L entered R1's asking R1 are you sure you don't want to get up for lunch, which R1 declined, and then provided incontinence cares for R1. R1 had a bowel movement which was on the dressing and CNA-L removed the dressing informing R1 she will have the nurse come in after she finishes cleaning her up. After providing incontinence cares and a new incontinence product on R1, CNA-L placed a small pillow under R1's left buttocks and a pillow under R1's lower legs. Surveyor observed R1's heels are resting on the pillow and are not being offloaded. During this observation CNA-L did not offer to place pressure relieving boots on R1.<br><br>On 3/24/25, at 12:22 p.m., Surveyor observed RN-D and LPN-E cleanse their hands and place gloves on. RN-D informed R1 she was going to do her dressings, moved the sheet off R1, and unfastened R1's incontinence product. R1 was assisted with positioning on the right side with LPN-E holding onto R1. RN-D stated she needed to get the dressing, removed her gloves and cleansed her hands. RN-D returned with a four by four border gauze dressing & placed gloves on. Surveyor asked RN-D if she has completed R1's treatment before. RN-D replied no. RN-D cleansed R1's right buttocks and sacrum with normal saline. RN-D placed medihoney on gauze and applied the medihoney on R1's pressure injuries stating a swab will be a little better but didn't see any. RN-D placed the border gauze dressing on the sacrum and right buttocks. Surveyor observe the adhesive portion of the border gauze was place on the top portion of R1's right buttocks pressure injury. RN-D stated she needed to get another dressing, removed her gloves, cleansed her hands and left R1's room. RN-D returned with a second border gauze dressing, placed gloves on and applied the dressing over R1's right buttocks. RN-D applied barrier cream around R1's dressings, RN-D removed her gloves, cleansed her hands and placed gloves on. LPN-E & RN-D assisted R1 with positioning side to side to change the incontinence product and fastened the incontinence product. R1 was positioned up in bed. R1 was positioned on her right side and a pillow placed under R1's lower legs. Surveyor observed R1's heels are not being offloaded and are resting on the pillow. LPN-E & RN-D removed their gloves and washed their hands.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525504 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 03/26/2025 |
|---|---|---|---|
| NAME OF PROVIDER OR SUPPLIER: Autumn Lake Healthcare at Greenfield | | STREET ADDRESS, CITY, STATE, ZIP CODE: 5790 S 27th St Milwaukee, WI 53221 | |

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 0686<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | On 3/24/25, at 2:18 p.m., Surveyor observed R1 sleeping in bed on the right side. Surveyor observed there is a pillow under R1's lower legs. R1's left heel is resting on the mattress and the right heel is on the pillow. Surveyor observed R1's heels are not being offloaded.<br><br>On 3/24/25, at 3:57 p.m., Surveyor observed R1 in bed on her back. Surveyor observed R1 is not wearing pressure relieving boots and R1's heels are not being offloaded.<br><br>On 3/25/25, from 7:19 a.m. to 7:27 a.m., Surveyor observed Med Tech-G provide incontinence care to R1. After incontinence care was provided & R1's incontinence product was changed, R1 was positioned on the right side. Surveyor observed Med Tech-G did not offer to place R1's pressure relieving boots on and R1's heels are not being offloaded.<br><br>On 3/25/25, from 7:30 a.m. to 7:45 a.m., Surveyor observed LPN/WN-C and LPN-H complete the treatment for R1's sacrum and right buttocks pressure injuries. After R1's incontinence product was fastened, R1 was positioned towards the right side of the bed and then positioned on R1's left side with a pillow placed under R1. LPN/WN-C asked R1 if she wanted a pillow under her heels. R1 replied sure anything to make me more comfortable. LPN/WN-C placed a pillow under R1's lower legs. R1's head of the bed was elevated and the bed lowered down. LPN/WN-C & LPN-H removed their gloves & washed their hands. Surveyor observed R1's heels are resting directly on the pillow and are not being offloaded.<br><br>On 3/25/25, at 7:47 a.m., Surveyor asked LPN/WN-C how a nurse would know what size dressing should be used for R1's pressure injuries. LPN/WN-C informed Surveyor it's up to the nurse. Surveyor informed LPN/WN-C of the observation on 3/24/25 of the nurse placing the adhesive portion of the dressing on R1's right buttock pressure injury.<br><br>On 3/25/25, at 9:20 a.m., Surveyor observed R1 in bed on her back. Surveyor observed R1's heels are not being offloaded.<br><br>On 3/25/25, at 9:34 a.m., Surveyor asked Wound MD (medical doctor)-N if the adhesive portion of a dressing should be placed on the open area. Wound MD-N replied no that would not be good, would be painful.<br><br>On 3/25/25, at 11:28 a.m. Surveyor observed R1 in bed on her right side. R1's right heel is on the mattress and left heel is on the pillow Surveyor observed R1's heels are not being offloaded.<br><br>On 3/25/25, at 1:02 p.m., Surveyor interviewed LPN/WN-C regarding the process when a resident is admitted with pressure injuries. LPN/WN-C informed Surveyor if resident is admitted during business hours she and DON-B will see the resident. Surveyor inquired what are business hours. LPN/WN-C informed Surveyor up to 5:00 p.m. Monday to Friday. LPN/WN-C informed Surveyor if a resident is admitted in the evening the nurse will do the skin check as part of the admission and will give them a heads up so they can see the resident the next day. Surveyor asked LPN/WN-C in regards to a resident's pressure injury what is the nurse expect to do. LPN/WN-C replied describe for one and explained the nurses aren't measuring but treatments need to be implemented. Surveyor informed LPN/WN-C R1 was admitted to the facility on [DATE]. The admission/readmission screener dated 2/7/25 had measurements & stage but there was not a comprehensive assessment as the wound bed was not described. Surveyor informed LPN/WN-C there was not a comprehensive assessment or treatment until 2/11/25. LPN/WN-C informed Surveyor she doesn't have an explanation for that.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525504 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 03/26/2025 |
|---|---|---|---|

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Autumn Lake Healthcare at Greenfield | 5790 S 27th St<br>Milwaukee, WI 53221 |

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 0686<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | On 3/25/25, at 3:43 p.m., Surveyor observed R1 on her back watching TV. Surveyor observed R1's right heel is on the mattress & the left heel is on a pillow. R1's heels are not being offloaded.<br><br>On 3/26/25, at 8:45 a.m., Surveyor asked LPN/WN-C how they are preventing pressure injuries from developing on R1's heels. LPN/WN-C informed Surveyor heel boots are in R1's care plan but she doesn't always allow them so they float her heels, air mattress, and turn every two hours. Surveyor asked LPN/WN-C when staff are providing cares should they offer to place on the pressure relieving boots. LPN/WN-C replied yes. Surveyor informed LPN/WN-C during the survey, Surveyor did not observe R1 wearing the pressure relieving boots nor did staff offer to place them on. Surveyor has observations of pillow under R1's lower legs but R1's heels are not being offloaded as they rest on the pillow or mattress.<br><br>No additional information was provided to Surveyor as to why a comprehensive assessment or treatment of R1's pressure injury was not completed until 4 days after admission, R1's pressure injuries were incorrectly staged on 3/5/25, and R1's heels were not being offloaded. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525504 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 03/26/2025 |
|---|---|---|---|
| NAME OF PROVIDER OR SUPPLIER Autumn Lake Healthcare at Greenfield | | STREET ADDRESS, CITY, STATE, ZIP CODE 5790 S 27th St Milwaukee, WI 53221 | |

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 0689<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 20483<br><br>Based on observation, interview, and record review the facility did not ensure each resident received adequate supervision and assistive devices to prevent accidents for 2 (R3 & R1) of 2 residents reviewed.<br><br>* R3 fell on [DATE]. The facility did not thoroughly investigate the fall including whether prior fall interventions to prevent falls were in place. R3 was observed to be transferred without a gait belt by Certified Nursing Assistant (CNA)-F whom unaware R3 required the use of a gait belt during transfers.<br><br>* R1's fall on 12/23/24 was not thoroughly investigated.<br><br>Findings include:<br><br>The facility's policy titled, Falls and Fall Risk, Managing and revised 1/2020 documents: Based on previous evaluations and current data, the staff will identify interventions related to the resident's specific risk and causes to try to prevent the resident from falling and to try to minimize complications from falling. Under Policy Interpretation and Implementation documents 6. Fall investigation occur during the Fall meeting, and include the ADON (Assistant Director of Nursing), rehabilitative director, care plan designee, social services, and other IDT (interdisciplinary team) members as appropriate. All investigations are initiated.<br><br>1.) R3's diagnoses include Guillain-Barre syndrome, anxiety disorder, hypertension, and morbid obesity.<br><br>R3's quarterly MDS (minimum data set) with an assessment reference date of 11/28/24 documents a BIMS (brief interview mental status) score of 12, indicating moderate cognitive impairment for R3. R3 is assessed as being dependent for toileting hygiene, chair/bed to chair transfers and toilet transfers. R3 has not had any falls since the prior assessment period.<br><br>R3's ADL (activities daily living) self care performance deficit care plan initiated 7/28/23 & revised 4/3/24 documents the following interventions: *Toilet use: Requires gait belt, 2ww (two wheeled walker) and CGA/SBA (contact guard assistance/stand by assistance) for transfer to/from bed, power chair and commode. Initiated 7/28/23 & revised 9/3/24. *Transfer: Requires get sic (gait) belt, 2ww and CGA/SBA for transfers to/from bed, power chair and commode. Pt (patient) must have AFO on for all transfers. Initiated 7/28/23 and revised 6/7/24.<br><br>R3's functional bladder incontinence care plan initiated & revised 11/11/24 documents the following interventions: * Incontinent: Check and change q (every) 2 hours and as required for incontinence. Wash, rinse and dry perineum. Change clothing PRN (as needed) after incontinence episodes. Initiated & revised 11/11/24.<br><br>R3's fall risk evaluation dated 1/28/25 documents a score of 9 which indicates moderate risk for falls for R3.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525504 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 03/26/2025 |
|---|---|---|---|
| NAME OF PROVIDER OR SUPPLIER Autumn Lake Healthcare at Greenfield | | STREET ADDRESS, CITY, STATE, ZIP CODE 5790 S 27th St Milwaukee, WI 53221 | |

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 0689<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | R3's nurses note dated 3/3/25, at 05:19 (5:19 a.m.), written by Licensed Practical Nurse (LPN)-X documents: Writer was notified that resident was found on the floor by the door of her room. Writer instructed CNA (Certified Nursing Assistant) to grab Hoyer sling and remove the resident off the floor and into chair. Resident stated that she was trying to use the bathroom as normal and her legs started to get weak and she slid off the wheelchair onto the floor after being on the floor resident stated she crawled to the door to get help because her call light was not in reach. Signs were taken and then resident was moved off the floor with Hoyer and staff help resident back into wheelchair and with her weakness then helped resident to the restroom. After the resident used the restroom she was placed back in bed by staff and all of her personal items were put within reach. Resident was told to use call light for help the rest of the night. DON (Director of Nursing), POA (Power of Attorney), Admin (Administrator) and [Name of medical group] were notified there were no new orders given. Neuro checks started and resident placed on the 24 board.<br><br>On 3/24/25, at 9:43 a.m., Surveyor observed R3 sitting on the edge of the bed wearing a gown. There were two wash basins on the over bed table in front of R3. Surveyor asked R3 if she has fallen. R3 informed Surveyor that R3 had fallen a couple times. Surveyor asked R3 when was the last time R3 fell . R3 informed Surveyor maybe a month or two to three weeks ago. Surveyor asked R3 if R3 remembers why R3 fell . R3 informed Surveyor that R3 was trying to get her walker and R3's leg gave out. R3 informed Surveyor R3 probably shouldn't of been doing that and that R3 was going to the commode. Surveyor asked R3 if that night anyone had been in to take care of her. R3 replied no because they label me independent and no one checked on me (R3).<br><br>Surveyor reviewed the facility's investigation for R3's fall on 3/3/25. Surveyor noted staff statements indicate what time they last saw R3 but the statements did not include when R3 was last checked & changed or offered the commode as R3 stated she was trying to use the bathroom.<br><br>On 3/25/25, at 8:03 a.m. Surveyor observed R3's Kardex as of 3/24/25 located on the back of R3's door. Surveyor noted under the transferring section documents: *Transfer: Requires get sic (gait) belt, 2ww and CGA/SBA for transfers to/from bed, power chair and commode. Pt must have AFO on for all transfers.<br><br>On 3/25/25, at 9:53 a.m., Surveyor observed R3 dressed for the day standing next to her bed with a two wheeled walker. Certified Nursing Assistant (CNA)-F was standing next to R3. Surveyor observed a gait belt on the floor by the foot section of R3's bed. R3 asked CNA-F to put up the foot section of the wheelchair and then R3 took a couple of steps and sat in the motorized wheelchair. CNA-F hooked R3's seat belt and placed the foot section down. R3 did not have on the gait belt during the transfer as documented in R3's plan of care.<br><br>On 3/25/25, at 9:58 a.m., Surveyor asked R3 if it's alright with R3 that staff check on her at night. R3 replied yes. Surveyor asked R3 if she was sleeping would it be alright with her if staff woke her up and asked her about the bathroom. R3 replied yes but most of the time I'm awake. I'm a night person. Surveyor asked R3 if staff uses a gait belt with her. R3 replied yes. Surveyor informed R3 Surveyor was asking as earlier Surveyor observed the gait belt on the floor. R3 informed Surveyor it needs to be hung up where the ornament is. Surveyor asked if the CNA asked her today to place a gait belt on her. R3 replied no.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525504 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 03/26/2025 |
|---|---|---|---|
| NAME OF PROVIDER OR SUPPLIER: Autumn Lake Healthcare at Greenfield | | STREET ADDRESS, CITY, STATE, ZIP CODE: 5790 S 27th St Milwaukee, WI 53221 | |

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 0689<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | On 3/25/25, at 10:02 a.m. Surveyor asked CNA-F how R3 transfers. CNA-F informed Surveyor R3 uses her wheelchair and walker. Surveyor asked how does R3 transfer from the bed into the wheelchair. CNA-F informed Surveyor R3 sits on the edge of the bed and uses a walker. Surveyor asked CNA-F if she uses a gait belt with R3. CNA-F replied no I haven't. Surveyor asked CNA-F why she hasn't used a gait belt. CNA-F informed Surveyor she didn't know R3 needed one. Surveyor asked CNA-F how does she know if a resident needs a gait belt. CNA-F informed Surveyor when she first started they told her. Surveyor asked CNA-F when she started working in the facility. CNA-F replied January. Surveyor asked CNA-F if there is a Kardex or care plan for R3. CNA-F informed Surveyor the only thing she has is a roster that shows the run down. Surveyor asked what this roster tells her. CNA-F informed Surveyor if they use a Hoyer, catheter, when their shower day is and how transfer. Surveyor asked CNA-F what does the roster say for R3's transfer. CNA-F replied think says one assist.<br><br>On 3/25/25, at 10:44 a.m., Surveyor asked Director of Nursing (DON)-B to explain the facility's fall investigation process. DON-B informed Surveyor most likely falls happen when she's not here. The nurse on the floor will do the risk management, check if the interventions are appropriate, notify the doctor. In morning report the whole IDT discuss what interventions are appropriate and they have fall meeting on Thursday to review everything. Surveyor asked DON-B about R3's fall investigation as Surveyor noted staff were interviewed but the investigation doesn't indicate if prior interventions were in place. Surveyor informed DON-B R3 said she was trying to go to the bathroom and there is no indication in the investigation when she was last checked & changed or offered the commode. DON-B informed Surveyor that investigation she did not do herself and believes Nursing Home Administrator (NHA)-A did. DON-B informed Surveyor that is one thing we want to know. DON-B stated to Surveyor I really can't answer. Surveyor asked DON-B if she was on vacation when R3 fell or not involved. DON-B replied probably not involved I'm a solo person right now. Surveyor asked DON-B how staff know to use a gait belt. DON-B informed Surveyor this is across the board and they go over gait belt use in orientation. DON-B informed Surveyor the CNA are suppose to wear gait belts at all times.<br><br>Surveyor informed DON-B Surveyor has not observed any staff wearing gait belts. Surveyor asked how staff know a resident should have a gait belt on for their transfer. DON-B informed Surveyor they should be using a gait belt with all transfers. Surveyor informed DON-B Surveyor observed R3 standing with her walker with the CNA in the room and the gait belt was on the floor. Surveyor informed DON-B according to R3 the CNA didn't offer the gait belt and when Surveyor spoke with the CNA-F she was unaware R3 is suppose to use a gait belt.<br><br>On 3/25/25, at 10:58 a.m., Surveyor asked NHA-A if she is involved with the fall investigations. NHA-A replied yes we talk about it in morning meeting. Surveyor informed NHA-A, DON-B informed Surveyor she was not involved with R3's fall investigation and NHA-A was. Surveyor reviewed R3's fall investigation and there is no indications when R3 was checked & changed or offered the commode and R3 stated when she fell she was trying to use the bathroom. HA-A informed Surveyor they usually do check that out. NHA-A reviewed R3's fall investigation and then stated to Surveyor I don't see that answer, I don't. Can't answer that one. Surveyor informed NHA-A during R3's record review Surveyor did not locate any documentation R3 didn't want to be disturbed at night either in a care plan or progress notes.<br><br>2.) R1 was originally admitted to the facility on [DATE].<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525504 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 03/26/2025 |
|---|---|---|---|
| NAME OF PROVIDER OR SUPPLIER Autumn Lake Healthcare at Greenfield | | STREET ADDRESS, CITY, STATE, ZIP CODE 5790 S 27th St Milwaukee, WI 53221 | |

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 0689<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | R1's diagnoses includes sickle cell disease, chronic kidney disease, cerebral infarction, hypertension, diabetes mellitus, cerebrovascular accident, and spastic hemiplegia affecting right dominate side.<br><br>R1's baseline care plan dated 12/19/24 is checked for Resident is at risk for falls R/T (related to) CVA (cerebrovascular accident) R (right) side weakness & neglect seizure. Fall risk score 14.0. Surveyor noted there are no approach/interventions checked on the baseline care plan.<br><br>R1's nurses note dated 12/23/24 at 16:46 (4:46 p.m.) written by Licensed Practical Nurse (LPN)-Y documents Date, time, location of fall, position of resident and (all residents) statement of what happened: 1630 (4:30 p.m.) 12/23/24 Resident room [number], resident reports that she was reaching for something and slipped out of the chair resident denies hitting her head when falling. Resident reports pain in her right shoulder.<br><br>Location of resident prior to fall (bed, w/c etc) and time last void (GNA assigned): Wheelchair.<br><br>Vital Signs (T-P-R-BP-O2 sats-FS (temperature-pulse-respirations-blood pressure-oxygen saturations-) 132/68, 68 pulse, 97.6 temp, 18 respirations, 97% oxygen saturation.<br><br>Orthostatic BP check (all residents-laying and sitting if unable to stand)-laying, sitting, standing: Resident unable to perform orthostatics at this time.<br><br>Range of Motion Functional Limits: Limited ROM to R (right) shoulder, patient experiencing pain.<br><br>C/O (complaint of) pain or discomfort (offer pain medication and document refusal if applicable): R shoulder pain PRN (as needed) pain medication offered.<br><br>Describes Injuries Noted-including skin check (orders implemented if needed): No obvious sing of injury or bruising noted, resident is complaining of pain in R should and is showing signs of limited ROM.<br><br>Time and Name of MD (medical doctor) notified: 1640 (4:40 p.m.) [Name], this LPN spoke wit [Name] medical staff.<br><br>New Orders Received and transcribed: N/A (not applicable).<br><br>What is the current fall intervention and is it in place and functioning? Patient has her call light in place and bed is in lowest position.<br><br>What new intervention is being implemented? Patient was previously sitting on a pillow in her chair and did not have a non slip pad between the wheelchair. Patient will not use pillow without a non slip pad while in the wheelchair.<br><br>Time and Name of Emergency Contact/Responsible Party: 1645 (4:45 p.m.) [Name] POA (power of attorney) (daughter) called.<br><br>Neuro Checks started, every 15 minutes for 1 hour then hourly for four hours then every 4 hours x (times) 6: Implemented.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525504 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 03/26/2025 |
|---|---|---|---|
| NAME OF PROVIDER OR SUPPLIER Autumn Lake Healthcare at Greenfield | | STREET ADDRESS, CITY, STATE, ZIP CODE 5790 S 27th St Milwaukee, WI 53221 | |

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 0689<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Is resident on an anticoagulant?: Yes Eliquis.<br><br>Complete a new fall risk assessment: Complete.<br><br>R1's nurses note dated 12/24/24 at 00:48 (12:48 a.m.) by Nursing-Z documents: Returned to the facility via ambulance at 0048.<br><br>Surveyor reviewed the facility's fall investigation for R1's fall on 12/23/24. Surveyor noted Certified Nursing Assistant (CNA)-L statement documents I toileted the resident at 5:10-5:15ish she was the last one on my side to check and change. I delivered her dinner tray to her at 5:30PM. I was picking up trays and noticed that [Assisted Living room number] was on the floor. I immediately called for the nurse and the RN (Registered Nurse) came into assess. Resident did have gripper socks on and was sitting in the wheelchair last time I saw her. Surveyor noted the times in CNA-L's statement are after R1 fell .<br><br>Surveyor reviewed the daily nursing schedule for 12/23/24 and noted CNA-L was not scheduled on R1's unit during the evening shift (3:00 p.m. to 11:00 p.m.) when R1 fell . Surveyor noted CNA-W and CNA-Q are listed as working on the schedule. Surveyor noted the facility's investigation does not include statements from CNA-W & CNA-Q or any indications CNA-W & CNA-Q were spoken to.<br><br>On 3/26/25, at 8:20 a.m., Surveyor asked Nursing Home Administrator (NHA)-A who Surveyor should speak with regarding R1's fall on 12/23/24 as R1 fell at 4:30 p.m. and the times in the staff statement are after R1 fell . NHA-A informed Surveyor all fall go through Director of Nursing (DON)-B. NHA-A informed Surveyor she was not at the facility that day and Surveyor should speak with DON-B.<br><br>On 3/26/25, at 8:22 a.m., Surveyor informed DON-B Surveyor had reviewed the facility's investigation for R1's fall on 12/23/24. CNA-L's statement includes times after R1 fell . DON-B informed Surveyor she doesn't know and will have to call CNA-L to get clarification.<br><br>On 3/26/25, at 9:07 a.m., DON-B informed Surveyor she spoke with CNA-L who does not remember R1's fall. She also spoke with LPN-Y who said she called the ambulance right away and it took a little time for them to come.<br><br>On 3/2625, at 10:17 a.m., Surveyor informed NHA-A & DON-B R1's fall on 12/23/24 was not thoroughly investigated as the statement that was obtained from CNA-L has times after R1 fell , the room in the statement is in the assisted living and CNA-L is not on the schedule as working when R1 fell . There is no evidence the two CNA's who were on the schedule were interviewed as to who last saw R1 and what was R1 doing. The baseline care plan dated 12/19/24 does not have any interventions and the at risk for falls care plan was not developed until 12/24/24 which was after R1's fall.<br><br>No additional information was provided. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525504 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 03/26/2025 |
|---|---|---|---|
| NAME OF PROVIDER OR SUPPLIER Autumn Lake Healthcare at Greenfield | | STREET ADDRESS, CITY, STATE, ZIP CODE 5790 S 27th St Milwaukee, WI 53221 | |

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 0692<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide enough food/fluids to maintain a resident's health.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 20025<br><br>Based on interview and record review the facility did not ensure 1 (R4) of 2 residents reviewed for nutritional concerns maintained acceptable parameters of nutritional status, such as usual body weight or desirable body weight range and electrolyte balance.<br><br>R4 was admitted to the facility on [DATE] and discharged to the hospital due to a change in condition on 2/15/25. While R4 was at the facility, the facility did not have any evidence how much R4 was eating at every meal, despite R4 being a diabetic and requiring a food for insulin administration.<br><br>Findings include:<br><br>On 2/13/25 at 12:00 p.m., R4 was admitted to the facility with diagnoses of right femur fracture, type 1 diabetes, Parkinson's disease and anxiety. R4 was discharged to the hospital on 2/15/25 and did not return back to the facility.<br><br>R4's 5 day MDS (minimum data set) dated 2/15/25 indicates R4 is cognitively intact and needs supervision for ADLs (activity of daily living). It also indicates R4 is a set up for meals.<br><br>Surveyor reviewed R4's medications and noted that R4 receives sliding scale insulin at each meal and at bedtime. The medical record indicates R4 blood glucose and insulin was being administered on 2/14/25 and 2/15/25. The orders indicate if R4 doesn't eat the schedule meal sliding scale insulin dose it to be held and the PRN (as needed) sliding scale insulin dose is to be administered.<br><br>Surveyor unable to view any meal intake for R4 in R4's electronic medical record.<br><br>On 3/24/25 at 3:00 p.m., Surveyor asked NHA-A for documentation of R4 meal intakes while she was a resident at the facility. NHA-A stated she would have to reach out the the corporate company to receive that data.<br><br>On 3/25/25, Surveyor received R4 documented meal intakes. The document indicates on 2/13/25 at 1700 (5:00 p.m.) R4 ate 75%-100% of the meal. There are no other documentation of meal intakes for 2/14/25 and 2/15/25.<br><br>On 3/25/25 at 12:15 p.m., Surveyor interviewed NHA (nursing home administrator)-A regarding R4 meal intake documentation. Surveyor asked NHA-A if there is more documentation regarding R4 meal intakes. NHA-A stated she had no additional information other than the document that indicates the meal intake for 2/13/25 at 1700. Surveyor asked NHA-A what is the expectation when it comes to meal intake documentation. NHA-A states the expectation is facility staff to document all meals intakes. NHA-A stated she's not sure why the meals were not documented for R4.<br><br>No additional information was provided as to why the facility did not ensure that R4's |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525504 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 03/26/2025 |
|---|---|---|---|
| NAME OF PROVIDER OR SUPPLIER Autumn Lake Healthcare at Greenfield | | STREET ADDRESS, CITY, STATE, ZIP CODE 5790 S 27th St Milwaukee, WI 53221 | |

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 0732<br><br>Level of Harm - Potential for minimal harm<br><br>Residents Affected - Many | Post nurse staffing information every day.<br><br>50700<br><br>Based on observation, interview, and record review, the facility did not ensure nurse staffing data to include the date, resident census, and the total actual hours worked by Registered Nurses, Licensed Practical Nurses, and Certified Nurse Aides, was posted on a daily basis.<br><br>* The Facility did not update Nurse Staff Posting a document that was displayed in a visible location in the Facility. During weekend, there are no staff members responsible for changing out the nurse staffing posting until Monday morning when the facility receptionist returns to work. Nurse Staff Postings were not being displayed daily or maintained for the 3 months reviewed.<br><br>This deficient practice has the potential to affect all 82 residents currently residing in the Facility.<br><br>Findings include:<br><br>The facility policy, titled nurse staffing posting information dated 11/1/24, documents Policy: It is the policy of the facility to make sure staffing information readily available in a readable format to residents, staff, and visitors at any given time. Policy explanation and compliance guidelines: . 2. The facility will post the nurse staffing sheet at the beginning of each shift. 3. The information posted will be: a. Presented in a clear and readable format. b. In a prominent place readily accessible to residents, staff, and visitors.<br><br>Surveyor reviewed schedules for January, February, and March of 2025. Surveyor compared the schedule documents with the skilled daily posting documents for the same 3 months mentioned above. For January, February, and March of 2025 there was not accurate numbers of staff being displayed in the building on the Nursing staffing hour document. The Nursing staffing hour document allows staff, residents and visitors to see amount of certified and licensed staff that are in the building daily.<br><br>On 3/25/2025, at 10:10 AM, Surveyor interviewed Receptionist-I who indicated being the one that updates and displays the nursing staffing hour document. Receptionist-I indicated that Receptionist-I changes out this document daily and on Friday will place Saturday and Sundays behind the displayed Friday document. Receptionist-I indicated there is no staff to change out documents during the weekend, as Receptionist-I works Monday through Friday. Receptionist-I indicated on Monday morning receptionist-I will come in and change out the displayed Friday documents. Receptionist-I indicated that Receptionist-I provides all nurse staffing postings to Nursing Home Administrator (NHA)-A right after the removal from the display on a daily basis.<br><br>On 3/25/2025, at 10:11 AM, Surveyor interviewed NHA-A, who indicated that Receptionist-I is the one that is responsible for updating and displaying the nursing staffing hour document. NHA-A indicated that there are a few new receptionists in the building and that they need to be educated on switching out the nursing staffing hour document on the weekends. Surveyor and NHA-A reviewed the daily schedules and compared them to the nursing staffing hour document. NHA-A indicated that the document mentioned above should be getting updated daily, and that NHA-A can see it's not being correctly documented based on the reviewed documents.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525504 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 03/26/2025 |
|---|---|---|---|

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Autumn Lake Healthcare at Greenfield | 5790 S 27th St<br>Milwaukee, WI 53221 |

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) |
|---|---|
| F 0732<br><br>Level of Harm - Potential for minimal harm<br><br>Residents Affected - Many | NHA-A indicated that education would happen for the posted nursing staffing hour document as this is to be updated daily by Receptionist-I. NHA-A indicated expectations for this is for nursing staffing hour document to be completed daily and changed out every day, including weekends.<br><br>At the time of the survey team exiting the facility, no additional information was provided that would relate to why the facility did not have posted nursing hours displayed during the weekends, or why the ones that were displayed were not updated. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525504 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 03/26/2025 |
|---|---|---|---|
| NAME OF PROVIDER OR SUPPLIER Autumn Lake Healthcare at Greenfield | | STREET ADDRESS, CITY, STATE, ZIP CODE 5790 S 27th St Milwaukee, WI 53221 | |

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 0760<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Ensure that residents are free from significant medication errors.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 20025<br><br>Based on interview and record review, the facility did not ensure 1 (R4) of 1 resident prescribed insulin received the insulin as ordered.<br><br>R4 was admitted to the facility on [DATE] at 12:00 p.m. with orders for sliding scale insulin at all meals and at bedtime. The MAR(medication administration record) reveals a blood glucose level was not checked at supper and the sliding scale insulin was not given to R4. The MAR reveals the bedtime blood glucose level was checked and it was 288. R4 received lantus 30 units at bedtime but did not receive the bedtime sliding scale insulin that was ordered.<br><br>Findings include:<br><br>1.) On 2/13/25 at 12:00 p.m., R4 was admitted to the facility with diagnoses of right femur fracture, type 1 diabetes, Parkinson's disease and anxiety. R4 was discharged to the hospital on 2/15/25 and did not return back to the facility.<br><br>The 5 day MDS (minimum data set) dated 2/15/25 indicates R4 is cognitively intact and needs supervision for ADLs (activity of daily living).<br><br>R4's admission insulin orders were for Novolog insulin with a sliding scale at all meals and at bedtime, blood glucose checks at all meals and bedtime and Lantus 30 units at bedtime.<br><br>R4's MAR documents that on 2/13/25, R4 did not have a blood glucose check completed for the dinner meal and did not receive any insulin at that meal.<br><br>R4's MAR indicates that on 2/13/25, at bedtime, R4 blood glucose check was completed and it was 288. R4's bedtime Lantus insulin was given, but the sliding scale indicate Novolog 8 units of insulin should have been given but it was not administered.<br><br>On 3/25/25 at 8:30 a.m., Surveyor interviewed LPN (licensed practical nurse)-AA, who was working the PM shift on 2/13/25. Surveyor asked LPN-AA the reason the sliding scale insulin was not given at dinner and bedtime on 2/13/25. LPN-AA stated if it was ordered and transcribed into the MAR she would have given the insulin. LPN-AA stated the desk nurse is responsible for transcribing the orders. LPN-AA stated she does not recall anything else.<br><br>Surveyor reviewed R4's MAR and discovered LPN-H transcribed R4 orders and the Novolog insulin sliding scale order was transcribed at 1953 (7:53 p.m.)on 2/13/25. The blood glucose checks before meals and at bedtime order were transcribed on 2/14/25 at 1345 (1:45 p.m.). The humalog sliding scale insulin was transcribed on 2/14/25 at 8:00 a.m.<br><br>On 3/25/25 at 9:30 a.m. Surveyor interviewed LPN-H. LPN-H stated R4 was admitted with Novolog insulin sliding scale. LPN-H stated the pharmacy needed to change Novolog to Humalog insulin because the pharmacy only carried Humalog insulin. LPN-H stated they were waiting on the pharmacy to confirm the insulin orders. Surveyor stated R4 was admitted to the facility at noon and the sliding scale insulin orders were not confirmed until 2/14/25. LPN-H stated she didn't know any more information.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525504 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 03/26/2025 |
|---|---|---|---|

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Autumn Lake Healthcare at Greenfield | 5790 S 27th St<br>Milwaukee, WI 53221 |

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 0760<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | On 3/25/25 at 12:15 p.m. Surveyor interviewed NHA-A and DON-B. Surveyor explained the concern that on 2/13/25, R4 did not receive the dinner and bedtime sliding scale insulin as ordered due waiting on pharmacy to confirm the sliding scale insulin orders. NHA-A stated she would look into the concern to see if she can find anymore information.<br><br>On 3/25/25 at 3:00 p.m. NHA-A stated she had no additional information regarding R4 insulin orders and stated she understood the concern. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525504 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 03/26/2025 |
|---|---|---|---|
| NAME OF PROVIDER OR SUPPLIER Autumn Lake Healthcare at Greenfield | | STREET ADDRESS, CITY, STATE, ZIP CODE 5790 S 27th St Milwaukee, WI 53221 | |

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 0773<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide or obtain laboratory tests/services when ordered and promptly tell the ordering practitioner of the results.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 20025<br><br>Based on interview and record review, the facility did not ensure 1(R5) of 3 residents reviewed for lab results had obtain it in a timely manner.<br><br>The facility obtained an order on 12/19/24 for a UA (urinalysis) and C&S (culture and sensitivity) for R5. The facility collected the urine, but the lab facility did not receive it and the facility had to obtain another sample on 12/21/24. The laboratory facility did not receive the lab specimen until 12/22/24. On 12/25/24 the lab results revealed a UTI (urinary tract infection) and R5 received an order for antibiotics.<br><br>Findings include:<br><br>1.) R5 was admitted to the facility on [DATE] with diagnoses of acute cerebrovascular insufficiency, anxiety, depression and alcohol use.<br><br>R5's Quarterly MDS (minimum data set) dated 12/12/24 documents that R5 is cognitively intact and needs supervision with toilet transfer and toilet hygiene. It also indicates R5 is frequently incontinent of bladder and bowel.<br><br>R5's physician order dated 12/19/24 documents: UA C&S, obtain specimen by straight cath (catheter).<br><br>R5's nurses note dated 12/19/24 documents: UA C&S pending.<br><br>R5's nurses note dated 12/21/24 documents: urine sample collected at 1400 (2:00 PM). Specimen refrigerated and lab notified.<br><br>R5's nurses note dated 12/24/24 documents: UA C&S results pending.<br><br>R5's nurses note dated 12/25/24 documents: NP (nurse practitioner) was updated on the results of the UA C&S and received orders for antibiotics.<br><br>On 3/25/25, Surveyor requested from the facility all of R5 lab results for December 2024.<br><br>Surveyor received lab results for a UA C&S with collection date of 12/22/24 and reported date of 12/25/24. The lab results documents R5's urine culture with > (greater than)100,000 CFU/ml (colony forming unit/milliliter) E Coli (Escherichia coli).<br><br>On 3/25/25 at 12:20 p.m., Surveyor interviewed DON (Director of Nursing)-B and NHA(Nursing Home Administrator)-A.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525504 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 03/26/2025 |
|---|---|---|---|

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Autumn Lake Healthcare at Greenfield | 5790 S 27th St<br>Milwaukee, WI 53221 |

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 0773<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Surveyor asked DON-B what happened to the urine that was collected on 12/19/24. DON-B stated sometimes the courier picks up the lab and takes it to the lab late and they can't process it. DON-B then stated that when this occurs, another sample would have to be collected. Surveyor asked if this is what happened to R5's above lab sample. DON-B and NHA-A stated they were not sure if that was the case for R5's urine sample. Surveyor stated there is no documentation as to what happened to R5's urine sample collected on 12/19/14 and why it was collected again on 12/21/24.<br><br>On 3/25/25 at 2:45 p.m., Surveyor interviewed Lab Representative-J. Surveyor asked if the lab facility has an order for R5 for a UA C&S to be completed on 12/19/24. Lab Representative-J stated the only order they have on record is for 12/22/24 collection date. Surveyor asked Lab Representative-J if they received a specimen for R5 on 12/19/24 and Lab Representative-J confirmed that the laboratory did not receive a specimen on 12/19/24.<br><br>On 3/25/25 at 3:00 p.m., during the daily exit meeting with DON-B and NHA-A, Surveyor explained the concern R5 did not have her ordered UA C&S completed in a timely manner. No additional information was provided. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525504 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 03/26/2025 |
|---|---|---|---|
| NAME OF PROVIDER OR SUPPLIER Autumn Lake Healthcare at Greenfield | | STREET ADDRESS, CITY, STATE, ZIP CODE 5790 S 27th St Milwaukee, WI 53221 | |

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 0880<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide and implement an infection prevention and control program.<br><br>20483<br><br>Based on observation, interview, and record review, the facility did not maintain an infection prevention and control program designed to reduce the transmission of disease and infection for 1 (R1) of 2 Residents.<br><br>* Appropriate hand hygiene was not observed during incontinence cares for R1. Facility staff were not wearing gowns during R1's care & treatment observations while R1 is on EBP (enhanced barrier precautions). There was not a sign posted for enhanced barrier precautions on R1's door nor was there a PPE (personal protective equipment) cart outside the room on 3/24/25 & early morning of 3/25/25.<br><br>Findings include:<br><br>The facility's policy titled, Hand Hygiene and dated 10/1/24 under policy documents All staff will perform proper hand hygiene procedures to prevent the spread of infection to other personnel, residents, and visitors. This applies to all staff working in all locations within the facility. Under Policy Explanation and Compliance Guidelines documents 1. Staff will perform hand hygiene when indicated, using proper technique consistent with accepted standards of practice. 6. Additional considerations: a. The use of gloves does not replace hand hygiene. If your task requires gloves, perform hand hygiene prior to donning gloves, and immediately after removing gloves.<br><br>The facility's policy titled, Enhanced Barrier Precautions and dated 10/1/24 under policy documents It is the policy of this facility to implement enhanced barrier precautions for the prevention of transmission of multidrug-resistant organisms. Under Policy Explanation and Compliance Guidelines documents 2. Initiation of Enhanced Barrier Precautions b. An order for enhanced barrier precautions will be obtained for residents with any of the following: 1. 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, feedings tubes, tracheostomy/ventilator tubes, hemodialysis catheters, PICC (peripherally inserted central catheter) lines, midline catheters) even if the resident is not known to be infected or colonized with a MDRO (multidrug resistant organisms). (Peripheral IVs, continuous glucose monitors, insulin pumps, or ostomies without an associated indwelling medical device are not an indication for EBP).<br><br>3. Implementation of Enhanced Barrier Precautions: a. Make gowns and gloves available immediately near or outside of the resident's room. Note: face protection may also be needed if performing activity with risk of splash or spray (i.e., wound irrigation, tracheostomy care). b. PPE (personal protective equipment) for enhanced barrier precautions is only necessary when performing high-contact care activities and may not need to be donned prior to entering the resident's room.<br><br>4. High contact resident care activities include: a. Dressing. b. Bathing. c. Transferring. d. Providing hygiene. e. Changing linens. f. Changing briefs or assisting with toileting. g. Device care or use: central lines, urinary catheters, feeding tubes, tracheostomy/ventilator tubes, hemodialysis catheters, PICC lines, midline catheters. h. wound care: any skin opening requiring a dressing.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525504 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 03/26/2025 |
|---|---|---|---|
| NAME OF PROVIDER OR SUPPLIER Autumn Lake Healthcare at Greenfield | | STREET ADDRESS, CITY, STATE, ZIP CODE 5790 S 27th St Milwaukee, WI 53221 | |

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 0880<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | 1.) R1's diagnoses includes sickle cell disease, chronic kidney disease, cerebral infarction, hypertension, diabetes mellitus, and spastic hemiplegia affecting right dominate side. R1 has pressure injuries on the sacrum and right buttocks.<br><br>R1 requires enhanced barrier precautions for a wound initiated & revised on 2/20/25. Under the interventions section dated 2/20/25 it documents: All staff providing direct cares follow EBP (enhanced barrier precaution) protocols on donning and doffing isolation garb. Discontinue EBP when/if trigger factor resolves (i.e. cath (catheter) removed, wound healed. EBP signage on door. Educate staff and resident to rationales and monitor infection control practices. Encourage frequent and thorough hand hygiene. Ensure the proper use of personal protective equipment (PPE) and the availability of PPE and hand hygiene supplies at the point of care. Gown and gloves for all high contact interactions in room (bathing, showering, high contact transfers/ambulation, wound care, toileting, etc). Infection Control surveillance on all units. Monitor lab work and vitals per facility protocol/MD orders. Update MD as necessary. Monitor/document/report to MD s/sx (signs/symptoms) of delirium: Changes in behavior, altered mental status, wide variation in cognitive function throughout the day, communication decline, disorientation, periods of lethargy, restlessness and agitation, altered sleep cycle. Notify MD at onset of suspected infection. Position a trash can inside the resident room and near the exit for discarding PPE after removal, prior to exit of the room or before proving care for another resident in the same room. Provide medications and treatments as ordered monitoring for side effects and effectiveness. Resident may leave room for all activities of interest, therapies, dining etc. taff to follow EBP for High contact resident care activities including dressing, bathing/showering, transferring, toileting, providing hygiene, changing linens or briefs, device care or use: central line, urinary catheter, feeding tube, tracheostomy/ventilator, or wound care. (note this is generally, for residents with a chronic wound(s), no skin breaks or tears covering with an adhesive bandage (e.g., Band-Aid) or similar dressing). The Infection Preventionist will incorporate periodic monitoring and assessment of resident status.<br><br>Surveyor reviewed R1's physician orders and was unable to locate an order for EBP.<br><br>On 3/24/25, at 10:05 a.m., Surveyor observed R1 in bed on the right side. Surveyor observed that there is not a sign on R1's door or around R1's door indicating R1 is on enhanced barrier precautions and there is not a PPE cart outside R1's room.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525504 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 03/26/2025 |
|---|---|---|---|
| NAME OF PROVIDER OR SUPPLIER Autumn Lake Healthcare at Greenfield | | STREET ADDRESS, CITY, STATE, ZIP CODE 5790 S 27th St Milwaukee, WI 53221 | |

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 0880<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | On 3/24/25, at 12:04 p.m., R1 yelled to Surveyor. Surveyor was standing in the hallway near R1's room. Surveyor entered the room and R1 asked Surveyor if Surveyor could change her brief stating it's really needs to be changed. Surveyor informed R1 Surveyor is not able to do this and suggested R1 place on her call light which R1 did. At 12:05 p.m. Certified Nursing Assistant (CNA)-L entered R1's, placed gloves on and asked R1 are you sure you don't want to get up for lunch, which R1 declined. Surveyor observed CNA-L is not wearing a gown. CNA-L informed R1 she was going to wet the towel, went into the bathroom and placed soap & water on the towel. CNA-L unfastened the incontinence product, assisted R1 with positioning on her side and CNA-L wiped R1's rectal area to remove BM (bowel movement). CNA-L removed the dressing from R1's sacrum/right buttocks area and informed R1 after she gets her all cleaned up will have the nurse come in. CNA-L went into the bathroom, removed a bag from garbage can and placed the towel in the bag. CNA-L removed her gloves and placed gloves on. CNA-L did not perform any hand hygiene. CNA-L sprayed peri spray on R1's buttocks and washed R1's buttocks to remove BM. CNA-L removed the soiled incontinence product, placed an incontinence product under R1 assisting R1 with positioning R1 from side to side to straighten and fasten the incontinence product. CNA-L removed her gloves stating let me get you in a better position. CNA-L did not perform any hand hygiene after removing her gloves. CNA-L placed a pillow under R1's head, positioned R1 on the right side placing a small pillow under R1's buttocks and a pillow under R1's lower legs. CNA-L covered R1 with a sheet, gathered the soiled items and left R1's room. Surveyor observed CNA-L washed her hands in the hallway bathroom. Surveyor observed during this care observation CNA-L did not wear the appropriate PPE as CNA-L did not have a gown on.<br><br>On 3/24/25, at 12:22 p.m., Surveyor observed Registered Nurse (RN)-D and Licensed Practical Nurse (LPN)-E cleanse their hands and place gloves on. RN-D informed R1 she was going to do her dressings. Surveyor observed R1's right buttocks and sacrum pressure injury with RN-D until 12:43 p.m. Surveyor observed during this treatment observation, RN-D And LPN-E were not wearing the appropriate PPE as neither staff wore a gown. Surveyor observed there is not a sign or PPE cart outside R1's room.<br><br>On 3/24/25, at 12:46 p.m., Surveyor asked RN-D how she knows if a resident is on enhanced barrier precautions. RN-D replied should be in the TAR (treatment administration record) and on the door.<br><br>On 3/25/25, at 7:15 a.m., Surveyor observed there is not an enhanced barrier precaution sign or PPE cart outside R1's room.<br><br>On 3/25/25, at 7:19 a.m., Surveyor observed Med Tech-G enter R1's room with an incontinence product and place gloves on. Med Tech-G is not wearing a gown. Med Tech-G removed the pillows from under R1's right side & lower legs, lowered the feet portion and head of the bed down. Med Tech-G washed R1's frontal perineal area from front to back asking R1 if she was ok. Med Tech-G placed the towel directly on the floor and assisted R1 with positioning on the left side. Med Tech-G informed R1 her dressing needed to be changed but will clean her up. Med Tech-G washed R1's rectal area and buttocks to remove the BM (bowel movement) and then stated to R1 going to put cream on you. R1's incontinence product was removed & placed on top of the towels located on the floor. After washing R1's buttocks, Med Tech-G did not remove his gloves or perform hand hygiene. Med Tech-G went over to the dresser, removed a tube of barrier cream and placed the barrier cream on the buttocks. Med Tech-G placed the incontinence product on R1, R1 was positioned on the side, and R1 was covered with the sheet. Med Tech-G picked up the towels and incontinence product from the floor, placed the incontinence product in the garbage and towels in a bag. Med Tech-G then removed his gloves and washed his hands. Surveyor noted during this observation Med Tech-G did not have appropriate PPE on and did not perform hand hygiene appropriately.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525504 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 03/26/2025 |
|---|---|---|---|

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Autumn Lake Healthcare at Greenfield | 5790 S 27th St Milwaukee, WI 53221 |

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 0880<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | On 3/25/25, at 7:30 a.m., Surveyor observed Licensed Practical Nurse/Wound Nurse (LPN/WN)-C and LPN-H enter R1's room. LPN/WN-C placed gloves on, cleaned the top of the silver table with a wipe, remove her gloves and cleanse her hands. LPN/WN-C placed gloves on, placed a towel over the silver table and placed supplies on top of the towel. LPN/WN-C placed medihoney on cotton applicators and placed the cotton applicators in a cup. LPN/WN-C removed her gloves, asked R1 if it was okay with they changed her dressing and went into the bathroom and washed her hands. LPN-H washed her hands and LPN/WN-C & LPN-H placed gloves on. From 7:37 a.m. to 7:45 a.m. Surveyor observed R1's pressure injury treatment with LPN/WN-C & LPN-H. Surveyor observed during this observation neither LPN/WN-C or LPN-H were wearing the appropriate PPE as neither were wearing a gown.<br><br>On 3/25/25, at 9:09 a.m., Surveyor observed there is now a PPE cart outside R1's room and there is an enhanced barrier precaution sign. Surveyor asked LPN-H who placed the PPE cart & EBP sign outside R1's room. LPN-H replied we did this morning. Surveyor asked LPN-H after R1's treatment was completed. LPN-H replied yes. Surveyor asked LPN-H who is responsible for placing the sign & PPE cart. LPN-H informed Surveyor it would be the admission nurse but often times an admission comes at shift change but the admission nurse would be responsible.<br><br>On 3/25/25, at 9:15 a.m., Surveyor asked CNA-Q how she know if a resident is on any type of precautions including enhanced barrier precautions. CNA-Q replied there is a sign outside their door.<br><br>On 3/25/25, at 9:40 a.m., Surveyor asked LPN/WN-C when she did the treatment this morning for R1's pressure injuries why didn't she wear a gown. LPN/WN-C informed Surveyor because Surveyor made her nervous and it was 7:30 in the morning.<br><br>On 3/25/25, at 10:40 a.m. Surveyor met with Director of Nursing (DON)-B. Surveyor asked DON-B if she was infection preventionist for the facility. DON-B replied yes. Surveyor asked DON-B how a new admission is placed on enhanced barrier precautions. DON-B replied typically when putting in admission orders I see if there is a wound, IV (intravenous), Foley. DON-B informed Surveyor the nurses are good at letting her know but it's her or the nurse on the floor. Surveyor asked DON-B who checks to ensure there is a sign or PPE cart outside the residents room. DON-B informed Surveyor when she is making rounds that is one of the things she is looking for. DON-B informed Surveyor LPN-H also checks but ultimately it's her. Surveyor informed DON-B of the observation of R1 not having an EBP sign or PPE cart until later in the morning today. DON-B informed Surveyor they were short 2 carts, actually 3. DON-B informed Surveyor they did find two carts on the 2nd floor and she asked Central Supplies (CS)-R to clean a cart as she saw Surveyor was over there. Surveyor asked DON-B if an EBP sign should have been posted outside R1's room. DON-B replied both should of been. Surveyor informed DON-B of the observations of staff not wearing appropriate PPE during care and treatment observations. Surveyor then asked DON-B during incontinence cares after washing a resident who has been incontinent of bowel should staff remove their gloves and perform hand hygiene. DON-B replied I would hope so, hope you didn't see something like that. Surveyor informed DON-B of the observations with R1.<br><br>No additional information was provided. |