

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 03/14/2024
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)
<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42037</p> <p>Based on observation, interview and record review, the facility did not ensure 3 (R61, R66 & R63) of 5 sampled residents with an indwelling catheter received appropriate treatment and services to prevent urinary tract infections and provide dignity for residents.</p> <p>*R61 was observed multiple times with their catheter drainage bag system uncovered and laying on the floor.</p> <p>*R66 was observed multiple times with their catheter drainage bag system uncovered.</p> <p>*R63 was observed multiple times with their catheter drainage bag system uncovered and with drainage system port uncovered directly on the floor.</p> <p>Findings include:</p> <p>1. R61 was admitted to the facility on [DATE] with diagnoses including chronic kidney disease stage 3, muscle weakness and sepsis. R61's admission MDS (Minimum Data Set) assessment dated [DATE] indicated R61 had moderately intact cognition with a BIMS (brief interview for mental status) score of 12. R61 was noted to require maximal assist with 1 person for incontinence cares. R61 requires use of a urinary catheter for bladder elimination.</p> <p>R61's care plan with an initiation date of date of 2/3/24 reads Resident has a foley catheter r/t (related to) urinary retention.</p> <p>Interventions include the following: Do not allow tubing or any part of drainage system to touch the floor . store collection bag inside a protective dignity pouch.</p> <p>On 3/11/24 at 10:51 AM, Surveyor noted R61's catheter bed bag to be directly on the floor next to their bed. Surveyor did not observe a privacy bag or any barrier between drainage system and floor.</p> <p>On 3/11/24 at 11:57 AM, Surveyor noted R61's catheter bed bag to be directly on the floor next to their bed. Surveyor did not observe a privacy bag or any barrier between drainage system and floor.</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 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 3/11/24 at 1:45 PM, Surveyor observed R61's catheter bed bag to be directly on the floor next to their bed. Surveyor did not observe a privacy bag or any barrier between drainage system and floor.</p> <p>On 3/14/2024 at 10:51 AM, Surveyor interviewed DON (Director of Nursing)-B who stated catheter drainage bags should have a cover over them for privacy. Surveyor shared Surveyor's multiple observations of R61's catheter drainage system observed being uncovered and laying directly on the floor on 3/11/24. The facility was unable to provide additional information at this time.</p> <p>2. R66 was admitted to the facility on [DATE] with diagnoses including urinary tract infection R66's significant change Mimumin Data Set (MDS) assessment dated [DATE] indicated R66 has intact cognition with a Brief Interview for Mental Status (BIMS) of 14. R66 was noted to require maximal assist with 1 person for incontinence cares. R66 requires use of a urinary catheter for bladder elimination.</p> <p>A care plan dated 1/5/24 with a revision date of 3/8/24 reads: Potential for Infection r/t (related to) recent UTI/infection and needing IV (intravenous) abt (antibiotic). Care plan intervention listed reads Nursing staff will monitor for further s/s (signs or symptoms) of infections.</p> <p>On 3/11/24 at 10:45 AM, Surveyor observed R66's catheter drainage system to be hanging on R66's bed frame. Surveyor noted approximately 300 cc of blood tinged urine in the drainage system bag. Surveyor did not observe a privacy bag or any barrier between drainage system and bedframe.</p> <p>On 3/11/24 at 11:47 AM, Surveyor observed R66's catheter drainage system to be hanging on R66's bed frame. Surveyor noted approximately 325 cc of blood tinged urine in drainage system bag. Surveyor did not observe a privacy bag or any barrier between drainage system and bedframe.</p> <p>On 3/11/24 at 1:40 PM, Surveyor noted R66's catheter drainage system to be hanging on R66's bed frame. Surveyor noted approximately 100 cc of blood tinged urine in drainage system bag. Surveyor did not observe a privacy bag or any barrier between drainage system and bedframe.</p> <p>On 3/14/2024 at 10:51 AM, Surveyor interviewed DON (Director of Nursing)-B who stated catheter drainage bags should have a cover over them for privacy. Surveyor shared Surveyor's multiple observations of R66's catheter drainage system observed being uncovered on 3/11/24. The facility was unable to provide additional information at this time.</p> <p>47094</p> <p>3. R63 was admitted to the facility on [DATE] and has diagnoses that include Alzheimer's, Dementia, chronic kidney disease stage 3, Type 2 Diabetes Mellitus, Polyneuropathy, spinal stenosis, benign prostatic hyperplasia with lower urinary tract symptoms, urine retention, neuromuscular dysfunction of the bladder and has a history of having urinary tract infections (UTI). R63's quarterly minimum data set (MDS) dated [DATE] indicated R63 had intact cognition with a brief interview for mental status (BIMS) score of 13 and the facility assessed R63 needing maximal assist with 1 person for incontinence cares. R63 had a foley catheter and was frequently incontinent of bowel and wore and adult brief.</p> <p>(continued on next page)</p>		

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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R63's Alteration in bladder elimination related to diagnoses of urinary retention with chronic indwelling foley catheter care plan initiated on 7/13/2020 and last revised on 1/3/2024 with the following interventions:</p> <p>Goal: Resident's foley catheter will remain patent and will continue to drain without difficulty. Will be free of signs and symptoms of UTI (urinary tract infection).</p> <p>-Toileting program: staff to empty catheter q (every) three hours to prevent pulling on penis and PRN (as needed). Staff to change catheter monthly per order. Has order for 20 french coude catheter. Staff may irrigate catheter PRN if obstructed. Staff to monitor resident for signs and symptoms of UTI that may include change in color, cloudiness, foul odor, etc . staff to update MD/NP (medical doctor/nurse practitioner) if UTI suspected.</p> <p>-incontinence product- briefs.</p> <p>Surveyor made the following observations of R63's foley catheter during the survey:</p> <p>On 3/11/2024 at 10:15 AM Surveyor observed R63's catheter drainage bag was hanging from the side of the bed uncovered.</p> <p>On 3/13/2024 at 8:05 AM Surveyor observed R63's catheter drainage bag was inside a privacy bag and the privacy bag was on the floor. R63's catheter tubing was slightly pulled so there was no slack on the tubing. Surveyor asked R63 how R63 was feeling. R63 stated R63 felt fine and did not feel like the catheter tubing was pulling.</p> <p>On 3/14/2023 at 8:18 AM Surveyor observed R63's catheter drainage bag hanging on the side of R63's bed uncovered. The drainage valve on the catheter drainage bag was hanging down and the tip of the tubing was touching the floor.</p> <p>On 3/14/2024 at 8:35 AM Surveyor interviewed Unit Manager (UM)-D who stated staff empty R63's foley catheter drainage bag frequently to prevent tension on the catheter tubing.</p> <p>On 3/14/2024 at 10:51 AM Surveyor interviewed Director of Nursing (DON)-B who stated catheter drainage bags should have a cover over them for privacy. Surveyor shared Surveyor's observations of R63's catheter bag being uncovered on multiple occasions and the drainage valve tubing touching the ground. DON-B had no further questions or information and this time.</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>40533</p> <p>Based on observation, interview and record review, the facility did not provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident.</p> <p>Licensed Practical Nurse (LPN) - E did not safely administer Insulin to 1 (R58) of 1 resident observed for insulin administration.</p> <p>Findings include:</p> <p>R58 was admitted to the facility 5/6/20 with diagnoses that included Alzheimer's Disease, Chronic Kidney Disease and Type 2 Diabetes Mellitus.</p> <p>Surveyor reviewed R58's MD orders. Documented with a start date of 12/12/23 and an administration time of 7:00 AM to 10:00 AM was Novolin 70/30 U-100 Insulin (insulin ph and regular human) [OTC] suspension; 100 unit/mL (70-30); amt: Per Sliding Scale;</p> <p>If Blood sugar is less than 70, call NP/PA.</p> <p>If Blood Sugar is 71 to 100, give 20 Units.</p> <p>If Blood Sugar is 101 to 400, give 30 Units.</p> <p>If Blood Sugar is greater than 400, call NP/PA.</p> <p>subcutaneous</p> <p>Special Instructions: BREAKFAST</p> <p>[DX: Type 2 diabetes mellitus with diabetic chronic kidney disease]</p> <p>Once A Day; 07:00 - 10:00</p> <p>On 3/14/24 at 8:23 AM Surveyor observed Licensed Practical Nurse (LPN)-E administer insulin to R58. LPN-E stated to Surveyor R58 would get 30 units of Novolin 70/30 based on the blood glucose of 107 taken earlier. LPN-E sanitizes hands, removes cap and draws back 30 units of insulin. LPN-E does not recap needle and holds in right hand without cap on. LPN-E then puts on left glove with uncapped needle in right hand. Uncapped needle is waved in air. LPN-E gathered alcohol wipe and locked cart. LPN-E walked in R58's room with uncapped needle. Approached R58 and donned right glove with uncapped needle still in hand, switched hands to don glove. LPN-E then opened alcohol wipe and wiped back of arm with uncapped needle still in hand. LPN-E then injects insulin in back of arm, pulled out needle and turned around before putting safety cap on. LPN-D discarded needle in sharps container.</p> <p>(continued on next page)</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 3/14/24 at 10:43 AM Surveyor interviewed Director of Nursing (DON)-B and Registered Nurse (RN)-G. Surveyor asked what was the correct procedure to administer insulin from a multi-dose vial. DON-B stated alcohol the top of the bottle, draw back syringe to units needed, insert needle and put air into vial, draw back and verify correct amount in syringe, recap the needle and bring it to patient, alcohol wipe area they want insulin administered, administer insulin, safety cap and discard in sharps. Surveyor asked if staff have been trained on safety with the needles? DON-B stated I believe so. Surveyor asked should staff always be recapping the syringe after drawing up insulin. DON-B stated yes. Surveyor expressed safety concerns with LPN-E not recapping the insulin needle.</p>		

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<p>F 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident's drug regimen must be free from unnecessary drugs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46517</p> <p>Based on interview and record review, the facility did not ensure proper antibiotic use for 1 (R46) of 4 resident's reviewed for antibiotic use.</p> <p>*R46 was prescribed an antibiotic prior to obtaining a respiratory panel. Results of the respiratory panel documented R46 was infected with the para-influenza virus, which does respond to antibiotics.</p> <p>Findings:</p> <p>POLICY STATEMENT: [name of the facility], in conjunction with the medical director, consultant pharmacist, and administration will promote effective management and utilization of antibiotics prescribed to residents. This policy provides guidelines for the healthcare staff caring for our older adults, to recognize infection and initiate appropriate evaluation and treatment in a timely fashion, thereby improving outcomes of care. The [name of the facility] will utilize McGeer's [sic] definitions as one of the surveillance tool for infection tracking. Older adults who symptoms do not meet the guidelines for an infection should receive an intervention aimed at resolving symptoms without the unnecessary use of antibiotics. Atypical signs and symptoms of an infection in the older adult must be acknowledged and have been incorporated into the McGeer's [sic] definitions a: criteria for management of infection. Final diagnosis and treatments are determined by the provider.</p> <p>PROCEDURE:</p> <p>When the licensed nurse receives notification of a resident with signs and symptoms of infection, the following process must take place:</p> <p>Residents are placed on the 24-hour report.</p> <p>The provider or designee is notified of signs and symptoms and interventions that are initiated.</p> <p>Family/HCPOA is updated on resident's change of condition.</p> <p>If the resident does not meet the surveillance definitions of an infection, the provider or designee should consider doing lab work such as a CBC (complete blood count), or alternative interventions such as increase fluid intake .</p> <p>At any time that the resident's condition deteriorates or requires immediate medical intervention, the provider will be notified.</p> <p>Residents who have a suspected or confirmed infection will be documented on list on the unit. Antibiotics that continue into the next month do not need to be reflected on the line list for the second month.</p> <p>The line list includes resident symptoms, laboratory, or radiological test.</p> <p>(continued on next page)</p>		

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<p>F 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>If a resident does not meet the criteria for infection based on McGeer's [sic] criteria, the provider should be notified and documentation in the medical record should occur.</p> <p>The medical director will be consulted and intervene as needed.</p> <p>The provider MUST provide a diagnosis, duration of treatment and/or indication for the use of an antibiotic.</p> <p>Every shift the nursing supervisor or manager will review the antibiotic line list to ensure appropriateness of antibiotic.</p> <p>Supervisor/manager will review for trends or outbreaks and report to infection preventionist or designee. A floor map will also be completed to monitor for possible outbreaks.</p> <p>Final culture results should be reported to provider to ensure appropriate treatment is prescribed .</p> <p>R46 was admitted to the facility on [DATE] with diagnoses including Alzheimer's disease with late onset; Hypertensive heart disease without heart failure; Major depressive disorder, single episode, unspecified and Anxiety disorder, unspecified.</p> <p>R46's most recent Minimum Data Set Assessment (MDS), dated [DATE] documented R46 had a Brief Interview for Mental Status (BIMs) of 99 indicating R46 did not respond and/or did not respond appropriately to four or more questions; R46 had taken antibiotics in the previous seven days.</p> <p>Surveyor reviewed R46's nursing progress notes and noted the following:</p> <p>On 11/12/2023 at 10:54 AM, a nurse documented, Cough and congestion present at this time. [name of physician] updated. Orders received to start resident on Azithromycin (Z-pack) 250 mg (milligrams) daily x (for) 5 days. Resident to receive 2 tabs now followed by one tab daily for a total of a 5 day treatment. Orders given to obtain a respiratory panel, and a Covid swab. Resident remained in bed this AM shift. VSS (vital signs stable) .</p> <p>On 11/13/2023 at 8:40 PM, a nurse documented, Resting in bed. Respiration is normal.</p> <p>No indication of having respiratory distress. Noted with occasional nonproductive cough. Lung sounds diminished. No other complaints presented. Remains on ABT (antibiotic therapy). No adverse reactions noted. Afebrile. Remains on droplet precautions and observed for Para Influenza.</p> <p>Surveyor noted the following order in physician's orders: Azithromycin tablet; 250 mg (milligrams); amt (amount): one tab; oral Special Instructions: x (for) 4 days after first dose of 500mg on 11/12/23 for a total of 5 days treatment.</p> <p>Surveyor could not locate documentation the facility followed up with R46's prescribing physician regarding the results of R46's respiratory panel which was positive for the para-influenza virus.</p> <p>(continued on next page)</p>		

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<p>F 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 03/13/24 at 12:42 PM, Surveyor interviewed Assistant Director of Nursing (ADON)-G and Director of Nursing (DON)-B. ADON-G informed Surveyor the facility uses the McGreer's criteria to identify infections. Per ADON-G, the nurses would notify the physician with a resident's change in condition and then follow the physician's orders which could include a chest X-ray, laboratory work, and/or cultures. Per ADON-G the facility would not normally treat the influenza virus with antibiotics. Surveyor asked why was R46 prescribed antibiotics for the influenza virus? Surveyor asked for documentation the physician was made aware of the results of the respiratory, education by the facility regarding using antibiotics for viral infections and the reasoning behind the physician's continued order for the z-pak antibiotics.</p> <p>Prior to the end of the day on 03/13/24, DON-B provided Surveyor with a copy of the physician's handwritten note dated 11/13/23. This note documented R46 had cough, sore throat, low grade temperature and R46's nasal swab was positive for the para-influenza virus. This note does not document any conversation had with the facility regarding the antibiotic use or the physician's reasoning behind continuing to treat a viral infection with an antibiotic.</p> <p>At 03/13/24 at 3:00PM during the end of the day meeting with DON-B, Chief Executive Officer-C and ADON-G, Surveyor relayed the above concerns regarding R46 receiving antibiotics for a viral infection. Surveyor asked for any additional information.</p> <p>No additional information was given.</p>		

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<p>F 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure medication error rates are not 5 percent or greater.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40533</p> <p>Based on observation, record review and interview, the facility did not ensure that its medication error rate was not 5 percent or greater. During observation of medication administration, the facility staff made medication errors with 2 (R58 and R10) of 7 residents observed for medication administration for a total of 2 errors of 31 opportunities for an error rate of 6.45%.</p> <p>~ R58 was administered Novolin insulin that was expired.</p> <p>~ R10 was administered Aspirin where the expiration date was illegible and was unable to be confirmed if it was expired or not.</p> <p>Findings include:</p> <p>Surveyor reviewed Medication and Vaccine Storage policy with an effective date of [DATE]. Documented was:</p> <p>.5. Outdated or contaminated medications or those in cracked or soiled or without secure closures are removed from the medication cart and disposed of properly. Medications will be reordered as needed .</p> <p>11. Insulin is to be refrigerated until opened. Once open, insulin can remain at room temperature until expiration, based on guidelines for specific product.</p> <p>1. R58 was admitted to the facility [DATE] with diagnoses that included Alzheimer's Disease, Chronic Kidney Disease and Type 2 Diabetes Mellitus.</p> <p>Surveyor reviewed R58's MD orders. Documented with a start date of [DATE] and an administration time of 7:00 AM to 10:00 AM was Novolin ,d+[DATE] U-100 Insulin (insulin ph and regular human) [OTC] suspension; 100 unit/mL (,d+[DATE]); amt: Per Sliding Scale;</p> <p>If Blood sugar is less than 70, call NP/PA.</p> <p>If Blood Sugar is 71 to 100, give 20 Units.</p> <p>If Blood Sugar is 101 to 400, give 30 Units.</p> <p>If Blood Sugar is greater than 400, call NP/PA.</p> <p>subcutaneous</p> <p>Special Instructions: BREAKFAST</p> <p>[DX: Type 2 diabetes mellitus with diabetic chronic kidney disease]</p> <p>Once A Day; 07:00 - 10:00</p> <p>(continued on next page)</p>		

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<p>F 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On [DATE] at 8:23 AM Surveyor observed Licensed Practical Nurse (LPN)-E administer insulin to R58. LPN-E stated to Surveyor R58 would get 30 units of Novolin ,d+[DATE] based on the blood glucose of 107 taken earlier. LPN-E sanitizes hands, removes cap and draws back 30 units of insulin. LPN-E handed vial of insulin with box to Surveyor. Written in blue ink on label was opened [DATE]. There was no discard date written on the label. LPN-E walked in R58's room and administered insulin in back of left arm.</p> <p>Surveyor reviewed Novolin N Prescribing Information found on Drugs.com. Documented was:</p> <p>Table 2: Storage Conditions and Expiration Dates for NOVOLIN N</p> <p>10 mL multiple-dose vial .</p> <p>In-use (Opened)</p> <p>Room Temperature</p> <p>(see temperature below)</p> <p>Until expiration date</p> <p>42 days</p> <p>up to 77 F (25 C)</p> <p>(Do not refrigerate)</p> <p>https://www.drugs.com/pro/novolin-n.html#s-,d+[DATE]</p> <p>Surveyor noted the insulin would have been expired and past 42 days.</p> <p>On [DATE] at 10:43 AM Surveyor interviewed Director of Nursing (DON)-B and Registered Nurse (RN)-G. Surveyor asked how long is insulin good for after opening. DON-B stated 28 days unless the label says different. Surveyor asked if the nurses should be checking expiration dates before administration. DON-B stated yes. Surveyor asked should the insulin be labeled with the discard date. DON-B stated yes. Surveyor noted LPN-E administered Novolin to R58 past the manufacturer's expiration days of 42. DON-B stated she should have not administered that.</p> <p>2. R10 was admitted to the facility on [DATE] with diagnoses that included Alzheimer's Disease, Metabolic Encephalopathy, Hypertensive Heart Disease without Heart Failure, Hyperlipidemia and Type 2 Diabetes Mellitus.</p> <p>Surveyor reviewed R10's MD Orders. Documented with a start date of [DATE] and an administration time of 7:00 AM to 10:00 AM was:</p> <p>aspirin [OTC]</p> <p>tablet, chewable; 81 mg; amt: 1 tablet; oral</p> <p>(continued on next page)</p>		

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<p>F 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>[DX: Hyperlipidemia, unspecified]</p> <p>Once A Day; 07:00 - 10:00</p> <p>On [DATE] at 7:54 AM Surveyor observed LPN-F administer medications to R10. LPN-F popped blister packs of medications into a medication cup. LPN-F poured one house stock 81 mg Chewable Aspirin tablet into bottle top and then poured it into the med cup with other medications. LPN-F handed the bottle to Surveyor. Surveyor could not find expiration date on bottle. LPN-F gave the medication cup to R10 who took the pills whole with water. Surveyor handed the bottle back to LPN-F and asked what the expiration date was for the 81mg aspirin.</p> <p>LPN-F stated she did not see it. Surveyor asked if she would check the expiration before you give it. LPN-F stated yes, she usually does. Surveyor asked what would happen if she noted prior that she could not read it. LPN-F stated I am going to have to get rid of it.</p> <p>On [DATE] at 10:43 AM Surveyor interviewed Director of Nursing (DON)-B and Registered Nurse (RN)-G. Surveyor asked what nurses should be checking before administering medications. DON-B and RN-G stated the 5 rights that included right person, right medication, right route, right time and right dose. Surveyor asked if the nurse should be checking expiration dates for medications to make sure they are not expired. DON-B stated yes. Surveyor asked if the expiration date is illegible and worn out on the bottle, what should the nurse do. DON-B stated discard the bottle and get a new one. Surveyor explained the concern with the Aspirin administered to R10.</p>		

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NAME OF PROVIDER OR SUPPLIER Lutheran Home		STREET ADDRESS, CITY, STATE, ZIP CODE 7500 W North Ave Wauwatosa, WI 53213	
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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>40533</p> <p>Based on interview, record review and observation, the facility did not assure drugs and biologicals used in the facility were stored and labeled in accordance with currently accepted professional principles and include the expiration date when applicable in 3 of 3 Medication Carts and 2 of 2 Medication Storage Rooms reviewed for compliance.</p> <p>Surveyor observed undated, opened eye drops in 2NW Cart 1. Surveyor observed undated and unlabeled medications in 2NW Cart 1. Surveyor observed insulin that should have been refrigerated in 2NW Cart 1. Surveyor observed expired insulin in 2NW Cart 1.</p> <p>Surveyor observed 2 medications stored in latex gloves in 2NW Medication Room. Surveyor observed a salad in the medication fridge in the 2NW Medication Room.</p> <p>Surveyor observed nose spray with no opened on date in 3NW Cart 1. Surveyor observed 2 unlabeled tubes of ointment in the same container in 3NW Cart 1. Surveyor observed undated, opened eye drops in 3NW Cart 1. Surveyor observed undated and unlabeled medications in 3NW Cart 1. Surveyor observed expired eye drops in 3NW Cart 1.</p> <p>Findings include:</p> <p>Surveyor reviewed Medication and Vaccine Storage policy with an effective date of 9/26/19. Documented was:</p> <p>POLICY STATEMENT: Medications will be stored safely, securely, and properly. The medication supply will only be accessible to licensed nursing personnel, pharmacy personnel, and staff members authorized to pass medications.</p> <p>PROCEDURE:</p> <p>.5. Outdated or contaminated medications or those in cracked or soiled or without secure closures are removed from the medication cart and disposed of properly. Medications will be reordered as needed.</p> <p>6. Medication storage areas are kept clean, well - lit, and free of clutter and extreme temperatures and humidity .</p> <p>9. Medications will be stored in their original packing until ready for administration. If multi-dose, medication should be dated .</p> <p>11. Insulin is to be refrigerated until opened. Once open, insulin can remain at room temperature until expiration, based on guidelines for specific product .</p> <p>TEMPERATURE:</p> <p>(continued on next page)</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>.2. Medications requiring refrigeration are kept in a refrigerator at temperatures between 36 F and 46 F with a thermometer to allow temperature monitoring. Medications requiring storage in a cool place are refrigerated unless otherwise directed on the label. Controlled substances that require refrigeration are stored within a lock box that is attached to the refrigerator .</p> <p>On 3/14/24 at 10:55 AM Surveyor observed the 2 Northwest Cart 1 with Registered Nurse (RN)-G who is also the Infection Preventionist. Surveyor observed Polyvinyl AL eye drops with no opened on date belonging to R108.</p> <p>Surveyor observed Systane eye ointment with no opened on date belonging to R57. Surveyor observed brimonidine timolol eye drops with no opened on date belonging to R50. Surveyor observed Genteal eye drops with no opened on date belonging to R69. Surveyor observed Alphagan eye drops with no opened on date belonging to R65. Surveyor observed Novolog insulin belonging to R57 that had not been opened but printed on front was refrigerate until opening. Surveyor observed Novolog insulin belonging to R57 that had expired 3/12/24. Surveyor observed an opened box of Acetylcysteine 4mg vials with no name or date opened on it.</p> <p>On 3/14/24 at 11:10 AM Surveyor asked RN-G what will be done with the eye drops. RN-G stated she had directed the nurse on the cart to reorder all the unlabeled medications including the insulin. RN-G stated they will be sent back to pharmacy to be destroyed. RN-G stated she was unsure who the Acetylcysteine belonged to but it should be labeled.</p> <p>On 3/14/24 at 11:15 AM Surveyor observed the 2 Northwest Medication Room with RN-G. Surveyor observed a tube of Procto Med HC inside a latex glove and also a Hydrocortisone cream inside a latex glove. Surveyor opened the medication fridge and a salad in a plastic to go container was in the refrigerator.</p> <p>On 3/14/24 at 11:18 AM Surveyor asked RN-G if medications should be stored in gloves. RN-G stated no, they should be stored in Ziplock bags. Surveyor asked about the salad in the medication fridge. RN-G stated that should be thrown away, that shouldn't be in there.</p> <p>On 3/14/24 at 11:25 AM Surveyor observed the 2 Northwest Cart 2 with RN-G. Surveyor observed Polyvinyl AL eye drops with no opened on date belonging to R39.</p> <p>On 3/14/24 at 11:27 AM RN-G stated she will also have those eye drops reordered.</p> <p>On 3/14/24 at 11:31 AM Surveyor observed the 3 Northwest Cart 1 with RN-G. Surveyor observed Fluticasone with no opened on date belonging to R72. Surveyor observed Muro 128 in container with 2 tubes inside, one old and one new with no opened on date belonging to R1. Surveyor observed Moxifloxacin eye drops with no opened on date belonging to R6. Surveyor observed Travaprost eye drops with no opened on date belonging to R118. Surveyor observed Systane eye ointment with no opened on date belonging to R43. Surveyor observed an open tube of triamcinolone cream with no name on it. Surveyor observed an expired Latanoprost eye drop container belonging to R118.</p> <p>On 3/14/24 at 11:39 AM Surveyor observed RN-G instruct the unit nurses to reorder all the unlabeled and expired medications found in 3 Northwest Cart 1.</p> <p>(continued on next page)</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 3/14/24 at 11:43 AM Surveyor observed the 3 Northwest Medication Room with RN-G. Surveyor observed the Medication Refrigerator thermometer to read 55 degrees and handed the thermometer to RN-G to verify. Surveyor observed an expired bottle of Lactulose belonging to R30. Surveyor observed house stock bottles of Tab A Vite that expired 2/24 and Docusate Calcium that expired 11/22. Surveyor observed an open bottle of Pepsi and open bag of Hot Stuff potato chips on the counter behind the sink.</p> <p>On 3/14/24 at 11:48 AM Surveyor asked RN-G what the temperature in the Medication refrigerator should be. RN-G stated 37 to 40 degrees is what it is supposed to be. RN-G stated they will fix that right away. RN-G put the expired medications in the bin to go back to pharmacy to be destroyed. Surveyor asked what the food and soda was doing in there. RN-G stated it should not be in there. Surveyor noted the concerns with all the carts and med storage rooms. RN-G stated she understood. Surveyor requested and received the medication storage policy.</p>		

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>49435</p> <p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>Based on observation, interview, and record review the facility did not ensure that food was prepared to conserve nutritive value. This has the potential to effect 8 of 8 residents on pureed diet.</p> <p>The Cooks Helper (CH-H) did not follow a recipe for preparing texture and modified consistency diet for pureed food.</p> <p>Findings include:</p> <p>The facility's policy and procedure, entitled SUBJECT: International Dysphagia Diet Standardization Initiative (IDDSI) Terminology for Food Textures and Drink Thickness, dated 11/21/2023, states: The [facility] will follow the IDDSI framework meant to provide a common terminology for describing food textures and drink thickness to improve safety for individuals with swallowing difficulties.</p> <p>Surveyor reviewed the IDDSI framework for preparing pureed food on the IDDSI website https://iddsi.org. Surveyor noted the IDDSI method includes testing the texture of the food before serving. IDDSI outlines the procedure for testing the food. For pureed food, IDDSI uses the fork test. Pureed food can be tested by assessing whether the food flows through the tines/prongs of a fork. Once the pureed food is prepared, staff can put a scoop of food onto a fork. The food should sit in a mound or pile above the fork. A small amount of food may flow through and form a short tail below the fork, but the food should not dollop, flow or drip continuously through the fork prongs.</p> <p>On 3/12/24 at 10:33 AM, Surveyor observed CH-H preparing puree food. CH-H indicated there are a total of 8 residents that receive a pureed diet. CH-H put 5 Chicken fried steaks into the blender. CH-H took a pitcher of hot water and poured an unmeasured amount of water into the blender. Surveyor asked if CH-H needed to measure the water. CH-H stated they judge how much to put in by checking and rechecking if it is the correct texture. CH-H added an unmeasured amount of a thickening agent powder to the blender. Surveyor asked if CH-H needed to measure the thickening agent. CH-H indicated there is no specific amount, but they add it slowly and will check to see if more is needed. CH-H took a spatula to check the consistency. CH-H stated they needed to add more water to make the food a pudding consistency. CH-H poured an unmeasured amount of water into the blender. CH-H took a spatula to check the consistency. CH-H stated that the consistency is better. CH-H poured the pureed food into 2 containers, placed foil on the containers and put them in the warmer. Surveyor asked if CH-H uses a recipe when pureeing food. CH-H stated they have a recipe binder. CH-H retrieved the recipe binder from a counter in the kitchen. CH-H indicated the recipe book has a recipe, but the serving size is for 200 people and that is why CH-H did not use it for the preparation today. CH-H indicated they just eye it to make sure the consistency is correct.</p> <p>Surveyor noted CH-H used 5 Chicken fried steaks to feed 8 residents.</p> <p>Surveyor noted a recipe was not followed.</p> <p>Surveyor noted CH-H did not follow the IDDSI method for testing pureed food.</p> <p>(continued on next page)</p>		

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Surveyor noted a broth or other liquid with nutritious value was not used in preparing the pureed food.</p> <p>On 3/12/24 at 1040 AM, Surveyor reviewed the recipe binder. Surveyor noted all the recipes reviewed in the binder have a prepared serving of 200 people.</p> <p>On 3/12/24 at 10:42 AM, Surveyor interviewed Executive Chef (EC-K) and Director of Dining and Hospitality (Director-L). Surveyor asked if staff use recipes for preparing pureed food. Director-L stated EC-K prints the recipes and places them in the recipe binder. EC-K indicated staff should be using the recipes to prepare the food. Surveyor informed Director-L, and EC-K that CH-H did not use a recipe in preparing pureed food because the recipe serving size is too large. EC-K stated they will adjust the recipe for the correct number of residents who receive pureed food. Surveyor asked what liquid is used for pureeing food. EC-K indicated they use water with other seasonings to help with taste. Surveyor asked about using a liquid with nutritious value. EC-K indicated that they will sometimes use a broth.</p> <p>On 3/12/24 at 11:49 AM, Director-L returned to Surveyor. Director-L stated EC-K was already working on adjusting the recipes for the pureed binder so that it would include measurements for preparing food for 5, 10, 15, and 20 residents.</p> <p>On 3/13/24 at 3:08 PM, Chief Executive Officer (CEO-C), Assistant Administrator (AA-I) and Director of Nursing (DON-B) were informed of concerns with the preparation of pureed food. No other information was provided.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>40533</p> <p>Based on observations, interviews, and record review the facility did not ensure food was stored and served in accordance with professional standards for food safety.</p> <p>*Staff did not test Sentinel sanitizing solution per manufacturer's instructions when testing the sanitizing sink used for dishwashing. Staff did not log or document testing results. This affected 136 out of 136 residents who receive food prepared by the facility kitchen.</p> <p>*The Unit refrigerator on 2E had multiple food items that were not labeled with resident's name. Open food was not dated. The refrigerator was unclean. There was not a current temperature log posted on the refrigerator and temperatures were not being documented since December of 2023. This had the potential to affected 41 of 41 residents who can use the Resident's unit refrigerator on 2E.</p> <p>Findings include:</p> <p>1.) On 3/12/24 at 10:53 AM, Surveyor toured the dishwashing area with the Dining and Hospitality Director (Director-L) and the Executive Chef (EC-K). Surveyor noted the facility's 3-compartment sink. Surveyor asked that the sanitizing sink be tested . EC-K retrieved a strip to test the sanitizing water. EC-K placed the strip into the sanitizing water through the foam layer on top of the water. EC-K kept the strip in the water for 10 seconds and then removed the strip. EC-K reviewed the strip to determine the result. EC-K stated that the result was 500ppm. Surveyor asked what the desired result would be for the sanitizing sink. EC-K stated that the sink should test at 200ppm before using the water to sanitize dishes. Surveyor asked how often the sink is tested . EC-K stated that it is tested daily. Surveyor asked to review the testing log for the sanitizing sink. Director-L and EC-K indicated that the facility did not log the results of testing. Director-L stated that they will start logging the results of the testing.</p> <p>On 3/12/24 at 11:49 AM, Director-L returned to surveyor. Director- L stated that they reached out to (name of company) who is the company that provides guidance for the sanitizing sink. Director-L stated that (name of company) has a representative that will come to the facility, check the sanitizing sink, and adjust the sink if needed. Director-L indicated that the earlier result could be skewed if the testing was not completed correctly. Director-L stated that the (name of company) representative informed Director-L of the proper way to test the sanitizing sink. Surveyor observed Director-L testing the sanitizing sink. Director-L took a strip to test the sink, cleared some of the foam layer on top of the water and placed the strip into the sanitizing water for 10 seconds. Director-L removed the strip. Director-L reviewed the strip and stated that they would read the results at 200ppm. Surveyor reviewed the strip and noted areas on the strip that continued to read at 500ppm. Director-L stated that kitchen staff are being trained on new equipment in the kitchen. Director-L indicated that during that training, they will include the process of testing the sanitizing sink and the new log that was created to document the testing.</p> <p>On 3/13/24 at 8:50 AM, Director-L provided Surveyor with manufacturer's instructions for the Sentinel sanitizer used in the sanitizing sink. Director-L also gave surveyor a document that is posted by the 3-compartment sink.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Surveyor reviewed the manufacturer's instructions. Under the title, Directions for use, was: Consult your (name of company) for proper use instructions.</p> <p>Surveyor reviewed the document posted by the 3-compartment sink. Under the title, Third Sink, was: Fill with water and sanitizer to the correct concentration. Sanitizer should read 200ppm.</p> <p>On 3/13/24 at 10:19 AM, Surveyor interviewed (name of company) Representative (NR-M) who provides local facilities with proper instructions for use of the sanitizing sink. NR-M stated that they had recently emptied and refilled the sanitizing sink before Surveyor arrived at the dishwashing station. NR-M reviewed how to test the sanitizing sink with the surveyor. NR-M stated that staff should never test through the foam on top of the water in the sink, the foam should be moved aside before testing. NR-M stated that the test strip should be placed in the water and kept still for 10 seconds. NR-M tested the newly mixed sanitizing sink. NR-M stated the result was 200ppm. Surveyor reviewed the testing strip and noted that the strip did result at 200ppm with no areas of a higher reading. Surveyor asked what the results should read to ensure that the dishes are being sanitized correctly. NR-M stated that 200ppm is the ideal result, but an acceptable range is 150-400ppm. Surveyor asked how often the sanitizing sink should be tested. NR-M stated that the sink should be tested every 4 hours and should only be emptied and refilled if the sink does not test correctly.</p> <p>Surveyor noted that the facility was not following the manufactures instructions for the process of testing and for the timing of testing. EC-K tested through the foam on 3/12/24. NR-M stated that staff should not test through the foam on top of the water. On 3/12/24, EC-K stated that the sanitizing sink should be tested daily. NR-M stated the sink should be tested every 4 hours.</p> <p>On 3/13/24 at 10:30 AM, Surveyor interviewed Director-L. Director-L stated that they added a spot to log the sanitizing sink results to the daily log. Surveyor reviewed the posted log on a board in the kitchen. Surveyor noted a newly added spot for one result a day to be posted. Surveyor informed Director-L of the ongoing concern regarding the sanitizing sink. Director-L stated they understood. Director-L indicated that they have already made changes and that they will be more prepared for the next survey.</p> <p>On 3/13/24 at 3:08 PM, Chief Executive officer (CEO-C), Assistant Administrator (AA-I) and Director of Nursing (DON-B) were informed of concerns with the sanitizing sink. No other information was provided.</p> <p>2.) On 3/13/24 at 1245 PM, Surveyor observed a resident refrigerator located in a clean utility room on the 2E unit. Posted on the front of the refrigerator door was, Resident foods only. Please label all resident food with name and dates. Surveyor opened the refrigerator and observed a plastic food service container with pickle spears, a jar of prune juice, 3 bottles of salad dressings, and a bottle of coffee cream that did not have a resident label or date on it.</p> <p>Surveyor noted that 3 shelves in the refrigerator had stains of old food on them and liquid was draining out of the plastic container with pickles.</p> <p>Surveyor noted that the freezer and the refrigerator did have a thermometer. Surveyor located a temperature log hanging on the side of the refrigerator. The log was dated with the year of 2023 and documentation indicated that the temperatures were being recorded up until November of 2023. Surveyor could not locate any documentation for temperature recordings from December of 2023 to current time.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On 3/13/24 at 12:50 PM, Surveyor interviewed Registered Nurse (RN-N). Surveyor asked who was responsible for taking temperatures and cleaning the refrigerator? RN-N state that the night shift staff are supposed to log the temperatures and make sure the refrigerator is clean. Surveyor asked who was responsible for making sure that the night shift was completing their duties. RN-N stated she would get the manager.</p> <p>On 3/13/24 at 1:07 PM, Surveyor interviewed Nursing Unit Manager (UM-J). Surveyor asked what the protocol was for maintaining the resident unit refrigerator. UM-J stated that she will clean out the refrigerator every day and will toss out any unlabeled food or any food without a date on it. Surveyor alerted UM-J to the containers in the refrigerator with no name or date. UM-J began grabbing the pickle container and dressing bottles and stated that they would be thrown away. Surveyor asked if the prune juice had a name or date on it. UM-J stated No. Surveyor asked if the coffee cream had a name or date on it. UM-J stated No but indicated that they know it is for a resident, but she could not recall which resident. Surveyor asked what the protocol was for recording refrigerator temperatures. UM-J stated that the night shift is responsible to log the refrigerator temperatures daily. Surveyor asked for a current log of temperature. UM-J looked at the log hanging on the side of the refrigerator. UM-J acknowledged that the log was from 2023. UM-J stated that they will make sure that they put a new one on the refrigerator and make sure that it is checked every day.</p> <p>On 3/13/24 at 2:06 PM and on 3/14/24 at 9:25 AM, Surveyor asked DON-B if the facility had a policy regarding the maintaining of resident unit refrigerators. DON-B stated they did not have a policy for unit refrigerators.</p> <p>On 3/13/24 at 3:08 PM, CEO-C, AA-I and DON-B were informed of concerns with the 2E resident refrigerator. No other information was provided.</p> <p>49435</p>		