

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525523	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/01/2024
NAME OF PROVIDER OR SUPPLIER  Alexian Village of Milwaukee		STREET ADDRESS, CITY, STATE, ZIP CODE 9255 N 76th St Milwaukee, WI 53223	

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0583</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Keep residents' personal and medical records private and confidential.</p> <p>20483</p> <p>Based on observation and interview, the facility did not ensure privacy and confidentiality of personal health information for 9 (R13, R14, R15, R16, R17, R19, R1, R6, &amp; R18) of 9 residents.</p> <p>On 6/18/24 Cluster C report sheet for R13, R14, R15, &amp; R16 dated 6/17/24, Cluster D report sheet for R17, R19, R1, R6, &amp; R18 dated 6/17/24 and CNA (Certified Nursing Assistant) worksheet dated 6/12/24 for R6, R18, R14, R17, R19, &amp; R1 were observed on the round table in the dining area located on the D unit during multiple observations. These report sheets and CNA worksheets contained personal resident information.</p> <p>Findings include:</p> <p>On 6/18/24, at 10:06 a.m., Surveyor observed on the round table, in the small dining area on the D unit, a C cluster report sheet dated 6/17/24 with R13, R14, R15, &amp; R16's name along with their physician name and if they were their own person. There is also a D cluster report sheet dated 6/17/24 with the same information for R17, R19, R1, R6, &amp; R18. Under the C &amp; D cluster report sheets is a CNA (Certified Nursing Assistant) worksheet for Wednesday 6/12/24. This CNA worksheet dated 6/12/24 includes sections for cognition/behavior &amp; appliances, transfers and ambulation mobility, bathing/hygiene/dressing, diet/special instructions, toileting, and preferences with personal information on care requirements for R6, R18, R14, R17, R19, &amp; R1. Surveyor observed there are no staff in this area.</p> <p>On 6/18/24, at 10:29 a.m., Surveyor observed the C cluster report sheet dated 6/17/24 with personal information for R13, R14, R15, &amp; R16, the D cluster report sheet dated 6/17/24 with personal information for R17, R19, R1, R6, &amp; R18 and the CNA worksheets dated 6/12/24 with personal information on care requirements for R6, R18, R14, R19, &amp; R1 continued to be on the round table in the small lounge area dining area on the D unit. Surveyor observed there are no staff in this area.</p> <p>On 6/18/24, at 10:45 a.m., Surveyor observed the C cluster report sheet dated 6/17/24 with personal information for R13, R14, R15, &amp; R16, the D cluster report sheet dated 6/17/24 with personal information for R17, R19, R1, R6, &amp; R18 and the CNA worksheets dated 6/12/24 with personal information on care requirements for R6, R18, R14, R19, &amp; R1 continued to be on the round table in the small lounge area dining area on the D unit. Surveyor observed there are no staff in this area.</p> <p>(continued on next page)</p>

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0583</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 6/18/24, at 12 47 p.m., Surveyor observed the C cluster report sheet dated 6/17/24 with personal information for R13, R14, R15, &amp; R16, the D cluster report sheet dated 6/17/24 with personal information for R17, R19, R1, R6, &amp; R18 and the CNA worksheets dated 6/12/24 with personal information on care requirements for R6, R18, R14, R19, &amp; R1 continued to be on the round table in the small lounge area dining area on the D unit. Surveyor observed there are no staff in this area.</p> <p>On 6/18/24, at 3:21 p.m., Surveyor observed the C cluster report sheet dated 6/17/24 with personal information for R13, R14, R15, &amp; R16, the D cluster report sheet dated 6/17/24 with personal information for R17, R19, R1, R6, &amp; R18 and the CNA worksheets dated 6/12/24 with personal information on care requirements for R6, R18, R14, R19, &amp; R1 continued to be on the round table in the small lounge area dining area on the D unit. Surveyor observed there are no staff in this area.</p> <p>On 6/19/24 at 12:29 p.m. Surveyor asked ADON (Assistant Director of Nursing)-C if the cluster report sheets and CNA worksheets should be left unattended on a table on the unit. ADON-C replied no, absolutely not. Surveyor informed ADON-C of the observations on 6/18/24 of C &amp; D cluster report sheets and CNA worksheets being left on the round table in the dining area.</p> <p>On 6/19/24, at 2:38 p.m., NHA (Nursing Home Administrator)-A, DON (Director of Nursing)-B and ADON-C were informed of the above.</p> <p>No additional information was provided to Surveyor as to why personal information for R13, R14, R15, R16, R17, R19, R1, R6, &amp; R18 was left on the round table in the dining area on the D unit for anyone to see.</p>		

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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 38829</p> <p>Based on record review and interviews, the Facility did not ensure that an allegation of abuse involving 1 (R5) of 3 Residents reviewed for allegations of abuse were reported immediately to the Nursing Home Administrator and State Survey Agency.</p> <p>*On 4/19/24 R5 informed the facility of an allegation of abuse involving Certified Nursing Assistant (CNA)-M. The facility did not report the allegation of abuse to the State Survey Agency until 4/22/24. The Nursing Home Administrator was not notified of the allegation until 4/22/24.</p> <p>Findings Include:</p> <p>The facility's policy entitled, Abuse Prevention, dated 9/2017 and last revised on 6/2020 documents:</p> <p>. Investigation</p> <p>A. The community will investigate and report any allegations of abuse within timeframe's as required by federal, state, and local requirements.</p> <p>Protection</p> <p>A. The community will protect Residents from further potential abuse, neglect and exploitation, or mistreatment while abuse investigations are in progress;</p> <ol style="list-style-type: none"> <li>1. Respond immediately to protect the alleged victim and integrity of the investigation.</li> <li>2. Make room or staffing changes, if necessary, to protect the Resident(s) from the alleged perpetrator.</li> <li>3. Provide protection from retaliation; and</li> </ol> <p>B. Provide emotional support and counseling to the Resident during and after the investigation, as needed.</p> <p>Reporting/Response</p> <p>A. The community will immediately, but no later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or no later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, report alleged violations involving abuse, neglect, exploitation, or mistreatment, including injuries of unknown source and misappropriation of property, to the Administrator and/or designee, State Agency, adult protective services and to all other required agencies(law enforcement when applicable) within specified time frames;</p> <p>(continued on next page)</p>		

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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>B. Assure that reporters are free from retaliation or reprisal;</p> <p>C. Report to the State nurse aide registry or licensing authorities any knowledge it has of any actions by a court of law which would indicate an employee is unfit for services;</p> <p>D. Implement interventions as a result of the investigation .</p> <p>The facility's policy entitled, Abuse Investigation and Reporting, dated 9/2017 and last revised on 11/2023 documents:</p> <p>. Reporting</p> <p>A. All alleged violations involving abuse, neglect, exploitation, or mistreatment, including injuries of an unknown source and misappropriation of property will be reported to the Administrator or designee and to the following other officials or agencies:</p> <ol style="list-style-type: none"> <li>1. The State licensing/certification agency responsible for surveying/licensing the community;</li> <li>2. Other officials in accordance with State Law, including Adult Protective Services where state law provides for jurisdiction in long term care facilities;</li> <li>3. The Resident's Representative;</li> <li>4. The Resident's Attending Physician;</li> <li>5. The community Medical Director</li> </ol> <p>B. Alleged violations involving abuse, neglect, exploitation or mistreatment (including injuries of unknown source and misappropriation of Resident property) will be reported:</p> <ol style="list-style-type: none"> <li>1. Abuse or Serious Bodily Harm-Immediately but no later than 2 hours. *If the alleged violation involves abuse or results in serious bodily injury.</li> <li>2. No Serious Bodily Injury-As soon as practical, but not later than 24 hours. *If the alleged violation involves neglect, exploitation, mistreatment, or misappropriation of Resident property; does not result in serious bodily injury.</li> </ol> <p>R5 was admitted to the facility on [DATE] with diagnoses of Hypertensive Chronic Kidney Disease, Stage 3, Hyperlipidemia, Pulmonary Hypertension, and Pleural Effusion. R5 is currently her own person.</p> <p>R5's Annual Minimum Data Set (MDS) completed on 4/10/24 documents R5's Brief Interview for Mental Status (BIMS) score as 14, indicating R5 is cognitively intact for daily decision making; R5 has range of motion impairment of upper extremity on one side. R5 requires partial/moderate assistance with upper and lower body dressing. Substantial to maximum assistance for sit to lying, and lying to sitting. R5 requires supervision for transfers and mobility.</p> <p>(continued on next page)</p>		

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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The facility was informed by R5 on 4/19/24 that R5 requested assistance from Certified Nursing Assistant (CNA)-M. R5 stated that CNA-M responded in a rude and aggressive manner. R5 expressed R5 felt disrespected and mistreated by CNA-M's behavior. R5 reported this to Registered Nurse (RN)-N, Certified Nursing Assistant (CNA)-O, and Registered Nurse (RN)-P.</p> <p>On 6/18/24, at 1:39 PM, Surveyor received the facility's self-report file from the facility and noted the initial report, 'Alleged Nursing Home Resident Mistreatment, Neglect, and Abuse Report' is dated 4/22/24. The initial report documents R5's allegation was discovered at 6:40 PM, on 4/19/24. The initial report then documents that the State Agency was notified on 4/22/24, at 4:27 PM.</p> <p>Surveyor reviewed a statement provided by Registered Nurse (RN)-P. The statement indicates that RN-P identified CNA-M as the employee that R5 was alleging to be mistreated by. RN-P documents that RN-P and CNA-M then went to R5's room to apologize to R5. R5 refused to accept the apology. RN-P's statement then states that CNA-M left at 8:25 PM due to an emergency, leaving six Residents on assignment unattended to.</p> <p>Surveyor has concerns that residents were not safeguarded immediately at 6:40 PM, when R5's allegation first became known, CNA-M was allowed to have contact with R5 after the allegation and then remained in the building in contact with other Residents before choosing to leave due to an emergency. Surveyor notes that leaving 6 Residents unattended would meet the definition of neglect, however, the facility did not initiate a self report and investigation for that issue.</p> <p>On 6/18/24, at 2:30 PM, Nursing Home Administrator (NHA)-A informed Surveyor that NHA-A is responsible for submitting all allegations of abuse, neglect, and misappropriation investigations to the State Agency. NHA-A stated NHA-A gets a statement from the Resident because NHA-A likes to be clear on what the issue is. NHA-A stated NHA-A did not complete R5's investigation, RN/Quality Management Director (QMD)-E completed the investigation.</p> <p>On 6/18/24, at 3:07 PM, Surveyor interviewed QMD-E who informed Surveyor that QMD-E typically does not do the self-reports or complete the investigation when there is an allegation of abuse or neglect. QMD-E stated the NHA-A was brand new to the facility so QMD-E completed the investigation and forwarded it to NHA-A.</p> <p>On 6/19/24, at 1:50 PM, NHA-A informed Surveyor that NHA-A is unable to answer any questions in regards to R5's allegation because NHA-A did not complete this investigation. NHA-A stated NHA-A is not sure why there was a delay in reporting. Surveyor shared the concern with NHA-A that the initial report of R5's allegation was not submitted to the State Agency until 3 days after the allegation. NHA-A acknowledged the concern.</p> <p>On 6/19/24, at 2:38 PM, Surveyor shared the concern with NHA-A and Director of Nursing(DON-B) that CNA-M was not removed from resident contact immediately at 6:40 PM, when R5's allegation first became known, was allowed to have contact with R5 after the allegation and then remained in the building in contact with other Residents before choosing to leave due to an emergency. Surveyor shared the concern that there was no self-report initiated for the 6 Residents who were left unattended to rule out abuse/neglect.</p> <p>(continued on next page)</p>		

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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 6/19/24, at 9:56 AM, additional information was provided by QMD-E. QMD-E stated that the problem was the allegation occurred on Friday evening and then there was the weekend. QMD-E notified NHA-A on 4/22/24, the following Monday of R5's allegation. QMD-E agrees that CNA-M should not have been allowed to remain in the facility when R5 reported the allegation.</p>		

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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 20483</p> <p>Based on interview and record review the Facility did not have evidence all alleged violations of misappropriation, neglect, &amp; mistreatment were thoroughly investigated for 3 (R6, R3, &amp; R5) of 3 residents facility report incidents reviewed.</p> <p>* On 6/9/24 R6 reported \$20.00 missing. The Facility did not conduct a thorough investigation as the police were not notified and other residents residing on the unit were not interviewed.</p> <p>* On 5/28/24 R3's gown was full of feces and allegedly a CNA stated oh no I'm not dealing with that and walked out. During the investigation it was revealed the CNA assigned to R3 was unaware she was assigned to R3 and did not provide any cares to R3. The facility did not investigate why no cares were provided to R3 on 5/28/24.</p> <p>* R5's allegation of mistreatment on 4/19/24 was not thoroughly investigated.</p> <p>Findings include:</p> <p>The facility's policy titled, Abuse Investigation and Reporting and last reviewed 11/2023 under policy statement documents All reports of resident abuse, neglect, exploitation, misappropriation of resident property, mistreatment, electronic mail, social media, videotaping, photographing, and other imaging of residents, and/or injuries of unknown source (abuse) shall be promptly reported to local, state and federal agencies (as defined by current regulations) and thoroughly investigated by community management. Conclusions of investigations will also be reported, as defined by the [Name] Abuse Prevention policy.</p> <p>Under Policy Interpretation and Implementation for the Role of the Investigator documents</p> <p>A. The individual conducting the investigation will, at a minimum:</p> <ol style="list-style-type: none"> <li>1. Review the completed documentation forms;</li> <li>2. Review the resident's medical record to determine events leading up to the incident;</li> <li>3. Interview the person(s) reporting the incident;</li> <li>4. Interview any witnesses to the incident;</li> <li>5. Interview the resident (as medically appropriate);</li> <li>6. Interview the resident's attending physician as needed to determine the resident's current level of cognitive function and medical condition;</li> <li>7. Interview associates members (on all shifts) who have had contact with the resident during the period of the</li> </ol> <p>(continued on next page)</p>		

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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>alleged incident;</p> <p>8. Interview the resident's roommate, family members, and visitors;</p> <p>9. Interview other residents to whom the accused employee provides care or services; and</p> <p>10. Review events leading up to the alleged incident.</p> <p>11. Review use of community camera/video footage of incident if available.</p> <p>1.) R6 was admitted to the facility on [DATE]. R6 has a guardian.</p> <p>The admission MDS (minimum data set) with an assessment reference date of 5/12/24 has a BIMS (brief interview mental status) score of 13 which indicates cognitively intact.</p> <p>On 6/18/24, at 10:16 a.m., Surveyor observed R6 sitting in a wheelchair in her room. Surveyor asked R6 how staff treats her. R6 replied alright. Surveyor asked R6 if she has had any money missing. R6 replied yup. R6 explained on she had gotten \$160 from her granddaughter. On Friday night she went to bed and when got up Saturday she was missing \$20.00. R6 informed Surveyor she knew someone had been in her purse because her doctors cards were not put back right. Surveyor asked R6 if she told anyone about her missing money. R6 informed Surveyor she told one of the CNAs (Certified Nursing Assistants), she told first name of SSD (Social Services Director)-D and SSD-D came and spoke with her. R6 informed Surveyor she now has a lock box and her money is in the front office.</p> <p>On 6/18/24, at 1:30 p.m., Surveyor reviewed the facility's report incident for R6's allegation of misappropriation for \$20.00 missing on 6/9/24.</p> <p>The initial report, alleged nursing home resident mistreatment, neglect, and abuse report (F-62617) to the state agency, under brief summary of incident includes documentation of .The resident was asked if she wanted the police contacted to make out a report. She stated, no she just wanted her money back.</p> <p>RN (Registered Nurse)-G interview with R6 dated 6/9/24 for question #3 Do you want police called? documents Yes I don't care.</p> <p>The misconduct incident report (F62447) submitted 6/14/24 under section 5. Law enforcement involvement: no is answered for question was law enforcement contacted or involved.</p> <p>During review of R6's investigation, Surveyor was unable to locate any Resident interview, other than R6, to determine if there are other Residents who have missing money &amp; may not have reported it.</p> <p>(continued on next page)</p>		

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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 6/18/24, at 1:49 p.m., Surveyor asked SSD (Social Services Director)-D if he is involved with investigating Resident's allegations. SSD-D informed Surveyor he takes the resident statement and interviews other residents. Surveyor asked SSD-D how he becomes aware of an allegation. SSD-D informed Surveyor from the Administrator or staff reports to him and then he will go to the DON (Director of Nursing) &amp; Administrator as the Administrator is the grievance officer. Surveyor asked SSD-D after he interviews the resident or other residents where does this information go. SSD-D replied back to the Administrator since they are the grievance officer. Surveyor asked who makes the decision if the police are called. SSD-D replied Administration. Surveyor asked SSD-D if he was involved with R6's investigation regarding \$20.00 missing on 6/9/24. SSD-D informed Surveyor he will have to check and let Surveyor know.</p> <p>On 6/19/24, at 8:15 a.m., Surveyor asked SSD-D if he has any information during R6's investigation regarding missing \$20.00 were any other residents interviewed. SSD-D informed Surveyor he was off and NHA (Nursing Home Administrator)-A will talk with Surveyor today.</p> <p>On 6/19/24, at 1:39 p.m., Surveyor met with NHA-A to discuss R6's investigation regarding the allegation of \$20.00 missing. Surveyor asked NHA-A if the information provided to Surveyor is the complete investigation. NHA-A replied I assume if you took it out of the file it is, that's all I have. Surveyor inquired why the police were not notified. NHA-A informed Surveyor he asked R6 if she wanted the police called and she said no she didn't want the police contacted, she wanted her money back. Surveyor informed NHA-A the facility still has the obligation to notify the police. NHA-A informed Surveyor he will do this from now on and explained to Surveyor he has always done the wishes of the resident. Surveyor informed NHA-A Surveyor didn't note any other resident interviews. NHA-A informed Surveyor he didn't think other residents needed to be interviewed and stated I do it when I feel it is necessary. NHA-A stated If I feel money is missing I do a 360. NHA-A explained a 360 is when 4-6 residents on the same unit are questioned.</p> <p>2.) R3 was admitted to the facility on [DATE].</p> <p>The quarterly MDS (minimum data set) with an assessment reference date of 5/9/24 has a BIMS (brief interview mental status) score of 12 which is moderate cognitive impairment.</p> <p>On 6/19/24, at 10:22 a.m., Surveyor reviewed the facility's reported incident regarding R3's allegation of neglect on 5/28/24 when R3 had an incontinence episode, CNA said she was not going to deal with this and walked out without providing cares.</p> <p>(continued on next page)</p>		

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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 6/19/24, at 11:53 a.m., Surveyor asked ADON (Assistant Director of Nursing)-C if she was involved with investigating R3's allegation of neglect on 5/28/24. ADON-C explained she was coming out of a care conference and 2nd shift CNA (Certified Nursing Assistant) came out of R3's room wearing a gown &amp; gloves and told her she needed to go into the room. ADON-C informed Surveyor R3's gown was full of stool and asked R3 what was going on as there were tissues with stool on the bedside table. R3 informed ADON-C someone had walked in and said I'm not going to deal with this and walked out. ADON-C informed Surveyor R3's breakfast tray was sitting there, this was 2:15 in the afternoon and wondered where is the lunch tray and why is the breakfast tray still sitting there. ADON-C informed Surveyor she looked at the schedule to try to figure out who the CNA was that was assigned to R3 and called DON (Director of Nursing)-B. DON-B informed her to suspend the CNA assigned to R3. ADON-C informed Surveyor she asked the unit nurse if she saw the CNA and she informed her she hadn't. ADON-C informed Surveyor she called the CNA assigned to R3 who informed her she wasn't aware she had R3, didn't know how the schedule worked and didn't know who had R3. ADON-C informed Surveyor it didn't seem that anyone had R3. ADON-C informed Surveyor she had the 2nd shift CNA write a statement which she gave to DON-B and told the PM nurse to write a statement ADON-C informed Surveyor this was her part of the investigation.</p> <p>On 6/19/24, at 1:50 p.m., Surveyor met with NHA (Nursing Home Administrator)-A to discuss R3's investigation. NHA-A informed Surveyor ADON-C brought to his attention while she making rounds the CNA on the 2nd shift informed her of a fecal situation with R3. NHA-A informed Surveyor ADON-C was suppose to give a statement and will need to ask. Surveyor informed NHA-A while speaking with ADON-C, ADON-C informed Surveyor in the afternoon the breakfast tray was still there, no evidence the lunch tray had been delivered and the CNA was unaware she was assigned to R3 &amp; had not provided any cares to R3. Surveyor inquired why the facility didn't investigate why R3 hadn't received cares for approximately seven hours, when was R3 seen, had she been repositioned, any continence cares provided, etc. NHA-A informed Surveyor he believes he asked for documentation from ADON-C and if he had received it he would of look into it. NHA-A informed Surveyor there was a lot going on with the cyber issue at the time and this was all the information he had.</p> <p>38829</p> <p>3.) R5 was admitted to the facility on [DATE] with diagnoses of Hypertensive Chronic Kidney Disease, Stage 3, Hyperlipidemia, Pulmonary Hypertension, and Pleural Effusion. R5 is currently her own person.</p> <p>R5's Annual Minimum Data Set(MDS) completed on 4/10/24 documents R5's Brief Interview for Mental Status(BIMS) score of 14, indicating R5 is cognitively intact for daily decision making. R5's MDS also documents that R5 has range of motion impairment of upper extremity on one side. R5 requires partial/moderate assistance with upper and lower body dressing. Substantial to maximum assistance for sit to lying, and lying to sitting. R5 requires supervision for transfers and mobility.</p> <p>The facility was informed by R5 on 4/19/24 that R5 requested assistance from Certified Nursing Assistant (CNA)-M. R5 stated that CNA-M responded in a rude and aggressive manner. R5 expressed R5 felt disrespected and mistreated by CNA-M's behavior. R5 reported this to Registered Nurse (RN)-N, Certified Nursing Assistant (CNA)-O, and Registered Nurse (RN)-P.</p> <p>On 6/18/24, at 1:39 PM, Surveyor received the facility's self-report file and notes there was one staff statement and no other Resident statements. There is no statement with details from R5.</p> <p>(continued on next page)</p>		

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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Surveyor reviewed a statement provided by Registered Nurse(RN)-P. The statement indicates that RN-P identified CNA-M as the employee that R5 was alleging to be mistreated by. RN-P documents that RN-P and CNA-M then went to R5's room to apologize to R5. R5 refused to accept the apology. RN-P's statement then states that CNA-M left at 8:25 PM due to an emergency, leaving six Residents on assignment unattended to.</p> <p>Surveyor noted there is no investigation involving the 6 Residents who were unattended to.</p> <p>On 6/18/24, at 1:49 PM, Social Services Director (SSD)-D stated that SSD-D's responsibility is to interview other Residents. Staff reports to SSD-D and then the obtained information is forwarded to Nursing Home Administrator (NHA)-A and NHA-A submits the final report. Administration and nursing get staff statements. SSD-D informed Surveyor that SSD-D will need to look for any written statements.</p> <p>On 6/18/24, at 2:30 PM, NHA-A informed Surveyor that NHA-A gets a statement from the Resident because NHA-A likes to be clear on what the issue is. Social Services get involved for the 2nd interview from the Resident. NHA-A would get interviews from staff and then go to 5 or 6 Residents to see if any other Residents were involved. All statements would be part of the self-report file. NHA-A stated NHA-A did not complete R5's investigation, RN/Quality Management Director(QMD)-E completed the investigation.</p> <p>On 6/18/24, at 3:07 PM, Surveyor interviewed QMD-E who informed Surveyor that QMD-E typically does not do the self-reports or complete the investigation when there is an allegation of abuse of neglect. QMD-E stated the NHA-A was brand new to the facility so QMD-E completed the investigation and forwarded it to NHA-A. QMD-E stated QMD-E is usually not involved with getting staff statements.</p> <p>On 6/18/24, at 3:39 PM, SSD-D was not notified until the following Monday morning of the allegation from R5 and informed Surveyor that there should be staff statements as part of the investigation.</p> <p>On 6/19/24, at 8:20 AM, SSD-D is not able to tell Surveyor why statements were not included in the facility investigation. SSD-D does not have Resident specific interviews from other Residents that may have been affected by CNA-M. SSD-D's statement from R5 does not match what is in the self-report's summary written by QMD-E.</p> <p>On 6/19/24, at 1:50 PM, NHA-A informed Surveyor that NHA-A is unable to answer any questions in regards to R5's allegation because NHA-A did not complete this investigation. Surveyor shared there is only one staff statement, and no other Resident statements possibly affected by CNA-M's behavior is not part of the investigation. Surveyor also shared that CNA-M was not suspended immediately, had contact with R5 and other Residents. Those Residents on CNA-M's assignment were not interviewed. NHA-A acknowledges the concern.</p> <p>On 6/19/24, at 2:38 PM, Surveyor shared the concern with NHA-A and Director of Nursing(DON-B) the concern that R5's allegation was not thoroughly investigated. At this time, no additional information was provided by the facility in regards to why a thorough investigation was not completed in regards to R5's allegation.</p> <p>On 6/19/24, at 9:56 AM, additional information was provided by QMD-E who stated QMD-E took statements and combined it into one for the summary but is not able to locate any individual statements from RN-N, CNA-O, and RN-P. QMD-E stated that the issue was, it was the weekend.</p>		

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<p>F 0684</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38829</b></p> <p>Based on interview and record review, the facility did not ensure that based on the comprehensive assessment of a resident, residents (R4, R1, and R3) received treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and residents' choices.</p> <p>*R4 admitted to the facility on [DATE] and was to have admission lab work completed on [DATE] to get a baseline and because his labs on [DATE] at the hospital had some significant results. The facility did not obtain this lab work until [DATE]. The after hours Nurse Practitioner (NP) was notified of the lab results on [DATE] and ordered a repeat a CBC (complete blood count) on [DATE]. On the afternoon of [DATE], R4 fell in the parking lot while working with therapy and complained of hip pain after he was brought to his room. R4 had a change in condition with lethargy and pallor and became unresponsive with agonal breathing. EMS transported R4 to 2 hospitals where he was hypotensive (low blood pressure) and required emergency blood transfusions. R4 admitted with multiple organ failure and passed away at the hospital on [DATE].</p> <p>The State of Wisconsin Nurse Practice Act section N 6.03 Standards of practice for registered nurses states:</p> <p>(1) General nursing procedures. An R.N. shall utilize the nursing process in the execution of general nursing procedures in the maintenance of health, prevention of illness or care of the ill. The nursing process consists of the steps of assessment, planning, intervention and evaluation. This standard is met through performance of each of the following steps of the nursing process:</p> <p>(a) Assessment. Assessment is the systematic and continual collection and analysis of data about the health status of a patient culminating in the formulation of a nursing diagnosis.</p> <p>(b) Planning. Planning is developing a nursing plan of care for a patient which includes goals and priorities derived from the nursing diagnosis.</p> <p>(c) Intervention. Intervention is the nursing action to implement the plan of care by directly administering care or by directing and supervising nursing acts delegated to L.P.N.'s or less skilled assistants.</p> <p>(d) Evaluation. Evaluation is the determination of a patient's progress or lack of progress toward goal achievement which may lead to modification of the nursing diagnosis.</p> <p>The facility's failure to provide treatment and care in accordance of professional standards for R4 by failing to obtain labs when ordered, failing to consult with R4's physician when lab results demonstrated a change of condition, failing to monitor edema by obtaining daily weights as ordered, and failing to arrange a follow up nephrology appointment as ordered resulted in a significant decline in R4's health, and the need to be transferred to the ICU with multiple organ failure resulting in R4's death.</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>This created a finding of Immediate Jeopardy (IJ), which began on [DATE]. Nursing Home Administrator (NHA)-A and Director of Nursing (DON)-B were notified of the immediate jeopardy on [DATE], at 3:53 P.M. The immediate jeopardy was removed on [DATE], however, the deficient practice continues at a severity/scope level of D (potential for more than minimal harm/isolated) as the facility continues to implement and monitor its action plan as evidenced by:</p> <p>*R1 had a BNP (B-Type Natriuretic Peptide) and BMP (basic metabolic panel) drawn on [DATE] related to R1's bilateral lower extremity edema. The facility did not monitor R1's bilateral lower edema and a care plan for edema was not implemented.</p> <p>*Only one of three stool ordered samples were obtained for R3 and a colonoscopy was not scheduled.</p> <p>Findings include:</p> <p>The facility's policy entitled Laboratory, Radiology, and other Diagnostic Test Results dated ,d+[DATE] and last revised ,d+[DATE] documents:</p> <p>Policy Statement</p> <p>The resident's Attending Physician will be notified of the results of laboratory, radiology, and other diagnostic tests.</p> <p>Policy Interpretation and Implementation</p> <p>A. Results of laboratory, radiological, and diagnostic tests shall be reported in writing to the Resident's Attending Physician or to the community.</p> <p>B. Should the test results be provided to the community, the Attending Physician shall be promptly notified of the results.</p> <p>C. The Director of Nursing Services, or Charge Nurse receiving the test results, shall be responsible for notifying the Physician of such test results.</p> <p>D. Signed and dated reports of all diagnostic services shall be made a part of the Resident's medical record .</p> <p>R4 was admitted to the facility on [DATE] with diagnoses of Chronic Kidney Disease, Stage 3, Chronic Diastolic Heart Failure, Anemia in Chronic Kidney Disease, Type 2 Diabetes Mellitus, Repeated Falls, and Hyperlipidemia. R4 was his own person while at the facility.</p> <p>R4's Admission Minimum Data Set (MDS) completed on [DATE] documents R4 had a Brief Interview for Mental Status (BIMS) score of 13, indicating R4 was cognitively intact for daily decision making. R4 had no mood or behavior concerns documented. R4's MDS documents a range of motion impairment on both sides of the upper extremities and impairment on 1 side of the lower extremity. R4 requires supervision for rolling left to right, lying to sitting, chair/bed-to-chair transfers, and toilet transfers. R4 required partial/moderate assistance for sit to lying and sit to stand.</p> <p>R4's care plan, dated [DATE] with a target date of [DATE] documents:</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>R4 has potential complications from chronic kidney disease. Interventions include:</p> <ul style="list-style-type: none"> <li>-monitor for increased fatigue or weakness</li> <li>-monitor urine for color, odor, and amount, and maintain intake and output if indicated</li> <li>-monitor for weight gain or loss, or edema, inform physician of concerns</li> <li>-monitor labs as ordered and inform physician of results</li> </ul> <p>Surveyor reviewed R4's hospital discharge paperwork dated [DATE] which documents on [DATE], R4 was admitted to the hospital with diagnoses of multiple falls, head injury, atrial fibrillation, recurrent gastrointestinal (GI) bleeds, anemia, hypertension, and chronic kidney disease, stage 3. R4 had fallen at home, which resulted in a left femoral neck fracture.</p> <p>R4's hospital discharge summary dated [DATE] also documents R4 is noted to have chronic edema, however, on presentation, edema was greater than baseline therefore diuresis was pursued but unfortunately this resulted in a rise in creatine. Later in R4's stay, nephrology was consulted. Creatinine trended down prior to discharge but was not quite to baseline. R4 was cleared for discharge by nephrology with plans to hold diuretics for 2 days, then resume, hold angiotensin reception blockers (ARBs) and plan to follow up with R4's nephrologist in next ,d+[DATE] weeks. Discharge instructions document R4 to have labs checked, follow up with nephrology, do not take diuretics, Lasix for next 2 days, and resume on [DATE].</p> <p>R4 was to have lab work completed on [DATE] to gain a baseline for admission and to recheck the labs after significant values were recorded in the hospital on [DATE].</p> <p>R4's physician orders document Lasix was initiated on [DATE], 40 mg 2 times a per week and 60 mg 5 times a week.</p> <p>R4's physician orders also document R4 was to have daily weights initiated on [DATE]. Surveyor reviewed R4's documented weights. The facility did not obtain a weight on [DATE], day of admission. There are no weights documented for R4 on ,d+[DATE], ,d+[DATE], ,d+[DATE], ,d+[DATE], or [DATE].</p> <p>Surveyor reviewed Nurse Practitioner (NP)-H's progress notes for R4.</p> <p>NP-H's visit progress note dated [DATE] documents: monitor labs closely and to follow up with R4's nephrologist. NP-H documents pending admission lab [results].</p> <p>On [DATE], NP-H documents pending admission lab [DATE] and again for follow-up with nephrology.</p> <p>On [DATE], NP-H documents pending admission lab for today and again to follow up with nephrology.</p> <p>Surveyor was unable to locate documentation that a follow up nephrology appointment was made for R4.</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>On [DATE], at 10:59 AM, Health Information Management (HIM)-F confirmed HIM-F is responsible for making sure follow up appointments are made. HIM-F confirmed that no follow up nephrology appointment was made for R4 prior to being discharged to the hospital on [DATE].</p> <p>R4's medical record contained documentation of a laboratory order request dated [DATE] which documents R4 was to have labs drawn weekly on Mondays for 4 weeks effective [DATE]. There were no labs drawn for Monday ,d+[DATE] or Monday [DATE]. Surveyor notes R4 did not have labs drawn until [DATE].</p> <p>On [DATE], at 10:24 PM, R4's medical record documents the after hours Advanced Practice Nurse Practitioner (APNP)-Q was notified of the lab results. Registered Nurse (RN)-R documents at 11:19 PM, an order to repeat the CBC (complete blood count) on [DATE] in the morning.</p> <p>Surveyor notes R4's medical record does not contain documentation that labs were completed the morning of [DATE] as ordered.</p> <p>Surveyor reviewed R4's labs and the following are of significance:</p> <p>[DATE] (morning before discharge from the hospital) [DATE] Reference Interval</p> <p>Sodium 147 Sodium 150 ,d+[DATE] High</p> <p>Chloride 113 Chloride 115 ,d+[DATE] High</p> <p>Blood Urea Nitrogen 108 Blood Urea Nitrogen 93 ,d+[DATE] High</p> <p>Creatinine 2.68 Creatinine 2.26 XXX,d+[DATE].30 High</p> <p>RBC 2.2 RBC 2.71 4XXX,d+[DATE].9 Low</p> <p>Hemoglobin 8.9 Hemoglobin 7.1 13XXX,d+[DATE].5 Low</p> <p>Hematocrit 29.3 Hematocrit 24 ,d+[DATE] Low</p> <p>MCV 108.1 MCV 111 ,d+[DATE] High</p> <p>MCH 32.8 MCH 32.4 25XXX,d+[DATE].2 High</p> <p>MCHC 30.4 MCHC 29 ,d+[DATE] Low</p> <p>Platelet Count 160 Platelet Count 132 ,d+[DATE] Low</p> <p>Surveyor notes there is no documentation R4's attending physician was notified and reviewed R4's [DATE] lab values.</p> <p>On [DATE], at 3:00 PM, R4's medical record documents R4 had a fall in the parking lot. Therapy was working on a car transfer at the time with R4. R4 was brought back to his room.</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>On [DATE], at 3:58 PM, R4's medical record documents Assistant Director of Nursing (ADON)-C was called to R4's room due to his complaints of hip pain. ADON-C documents that upon entering R4's room, R4 appeared lethargic and pale. Blood Pressure ,d+[DATE]. Heart Rate 75. Blood Pressure verified with manual cuff ,d+[DATE]. Emergency Medical Services (EMS) contacted.</p> <p>On [DATE], at 4:10 PM, R4 became unresponsive with agonal breathing and pallor. R4 positioned in supine position on floor. Emergency equipment at bedside. EMS arrived for hand off and transported to the hospital.</p> <p>Hospital records dated [DATE] document upon arrival to the hospital, EMS reported that R4 was hypotensive and did not improve with 800 cc (cubic centimeters) of normal saline. R4 presented with a small scalp hematoma. R4 required emergent transfusion and was ordered 2 units of uncross matched blood. R4's computed tomography (CT) of the chest, abdomen, and pelvis demonstrated large bilateral flank and lateral abdominal wall subcutaneous heterogeneous fluid collections suggesting the possibility of bilateral flank hematoma's of indeterminate age. Another hospital was contacted for an intensive care unit bed and accepted. After the acceptance, R4 again became hypotensive despite norepinephrine, 2 additional units of packed red blood cells (PRBCs) were ordered. R4's blood pressure did improve with the 3rd unit of PRBCs and 4th unit was given to the EMS crew to transport R4 to the ICU with norepinephrine running at 10 mcg/minute. R4's hemoglobin was rapidly identified to be anemic at 5.6. Chest x-ray with questionable left lower lobe infiltrate versus effusion was identified. R4 was admitted to ICU.</p> <p>On [DATE], at 10:35 AM, Surveyor interviewed R4's Family (FAM)-S. FAM-S stated FAM-S was informed by the ICU that R4's labs were bad and was admitted with multiple organ failure and never recovered. R4 expired on [DATE].</p> <p>On [DATE], at 11:19 AM, Surveyor interviewed NP-H. NP-H stated R4 needed to be monitored due to stage 3 kidney disease and the facility should have completed the weights as ordered. NP-H stated the expectation is if daily weights are ordered, it should have been done to monitor R4's edema. NP-H stated NP-H ordered labs to be completed and recognized on [DATE] and [DATE] the labs had not been completed by the facility. NP-H stated sometimes it doesn't get done. Surveyor asked NP-H if that is right and NP-H stated, No, it is not, it should have been done.</p> <p>On [DATE], at 12:33 PM, Surveyor interviewed Assistant Director of Nursing (ADON)-C. ADON-C does not recall why R4's labs were not completed upon admission as ordered.</p> <p>On [DATE], at 2:38 PM, Surveyor shared the concern with Nursing Home Administrator (NHA)-A and Director of Nursing (DON)-B that R4's daily weights had not been completed, R4's follow up with nephrology had not been scheduled, and R4 did not have labs completed until 10 days after admission leading to a change in condition and the need for R4 to be transferred to the hospital.</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>On [DATE], at 9:37 AM, ADON-C explained the facility process and procedure for obtaining labs for residents. ADON-C stated every new admission has labs ordered every week for 4 weeks and as needed. ADON-C stated the lab company comes every day and lab draws are always done in the morning. ADON-C stated when a resident is admitted, the expectation is the lab draw is completed the next morning. ADON-C cannot answer why R4's labs were not completed the day after admission. ADON-C stated, can't speak to the delay in obtaining the labs for R4. ADON-C stated the unit nurse is responsible for monitoring the residents' labs. The after hours, on call NP (NP-Q) does not know the residents so abnormal labs like R4's would be reviewed with NP-H, however, there is no documentation in R4's medical record this was completed.</p> <p>On [DATE], at 12:30 PM, Surveyor interviewed NP-H in regard to R4's abnormal labs. NP-H confirmed they had reviewed R4's medical record and noted the labs had not been completed for R4 and it was critical to get them done. NP-H stated that is why NP-H kept documenting pending admission labs [results]. NP-H stated they give verbal orders to the nursing staff to get labs completed. NP-H compared R4's lab values from [DATE] and [DATE] and confirmed R4's labs on [DATE] were concerning. NP-H would have expected the labs to be repeated as ordered by NP-Q on [DATE] in the morning to make sure R4 did not need to go out for a blood transfusion. NP-H stated they would be concerned with hypernatremia and dehydration based on R4's labs. NP-H agreed it is very concerning R4's labs were not repeated the next day as expected given R4's lab value changes noted between the results from [DATE] and [DATE]. NP-H stated, It was not completed and should have been completed.</p> <p>On [DATE], at 2:17 PM, Surveyor had follow-up questions for NP-H and interviewed NP-H via phone. NP-H can not confirm if therapy should have attempted a car transfer in the parking lot based on R4's critical labs. NP-H stated R4 did not have complaints of dizziness and does not know how it would have impacted working with therapy. However, there is no documentation of R4's condition prior to the attempted car transfer. NP-H stated based on R4's lab values it appears R4 was losing blood from somewhere. NP-H did agree that labs not being completed as needed or expected provided no monitoring of R4 and perhaps the change in condition could have been caught and R4 sent out earlier to the hospital.</p> <p>On [DATE], at 2:30 PM, Surveyor communicated to NHA-A and DON-B the serious concern of the facility failing to get R4's labs completed as ordered by the nurse practitioner resulting in R4 becoming unresponsive, being sent to the emergency room and requiring emergent transfusion, being admitted to ICU with multiple organ failure, and consequently expiring.</p> <p>The facility's failure to obtain labs when ordered, consult with R4's physician when lab results demonstrated a change in condition, monitor R4's edema by obtaining ordered daily weights, and to arrange a follow-up appointment with nephrology as ordered resulted in a significant decline in R4's health and his subsequent hospitalization and death thus leading to a finding of immediate jeopardy. The facility removed the jeopardy on [DATE] when the facility implemented the following:</p> <ul style="list-style-type: none"> <li>-Designee will do a facility-wide lab audit in order to identify any Residents who had lab orders that did not receive the proper follow up.</li> <li>-Residents identified will have lab order results verified with the provider and appropriate action taken.</li> </ul> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>-Designee will audit all lab orders for two weeks, then weekly for one month to ensure that labs are completed and are completed to the provider.</p> <p>-Audit results will be reviewed at the QA committee until the QA committee has determined that substantial compliance has been achieved.</p> <p>-Direct care licensed nurses will be re-educated on the proper procedures for placing lab orders, ensuring that the lab draws occur per provider's orders and that lab results are reported to the providers in a timely manner.</p> <p>The deficient practice continues at a scope/severity of D (potential for more than minimal harm/isolated) as evidenced by the following:</p> <p>20483</p> <p>2.) R1 was admitted to the facility on [DATE] with diagnoses which includes right femur fracture, dementia, and anxiety.</p> <p>The facility developed the following care plans:</p> <ul style="list-style-type: none"> <li>* [R1's first name] is at risk for impaired communication related to change in environment. Dated [DATE].</li> <li>* [R1's first name] needs assistance with daily ADL (activity daily living) care. Dated [DATE].</li> <li>* [R1's first name] is at risk for psychosocial well-being concern related to COVID-19 and/or other infections. Dated [DATE].</li> <li>* [R1's first name] is at risk for changed activity and preferences due to new environment. Short stay, dementia. Dated [DATE].</li> <li>* [R1's first name] has potential for falls related to recent admission to community. Dated [DATE].</li> <li>* [R1's first name] is at low risk for impaired nutrition. Dated [DATE].</li> <li>* [R1's first name] is at risk for pressure ulcers and other skin related injuries. Dated [DATE].</li> <li>* [R1's first name] rates pain a &lt;0 1 2 3 4 5 6 7 8 9 10&gt;. Dated [DATE].</li> <li>* [R1's first name] does not plan to make the community a long term home. Dated [DATE].</li> <li>* [R1's first name] will have advance directives reviewed upon admission, full code. Initiated [DATE].</li> <li>* [R1's first name] is at risk for &lt; increased behavioral expressions  altered mood  elopement  impaired adjustment ability to new environment&gt;. Dated [DATE].</li> <li>* Level 1 PASRR (preadmission screening and resident review) is negative. Dated [DATE].</li> </ul> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>* [R1's first name] has diseases and conditions which are treated with medication. Dated [DATE].</p> <p>* [R1's first name] has memory problems, impaired decision making skills and impaired ability to comprehend, confused and forgetful, own person, dx (diagnosis) dementia. Dated [DATE].</p> <p>* [R1's first name] need enhanced barrier precaution d/t (due to) indwelling medical device, wound/s or MDRO (multidrug resistant organisms) or contained infection. Dated [DATE].</p> <p>The nurses note dated [DATE] PM (evening) documents Per DON (Director of Nursing) sleep study initiated. New lab orders for ,d+[DATE] BNP (B-Type Natriuretic Peptide) and BMP (basic metabolic panel) r/t (related to) BLE (bilateral lower extremity) edema.</p> <p>Surveyor was unable to locate any monitoring of R1's bilateral lower extremity edema and a care plan for edema was not implemented.</p> <p>On [DATE], at 10:00 a.m., Surveyor observed R1 sitting in a wheelchair wearing socks and sneakers. Surveyor observed R1's feet are resting on the floor, there are no leg rests on R1's wheelchair and R1's legs are not elevated.</p> <p>On [DATE], at 10:45 a.m., Surveyor observed R1 continues to be sitting in a wheelchair in the room with R1's feet on the floor. R1's legs are not elevated.</p> <p>On [DATE], at 1:20 p.m., Surveyor observed R1 sitting in a wheelchair in the room with her daughter. R1's feet are resting on the floor.</p> <p>On [DATE], at 3:27 p.m., Surveyor observed R1 sitting in a wheelchair in the room with her feet resting on the floor. R1's daughter is sitting on R1's bed talking with R1. R1 does not have her legs elevated.</p> <p>On [DATE], at 7:54 a.m., Surveyor observed R1 wheeling herself out the the room. R1 informed Surveyor she had gotten up too early and went back to bed. Surveyor observed there are no leg rests on R1's wheelchair to elevate her legs.</p> <p>On [DATE], at 8:05 a.m., Surveyor observed R1 sitting in a wheelchair with her feet on the floor in the dining room eating cereal.</p> <p>On [DATE], at 9:55 a.m., Surveyor observed R1 sitting in a wheelchair with her feet on the floor. R1's son is sitting in a chair in the room.</p> <p>On [DATE], at 11:16 a.m., Surveyor observed R1 sitting in a wheelchair with her feet on the floor in the bathroom. Surveyor asked R1 what she was doing. R1 replied, I think I was turning the light off.</p> <p>(continued on next page)</p>

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<p>F 0684</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>On [DATE], at 12:03 p.m., Surveyor asked ADON (Assistant Director of Nursing)-C if there are any issues with R1 having edema. ADON-C informed Surveyor R1 has chronic edema in her legs, not excessive by any means, more of dependent edema due to sitting in a chair and having her legs in a low position. Surveyor asked ADON-C if R1's legs should be elevated. ADON-C informed Surveyor she did suggest this to the family. Surveyor asked about staff interventions. ADON-C informed Surveyor she suggested to the unit nurse to have R1's legs elevated. ADON-C informed Surveyor this should be on the CNA (Certified Nursing Assistant) assignment sheet and could add it to the care plan then it will cross over to the CNA worksheet. Surveyor informed ADON-C Surveyor was not able to locate any evidence staff was monitoring R1's edema and a care plan was not developed for the edema.</p> <p>On [DATE], at 2:38 p.m., Surveyor informed NHA (Nursing Home Administrator)-A, DON (Director of Nursing)-B and ADON-C of labs drawn on [DATE] for R1's bilateral extremity edema. Surveyor was unable to locate any evidence staff was monitoring R1's edema and a care plan for edema was not developed.</p> <p>3.) R3's diagnoses includes hypertension, atrial fibrillation, and diabetes mellitus.</p> <p>On the BMP (basic metabolic panel) laboratory report with a collection date of [DATE], there is a handwritten notation dated [DATE] which documents, Collect 3 stool samples for occult blood.</p> <p>The nurses note dated [DATE] at 0530 (5:30 a.m.) documents, 97.6 72 16 92% Monitoring stool for occult blood. No active bleeding or reports of a stool this shift. Without acute distress. In the bed resting. Will monitor.</p> <p>The nurses note dated [DATE] at 1100 (11:00 a.m.) documents, without stool obtained.</p> <p>The nurses note dated [DATE] at AM (morning), Stool collection completed.</p> <p>APNP-H's note dated [DATE] under assessment and plan for decreased weight loss includes documentation of EGD (esophagogastroduodenoscopy) (an endoscopic procedure that includes visualization of the oropharynx, esophagus, stomach and proximal duodenum) on [DATE]. Pending stool sample for FGOT (fecal guaiac occult blood test).</p> <p>The nurses note dated [DATE], AM, documents Stool spec (specimen) obtained. 1st one. Sent to lab 0915 (9:15 a.m.).</p> <p>The nurses note dated [DATE], PM (evening), documents No stool sample this shift. Surveyor was unable to locate any further nurses notes regarding stool collection after this date.</p> <p>The occult blood, fecal screen lab report verified on [DATE] documents for value not detected. There is a handwritten notation on this laboratory report dated [DATE] which documents Schedule colonoscopy.</p> <p>Surveyor was only able to locate one occult blood, fecal screen and did not note any documentation regarding the colonoscopy being scheduled.</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>On [DATE], at 10:19 a.m., Surveyor asked HIM (Health Information Management)-F who is responsible for setting up outside appointments. HIM-F informed Surveyor herself and Receptionist-I work together. Surveyor inquired if R3's colonoscopy appointment had been set up. Surveyor informed HIM-F Surveyor noted a notation on lab report dated [DATE] documenting 3 stool samples for occult blood. Surveyor was able to locate one of the three and asked HIM-F if the other two samples were collected. HIM-F informed Surveyor she will get back to Surveyor.</p> <p>On [DATE], at 11:00 a.m., HIM-F informed Surveyor R3 was suppose to have a EGD but this appointment was rescheduled for [DATE]. HIM-F informed Surveyor they were going to go from there if a colonoscopy was needed. Surveyor asked HIM-F if she was able to locate any more stool samples. HIM-F informed Surveyor there was only one done. Surveyor asked HIM-F if there was a unit manager Surveyor could speak with. HIM-F informed Surveyor they don't have unit manager. HIM-F informed Surveyor there is first name of DON (Director of Nursing)-B, first name of ADON (Assistant Director of Nursing)-C, first name of RN (Registered Nurse)/Quality Management-E, and the floor nurses. HIM-F suggested Surveyor speak with ADON-C.</p> <p>On [DATE], at 11:26 a.m., Surveyor asked APNP-H if a colonoscopy was suppose to be scheduled for R3. APNP-H replied yes. Surveyor asked APNP-H if she wrote an order. APNP-H replied I believe so and explained there should be a paper copy. APNP-H informed Surveyor if she was in the building she would have written a paper order and in some cases if she receives a call she gives a verbal order. Surveyor informed APNP-H Surveyor had noted her progress note dated [DATE] which documents stool samples pending. Surveyor inquired if these stool samples were completed. APNP-H informed Surveyor so far she's heard back one was done which was negative. Surveyor asked APNP-H if three stool samples should have been obtained. APNP-H replied yes. Surveyor asked APNP-H if she knows why they weren't done. APNP-H replied no. Surveyor asked APNP-H if anyone informed her the stool samples weren't obtained. APNP-H replied no. APNP-H informed Surveyor she ordered the stool samples for weight loss and colonoscopy for cancer.</p> <p>On [DATE], at 11:43 a.m., Surveyor asked ADON-C if she knew why the stool specimens for occult blood were not obtained. ADON-C replied I do not and explained she wrote this on their board numerous times, put the tubes to collect the blood there and despite her doing this only one was collected. ADON-C informed Surveyor R3 does not eat very much and does not stool a lot. Surveyor inquired about a colonoscopy being scheduled. ADON-C informed Surveyor APNP-H asked an EGD be scheduled. ADON-C indicated while they are going down they could do the other end and go up. Surveyor inquired if anyone communicated this to the GI (gastrointestinal) doctors about doing the colonoscopy at the same time. ADON-C replied not to my knowledge. Surveyor asked ADON-C if an order for the colonoscopy had been written. ADON-C replied I did not see an order for colonoscopy and explained APNP-H may have given the order to floor nurse.</p> <p>On [DATE], at 2:38 p.m., Surveyor informed NHA (Nursing Home Administrator)-A, DON (Director of Nursing)-B and ADON-C three stool specimens for occult blood and a colonoscopy was not scheduled for R3. No additional information was provided to Surveyor as to why this was not done.</p>		

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<p>F 0687</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate foot care.</p> <p>20483</p> <p>Based on observation, interview, and record review the Facility did not ensure proper foot care for 1 (R3) of 3 Residents.</p> <p>R3's toenails were very long and in need of trimming.</p> <p>Findings include:</p> <p>R3's diagnoses includes hypertension, atrial fibrillation and diabetes mellitus.</p> <p>The quarterly MDS (minimum data set) with an assessment reference date of 5/9/24 has a BIMS (brief interview mental status) score of 12, indicating R3 has moderate cognitive impairment. R3 is assessed as being dependent for putting on/taking off footwear: The ability to put on and take off socks and shoes or other footwear that is appropriate for safe mobility including fasteners if applicable.</p> <p>On 6/19/24 at 9:33 a.m. Surveyor observed R3 sitting in a wheelchair in her room with a breakfast tray on an over bed table in front of R3. R3 is wearing gripper socks on her feet. Surveyor asked R3 if Surveyor could look at her feet later. R3 shook her head yes.</p> <p>On 6/19/24 at 9:34 a.m. Surveyor informed CNA (Certified Nursing Assistant)-J Surveyor had observed R3 still has her breakfast tray in front of her and inquired when Surveyor could look at R3's feet with her. CNA-J informed Surveyor R3 doesn't eat very much and indicated Surveyor could look at R3's feet now. Surveyor &amp; CNA-J entered R3's room. CNA-J placed gloves on and removed R3's right gripper sock. Surveyor observed the toe nails on R3's right foot are very long. CNA-J placed the gripper sock back on R3's right foot and then removed the gripper sock from R3's left foot. Surveyor observed R3's toe nails on her left foot are very long. Surveyor noted R3's toe nails are in need of trimming. After CNA-J placed R3's gripper sock on the left foot, Surveyor asked CNA-J who is responsible for cutting resident's toe nails. CNA-J replied I think she is a diabetic, she goes out.</p> <p>Surveyor reviewed R3's medical record and was unable to locate when R3 was examined by a podiatrist.</p> <p>On 6/19/24, at 12:05 p.m., Surveyor asked ADON-C when the last time R3 was examined by a podiatrist as Surveyor observed R3's toe nails to be very long. ADON-C informed Surveyor it's her understanding the podiatrist puts their notes under the consult section of the medical record. Surveyor asked ADON-C how the podiatrist knows who they are to see. ADON-C informed Surveyor SSD (Social Service Director)-D puts the resident on their list.</p> <p>On 6/19/24, at 12:58 p.m., ADON-C informed Surveyor she found out R3 goes out to the podiatrist per family request. Surveyor asked ADON-C when was the last time R3 saw the podiatrist. ADON-C informed Surveyor she will check and let Surveyor know.</p> <p>On 6/19/24, at 2:38 p.m., NHA (Nursing Home Administrator)-A, DON (Director of Nursing)-B and ADON-C were informed of R3's toe nails being very long and staff was unable to provide Surveyor with the last time R3 was examined by a podiatrist.</p> <p>(continued on next page)</p>		

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<p>F 0687</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 6/20/24 at 8:10 a.m. Surveyor asked SSD-D where Surveyor would be able to locate podiatrist consult for R3. SSD-D informed Surveyor it would be under the attachment for consults. SSD-D looked in R3's medical record and was unable to locate a podiatrist consult.</p> <p>On 6/20/24 at 8:48 a.m. HIM (Health Information Management)-F informed Surveyor she was unable to locate any podiatrist consultations for R3.</p> <p>On 6/20/24 at 9:27 a.m. ADON-C informed Surveyor has an appointment to see the podiatrist on 7/8/24.</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 38829</p> <p>Based on electronic medical record(EMR) review, and interview, the facility did not ensure adequate supervision and assistance devices, or ensure the environment remained free of accident hazards to prevent accidents for 1 (R4) of 2 Residents reviewed for falls.</p> <p>*R4 had a fall on 4/11/24 where the root cause of the fall was not determined, the facility did not complete documentation of the fall including witness statements and a registered nurse (RN) assessment and interventions were not reviewed or initiated.</p> <p>Findings Include:</p> <p>The facility's Fall policy dated 12/2017 and last revised 7/2023 documents:</p> <p>.The licensed nurse shall document the fall in the Resident's clinical record.</p> <p>The documentation of the identified interventions should be maintained in the Resident clinical record and available to the direct care associates.</p> <p>The falls should be reviewed at the Daily Stand-up Meeting following the fall for identification of any additional individualized interventions to reduce the risk of falls.</p> <p>An incident report shall be completed for Resident falls by a Licensed Nurse after the fall occurs.</p> <p>R4 was admitted to the facility on [DATE] with diagnoses of Chronic Kidney Disease, Stage 3, Chronic Diastolic Heart Failure, Anemia in Chronic Kidney Disease, Type 2 Diabetes Mellitus, Repeated Falls, and Hyperlipidemia.</p> <p>R4's Admission Minimum Data Set (MDS) completed on 4/4/24 documents R4 had a Brief Interview for Mental Status (BIMS) score of 13 indicating R4 was cognitively intact for daily decision making. R4 had no mood or behaviors documented on the MDS. R4's MDS documents that R4 has range of motion impairment on both sides of upper extremities and impairment on 1 side of lower extremity. R4 required supervision for rolling left to right, lying to sitting, chair/bed-to-chair transfers, and toilet transfers. R4 required partial/moderate assistance for sit to lying and sit to stand.</p> <p>R4's fall assessment dated [DATE] documents a score of 35. The fall assessment states 16-35 is moderate risk for falls and 36 and over is high risk for falls.</p> <p>R4 had an at risk for falls care plan.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R4's EMR documents on 4/11/24, at 3:00 PM, Assistant Director of Nursing(ADON)-C .was called to parking lot by physical therapist to assist with witnessed fall. Upon arrival, R4 was found laying in supine position, legs extended toward hood of car and head toward trunk of car with head on cushion. With assist of four staff and gait belt, R4 was brought to sitting position. With assist of four staff, gait belt, as well as stand by assist of one therapist, R4 assisted back to wheelchair. Escorted inside and back to room.</p> <p>On 6/19/24, at 1:26 PM, Director of Nursing (DON)-B confirmed that DON-B was unable to locate R4's fall investigation.</p> <p>On 6/19/24, at 2:38 PM, DON-B explained to Surveyor what needs to be completed when a Resident falls. A nurse should do an assessment. An SBAR (situation, background, assessment, and recommendation) document is completed. DON-B stated that all staff should provide statements and a fall packet with investigation is completed on the Resident. The fall is reviewed for immediate intervention and then the next day the fall is reviewed by the interdisciplinary team to determine if any other interventions need to be initiated. At this time, Surveyor shared with DON-B and Nursing Home Administrator (NHA)-A that R4 fell on [DATE] and there is no fall investigation with documentation that a nurse assessment was completed, no staff statements, no root/cause analysis was completed. No additional information was provided by the facility at this time as to why the facility did not complete a fall investigation for R4's fall on 4/11/24.</p>		

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<p>F 0730</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Observe each nurse aide's job performance and give regular training.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 38829</p> <p>Based on record review and staff interviews, the facility did not ensure Certified Nursing Assistants (CNA) had annual performance reviews at least once every 12 months for 5 of 5 CNA staff reviewed (CNA-O, CNA-T, CNA-U, CNA-V, and CNA-W). This had the potential to affect all 72 residents in the facility as staff assignments float throughout the facility.</p> <p>Findings Include:</p> <p>The facility was unable to provide a policy and procedure in regard to annual performance reviews.</p> <p>The facility's 2023 MyLearning-Required Annual Training Assignment Schedule documents that there should be Year End Review (All annual education needs to be done no later than 12/31/23). In-Person Annual Performance Review with follow up training for areas of weakness and special needs of residents.</p> <p>Surveyor reviewed the facility assessment dated [DATE], and last reviewed/updated 12/28/23, the following is documented under Staff Training/education and competencies:</p> <p>.Required in-service training for nurse aides. In-service training must:</p> <p>-Be sufficient to ensure continuing competence of nurse aides, but no less than 12 hours per year.</p> <p>Address areas of weakness as determined in nurse aides' performance reviews and facility assessment and may address the special needs of residents as determined by the facility staff</p> <p>On 7/1/24, at 12:47 PM, Surveyor reviewed the employee records of CNA-O, CNA-T, CNA-U, CNA-V, and CNA-W. The facility was unable to provide documentation that a performance review had been completed on an annual basis from each of the CNAs date of hire. Consequently, there is no performance review of each CNA in order to determine performance review of skills competency, in order to provide regular in-service education based on the outcome.</p> <p>CNA-O - date of hire 6/6/23</p> <p>CNA-T - date of hire 9/29/22</p> <p>CNA-U - date of hire 11/28/17</p> <p>CNA-V - date of hire 6/22/21</p> <p>CNA-W - date of hire 6/11/19</p> <p>On 7/1/24, at 1:38 PM, Director of Nursing (DON)-B confirmed that the facility has no documented performance reviews completed on CNA-O, CNA-T, CNA-U, CNA-V, and CNA-W. DON-B agreed with Surveyor that there was no competency review documented for the CNAs in order to provide reeducation as indicated.</p> <p>(continued on next page)</p>		

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<p>F 0730</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On 7/1/24, at 2:55 PM, Surveyor shared the concern with Nursing Home Administrator (NHA)-A and DON-B that the facility has no documentation that a competency performance review was completed on CNA-O, CNA-T, CNA-U, CNA-V, and CNA-W and agreed reeducation based on outcome of a competency performance review would be beneficial. Both NHA-A and DON-B understand the concern and provided no additional information at this time of the survey process.</p>

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<p>F 0745</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide medically-related social services to help each resident achieve the highest possible quality of life.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 20483</p> <p>Based on observation, interview, and record review the facility did not ensure 1 (R1) of 1 residents received medically related social services to attain or maintain their highest practicable physical, mental and psychosocial well being.</p> <p>R1 was admitted to the facility on [DATE] with an order for Seroquel. The Facility was not monitoring the effectiveness of multiple medication changes with R1's Seroquel, Buspar &amp; Depakote. The Facility did not determine the root cause of R1's anxiety and did not develop patient center approaches to help R1 with her anxiety.</p> <p>Findings include:</p> <p>R1 was admitted to the facility on [DATE] with diagnoses which includes right femur fracture and dementia.</p> <p>[R1's first name] is at risk for &lt;increased behavioral expressions  altered mood  elopement  impaired adjustment ability to new environment&gt; care plan with a start date of 4/26/24 documents the following approaches:</p> <ul style="list-style-type: none"> <li>* Follow community elopement evaluation and monitoring process. Dated 4/26/24.</li> <li>* Identify current mood and behavioral expressions, monitor for changes. Dated 4/26/24.</li> <li>* Orient [R1's first name] to community layout, routines, and schedules.</li> </ul> <p>[R1's first name] has memory problems, impaired decision making skills and impaired ability to comprehend, confused and forgetful, own person, dx (diagnosis) severe dementia care plan with a start date of 5/1/24 documents the following approaches:</p> <ul style="list-style-type: none"> <li>* Call resident by name. Dated 5/1/24.</li> <li>* Daily orientation to facility routines and activities schedule. Dated 5/1/24.</li> <li>* Use environmental cues (e.g. pictures, signs, clocks, calendars, color coding of environment) to stimulate memory and promote appropriate behavior. Dated 5/1/24.</li> <li>* Provide cues to promote independence and ensure safety. Dated 5/1/24.</li> <li>* Provide consistent physical environment and daily routine. Dated 5/1/24.</li> </ul> <p>The admission MDS (minimum data set) with an assessment reference date of 4/30/24 has a BIMS (brief interview mental status) score of 3 indicating R1 has severe cognitive impairment. R1 is assessed as not having any behavior and mood score is 00.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER  Alexian Village of Milwaukee		STREET ADDRESS, CITY, STATE, ZIP CODE  9255 N 76th St Milwaukee, WI 53223	
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<p>F 0745</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The behavioral symptoms CAA (care area assessment) dated 6/11/24 documents Behavioral CAA triggered due to (resistant to care, wanders, yells out). Contributing factors include (Dementia, Disorientation, and decreased ability to understand others). Risk factors include injuring self/others, decreased socialization, social isolation and increased anxiety. Care plan will be reviewed to monitor behavior patterns, decrease agitation and monitor the effectiveness.</p> <p>The Psychotropic Drug Use CAA dated 6/11/24 documents Psychotropic Drug Use CAA triggered secondary to use of psychotropic med (medication) to manage psychiatric illness/condition. Contributing factors include (depression/psychosis/insomnia). Risk factors include increase falls, impaired balance, and potential for adverse effects of medication. care plan will be reviewed to monitor effectiveness of psychotropic medications.</p> <p>APNP (Advanced Practice Nurse Prescriber)-H's initial visit note dated 4/30/24 under assessment and plan for F03.90 Dementia documents Advance continue current regimen of Seroquel. Monitor mood and behavior needs frequent reorientation and redirection.</p> <p>The social services note dated 4/30/24, at 09:28 (9:28 a.m.), documents writer faxed psych referral to [name] solutions, and asked that res (resident) be placed on the next visit list. This nurses note was written by SSD (Social Service Director)-D.</p> <p>APNP-H's progress note dated 5/1/24 under assessment and plan for F03.90 Dementia documents Advance continue current regimen of Seroquel. She needs frequent reorientation and redirections. Seroquel dose reduce today to 12.5 mg for 1 week then plan to dc (discontinue). Monitor mod sic (mood) and bx (behavior) closely.</p> <p>The social services note dated 5/1/24, at 11:19 a.m., documents care conference: present: res (resident), writer, [name] therapy, [name] [name] health, [name] DON (Director of Nursing).</p> <p>full code, own person, dc (discharge) goal: home with son to the community, mood and behavior stable, on Seroquel for anxiety, has psych consult pending for clarification of Seroquel dx (diagnosis), has fall mats, air mattress, bilateral bars to bed, gets pt/ot/st (physical therapy/occupational therapy/speech therapy), has hard time standing, res states she does have pain at times, 2 person assist for transfers, needs a lot of assist with dressing and cares, has right hip area to skin from surgery, care plan and physician orders reviewed, copies given to res, nursing will check with np (nurse practitioner) about scheduling Tylenol for res. [name] stated that he will manage res insurance case, while res is at facility, more progress is expected in therapy. This note was written by SSD-D.</p> <p>The nurses note dated 5/1/24, at 1514 (3:14 p.m.), documents Resident has N.O. (new order) to decrease Quetiapine (Seroquel) 25 mg (milligrams) to 12.5 mg x (times) 1 week and then D/C. No s/s (signs/symptoms) of distress noted, will continue to monitor. This nurses note was written by LPN (Licensed Practical Nurse)-K.</p> <p>APNP-H's progress note dated 5/3/24 under assessment and plan for F03.90 Dementia documents Advance continue current regimen of Seroquel. She needs frequent reorientation and redirections, Seroquel dose reduce to 12.5 mg for 1 week then plan to dc on 5/8/24. Monitor mod sic (mood) and bx closely.</p> <p>(continued on next page)</p>		

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<p>F 0745</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The nurses note dated 5/9/24, at 0600-30 (6:00 a.m.-30), documents Resident is more confused and constantly need to know why she is here. She is told &amp; redirected but continues to ask. without s/s (signs/symptoms) of distress will continue to monitor. This nurses note was written by LPN-K.</p> <p>APNP-H's progress note dated 5/10/24 under assessment and plan for F03.90 Dementia documents Advance continue current regimen of Seroquel. She needs frequent reorientation and redirections. Seroquel dose reduce to 12.5 mg for 1 week then plan to dc on 5/8/24. Staff reported that pt is noted anxious at times, however, no ssx (signs/symptoms) of anxiety/distress was noted. Per the staff nurse the mood had improved.</p> <p>The nurses note dated 5/11/24, at PM (evening), documents Pt (patient) is extremely anxious and concerned about being lost and along. Needs frequent reassurance.</p> <p>APNP-H's progress note dated 5/14/24 under chief complaint documents fall on 5/12, anxiety. Under subjective documents Patient resting in the WC (wheelchair), working with ST (speech therapy). Denies pain/discomfort during this visit. S/p (status post) fall on 5/10/24 denies injury. Per staff patient was noted and changed on several occasions after discontinuing Seroquel. Patient is started on Buspar 5 mg twice daily, mood and behavior remain stable during this visit. Recent labs reviewed. Under assessment and plan for F03.90 Dementia documents Advance continue current regimen of Seroquel. She needs frequent reorientation and redirections. Seroquel reduced and taper off on 5/8/24. F41.9 Anxiety.</p> <p>APNP-H's progress note dated 5/17/24 under chief complaint documents fall on 5/12, anxiety. Under subjective documents Patient resting in the WC, per staff pt is anxious at times. Recently started on Buspar. Pending liver panel, plan to start pt on Depakote for persistent perseveration's elicit negative behaviors irritability, agitation. Under assessment and plan for F03.90 Dementia documents Advance continue current regimen of Seroquel. She needs frequent reorientation and redirections. Seroquel reduced and taper off on 5/8/24. F41.9 Anxiety: See above HPI (history present illness), recently started on Buspar. Pending liver panel today, play to start pt on Depakote 125 mg Q HS. Psych referral pending.</p> <p>The nurses note dated 5/18/24, at 0500 (5:00 a.m.) documents Patient was confused and not sleeping until 0300 (3:00 a.m.). Patient stating she needs help but not able to verbalize what she needed help with. Patient was helped with toileting w/ (with) assist x 2 and then helped into bed. Son stayed at bedside until patient was sleeping. Patient currently in bed @ (at) lowest position. Floor mat next to bed, call light within reach.</p> <p>The nurses note dated 5/19/24, at NOC (night) shift, documents Resident has a new order for Melatonin 3 mg @ HS (hour sleep) x 7 days. Son/POA (power of attorney) left after resident fell asleep at approx (approximately)0100 (1:00 a.m.), had concerns about his mothers state. [name]/POA stated that resident is ore restless and agitated and would like her to have Buspar increased to TID (three times daily) or re-start on Seroquel, [POA first name] has reservations about starting her on Depakote. Writer will pass on to AM (morning) nurse and leave a note for [APNP-H's first name].</p> <p>The nurses note dated 5/21/24, at 0930 (9:30 a.m.), Per [APNP-H's name] NP Buspar increased to 7.5 mg po (by mouth) TID. Unit nurse notified. This nurses note was written by ADON (Assistant Director of Nursing)-C.</p> <p>(continued on next page)</p>		

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<p>F 0745</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The nurses note dated 5/25/24, at 2159 (9:59 p.m.), documents Writer was approach by son tonight with concern regarding mother state his mother has been calling him and his sister every night crying stating she wants to leave. Son requested mother to be restarted on her Seroquel. Son stated since the Seroquel has been stopped mother is more agitated. Call was placed out to MD (medical doctor) awaiting return call.</p> <p>The nurses note dated 5/25/24, at 2210 (10:10 p.m.), documents MD returned call and was updated on resident's status and gave new orders to restart Seroquel in am (morning) and d/c Buspar also gave 1x order for hydroxine 25 mg. Daughter is aware of new orders.</p> <p>The nurses note dated 5/26/24, at 2100 (9:00 p.m.), documents Resident anxious at times but easily redirected. In bed resting at this time. Son at bedside. Schedule Seroquel given ppoc (per plan of care). Consumed 30% of dinner, 240 cc (cubic centimeters) of ensure.</p> <p>The nurses note dated 5/29/24, at 1422 (2:22 p.m.), documents Per [name of APNP-H] order to decrease Seroquel to 12.5 mg po q hs (by mouth every hour sleep) x 4 days then discontinue and initiate Depakote 125 mg po q hs. Son made aware. Unit nurse notified. This nurses note was written by ADON-C.</p> <p>APNP-H's progress note dated 5/31/24 under chief complaint documents anxiety. Under subjective documents Patient is sitting in the WC, noted in pleasant mood. Recently increased Buspar, per family mood and bx are not improving. Pt continues to get anxious. A Depakote option is discussed with the family, POA agreed to initiate a Depakote, plan to start Depakote from 6/2 after dc Seroquel. Patient needs frequent reorientation and redirection. Under assessment and plan for F03.90 Dementia documents She needs frequent redirections and reorientation. POA activated. F41.9 Anxiety documents See above HPI, recently started on Buspar, increased to TID. Plan to start Depakote 125 mg Q HS after tapering and dc Seroquel (6/2).</p> <p>The nurses note dated 6/2/24, at PM, documents Resident A &amp; O (alert and oriented) denies pain or discomfort. No s/s of respiratory issues. N.O. (new order) r/t (related to) Depakote. No A/R (adverse reactions) noted. Buspar &amp; Seroquel discontinued, no A/R noted. Afebrile.</p> <p>The nurses note dated 6/3/24, at 2100 (9:00 p.m.), documents after dinner resident became more confused. Hard to redirect. Resident up &amp; down in &amp; out of bed calling for [name] and made several request to call the police. Returned resident back to bed. Resident go (sic) back in wheelchair.</p> <p>The nurses note dated 6/4/24, at 0700 (7:00 a.m.) documents Con't (continue) to monitor client for discontinuation of Seroquel &amp; Depakote administration. Without adverse reaction noted increased bx (behavior) noted at the beginning of the shift. 1:1 initiated will monitor.</p> <p>The nurses note dated 6/4/24, at 2012 (8:12 p.m.) documents No adverse reaction to medication change repetitive behaviors noted. Daughter [name] at bedside helping redirect behaviors.</p> <p>(continued on next page)</p>		

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<p>F 0745</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>APNP-H's progress note dated 6/5/24 under chief complaint documents anxiety. Under subjective documents Patient noted resting in a wheelchair, requesting to go home. Needs frequent reminders and reorientation. Recent start of Depakote, per staff mood is improving. Pending psych consultation. Under assessment and plan for F03.90 Dementia documents She needs frequent redirections and reorientation. POA activated. Psych consultation pending. F41.9 Anxiety documents. See above HPI, recently started on Buspar, increased to TID. Plan to start Depakote 125 mg Q HS after tapering and dc Seroquel (6/2). Psych consultation pending. See above HPI, improvement in mood reported.</p> <p>APNP-H's progress note dated 6/5/24 under chief complaint documents anxiety. Under subjective documents Pt is continue to ask when she can return home. No new medical concern reported. Staff to obtain sleep study. Recent dc Buspar and Seroquel. Under assessment and plan for F03.90 dementia documents She needs frequent redirections and reorientation. POA activated. Psych consultation pending. F41.9 Anxiety documents See above HPI, recently started on Buspar, increased to TID. Depakote 125 mg Q HS, Seroquel dcd (6/2). Psych consultation pending. Continue to need frequent reorientation and redirection's. Encourage participation different activities.</p> <p>The social services note dated 6/18/24, at 11:53 (11:53 a.m.), documents behavior management held, IDT (interdisciplinary team) present, saw psych today, Seroquel was d/c and Buspar was d/c, res only receives scheduled Depakote, res does want to go home, but doesn't have 24 hour care at home per family, sleeping varies, nursing will do a sleep study, will be reviewed in July 2024. This note was written by SSD-D.</p> <p>During R1's record review, Surveyor was unable to locate monitoring of R1's Seroquel, Buspar, and Depakote for behavior &amp;/or mood nor was Surveyor able to locate the root cause of R1's anxiety or person centered approaches to help decrease R1's anxiety.</p> <p>On 6/18/24, at 10:00 a.m., Surveyor observed R1 sitting in a wheelchair in her room. Surveyor asked R1 what she is going to do today. R1 informed Surveyor she wants to leave here and go home.</p> <p>On 6/19/24, at 7:46 a.m., Surveyor asked CNA (Certified Nursing Assistant)-L what she could tell Surveyor about R1. CNA-L informed Surveyor she has dementia, very sweet, calls out a couple times at night asking where she is, and works with therapy. CNA-L informed Surveyor R1 calls out when she needs something and has a lot of visitors. Surveyor asked CNA-L if R1 has any behavior. CNA-L replied no, very sweet.</p> <p>On 6/19/24, at 11:16 a.m., Surveyor observed R1 sitting in a wheelchair in the bathroom of her room. Surveyor asked R1 what she was doing. R1 replied I think I was turning the light off.</p> <p>On 6/19/24 at approximately 11:30 a.m. Surveyor asked APNP-H about R1. APNP-H informed Surveyor R1 is every pleasant &amp; forgetful and R1's son is very involved. APNP-H informed Surveyor due to R1's anxiety they have tried several medications. APNP-H explained R1 was admitted with Seroquel but didn't have psych diagnosis . The medication was tapered off and discontinued. R1 has an unstable mood and was started on Depakote, she was previous on Buspar for anxiety but the Buspar wasn't effective. APNP-H informed Surveyor she saw R1 yesterday and thinks she was seen by psych.</p> <p>(continued on next page)</p>		

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<p>F 0745</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 6/19/24 at 12:03 p.m. Surveyor spoke with ADON-C regarding R1. ADON-C informed Surveyor R1 is very confused and anxious. R1 came in on Seroquel, did not have qualifying diagnosis and the medication was discontinued. ADON-C informed Surveyor the family is very involved and kind of feels they fuel the fire as R1 gets more anxious when the family is there. ADON-C informed Surveyor R1 was started on Depakote which is a good choice as R1 doesn't have agitated behaviors. Surveyor asked ADON-C if the CNAs document regarding R1's anxiety or behavior. ADON-C informed Surveyor they don't document this and they can tell the nurses. The nurses would document and should be documenting if R1 is stable or has behaviors. Surveyor informed ADON-C Surveyor was unable to locate what the root cause of R1's anxiety, approaches to help R1 with her anxiety and monitoring of the effectiveness of the medications ordered for her anxiety.</p> <p>On 6/19/24 at 2:38 p.m. Surveyor informed NHA (Nursing Home Administrator)-A, DON (Director of Nursing)-B and ADON-C Surveyor wasn't able to locate how the facility was monitoring the effectiveness of medication R1 was placed on for her anxiety, the root cause of R1's anxiety and approaches the facility had implemented to help R1 with her anxiety.</p> <p>On 6/20/24 at 7:31 a.m. Surveyor spoke with SSD-D regarding R1. SSD-D informed Surveyor R1's family is very involved. R1 was admitted for short term care but needs twenty four hour care. R1 is confused, her POA is activated and R1 likes to wander around. R1 can be anxious at times, wants to go home. The family would take her home but they don't have 24 hour care for R1. Surveyor asked if R1 has any aggressive behavior or verbal outbursts. SSD-D replied no. Surveyor asked SSD-D how they are monitoring R1's anxiety. SSD-D informed Surveyor it should be through the nurses notes. SSD-D informed Surveyor R1's family says she's anxious &amp; wants to go home but he sees her wandering around.</p> <p>No additional information was provided to Surveyor why the facility was not monitoring the effectiveness of R1's Seroquel, Buspar or Depakote, what was the root cause of R1's anxiety and approaches implemented to help R1 with her anxiety.</p>		

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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 20483</b></p> <p>Based on interview and record review, the facility did not maintain records that were complete and accurately documented for 3 (R12, R8, &amp; R9) of 6 residents reviewed who expired in the facility.</p> <p>* R12 expired in the facility on [DATE] and there is no documentation in R12's medical record regarding R12's death.</p> <p>* R8 expired in the facility on [DATE] and there is no documentation in R8's medical record regarding R8's death.</p> <p>* R9 expired in the facility on [DATE] and there is no documentation in R9's medical record regarding R9's death.</p> <p>Findings include:</p> <p>The facility's policy titled, Guidelines for Charting and Documentation last revised ,d+[DATE] under policy statement documents Services provided to the resident, or changes in the resident's medical or mental condition, shall be documented in the resident's medical record.</p> <p>Under the section for Purpose documents</p> <p>The purpose of charting and documentation is to provide:</p> <p>A. A complete account of the resident's care, treatment, response to the care, signs, symptoms, etc., and the progress</p> <p>of the resident's care;</p> <p>B. Guidance to the physician in prescribing appropriate medications and treatments;</p> <p>C. The community, as well as other interested parties, with a tool for measuring the quality of care provided to the</p> <p>resident;</p> <p>D. Nursing service personnel with a record of the physical and mental status of the resident;</p> <p>E. Assistance in the development of a Plan of Care for each resident;</p> <p>F. A legal record that protects the resident, care providers, and the community; and</p> <p>G. A source for resident charges.</p> <p>Under General Rules for Charting and Documentation includes documentation of</p> <p>(continued on next page)</p>

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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A. Chart pertinent changes in the resident's condition, reaction to treatments, medication, services performed, etc.,</p> <p>as well as routine observations.</p> <p>On [DATE], Surveyors were notified by Health Information Management (HIM)-F starting on [DATE], the facility was involved in a large cyber attack of their medical records. The facility then switched to paper charting and was able to get back on electronic medical record (EMR) as of [DATE].</p> <p>1.) R12 was admitted to the facility on [DATE] and expired in the facility on [DATE].</p> <p>Diagnoses includes hemiplegia following cerebral infarction, hypertension, and dementia. R12 received hospice services.</p> <p>Surveyor reviewed R12's medical record and noted the last nurses note in R12's medical record is dated [DATE] PM (evening) which documents Resident slept throughout most of the shift but woke up briefly and ate about 25% of her supper and drank about 450 cc (cubic centimeters) of fluids in total this shift. Chest congestion noticeable. PRN (as needed) Levsin given continue to monitor.</p> <p>There is a notice of removal of a human corpse from a facility form dated [DATE] at 12:10 p.m.</p> <p>On [DATE] at 2:23 p.m. Surveyor informed HIM (Health Information Management)-F R12 expired in the Facility on [DATE] and the last nurses note Surveyor was able to locate was dated [DATE]. Surveyor informed HIM-F Surveyor was unable to locate any documentation regarding R12's death. HIM-F informed Surveyor this was all she could find.</p> <p>On [DATE] at 4:27 p.m. NHA (Nursing Home Administrator)-A and DON (Director of Nursing)-B were informed Surveyor was unable to locate any information documented in R12's medical record regarding R12's death.</p> <p>No additional information was provided as to why the facility did not ensure R12 had complete and accurate documentation in their medical record.</p> <p>38829</p> <p>2.) R8 was admitted to the facility on [DATE] with diagnoses of Aphasia Following Cerebral Infarction, Chronic Kidney Disease, Stage 3, Unspecified Atrial Fibrillation, Type 2 Diabetes Mellitus, Anorexia, Major Depressive Disorder, and Anxiety Disorder. R8 had an activated Health Care Power of Attorney (HCPOA) while at the facility. R8 expired in the facility on [DATE].</p> <p>Surveyor reviewed R8's electronic medical record (EMR) and notes that the last nursing progress notes is [DATE].</p> <p>Surveyor notes the last written nursing progress is dated [DATE], at 5:30 PM, which documents registered nurse was called to R8's room by certified nursing assistant stating that R8 had vomit on gown. Family at bedside and hospice was updated.</p> <p>Surveyor notes there is no written note when R8 expired and the circumstances of R8's death.</p> <p>(continued on next page)</p>		

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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>3.) R9 was admitted to the facility on [DATE] with diagnoses of Dysphagia, Oral Phase, Hypertensive Chronic Kidney Disease, Cerebral Palsy, Anemia, and Insomnia. R9 was her own person while at the facility. R9 expired in the facility on [DATE].</p> <p>Surveyor reviewed R9's electronic medical record (EMR) and notes that the last nursing progress notes is [DATE].</p> <p>Surveyor notes there is no written progress notes after [DATE] and no written note when R9 expired and the circumstances of R9's death.</p> <p>On [DATE], at 8:11 AM, HIM-F informed Surveyor that HIM-F is unable to locate any written documentation for R8 and R9 of when and the circumstances of both R8 and R9's death in the facility. Surveyor notes there is no hospice documentation in the facility that documents when both R8 and R9 expired and the circumstances of their death.</p> <p>On [DATE], at 3:53 PM, Director of Nursing (DON)-B and Nursing Home Administrator (NHA)-A were informed of the concern by Surveyor that the facility is unable to locate written medical records which would have documented R8 and R9's death with details. At this time, no further information was provided by the facility as to the circumstances of the missing medical records of R8 and R9.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525523	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/01/2024
NAME OF PROVIDER OR SUPPLIER  Alexian Village of Milwaukee		STREET ADDRESS, CITY, STATE, ZIP CODE 9255 N 76th St Milwaukee, WI 53223	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0887</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Educate residents and staff on COVID-19 vaccination, offer the COVID-19 vaccine to eligible residents and staff after education, and properly document each resident and staff member's vaccination status.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 20483</p> <p>Based on interview and record review, the facility did not ensure each resident was offered a COVID 19 immunization for 2 (R6 &amp; R10) of 11 residents reviewed for their COVID 19 immunization.</p> <p>Findings include:</p> <p>The facility's policy titled, Vaccination of Residents (Example: Pneumococcal, Influenza, Covid-19) last revised ,d+[DATE]</p> <p>under policy statement documents:</p> <p>Residents will be educated about and offered vaccines that aid in preventing infectious diseases unless the vaccine is medically contraindicated or the resident has current up to date vaccine status.</p> <p>A. Residents will be educated about and offered vaccines in accordance with the CDC (Centers for Disease Control</p> <p>and prevention) and attending physician recommendations to aid in preventing infectious diseases unless the</p> <p>vaccine is medically contraindicated or the resident has current up to date vaccine status.</p> <p>B. Prior to receiving vaccinations, the resident or resident representative will be provided information and education</p> <p>regarding the benefits and potential side effects of the vaccinations. (See current vaccine information statements</p> <p>and EUA (emergency use authorizations) Fact Sheets at <a href="https://www.cdc.gov/vaccine/hcp/vis/current-vis.html">https://www.cdc.gov/vaccine/hcp/vis/current-vis.html</a> for</p> <p>educational materials.)</p> <p>C. Provision of such education shall be documented in the resident's medical record.</p> <p>D. Residents/resident representatives may sign a consent/refusal form for vaccinations.</p> <p>E. New residents will be assessed for current vaccination status upon admission.</p> <p>1.) R6 was admitted to the facility on [DATE]. R6 has a guardian.</p> <p>The admission MDS (minimum data set) with an assessment reference date of [DATE] has a BIMS (brief interview mental status) score of 13 which indicates cognitively intact.</p> <p>(continued on next page)</p>		

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<p>F 0887</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The nurses note dated [DATE], at 2120 (9:20 p.m.), documents Lab result received and resident tested positive for Coronavirus. NP (Nurse Practitioner) notified, isolation was put in place. Afebrile but cough. Continue to monitor.</p> <p>The nurses note dated [DATE], at 2115 (9:15 p.m.), documents Resident resident remains in isolation precaution r/t (related to) Covid + (positive). Resident c/o (complained of) throat hurting, chill, afebrile, lung sound clear bilateral. No SOB (shortness of breath), no acute respiratory distress. All cares rendered in residents room.</p> <p>The nurses note dated [DATE], at 2005 (8:05 p.m.), documents Resident remains in isolation precautions for + Covid. Asymptomatic, afebrile, no respiratory distress or coughing. All cares render in the residents room.</p> <p>Surveyor reviewed R6's medical record and was unable to locate any evidence where R6 and/or R6's guardian was offered the Covid 19 immunization.</p> <p>On [DATE], at 10:00 a.m., Surveyor met with RN (Registered Nurse)/Quality Management Director-E to discuss Resident's Covid 19 immunizations. Surveyor inquired about R6 who was admitted on [DATE]. Surveyor informed RN/Quality Management Director-E Surveyor was unable to locate evidence where R6 and/or R6's guardian was offered the Covid 19 immunization. RN/Quality Management Director-E informed Surveyor he was unable to get a consent and their system was down so it was hard to look at R6's past immunization history. RN/Quality Management Director-E informed Surveyor he spoke with R6 today and she declined as she had Covid and didn't want any more needles. RN/Quality Management Director-E informed Surveyor R6's last Covid vaccination was [DATE].</p> <p>2.) R10 was admitted to the facility on [DATE]. R10 expired in the Facility on [DATE] and was reviewed as a closed record.</p> <p>R10's POA (power of attorney) for healthcare was activated on [DATE].</p> <p>On [DATE], at 10:00 a.m., Surveyor met with RN (Registered Nurse)/Quality Management Director-E to discuss Resident's Covid 19 immunizations. Surveyor informed RN/Quality Management Director-E Surveyor was unable to locate evidence where R10 and/or R10's POA was offered the Covid 19 immunization. RN/Quality Management Director-E informed Surveyor R10 had Covid in the fall. RN/Quality Management Director-E explained R10 was missed as he couldn't find the POA to give consent and sometimes the POA sends back the consents a month or two later. RN/Quality Management Director-E informed Surveyor he did receive a consent back. R10's POA signed the consent for R10 to receive the Covid immunization on [DATE]. RN/Quality Management Director-E informed Surveyor at this time to order the Covid vaccine they had to order three packs which was 30 doses so he had to try to get 30 people. The CDC then extended the expiration date to April/May. Now one package of 10 doses can be ordered and vaccine can be refrigerated for a month. RN/Quality Management Director-E informed Surveyor he has to make sure have 10 residents as each dose is \$135.00. RN/Quality Management Director-E stated she was just missed.</p> <p>(continued on next page)</p>		

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<p>F 0887</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On [DATE] RN/Quality Management Director-E provided Surveyor with R10's vaccine history and consent form. Surveyor noted R10 had received Covid 19 immunizations on [DATE], [DATE], &amp; [DATE]. Surveyor noted I wish for the above resident to received COVID-19 vaccination if it is determined that he/she does not have adequate protection is circled. This vaccine history and consent form was signed by R10's POA on [DATE].</p> <p>No additional information was provided as to why the facility did not ensure R6 &amp; R10 was offered and/or received their Covid 19 immunization.</p>		

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<p>F 0940</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop, implement, and/or maintain an effective training program for all new and existing staff members.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38829</b></p> <p>Based on interview and record review, the facility did not develop, implement, and maintain an effective training program for all facility and contracted staff consistent with their expected roles and based on the facility assessment for 8 of 8 facility staff. (Physical Therapist (PT)-X, Dietary (DIET)-Y, Registered Nurse (RN)-N, Certified Nursing Assistants (CNA), CNA-O, CNA-T, CNA-U, CNA-V, and CNA-W.</p> <p>The facility does not have an effective training program and does not maintain documentation of staff completing the required training's.</p> <p>Findings include:</p> <p>The facility was unable to provide a policy and procedure in regards to the required training's.</p> <p>Surveyor reviewed the facility assessment dated [DATE], and last reviewed/updated 12/28/23, the following is documented under Staff Training/education and competencies:</p> <p>.Staff receive education through new hire orientation process, via My learning, and during in-services. If additional training is needed, individual in-servicing is provided.</p> <p>Training Topics .</p> <p>The facility's facility assessment does not document all the required training's are provided as required.</p> <p>On 7/1/24, at 12:47 PM, Surveyor reviewed the employee records of Physical Therapist (PT)-X, DIET-Y, RN-N, CNA-O, CNA-T, CNA-U, CNA-V, and CNA-W. The facility was unable to provide documentation that Physical Therapist (PT)-X, DIET-Y, RN-N, CNA-O, CNA-T, CNA-U, CNA-V, and CNA-W received all the required training's since their hire date.</p> <p>PT-X-date of hire 3/13/18</p> <p>DIET-Y-date of hire 3/7/01</p> <p>RN-N-date of hire 11/5/15</p> <p>CNA-O-date of hire 6/6/23</p> <p>CNA-T-date of hire 9/29/22</p> <p>CNA-U-date of hire 11/28/17</p> <p>CNA-V-date of hire 6/22/21</p> <p>(continued on next page)</p>		

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<p>F 0940</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>CNA-W-date of hire 6/11/19</p> <p>On 7/1/24, at 1:38 PM, Director of Nursing (DON)-B confirmed that the facility has no formal program in place for all required training's to be completed for PT-X, DIET-Y, RN-N, CNA-O, CNA-T, CNA-U, CNA-V, and CNA-W. DON-B stated that there is no specific education/training coordinator and stated, I guess I'm in charge.</p> <p>On 7/1/24, at 1:51 PM, Surveyor asked DON-B to confirm that PT-X, DIET-Y, RN-N, CNA-O, CNA-T, CNA-U, CNA-V, and CNA-W had all not received the required training's. DON-B stated, If I had anything for them, I would give it to you.</p> <p>On 7/1/24, at 2:55 PM, Surveyor shared the concern with Nursing Home Administrator (NHA)-A and DON-B that the facility has no formal effective training program for all required training's. The facility did not provide any additional information in regards to the development of a formal effective training program and the facility has not been maintaining records of staff required training's at this time.</p>

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<p>F 0941</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop, implement, and/or maintain an effective training program that includes effective communications for direct care staff members.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 38829</p> <p>Based on interview and record review, the facility did not ensure 6 of 6 direct staff chosen at random received communication training. Registered Nurse (RN)-N, Certified Nursing Assistants (CNA) CNA-O, CNA-T, CNA-U, CNA-V and CNA-W did not receive communication training.</p> <p>This has the potential to affect the 8-10 residents who reside on each unit where RN-N, CNA-O, CNA-T, CNA-U, CNA-V, and CNA-W are typically assigned.</p> <p>Findings include:</p> <p>The facility was unable to provide a policy and procedure in regard to Communication training</p> <p>The facility's 2023 MyLearning-Required Annual Training Assignment Schedule does not include Communication training as a required training.</p> <p>Surveyor reviewed the facility assessment dated [DATE], and last reviewed/updated 12/28/23, the following is documented under Staff Training/education and competencies:</p> <p>.Staff receive education through new hire orientation process, via My learning, and during in-services. If additional training is needed, individual in-servicing is provided.</p> <p>Training Topics</p> <p>-Communication-effective communication for direct care staff .</p> <p>On 7/1/24, at 12:47 PM, Surveyor reviewed the employee records of RN-N, CNA-O, CNA-T, CNA-U, CNA-V, and CNA-W. The facility was unable to provide documentation that RN-N, CNA-O, CNA-T, CNA-U, CNA-V, and CNA-W received any Communication training since their hire date.</p> <p>RN-N - date of hire 11/5/2015</p> <p>CNA-O - date of hire 6/6/23</p> <p>CNA-T - date of hire 9/29/22</p> <p>CNA-U - date of hire 11/28/17</p> <p>CNA-V - date of hire 6/22/21</p> <p>CNA-W - date of hire 6/11/19</p> <p>On 7/1/24, at 1:38 PM, Director of Nursing (DON)-B confirmed that the facility has no documented communication training completed for RN-N, CNA-O, CNA-T, CNA-U, CNA-V, and CNA-W. DON-B stated that there is no specific education/training coordinator and stated, I guess I'm in charge.</p> <p>(continued on next page)</p>		

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<p>F 0941</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 7/1/24, at 1:51 PM, Surveyor asked DON-B to confirm that RN-N, CNA-O, CNA-T, CNA-U, CNA-V, and CNA-W had not received Communication training. DON-B stated, If I had anything for them, I would give it to you.</p> <p>On 7/1/24, at 2:55 PM, Surveyor shared the concern with Nursing Home Administrator (NHA)-A and DON-B that the facility has no documentation Communication training was provided to RN-N, CNA-O, CNA-T, CNA-U, CNA-V, and CNA-W. The facility did not provide any additional information in regards to the direct care staff not receiving Communication training at this time.</p>		

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<p>F 0942</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Ensure that staff members are educated on resident rights and facility responsibilities to properly care for its residents.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 38829</p> <p>Based on staff interview and record review, the facility did not ensure staff received annual Resident Rights training: Dietary (DIET)-Y, Certified Nursing Assistants (CNA), CNA-O, CNA-T, CNA-U, CNA-V, and CNA-W. This practice had the potential to affect all 72 residents in the facility.</p> <p>The facility did not provide staff with the required annual Resident Rights training.</p> <p>Findings include:</p> <p>The facility was unable to provide a policy and procedure in regards to Resident Rights training.</p> <p>The facility's 2023 MyLearning-Required Annual Training Assignment Schedule includes Protecting Resident Rights in Nursing Facilities as a required training.</p> <p>Surveyor reviewed the facility assessment dated [DATE], and last reviewed/updated 12/28/23, the following is documented under Staff Training/education and competencies:</p> <p>.Staff receive education through new hire orientation process, via My learning, and during in-services. If additional training is needed, individual in-servicing is provided.</p> <p>Training Topics</p> <p>-Resident rights and facility responsibilities-ensure that staff members are educated on the rights of the Resident and the responsibilities of a facility to properly care for its Residents.</p> <p>On 7/1/24, at 12:47 PM, Surveyor reviewed the employee records of Dietary (DIET)-Y, CNA-O, CNA-T, CNA-U, CNA-V, and CNA-W. The facility was unable to provide documentation that CNA-O, CNA-T, CNA-U, CNA-V, and CNA-W received any Resident Rights training since their hire date.</p> <p>DIET-Y - date of hire 3/7/21</p> <p>CNA-O - date of hire 6/6/23</p> <p>CNA-T - date of hire 9/29/22</p> <p>CNA-U - date of hire 11/28/17</p> <p>CNA-V - date of hire 6/22/21</p> <p>CNA-W - date of hire 6/11/19</p> <p>On 7/1/24, at 1:38 PM, Director of Nursing (DON)-B confirmed that the facility has no documented Resident Rights training completed for DIET-Y, CNA-O, CNA-T, CNA-U, CNA-V, and CNA-W. DON-B stated that there is no specific education/training coordinator and stated, I guess I'm in charge.</p> <p>(continued on next page)</p>

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<p>F 0942</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On 7/1/24, at 1:51 PM, Surveyor asked DON-B to confirm that DIET-Y, CNA-O, CNA-T, CNA-U, CNA-V, and CNA-W had not received Resident Rights training. DON-B stated, If I had anything for them, I would give it to you.</p> <p>On 7/1/24, at 2:55 PM, Surveyor shared the concern with Nursing Home Administrator (NHA)-A and DON-B that the facility has no documentation Resident Rights training was provided to DIET-Y, CNA-O, CNA-T, CNA-U, CNA-V, and CNA-W. The facility did not provide any additional information in regard to the staff not receiving Resident Rights training at this time.</p>		

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<p>F 0943</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Give their staff education on dementia care, and what abuse, neglect, and exploitation are; and how to report abuse, neglect, and exploitation.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 38829</p> <p>Based on staff interview and record review, the facility did not ensure staff received annual Abuse/Neglect/Exploitation and Dementia training: Dietary (DIET)-Y, Certified Nursing Assistants (CNA), CNA-T, CNA-U, CNA-V, and CNA-W. This practice had the potential to affect 8-10 residents who reside on each unit where CNA-T, CNA-U, CNA-V, and CNA-W are typically assigned.</p> <p>The facility did not provide staff with the required annual Abuse/Neglect/Exploitation and Dementia training.</p> <p>Findings include:</p> <p>The facility was unable to provide a policy and procedure in regard to Abuse/Neglect/Exploitation and Dementia training.</p> <p>The facility's 2023 MyLearning-Required Annual Training Assignment Schedule includes Dementia Care: Understanding Alzheimer's Disease and Preventing, Recognizing and Reporting Abuse as a required training.</p> <p>Surveyor reviewed the facility assessment dated [DATE], and last reviewed/updated 12/28/23, the following is documented under Staff Training/education and competencies:</p> <p>.Staff receive education through new hire orientation process, via My learning, and during in-services. If additional training is needed, individual in-servicing is provided.</p> <p>Training Topics</p> <p>-Abuse, neglect, and exploitation-training that at a minimum educates staff on-(1) Activities that constitute abuse, neglect, exploitation, and misappropriation of Resident Property; (2) Procedures for reporting incidents of abuse, neglect, exploitation, or the misappropriation of Resident property; and (3) Care/management for persons with dementia and Resident abuse prevention.</p> <p>The facility's facility assessment does not document Dementia as a training topic.</p> <p>On 7/1/24, at 12:47 PM, Surveyor reviewed the employee records of DIET-Y, CNA-T, CNA-U, CNA-V, and CNA-W. The facility was unable to provide documentation that DIET-Y, CNA-T, CNA-U, CNA-V, and CNA-W received any Abuse/neglect/Exploitation and Dementia training since their hire date.</p> <p>DIET-Y - date of hire 3/7/2001</p> <p>CNA-O - date of hire 6/6/23</p> <p>CNA-T - date of hire 9/29/22</p> <p>CNA-U - date of hire 11/28/17</p> <p>(continued on next page)</p>		

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0943</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>CNA-V - date of hire 6/22/21</p> <p>CNA-W - date of hire 6/11/19</p> <p>On 7/1/24, at 1:38 PM, Director of Nursing (DON)-B confirmed that the facility has no documented Abuse/Neglect/Exploitation and Dementia training completed for DIET-Y, CNA-T, CNA-U, CNA-V, and CNA-W. Further, CNA-O has no documentation CNA-O completed Dementia training. DON-B stated that there is no specific education/training coordinator and stated, I guess I'm in charge.</p> <p>On 7/1/24, at 1:51 PM, Surveyor asked DON-B to confirm that DIET-Y, CNA-T, CNA-U, CNA-V, and CNA-W had not received Abuse/Neglect/Exploitation and Dementia training and CNA-O did not complete Dementia training. DON-B stated, If I had anything for them, I would give it to you.</p> <p>On 7/1/24, at 2:55 PM, Surveyor shared the concern with Nursing Home Administrator (NHA)-A and DON-B that the facility has no documentation Abuse/Neglect/Exploitation and Dementia training was provided to DIET-Y, CNA-O, CNA-T, CNA-U, CNA-V, and CNA-W. The facility did not provide any additional information in regard to the staff not receiving Abuse/Neglect/Exploitation and Dementia training at this time.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525523	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/01/2024
NAME OF PROVIDER OR SUPPLIER  Alexian Village of Milwaukee		STREET ADDRESS, CITY, STATE, ZIP CODE  9255 N 76th St Milwaukee, WI 53223	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0944</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Conduct mandatory training, for all staff, on the facility's Quality Assurance and Performance Improvement Program.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 38829</p> <p>Based on staff interview and record review, the facility did not ensure staff received annual QAPI training: Dietary (DIET)-Y, Physical Therapist (PT)-X, Registered Nurse (RN)-N, Certified Nursing Assistants (CNA), CNA-O, CNA-T, CNA-U, CNA-V, and CNA-W. This practice had the potential to affect all 72 residents in the facility.</p> <p>The facility did not provide staff with the required annual QAPI training.</p> <p>Findings include:</p> <p>The facility was unable to provide a policy and procedure in regards to QAPI training.</p> <p>The facility's 2023 MyLearning-Required Annual Training Assignment Schedule does not include QAPI as a required training.</p> <p>Surveyor reviewed the facility assessment dated [DATE], and last reviewed/updated 12/28/23, the following is documented under Staff Training/education and competencies:</p> <p>.Staff receive education through new hire orientation process, via My learning, and during in-services. If additional training is needed, individual in-servicing is provided.</p> <p>Training Topics .</p> <p>QAPI is not listed as a training topic in the facility assessment.</p> <p>On 7/1/24, at 12:47 PM, Surveyor reviewed the employee records of Physical Therapist (PT)-X, Dietary (DIET)-Y, RN-N, CNA-O, CNA-T, CNA-U, CNA-V, and CNA-W. The facility was unable to provide documentation that RN-N, CNA-O, CNA-T, CNA-U, CNA-V, and CNA-W received any QAPI training since their hire date.</p> <p>PT-X - date of hire 3/13/18</p> <p>DIET-Y - date of hire 3/7/21</p> <p>RN-N - date of hire 11/5/15</p> <p>CNA-O - date of hire 6/6/23</p> <p>CNA-T - date of hire 9/29/22</p> <p>CNA-U - date of hire 11/28/17</p> <p>CNA-V - date of hire 6/22/21</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525523	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/01/2024
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<p>F 0944</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>CNA-W - date of hire 6/11/19</p> <p>On 7/1/24, at 1:38 PM, Director of Nursing (DON)-B confirmed that the facility has no documented QAPI training completed for PT-X, DIET-Y, RN-N, CNA-O, CNA-T, CNA-U, CNA-V, and CNA-W. DON-B stated that there is no specific education/training coordinator and stated, I guess I'm in charge.</p> <p>On 7/1/24, at 1:51 PM, Surveyor asked DON-B to confirm that PT-X, DIET-Y, RN-N, CNA-O, CNA-T, CNA-U, CNA-V, and CNA-W had not received QAPI training. DON-B stated, If I had anything for them, I would give it to you.</p> <p>On 7/1/24, at 2:55 PM, Surveyor shared the concern with Nursing Home Administrator (NHA)-A and DON-B that the facility has no documentation QAPI training was provided to PT-X, DIET-Y, RN-N, CNA-O, CNA-T, CNA-U, CNA-V, and CNA-W. The facility did not provide any additional information in regard to the staff not receiving QAPI training at this time.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525523	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/01/2024
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0945</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Include as part of its infection prevention and control program, mandatory training that includes written standards, policies, and procedures for the program.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 38829</p> <p>Based on staff interview and record review, the facility did not ensure all employed staff received annual training on written policies and procedures of the facility's Infection Control Program.</p> <p>Dietary (DIET)-Y, Physical Therapist (PT)-X, Certified Nursing Assistants (CNA), CNA-O, CNA-T, CNA-U, CNA-V, and CNA-W employee files were reviewed. This practice had the potential to affect all 72 residents in the facility.</p> <p>The facility did not provide the above staff with the required Infection Control training.</p> <p>Findings include:</p> <p>The facility was unable to provide a policy and procedure in regards to Infection Control training.</p> <p>The facility's 2023 MyLearning-Required Annual Training Assignment Schedule documents Infection Control and Prevention should be completed by all staff with a due date of 2/28/23.</p> <p>Surveyor reviewed the facility assessment dated [DATE], and last reviewed/updated 12/28/23, the following is documented under Staff Training/education and competencies:</p> <p>.Staff receive education through new hire orientation process, via My learning, and during in-services. If additional training is needed, individual in-servicing is provided.</p> <p>Training Topics</p> <p>Infection Control-a facility must include as part of its infection prevention and control program mandatory training that includes the written standards, policies, and procedures for the program.' .</p> <p>On 7/1/24, at 12:47 PM, Surveyor reviewed the employee records of Physical Therapist (PT)-X, Dietary (DIET)-Y, CNA-O, CNA-T, CNA-U, CNA-V, and CNA-W. The facility was unable to provide documentation that, PT-X, DIET-Y, CNA-O, CNA-T, CNA-U, CNA-V, and CNA-W received any Infection Control training since their hire date.</p> <p>The employee records documented the following:</p> <p>PT-X - date of hire 3/13/18</p> <p>DIET-Y - date of hire 3/7/21</p> <p>CNA-O - date of hire 6/6/23</p> <p>CNA-T - date of hire 9/29/22</p> <p>CNA-U - date of hire 11/28/17</p> <p>(continued on next page)</p>

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NAME OF PROVIDER OR SUPPLIER  Alexian Village of Milwaukee		STREET ADDRESS, CITY, STATE, ZIP CODE  9255 N 76th St Milwaukee, WI 53223	

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<p>F 0945</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>CNA-V - date of hire 6/22/21</p> <p>CNA-W - date of hire 6/11/19</p> <p>On 7/1/24, at 1:38 PM, Director of Nursing (DON)-B confirmed that the facility has no documented Infection Control training completed for PT-X, DIET-Y, CNA-O, CNA-T, CNA-U, CNA-V, and CNA-W. DON-B stated that there is no specific education/training coordinator and stated, I guess I'm in charge.</p> <p>On 7/1/24, at 1:51 PM, Surveyor asked DON-B to confirm that PT-X, DIET-Y, CNA-O, CNA-T, CNA-U, CNA-V, and CNA-W had not received any Infection Control training. DON-B stated, If I had anything for them, I would give it to you.</p> <p>On 7/1/24, at 2:55 PM, Surveyor shared the concern with Nursing Home Administrator (NHA)-A and DON-B that the facility has no documentation Infection Control training was provided to PT-X, DIET-Y, CNA-O, CNA-T, CNA-U, CNA-V, and CNA-W.</p> <p>The facility did not provide any additional regarding why the above staff did not receive the required Infection Control training.</p>

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0946</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide training in compliance and ethics.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 38829</p> <p>Based on staff interview and record review, the facility did not ensure staff received annual Compliance and Ethics training: Physical Therapist (PT)-X, Dietary (DIET)-Y, Registered Nurse (RN)-N, Certified Nursing Assistants(CNA), CNA-O, CNA-T, CNA-U, CNA-V, and CNA-W. This practice had the potential to affect all 72 residents in the facility.</p> <p>The facility did not provide staff with the required annual Compliance and Ethics training.</p> <p>Findings include:</p> <p>The facility was unable to provide a policy and procedure in regards to Compliance and Ethics training.</p> <p>The facility's 2023 MyLearning-Required Annual Training Assignment Schedule does not include Compliance and Ethics as a required training.</p> <p>Surveyor reviewed the facility assessment dated [DATE], and last reviewed/updated 12/28/23, the following is documented under Staff Training/education and competencies:</p> <p>.Staff receive education through new hire orientation process, via My learning, and during in-services. If additional training is needed, individual in-servicing is provided.</p> <p>Training Topics .</p> <p>The facility's facility assessment does not document Compliance and Ethics training as required.</p> <p>On 7/1/24, at 12:47 PM, Surveyor reviewed the employee records of Physical Therapist (PT)-X, DIET-Y, RN-N, CNA-O, CNA-T, CNA-U, CNA-V, and CNA-W. The facility was unable to provide documentation that Physical Therapist (PT)-X, DIET-Y, RN-N, CNA-O, CNA-T, CNA-U, CNA-V, and CNA-W received any Compliance and Ethics training since their hire date.</p> <p>PT-X - date of hire 3/13/18</p> <p>DIET-Y - date of hire 3/7/01</p> <p>RN-N - date of hire 11/5/15</p> <p>CNA-O - date of hire 6/6/23</p> <p>CNA-T - date of hire 9/29/22</p> <p>CNA-U - date of hire 11/28/17</p> <p>CNA-V - date of hire 6/22/21</p> <p>(continued on next page)</p>		

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<p>F 0946</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>CNA-W - date of hire 6/11/19</p> <p>On 7/1/24, at 1:38 PM, Director of Nursing (DON)-B confirmed that the facility has no documented Compliance and Ethics training completed for PT-X, DIET-Y, RN-N, CNA-O, CNA-T, CNA-U, CNA-V, and CNA-W. DON-B stated that there is no specific education/training coordinator and stated, I guess I'm in charge.</p> <p>On 7/1/24, at 1:51 PM, Surveyor asked DON-B to confirm that PT-X, CNA-O, CNA-T, CNA-U, CNA-V, and CNA-W had not received Compliance and Ethics training. DON-B stated, If I had anything for them, I would give it to you.</p> <p>On 7/1/24, at 2:55 PM, Surveyor shared the concern with Nursing Home Administrator (NHA)-A and DON-B that the facility has no documentation Compliance and Ethics training was provided to PT-X, DIET-Y, RN-N, CNA-O, CNA-T, CNA-U, CNA-V, and CNA-W. The facility did not provide any additional information in regards to the staff not receiving Compliance and Ethics training at this time.</p>

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<p>F 0947</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure nurse aides have the skills they need to care for residents, and give nurse aides education in dementia care and abuse prevention.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 38829</p> <p>Based on record review and staff interview, the facility did not ensure that 5 of 5 CNAs (Certified Nursing Assistants) reviewed completed the required annual 12 hours of educational training hours. (Certified Nursing Assistants (CNA) (CNA-O, CNA-T, CNA-U, CNA-V and CNA-W did not receive annual 12 hours of educational training.</p> <p>This has the potential to affect the 8-10 residents who reside on each unit where CNA-O, CNA-T, CNA-U, CNA-V, and CNA-W are typically assigned.</p> <p>Findings include:</p> <p>The facility was unable to provide a policy and procedure in regard to CNAs receiving 12 hours of educational training</p> <p>Surveyor reviewed the facility assessment dated [DATE], and last reviewed/updated 12/28/23, the following is documented under Staff Training/education and competencies:</p> <p>.Staff receive education through new hire orientation process, via My learning, and during in-services. If additional training is needed, individual in-servicing is provided.</p> <p>Training Topics</p> <ul style="list-style-type: none"> <li>-Required in-service training for nurse aides. In-service training must:</li> <li>-Be sufficient to ensure continuing competence of nurse aides, but must be no less than 12 hours per year.</li> <li>-Include dementia management training and Resident abuse prevention training.</li> <li>-Address areas of weakness as determined in nurse aides' performance reviews and facility assessment and may address the special needs of Residents as determined by the facility staff .</li> </ul> <p>On 7/1/24, at 12:47 PM, Surveyor reviewed the employee records of CNA-O, CNA-T, CNA-U, CNA-V, and CNA-W. The facility was unable to provide documentation that CNA-O, CNA-T, CNA-U, CNA-V, and CNA-W received the required 12 hours of educational trainings within the year based on hire date.</p> <p>CNA-O - date of hire 6/6/23</p> <p>CNA-T - date of hire 9/29/22</p> <p>CNA-U - date of hire 11/28/17</p> <p>CNA-V - date of hire 6/22/21</p> <p>(continued on next page)</p>

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<p>F 0947</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>CNA-W - date of hire 6/11/19</p> <p>On 7/1/24, at 1:38 PM, Director of Nursing (DON)-B confirmed that the facility has no documented 12 hours of required educational training's completed for CNA-O, CNA-T, CNA-U, CNA-V, and CNA-W. DON-B stated that there is no specific education/training coordinator and stated, I guess I'm in charge.</p> <p>On 7/1/24, at 1:51 PM, Surveyor asked DON-B to confirm that CNA-O, CNA-T, CNA-U, CNA-V, and CNA-W had not received the required 12 hours of educational training. DON-B stated, If I had anything for them, I would give it to you.</p> <p>On 7/1/24, at 2:55 PM, Surveyor shared the concern with Nursing Home Administrator (NHA)-A and DON-B that the facility has no documentation CNA-O, CNA-T, CNA-U, CNA-V, and CNA-W completed the required 12 hours of educational training. The facility did not provide any additional information in regard to CNA-O, CNA-T, CNA-U, CNA-V, and CNA-W receiving the required 12 hours of required educational training at this time.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525523	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/01/2024
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0949</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide behavior health training consistent with the requirements and as determined by a facility assessment.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 38829</p> <p>Based on staff interview and record review, the facility did not ensure staff received annual Behavioral Health training: Physical Therapist (PT)-X, Dietary (DIET)-Y, Registered Nurse (RN)-N, Certified Nursing Assistants (CNA), CNA-O, CNA-T, CNA-U, CNA-V, and CNA-W. This practice had the potential to affect all 72 residents in the facility.</p> <p>The facility did not provide staff with the required annual Behavioral Health training.</p> <p>Findings include:</p> <p>The facility was unable to provide a policy and procedure in regards to Behavioral Health training.</p> <p>The facility's 2023 MyLearning-Required Annual Training Assignment Schedule does not include Behavioral Health as a required training.</p> <p>Surveyor reviewed the facility assessment dated [DATE], and last reviewed/updated 12/28/23, the following is documented under Staff Training/education and competencies:</p> <p>.Staff receive education through new hire orientation process, via My learning, and during in-services. If additional training is needed, individual in-servicing is provided.</p> <p>Training Topics .</p> <p>The facility's facility assessment does not document Behavioral Health training as required.</p> <p>On 7/1/24, at 12:47 PM, Surveyor reviewed the employee records of Physical Therapist (PT)-X, DIET-Y, RN-N, CNA-O, CNA-T, CNA-U, CNA-V, and CNA-W. The facility was unable to provide documentation that Physical Therapist (PT)-X, DIET-Y, RN-N, CNA-O, CNA-T, CNA-U, CNA-V, and CNA-W received any Behavioral Health training since their hire date.</p> <p>PT-X - date of hire 3/13/18</p> <p>DIET-Y - date of hire 3/7/01</p> <p>RN-N - date of hire 11/5/15</p> <p>CNA-O - date of hire 6/6/23</p> <p>CNA-T - date of hire 9/29/22</p> <p>CNA-U - date of hire 11/28/17</p> <p>CNA-V - date of hire 6/22/21</p> <p>(continued on next page)</p>		

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<p>F 0949</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>CNA-W - date of hire 6/11/19</p> <p>On 7/1/24, at 1:38 PM, Director of Nursing (DON)-B confirmed that the facility has no documented Behavioral Health training completed for PT-X, DIET-Y, RN-N, CNA-O, CNA-T, CNA-U, CNA-V, and CNA-W. DON-B stated that there is no specific education/training coordinator and stated, I guess I'm in charge.</p> <p>On 7/1/24, at 1:51 PM, Surveyor asked DON-B to confirm that PT-X, CNA-O, CNA-T, CNA-U, CNA-V, and CNA-W had not received Behavioral Health training. DON-B stated, If I had anything for them, I would give it to you.</p> <p>On 7/1/24, at 2:55 PM, Surveyor shared the concern with Nursing Home Administrator (NHA)-A and DON-B that the facility has no documentation Behavioral Health training was provided to PT-X, DIET-Y, RN-N, CNA-O, CNA-T, CNA-U, CNA-V, and CNA-W. The facility did not provide any additional information in regard to the staff not receiving Behavioral Health training at this time.</p>