STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525537	A. Building B. Wing	01/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lasata Care Center	W76 N677 Wauwatosa Rd Cedarburg, WI 53012

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. Based on observation, staff interview, and record review, the facility did not maintain an infection prevention and control program designed to prevent the development and transmission of communicable disease and infection. This practice had the potential to affect more than 4 of the 73 residents residing in the facility.Staff did not wear masks during an influenza outbreak on unit 1 East (1E).Findings Include:The facility's Nursing Respiratory Disease Outbreak Plan and Pandemic Outbreak, updated 11/2024, indicates: .It is the policy of this facility that outbreak measures will be instituted whenever there is an incident of infections above the standard set by the Division of Public Health as it relates to respiratory disease outbreaks. A respiratory disease outbreak in a Long Term Care Facility (LTCF) is defined as three or more residents and/or staff from the same unit with illness onsets within 72 hours of each other who have: .Acute respiratory illness .Laboratory confirmed viral or bacterial infections (including influenza) .Procedure: .2. Management of Residents .d) All staff must wear masks at all times while on the isolated/outbreak unit .On 1/5/26, the Survey team was informed by Director of Nursing (DON)-B of an influenza outbreak on unit 1E. When the survey team asked if staff were required to wear masks during an outbreak, DON-B indicated masks were optional for staff for their own protection if they were not providing care in an affected resident's room.On 1/5/26 at 10:48 AM, Surveyor observed staff on unit 1E without face masks. Surveyor observed personal protective equipment (PPE) carts and signs on several residents' doors.On 1/5/26 at 12:53 PM, Surveyor interviewed Licensed Practical Nurse (LPN)-D. When Surveyor indicated most staff were not wearing masks earlier that day and asked if staff were asked to wear masks, LPN-D indicated LPN-D did not feel the best and had been wearing a mask. LPN-D indicated LPN-D was informed that day that unit 1E was in an outbreak.On 1/5/26 at 12:58 PM, Surveyor interviewed Certified Nursing Assistant (CNA)-E and asked if staff were asked to wear masks. CNA-E indicated prior to 1/5/26, staff wore masks on first floor 1 [NAME] (1W) only. CNA-E indicated CNA-E just learned 1E was in an outbreak.On 1/6/26 at 3:29 PM, Surveyor interviewed DON-B regarding Surveyors' observations of staff not wearing face masks on unit 1E. DON-B was unsure when the third resident was diagnosed with respiratory illness and did not know when staff were required to wear masks on the unit. DON-B indicated staff were required to wear face masks at all times on the unit as of 1/5/26 after the Survey team had entered the facility. DON-B indicated DON-B would revisit the topic on 1/7/26 because Infection Preventionist (IP)-C had left for the day.On 1/7/26 at 8:19 AM, Surveyor interviewed IP-C who stated a third resident on unit 1E was confirmed to have influenza on 1/1/26 which indicated unit 1E was in a respiratory outbreak. IP-C indicated staff on unit 1E were informed of the outbreak on 1/1/26 and should have been wearing masks at all times. When Surveyor informed IP-C that Surveyors observed staff on unit 1E without masks on the morning of 1/5/26, IP-C indicated staff should have been wearing masks at all times.

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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on staff interview and record review, the facility did not ensure an allegation of abuse was reported to law enforcement for 2 residents (R) (R12 and R23) of 22 sampled residents. On 10/7/25, R23 called R12 ugly and slapped R12 on the arm. Law enforcement was not notified of the alleged abuse. Findings include: The facility's Abuse/Mistreatment Policy, revised 9/2024, indicates: .Physical abuse includes but is not limited to hitting, slapping, punching, biting, and kicking .Reporting/Response: The facility shall report all violation and substantiated incidents to the proper state agency, registry/licensing authorities, and local law enforcement as required .In addition to federal and state reporting requirements, the facility must report any reasonable suspicion of a crime against any individual who is a resident or is receiving care from the facility to local law enforcement . From 1/5/26 to 1/7/26, Surveyor reviewed R23's medical record. R23 was admitted to the facility on [DATE] and had diagnoses including dementia with mood disturbance and depression. R23's Minimum Data Set (MDS) assessment, dated 11/11/25, had a Brief Interview for Mental Status (BIMS) score of 3 out of 15 which indicated R23 had severe cognitive impairment. R23 had an activated Power of Attorney for Healthcare (POAHC) for medical decisions. From 1/5/26 to 1/7/26, Surveyor reviewed R12's medical record. R12 was admitted to the facility on [DATE] and had diagnoses including traumatic brain injury, Alzheimer's disease, cerebral vascular accident, and major depression. R12's MDS assessment, dated 10/7/25, had a BIMS score of 3 out of 15 which indicated R12 had severe cognitive impairment. R12 had an activated POAHC for medical decisions. On 1/6/26, Surveyor reviewed a facility-reported incident (FRI) that indicated on 10/7/25 at approximately 1:45 PM, staff witnessed R23 (who was unprovoked) say you're ugly and slap R12 on the right upper arm. Video footage revealed staff immediately separated the residents. Close supervision to prevent further aggression toward others was implemented for R23 when out of R23's room. R23 had behaviors including combativeness with cares, yelling, screaming, crying, cursing, spitting, and throwing things; however, the behaviors were always directed at staff and primarily during cares. Since the end of August (2025), R23's Primary Medical Doctor (PMD), Nurse Practitioner (NP) and an outside agency had made frequent medication adjustments. Medical workups were conducted to rule out infection. Treatment for hemorrhoids and a medication for peri area irritation was initiated for R23. The day prior to the incident, an Advanced Practice Nurse Prescriber (APNP) from an outside agency recommended the facility decrease R23's Lexapro and start Depakote or Neudexta. R23's PMD responded on 10/7/25 with an order for Depakote. R23's care plan had interventions to work in a 2-person buddy system during all direct care and provide close supervision for R23 when out of R23's room. Law enforcement was not notified of R23's abuse toward R12. On 1/6/26 at 12:58 PM, Surveyor interviewed Certified Nursing Assistant (CNA)-F who indicated R23 displayed aggressive behavior toward staff and R12. CNA-F witnessed R23 slap R12 and push R12's wheelchair in the hallway. On 1/6/26, Surveyor reviewed a FRI submitted to the SA on 12/29/25 that indicated R23 wheeled up to R12 in the hallway on 12/21/25 and grabbed R12 by the shirt because R23 thought R12 was flirting. Staff separated the residents. The FRI indicated R23 had another incident with R12 and seemed to target R12. R12 was moved to another floor to prevent further altercations. On 1/6/26 at 3:30 PM, Surveyor interviewed Director of Nursing (DON)-B who indicated the resident-to-resident altercation between R23 and R12 was a witnessed incident which did not result in injury. DON-B indicated R23 and R12 both had BIM scores of 3 and were unaware of what happened. DON-B indicated the facility did not consider the situation abusive and did not notify the police. DON-B verified slapping another individual is a form of abuse but questioned if there was intent to harm. DON-B indicated that police would not come out for a situation like that but verified the police were notified or given the chance to make a determination of abuse. DON-B also indicated the facility had (continued on next page)

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F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	not contacted local law enforcement to develop a working agreement for situations of suspected abuse.

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, staff and resident interview, and record review, the facility did not ensure the accurate and safe administration of medication for 1 resident (R) (R7) of 22 sampled residents.On 1/5/26, medications were observed on top of a refrigerator near the entrance to R7's room. The medications included Aquaphor, medicated menthol powder, and two tubes of DermaPhor hydrophil petrolatum topical ointment. One tube of the DermaPhor contained a pharmacy label for R7. One tube contained a pharmacy label for someone else. None of the medications had an active physician order and one had been discontinued. In addition, R7 did not have a self-administration of medication assessment or orders to self-administer medication and store medication at the bedside.Findings include:The facility's Self-Administration of Medication policy, dated 2/2025, indicates: .5. Nursing should ensure orders for self-administration list the specific medication(s) the resident may self-administer. Note: It will be documented in the Medication Administration Record (MAR)-may self-administer or okay to leave at bedside .9. Facility staff should document the self-administration of medications on the resident's MAR according to the medication administration schedule. 10. Nursing should document the self-administration of medications in the resident's care plan .The facility's Medication Labeling and Storage policy, dated 2/2025, indicates: .1. All medications from pharmacy must be labeled. The label should include the following: a. resident's name; b. medication name; c. prescribed dose; d. strength; e. expiration date when applicable; f. route of admission; g. if applicable: instructions and precautions (i.e., shake well, take with meals, do not crush, special storage instructions) .On 1/5/26, Surveyor reviewed R7's medical record. R7 was admitted to the facility on [DATE] and had diagnoses including edema, anxiety, skin infection, stage 4 pressure ulcer, paralytic syndrome following cerebral infarction, and severe protein calorie malnutrition. R7's Minimum Data Set (MDS) assessment, dated 10/27/25, had a Brief Interview for Mental Status (BIMS) score of 15 out of 15 which indicated R7 had intact cognition. R7 was R7's own decision maker.On 1/5/26 at 12:32 PM, Surveyor interviewed R7 and observed medication in R7's room, including a container of Aquaphor with a pharmacy label for R7, an unlabeled container of medicated menthol body powder, and two containers of DermaPhor ointment. One container of DermaPhor contained a pharmacy label for R7 and one contained a pharmacy label for someone else. The medications were visible at the entrance of the room and from R7's bedside. R7 indicated the medications were R7's, had been there for a long time, and staff put them on R7. R7 was not aware someone else's DermaPhor was in R7's room. R7 asked Surveyor to have the DermaPhor removed right away.R7's plan of care did not indicate R7 was assessed to self-administer medication or store medication at the bedside. In addition, R7's plan of care indicated Aquaphor was discontinued on 12/29/25.Surveyor reviewed R7's medication orders and noted R7 did not have an order for DermaPhor or medicated menthol powder. Surveyor also noted there was a discontinued order for Aquaphor (dated 12/29/25). Surveyor requested the orders for the medications in R7's room ad R7's two most recent self-administration of medication assessments.On 1/5/26 at 1:03 PM, Surveyor interviewed Licensed Practical Nurse (LPN)-D who entered R7's room with Surveyor. LPN-D indicated R7 should not have medication at the bedside because R7 was not approved to self-administer medication. LPN-D also verified another person's medication should not be in R7's room. LPN-D indicated residents can keep medication in their room if they are assessed for bedside medication storage. LPN-D indicated the medications in R7's room should not be there and should be removed.On 1/6/26 at 3:13 PM, Surveyor interviewed Director of Nursing (DON)-B who indicated staff should follow the facility's self-administration of medication policy. DON-B indicated the facility had identified self-administration of medication assessments as an area in need of improvement and all residents were assessed at that time. DON-B indicated if residents are not interested in self-administering medication, staff do not complete any more questions on the (continued on next page)

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	assessment. DON-B verified medications stored in a resident's room should be included in self-administration of medication and bedside storage assessments. DON-B confirmed medications applied by staff should have active orders. DON-B indicated medications that don't belong to a resident should not be in a resident's room. DON-B verified the medications in R7's room were visible to staff who entered and exited the room and should have been addressed.On 1/7/26 at 8:13 AM, DON-B provided R7's medication orders which did not include medicated menthol powder and DermaPhor ointment. The orders also indicated Aquaphor was discontinued on 12/29/25. Surveyor noted a new order for medicated body powder (menthol 0.80%) topical dose: (1 application) three times a day as needed. For moisture-associated skin damage (MASD), apply to affected skin folds (first date: 1/6/26). DON-B confirmed the facility contacted R7's physician for the order after Surveyor's inquiry on 1/6/26. DON-B provided R7's two most recent self-administration of medication assessments, dated 12/25/25 and 10/17/25. The assessments indicated R7 did not want to self-administer medication. In addition, DON-B confirmed R7 did not have an order to store medication at the bedside.