

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525539	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/01/2026
NAME OF PROVIDER OR SUPPLIER  Saint Johns on the Lake		STREET ADDRESS, CITY, STATE, ZIP CODE  1858 N Prospect Ave Milwaukee, WI 53202	

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 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> Based on interview and record review, the facility did not ensure that all alleged violations involving abuse, neglect, exploitation, or mistreatment were thoroughly investigated for 1 (R1) of 1 allegations of abuse or neglect reviewed.*The care plan was delayed in being updated and a key intervention was not added after the investigation was completed. The investigation was not thorough, no like-resident interviews were conducted and the five days of wellness checks facility proposed to monitor R1 after the incident were not completed.Findings include:The Facility Policy and Procedure titled Misconduct last revised 11/2025, documents: Purpose: To provide guidance to assure that all alleged violations involving resident abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property are immediately acted upon, reported and investigated in a manner consistent with federal and state regulations to assure resident safety.E. Investigation Components.Procedure: The facility will immediately begin a thorough investigation of any reported incident, collect information that corroborates or disproves the incident and document the findings for the incident. The investigation is the process used to try to determine what happened. The designated facility personnel will begin the investigation immediately. A root cause investigation and analysis will be completed. A thorough investigation is an investigation that adequately addresses the circumstances of the allegation. The investigation will include the facts necessary to form a reasoned conclusion as to what happened.a. Investigation of abuse.The investigation will include.iii. What happenedd. Involved staff and witness statements of eventsi. Identifying and interviewing other staff or residents in the immediate area at the time of the incident who may have witnessed what occurred.v. How did it happen? .a. A description of the resident's behavior and environment at the time of the incident.x. Conclusion based upon findings F. Protection ComponentsProcedures must be in place to provide the resident with a safe, protected environment during the investigation.:iv. Examine, assess and interview the resident and other residents potentially affected immediately to determine any injury and identify any immediate clinical interventions necessary.R1 was readmitted to the facility on [DATE] with diagnoses that include type 2 diabetes mellitus (happens when the body cannot use insulin correctly and sugar builds up in the blood), diastolic heart failure (occurs when the heart muscle doesn't pump blood as well as it should), and dementia (a syndrome that can be caused by a number of diseases which over time destroy nerve cells and damage the brain, typically leading to deterioration in cognitive function (i.e. the ability to process thought) beyond what might be expected from the usual consequences of biological ageing).R1's Minimum Data Set (MDS) with an assessment reference date of 2/27/26 documents a Brief Interview for Mental Status score of 11, indicating that R1 is moderately cognitively impaired. Per the MDS, R1 is assessed as makes self understood and understands others and documents that R1 exhibited no behaviors during the assessment period.Surveyor reviewed the Investigation Report Form dated 3/12/26, provided by the facility. The Description of Incident/Concern is documented as NHA-A received a call by DON-B around 4:23pm on 3/12/26 that RN-D informed her that R1 alleged that RN-D swatted him after she tried to assist him from falling. Investigation procedures began immediately and RN-D was not allowed to take care of any residents while the investigation occurred. DON (Director of Nursing)-B (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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>and Chief Clinical Officer-C remained onsite to ensure RN-D did not provide care. Under 7. Findings, the box for Not Substantiated is checked. The Summary of Findings documents: after a thorough investigation, we could not substantiate the allegation of abuse due to lack of evidence, inconsistent recollection of events stated by R1, and a witness statement. Wellness checks have been implemented for 5 days and will continue if necessary. We are committed to ensuring R1's wellbeing by implementing a buddy system to help best serve his sense of protection and safety. R1's care plan documents I have the potential to report allegations of staff mistreatment/abuse that are not substantiated upon investigation. I may experience misperceptions, confusion, or emotional distress. Date initiated: 3/30/26. The intervention is: Acknowledge and validate feelings about claims. Document all allegations promptly and factually in my perspective. Notify appropriate supervisory and administrative staff immediately. Date Initiated: 3/30/26. Surveyor noted the incident happened on 3/12/26 and the care plan was not updated until 3/30/26. Surveyor noted the intervention of a buddy system was not included. Surveyor reviewed interviews conducted with Registered Nurse (RN)-D who R1 accused of swatting R1 and an interview with R1 in which he alleges RN-D swatted him. Surveyor reviewed an interview conducted with Licensed Practical Nurse (LPN)-E who stated I went into R1's room because he seemed upset as I was walking by and at the time I wasn't sure about what he was upset about. However, I went to see if I could help. Upon entering, I observed RN-D taking her hand out of her pocket and I heard R1 say to her don't swat at me which I did not observe her do. Also, RN-D was not even in arm's length of R1 when he stated that. Surveyor noted three interviews were conducted after the incident. On 4/1/26, at 2:08pm, Surveyor interviewed LPN-E who is the witness of the incident. LPN-E shared that while passing medications to other residents LPN-E could hear R1 getting loud so LPN-E went to R1's room and asked what was going on. R1 stated she (RN-D) swatted me. R1 was looking for something and could not find it. RN-D was far away from R1, there is no way RN-D could have swatted R1. Surveyor noted LPN-E was not in the room and entered after R1 got loud. Surveyor noted that RN-D could have moved back in the time LPN-E was coming to room and noted that LPN-E did not visually witness the incident. On 4/1/26, at 2:23pm, Surveyor interviewed DON-B and asked if other resident interviews were conducted and was told by DON-B that she was not sure. Surveyor asked about documentation of the wellness checks that were completed for five days after the incident. DON-B replied if they weren't done as progress notes an assessment may have been used and DON-B stated she will look into. Surveyor asked about the buddy system being implemented and if that had been added to R1's care plan. DON-B stated she will look into it. Surveyor asked what else was done to investigate the alleged swat and was told it was partly witnessed so the two staff and resident involved were interviewed. On 4/1/26, at 2:44pm, Surveyor interviewed NHA-A and asked about the investigation about the alleged swat if there were like-resident interviews done and was told no because this situation was witnessed by another staff member who stated the swat did not happen. Surveyor inquired about documentation on the wellness checks that were to be completed and was told that would be in PCC (the Electronic Health Record). NHA-A was asked about the care plan being updated and the buddy system being added and was told NHA-A would look into that. Surveyor asked if anything else had been done to investigate the incident and was told no, nobody else would have known anything. On 4/1/26, at 3:30pm, NHA-A followed up with Surveyor and stated that there should have been wellness checks done, but there is no documentation. After review, the buddy system was not included as an intervention on the care plan. On 4/1/26, at 3:50pm, Surveyor meet with DON-B and NHA-A and let them know the concerns that the investigation was lacking as there were only three interviews conducted and no like-residents were interviewed. The witness of the incident was outside of the room and heard yelling then went to the room, and it was not visually witnessed. Resident protection measures were not documented for the five days of wellness checks. The care plan was updated two weeks after the incident occurred and the intervention of buddy checks was not included. No additional information was provided regarding the investigation not being thorough as no like-resident interviews were conducted, the five days of wellness checks facility (continued on next page)</p>		

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