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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525545 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 02/04/2025 |
| NAME OF PROVIDER OR SUPPLIER Lutheran Home | | STREET ADDRESS, CITY, STATE, ZIP CODE 7500 W North Ave Wauwatosa, WI 53213 | |

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) |
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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>21855</p> <p>Based on observation, record review and interview, the facility did not ensure staff were trained to safely use a hoier lift with support bars. This was observed with 1 (R2) of 1 residents using this type of Hoyer Lift.</p> <p>R2 obtained a bruise by their eye due to staff using the Hoyer Lift incorrectly.</p> <p>Findings include:</p> <p>The facility's policy and procedure, Safe Transfers, revision date of 7/1/2021. The Policy documents: Residents admitted to Lutheran Home will be assessed to ensure appropriate and recommended transfer techniques are in place to direct safe resident transfers.</p> <p>On 2/3/25, at 9:03 AM, Surveyor spoke with R2 in their room. R2 stated they had a bruise by their eye from the hoier lift. R2 stated this happened on 12/28/24 and their eye still hurts.</p> <p>Surveyor reviewed R2's medical record. R2 is their own person. The most recent MDS (minimum data set) assessment is a Significant Change in Status completed 11/16/2024. This MDS documents R2 does not have any cognitive impairments and is dependent on staff for transfers.</p> <p>R2's CNA (Certified Nursing Assistant) Kardex, dated 2/3/2025 documents under Transferring: R2 requires 2-3 staff, a full-body sling and the hoier lift with swinging bars on the side.</p> <p>R2's medical record documents on 12/28/24, at 1:39 PM, R2 left side of face was accidentally bumped while transferring into bed. R2 has a small hematoma. There was a cold compress applied. The correlating Incident Report regarding the transfers documents: Staff assisting R2 from their bed into a broda chair. The hoier lift used has bars on each side that hang down and can swing up. Staff reported the bar was in the upright position, and one of the staff moved their position, the bar came down and hit R2 on the left side of their face. R2 obtained a hematoma and did not need to go out of the facility for treatment. Surveyor notes the documentation does not include the staff involved and there is no documentation of preventive interventions put into place to prevent future injuries.</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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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>On 2/3/25, at 2:33 PM, Surveyor interviewed Assistant Nursing Home Administrator (ANHA)-H and Assistant Director of Nurses (ADON)-B. Surveyor requested, and received, information related to the staff involved with R2's hoier lift injury. ADON-B stated the staff involved were CNA-C and CNA-D. The Nurse that assessed R2 after this event is no longer employed at the facility. The (Unit Manager) UM-E would have reviewed the incident and talked to the staff involved. ANHA-H and ADON-B did not have any additional documentation related to the incident.</p> <p>On 2/4/2025, at 8:03 AM, Surveyor interviewed Staff Development (SD)-F. SD-F stated she was not directed to conduct training on the hoier lift used for R2. SD-F did not conduct any staff training with the hoier after this event on 12/28/24.</p> <p>On 2/4/25, at 9:10 AM, Surveyor interviewed UM-E. UM-E stated they just spoke with CNA-C about the hoier incident. The UM-E did not speak to the other CNA involved, CNA-D. UM-E stated this Hoyer has arms that are on the side. UM-E stated R2 has used this hoier for a long time and was their preference. The UM-E felt this incident was isolated. The UM-E stated they did not know what the arms were for on the Hoyer. Surveyor and UM-E then observed the hoier lift. The hoier lift has side bars that hang vertical in a downwards position. When the arms are raised they do not lock in a straight vertical position upwards. UM-E stated they did not know what the bars were for and did not implement preventative measure(s) to prevent a reoccurrence.</p> <p>On 2/4/25, at 9:38 AM, Surveyor interviewed CNA-C. CNA-C stated the hoier arm does not lock in place in the upwards position. CNA-C stated when you transfer R2 you need to hold the bar up. They had to raise the bar due to positioning the hoier and transferring R2. CNA-C stated they were not trained on this type of hoier lift before, or after, this incident.</p> <p>On 2/4/25, at 9:40 AM, Surveyor interviewed CNA-D. CNA-D stated the hoier bar does not lock in the upward position. When R2 requested them to go behind them, they bumped the raised bar and it fell down. R2 left side of their eye was bumped. CNA-D stated they float on the units and was not familiar with this hoier lift. CNA-D stated they did not receive training on this lift before, or after, this incident.</p> <p>On 2/4/25, at 11:52 AM, SD-F and UM-G, spoke with Surveyor. UM-G stated R2 used to be on their unit and UM-G trained staff a couple years ago. UM-G stated they trained staff on the unit today. UM-G stated the hoier bars are for support and not for the function of the hoier. UM-G stated they did not complete staff training when this incident occurred on 12/28/24. UM-G stated they talked to staff on the unit today because they heard about the incident with R2. SD-F stated they do not have staff competencies for this particular hoier lift. This hoier lift was originally from the Veterans Administration and remained at the facility. R2 has been using this lift per their choice for a long time. SD-F will supply Surveyor with the operation manual for this hoier lift.</p> <p>Surveyor reviewed the instruction manual for use for the Golvo 9000 mobile lift. The armrests are for support only when moving in the lift to another room. The side arms hang in a downward vertical position. When moving the lift, the side bars can flip over to a horizontal position. To provide arm support for moving in the lift. The side arms do not lock upwards and are not for function of the lift.</p> <p>(continued on next page)</p> | | |

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| F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few | On 2/4/25, at 12:05 PM, Surveyor shared the hooyer lift concerns with Nursing Home Administrator (NHA)-A, ANHA-H and ADON-B. Surveyor shared the concerns of staff competency, and environmental safety using the hooyer lift. Surveyor shared the concern of no documentation of interventions to prevent this from reoccurring. | | |