

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 04/24/2024
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p>48391</p> <p>Based on observation, interview, and record review, the facility did not establish and maintain an infection prevention and control program based on current standards of practice, designed to provide a safe environment and to help prevent the development and transmission of communicable diseases and infections. This deficient practice has the potential to effect all 21 residents in the facility.</p> <p>*The facility's Water Management Plan (WMP) was not based on current standards of practice and did not:</p> <ul style="list-style-type: none"> -Include water management team members who were knowledgeable about the facility's water system -Describe the building's water system using text and an accurate flow diagram of the system -Include an assessment of the facility's water system to identify all locations where Legionella could grow and spread -Identify where control measures should be applied based on where Legionella could grow and spread -Identify acceptable ranges of control limits (temperature ranges) and corrective actions when control limits are not met -Include a process to confirm the WMP is being implemented and is effective <p>*Facility staff did not follow facility infection prevention and control policies and guidance related to hand hygiene.</p> <p>Findings include:</p> <p>On 4/22/24, Surveyor reviewed the facility assessment. Surveyor notes there is no Water Management Plan or Procedure within the facility assessment.</p> <p>On 4/23/24 at 12:10 PM, Surveyor interviewed Infection Prevention Registered Nurse (RN)-E who indicates she is not aware of an active Water Management Plan within the facility. Infection Prevention RN-E indicates she recalls a Water Management Plan at her previous position at a different facility but states she is not aware of a Water Management Plan at the current facility and suggested Surveyor speak with Director of Nursing (DON)-B or Director of Maintenance-D.</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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On 4/23/24 at 1:26 PM, Surveyor met with Director of Maintenance-D and DON-B to review the facility's Water Management Plan. Director of Maintenance-D indicated a facility plumber will tour the facility every 2 weeks to flush water through the drains of the unoccupied rooms. The plumber then generates a work order. Surveyor requested documentation, policy, and procedures for the facility's Water Management Plan. Director of Maintenance-D and DON-B were unable to provide plans, documentation, a policy, or a procedure for the facility's Water Management Plan. There is no documentation of control measures for the water/plumbing that has not been used within the facility. Director of Maintenance-D indicated they do not have a documentation, policy, or procedure for the facility's Water Management Plan.</p> <p>On 4/23/24 at 3:00 PM, Surveyor shared concerns related to the facility not having documentation, a policy and procedure for a Water Management Plan with DON-B. Surveyor requested additional information if available. No further information was provided.</p> <p>38146</p> <p>2) The facility Policy and Procedure titled Handwashing/Hand Hygiene revised/reviewed 3/2024 documents (in part) .</p> <p>.This facility considers hand hygiene the primary means to prevent the spread of infections.</p> <p>1. All personnel shall be trained and regularly in-serviced on the importance of hand hygiene in preventing the transmission of healthcare-associated infections.</p> <p>2. All personnel shall follow the handwashing/hand hygiene procedures to help prevent the spread of infections to other personnel, residents and visitors.</p> <p>3. Hand hygiene products and supplies (sinks, soaps, towels, alcohol-based hand rub, etc.) shall be readily accessible and convenient for staff use to encourage compliance with hand hygiene policies.</p> <p>6. Wash hands with soap (antimicrobial or non-antimicrobial) and water for the following situations:</p> <p>a. When hands are visibly soiled; and</p> <p>b. After contact with a resident with infectious diarrhea including, but not limited to infections caused by norovirus, salmonella, shigella and C. difficile.</p> <p>7. Use an alcohol-based rub containing at least 62% alcohol; or, alternatively, soap and water for the following situations: .</p> <p>b. Before and after direct contact with residents;</p> <p>c. Before preparing or handling medications; .</p> <p>i. After contact with a resident's intact skin;</p> <p>j. After contact with blood or bodily fluids; .</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>I. After contact with objects (e.g., medical equipment) in the immediate vicinity of the resident.</p> <p>m. After removing gloves</p> <p>8. Hand hygiene is the final step after removing and disposing of personal protective equipment.</p> <p>9. The use of gloves does not replace hand washing/hand hygiene. Integration of glove use along with routing hand hygiene is recognized as the best practice for preventing healthcare-associated infections.</p> <p>On 4/23/24, at 7:57 AM, Surveyor observed Registered Nurse (RN)-C prepare medications for R2. Medications prepared included Olopatadine Hydrochloride 0.1% eye drops. The remaining medication tablets were placed in a medication cup. RN-C also poured liquid Prosource supplement into a medication cup for R2.</p> <p>On 4/23/24, at 8:02 AM, Surveyor observed RN-C don gloves and administer the medication tablets to R2 a few at a time, on a spoon, with applesauce followed by water. After administering the tablets, RN-C removed her gloves, and discarded the empty cups and gloves in the garbage can. RN-C bent over and with her bare hands, adjusted the garbage bag around the rim of the can. RN-C did not wash or sanitize her hands after touching the garbage can and donned new gloves. RN-C picked up the medication cup containing Prosource liquid and administered it to R2 followed by water. RN-C obtained a tissue and wiped R2's mouth. RN-C then changed her gloves, but did not wash or sanitize her hands. RN-C picked up the Olopatadine Hydrochloride 0.1% eye drops and while holding R2's right eyelid open with one hand, administered 1 drop into her eye. RN-C then proceeded to hold R2's left eyelid open with one hand and administered 1 drop into her eye. RN-C removed her gloves, but did not wash or sanitize her hands. RN-C did not don a new pair of gloves, picked up a tissue and proceeded to wipe R2's left eye, then right eye with the tissue. RN-C sanitized her hands upon leaving the room.</p> <p>On 4/23/24, at 11:36 AM, Surveyor advised RN-C of the above observation and concern regarding handwashing. RN-C stated I hear what your saying. I did change my gloves, but I didn't wash my hands in between.</p> <p>On 4/23/24, at 3:06 PM, Director of Nursing (DON)-B was advised of the above observations and concern regarding handwashing. No additional information was provided.</p>		