STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525549	A. Building B. Wing	07/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heritage Square Health Care Center	5404 W Loomis Rd Greendale, WI 53129

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 0554 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Allow residents to self-administer drugs if determined clinically appropriate. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49435 Based on interview and record review, the facility did not ensure the accurate and safe administration of medication for 1 (R 7) of 1 residents reviewed for self-administration of medication. R7 was admitted to the facility on [DATE]. From 4/18/2024 through 5/3/2024, the facility documented that R7 was self-administering Entresto (a medication given to treat heart failure). R7 did not have a self-administration of medication assessment completed prior to administering Entresto. R7 did not have a physician's order to self-administer medication. R7 did not have a care plan regarding self-administration of medication. Findings include: The facility policy, entitled Self-Administration of Medications dated 10/25/14, documents, in part: In order to maintain the residents' high level of independence, residents who desire to self-administer medications are permitted to do so if the facility's Interdisciplinary team has determined that the practice would be safe for the resident and other residents of the facility and there is a prescriber's order to self-administer. If the resident desires to self-administer medications, an assessment is conducted by the Interdisciplinary team of the resident's cognitive (including orientation to time), physical and visual ability to carry out this responsibility during the care planning process . For those residents who self-administer, the interdisciplinary team verifies the resident's ability to self-administer medications by means of a skill assessment conducted on a [quarterly] bases . The results of the interdisciplinary team assessment of resident skills and of the determination regarding bedside storage are recorded in the resident's medical record, on the care plan . R7 was admitted to the facility on [DATE] and has diagnoses that include Chronic Heart Failure. R7's Admission Minimum Data Set (MDS) assessment, dated 4/24/2024, documents R7 is cognitively intact. R7's MD (Medical Doctor) order, with a start date of 4/18/2024, documents: Entresto 49-51mg (milligrams) by mouth two times a day for heart failure. R7's Medication administration record (MAR) reviewed. From the PM dose on 4/18/2024 until the AM dose on 5/3/2024, the facility documented U-SA on the MAR. Surveyor notes a total of 30 administrations documented as U-SA. (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525549	A. Building B. Wing	07/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heritage Square Health Care Center	5404 W Loomis Rd Greendale, WI 53129

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 0554 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 6/27/2024, at 12:40 PM, Surveyor interviewed Assistant Director of Nursing (ADON)-C. Surveyor asked what U-SA represents on the MAR. ADON-C stated that U-SA documents Unsupervised self-administration. Surveyor asked if R7 had a self-administration assessment completed before R7 administered her own medications. ADON-C indicated that the facility noticed that R7 was not evaluated for self-administration and that is why the facility started to administer R7's medications to R7 on 5/3/2024. Surveyor notes R7's MD orders did not contain an order for self-administration of medication. R7's care plan did not contain documentation for self-administration of medication. R7 did not have a self-administration of medication assessment completed prior to administering Entresto on 4/18/2024. On 6/27/24, at 3:00 PM, during the daily exit meeting, Nursing Home Administrator (NHA)-A, Director of Nursing (DON)-B, and ADON-C, were made aware of the concern R7 self-administered Entresto from 4/18/2024 through 5/3/2024 without a MD order, without a care plan and without a self-administration assessment. No additional information was provided as to why the facility did not ensure the accurate and safe administration of medication for R7.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525549	A. Building B. Wing	07/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heritage Square Health Care Center	5404 W Loomis Rd Greendale, WI 53129

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 0576 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure residents have reasonable access to and privacy in their use of communication methods. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49435 Based on interview and record review, the facility did not ensure a resident's right to privacy was maintained when receiving mail for 1 (R7) of 1 residents reviewed. R7's package was opened by facility staff without R7's permission. Findings include: The facility policy, entitled Communications within and external to the Facility dated 3/26/2023, documents, in part: The facility will protect and facilitate the resident's right to communicate with individuals and entities within and external to the facility . The facility will ensure the resident has the ability to send and receive mail, letters, packages and other materials delivered to the facility for the resident through a means other than a postal service . R7 was admitted to the facility on [DATE]. R7's Admission Minimum Data Set (MDS) assessment, dated 4/24/2024, documents R7 is cognitively intact. R7 reported that R7's mail was delivered opened. On 6/27/24, at 8:40 AM, Surveyor interviewed Director of Nursing (DON)-B about R7's mail. DON-B stated that R7 had a package delivered to the facility and the package was opened by Licensed Practical Nurse (LPN)-L. DON-B stated that LPN-L had recently started working at the facility and was told by Receptionist (REC)-M to deliver R7's package to R7's room. DON-B stated REC-M instructed LPN-L to open the package to make sure the contents were safe. DON-B indicated R7 was upset the mail was opened. DON-B stated that DON-B was honest with R7 and let her know what had happened and why R7's package was opened upon delivery. On 6/27/24, at 11:24 AM, Surveyor interviewed LPN-L about opening R7's package. LPN-L stated that LPN-L was told by a receptionist to open R7's package. LPN-L was not sure if the same receptionist is still working at the facility because LPN-L had not seen the receptionist lately. LPN-L explained that an unknown receptionist told LPN-L that R7 had been ordering knives and LPN-L needed to open the package to make sure the package was safe. LPN-L opened R7's package and realized the package was R7's medication. LPN-L went to R7's room to let R7 know that the facility needed to get MD orders and permission for R7 to have the medication. LPN-L had to explain to R7 why LPN-L had opened R7's mail. LPN-L informed R7 that the mail was opened because you were ordering stuff, you shouldn't be ordering. LPN-L indicated that they thought the matter was resolved after speaking to R7 but was told later that DON-B had to follow up with R7 because R7 was upset about her mail being opened. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525549	A. Building B. Wing	07/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heritage Square Health Care Center	5404 W Loomis Rd Greendale, WI 53129

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 0576 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 6/27/24, at 11:50 AM, Surveyor interviewed REC-M about mail delivery. REC-M stated that when REC-M receives the mail, REC-M will sort the mail and put the residents room numbers on the mail. REC-M will then instruct unit staff members to retrieve the mail and deliver the mail to the resident's room. Surveyor asked if REC-M has opened resident's mail. REC-M stated, I do not open mail. Surveyor asked if REC-M has told staff to open resident's mail. REC-M stated that REC-M has not instructed staff to open mail. On 7/1/24, at 8:40 AM, Surveyor asked DON-B for the receptionist's name that instructed LPN-L to open R7's package. DON-B stated that REC-M was the receptionist that instructed LPN-L to open R7's package. Surveyor informed DON-B that REC-M stated that REC-M has not instructed staff to open resident's mail. DON-B again stated that REC-M instructed LPN-L to open R7's mail and check to make sure it's ok. Surveyor asked if mail should be opened by a staff member. DON-B stated it is not appropriate to open resident's mail. DON-B stated that after this incident, DON-B had staff complete education regarding safe handling of mail and instructed staff not to open resident's mail. Surveyor notes REC-M was not available for another interview. On 7/1/24, at 1:15 PM, Nursing Home Administrator (NHA)-A and DON-B were made aware of the concern R7's mail was delivered opened by a staff member. No additional information was provided as to why the facility did not ensure R7's right to privacy was maintained when receiving mail.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525549	A. Building B. Wing	07/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heritage Square Health Care Center	5404 W Loomis Rd Greendale, WI 53129

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 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances. 20483 Based on interview and record review the Facility did not promptly investigate and resolve grievances for 3 (R16, R17, & R18) of 9 resident grievances reviewed. Findings include: The facility's policy titled, Grievance not dated under Preface documents The facility will ensure prompt resolution to all grievances, keeping the resident and resident representative informed throughout the investigation and resolution process. The facility grievance process will be overseen by a designated Grievance who will be responsible for receiving and tracking grievances through their conclusion, lead necessary investigations, maintaining the confidentiality of all information associated with grievances, communicate with residents throughout the process to resolution and coordinate with other staff (including the Administrator, if he or she is not the designated Grievance Official) and with state of sic (or) federal agencies as may indicated by specific allegations. Under G. Response includes documentation of Upon receipt of a grievance or concern, the Grievance Official will review the grievance, determine immediately if the grievance meets a reportable complaint. Consistent with the facility's Abuse Prevention Policy the facility Administrator and Grievance Official will immediately report all alleged violations involving neglect, abuse, including injuries of unknown source, and/or misappropriation of resident property, by anyone furnishing services on behalf of the provider, to the administrator of the provider; and as required by State law. The Grievance Official will initiate the appropriate notification and investigation processes per individual circumstance and facility policies. The investigation will consist of at least the following: * A review of the completed complaint report * An interview with the person or persons reporting the incident if applicable * Interviews with any witnesses to the incident or concern * A review of the resident medical record if indicated * A search of resident room (with resident permission) * An interview with staff members having contact with the resident during the relevant periods or shifts of the alleged incident * Interviews with the resident's roommate, family members, and visitors * A root-cause analysis of all circumstances surrounding the incident. * Interviews with the resident's roommate, family members, and visitors * A root-cause analysis of all circumstances surrounding the incident. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525549	A. Building B. Wing	07/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heritage Square Health Care Center	5404 W Loomis Rd Greendale, WI 53129

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 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Under H. Resolution documents a. The facility will strive for a prompt resolution outcome for all grievances or complaints rendered. A reasonable time frame will be agreed upon with all parties involved. b. The Grievance Official will complete a written response to the resident or resident representatives which includes: i. Date of grievance/concern ii. Summary of grievance iii. Investigation steps iv. Findings v. Resolution outcome and actions take and date decision was issued. 1.) R16's admission MDS (minimum data set) with an assessment reference date of 6/3/24 has a BIMS (brief interview mental status) score of 15 which indicates cognitively intact. On 6/14/24 during an abuse investigation involving another resident, R16 was asked a number of questions including the question Have you ever experienced any inappropriate behavior from any staff member? The response written is documented as 2nd shift CNA (Certified Nursing Assistant) thinks first name starts with C. makes her feel like she is disturbing her when she puts call light on. On 6/27/24, at 9:55 a.m., Surveyor informed DON (Director of Nursing)-B when residents were interviewed during an abuse investigation Surveyor had noted R16 had a concern and inquired what the facility did regarding R16's concern. DON-B informed Surveyor they did a grievance. Surveyor requested to see this grievance. On 7/1/24 at 12:00 p.m. Surveyor reviewed the June 2024 grievance binder. Surveyor was unable to locate a grievance for R16 in this binder. On 7/1/24 at 12:33 p.m. Surveyor informed DON-B Surveyor has not been provided with any information regarding R16's concern during the abuse investigation on 6/14/24. DON-B replied we did a grievance and explained name of SS (Social Service)-E was suppose to do the grievances. DON-B informed Surveyor she will get them. On 7/1/24 at 12:41 p.m. DON-B provided Surveyor with R16's grievance form. Under investigation summary documents Social worker was unable to make contact with patient to follow up. VMs (voice mail) left on 6/28/24 to both phone numbers listed. SW (Social Worker) will follow up next week. The signature and date has been left blank. The Grievance Follow Up Page which includes name of staff member following up, title, date, whether resolution communicated to guest or family/POA (power of attorney) (if applicable), and summary have not been completed. There is no signature for the Grievance Officer signature or Administrator signature. The facility did not start to investigate R16's grievance until after Surveyor asked for the grievance and did not resolve R16's grievance. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525549	A. Building B. Wing	07/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heritage Square Health Care Center	5404 W Loomis Rd Greendale, WI 53129

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 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	2.) R17's quarterly MDS (minimum data set) with an assessment reference date of 6/25/24 has a BIMS (brief interview mental status) score of 15 which indicates cognitively intact. On 6/14/24 during an abuse investigation involving another resident, R17 was asked a number of questions including the question Have you ever felt verbally abused by another staff or resident in this facility? The response written is documented as 3rd shift nurse sassy, mean like Last evening?? no time given she's overwhelmed, not coordinated, doesn't preplanned (sic) to stay ahead of the game. On 6/27/24, at 9:55 a.m., Surveyor informed DON (Director of Nursing)-B when residents were interviewed during an abuse investigation Surveyor had noted R17 had a concern and inquired what the facility did regarding R17's concern. DON-B informed Surveyor they did a grievance. Surveyor requested to see this grievance. On 7/1/24 at 12:00 p.m. Surveyor reviewed the June 2024 grievance binder. Surveyor was unable to locate a grievance for R17 in this binder. On 7/1/24 at 12:33 p.m. Surveyor informed DON-B Surveyor has not been provided with any information regarding R17's concern during the abuse investigation on 6/14/24. DON-B replied we did a grievance and explained name of SS (Social Service)-E was suppose to. DON-B informed Surveyor she will get them. On 7/1/24 at 12:41 p.m. DON-B provided Surveyor with R17's grievance form. Surveyor noted the investigation summary page under investigation summary documents Patient states that he has never had a staff member that has made him feel unsafe. Patient states that 3rd shift staff do not like to be bothered but it could be because they are overwhelmed or busy. Sometimes they come in and turn off the call light and say they will be right back but at times forget to return. Patient states he feels safe and has no concerns. Patient also mentioned having difficulties communicating with staff due to his hearing impairments. SW provided patient with hearing amplifier device to help with communication. Patient's care plan was updated. Patient is happy with new device to support with hearing. Surveyor noted the facility did not investigate R17's grievance until Surveyor inquired about the grievance. This grievance is not resolved as the grievance doesn't address the nurse who R17 described as being sassy, mean like and did not address staff turning off R17's call light and do not return. 3.) R18's admission MDS (minimum data set) with an assessment reference date of 5/25/24 has a BIMS (brief interview mental status) score of 14 which indicates cognitively intact. On 6/14/24 during an abuse investigation involving another resident, R18 was asked a number of questions including the question Have you ever experienced any inappropriate behavior from any staff member? The response written is documented as young girl on NOC (night) shift - doesn't know name seem really upset when you put light on. Resident needed to use the bathroom and when answered light she says now what do you want! On 6/27/24, at 9:55 a.m., Surveyor informed DON (Director of Nursing)-B when residents were interviewed during an abuse investigation Surveyor had noted R18 had a concern and inquired what the facility did regarding R18's concern. DON-B informed Surveyor they did a grievance. Surveyor requested to see this grievance. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525549	A. Building B. Wing	07/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heritage Square Health Care Center	5404 W Loomis Rd Greendale, WI 53129

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 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 7/1/24 at 12:00 p.m. Surveyor reviewed the June 2024 grievance binder. Surveyor was unable to locate a grievance for R18 in this binder. On 7/1/24 at 12:33 p.m. Surveyor informed DON-B Surveyor has not been provided with any information regarding R18's concern during the abuse investigation on 6/14/24. On 7/1/24 at 12:41 p.m. DON-B provided Surveyor with R18's grievance form. Surveyor noted the investigation summary page for investigation summary documents Social worker made contact with patient's husband. Husband states that patient is unavailable at this time and requested I call back next week. Call made 6/28/24. Surveyor noted the facility did not start to investigate R18's grievance until after Surveyor inquired about the grievance and R18's grievance has not been resolved. On 7/1/24, at 1:12 p.m., Surveyor informed NHA (Nursing Home Administrator)-A and DON (Director of Nursing)-B of the above. No information was provided to Surveyor as to why R16, R17, & R18's grievances weren't investigated promptly and resolved.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525549	A. Building B. Wing	07/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heritage Square Health Care Center	5404 W Loomis Rd Greendale, WI 53129

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 0600 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 20483 Based on interview and record review, the facility did not implement their written policies and procedures to prohibit and prevent abuse, for 1 CNA (Certified Nursing Assistant)-GG of 1 CNA reviewed who was involved in an allegation of sexual assault against 1 (R10) of 1 residents who alleged sexual assault. The deficient practice has the potential to affect a pattern of the 69 residents residing in the facility as the staff on night shift float to assist on other units. CNA-GG's BID (background information disclosure) form, completed by CNA-GG upon hire at the facility, was completed inaccurately as CNA-GG answered no for the question, Were you ever convicted of any crime anywhere including in federal, state, local, military and tribal courts? The facility did not verify the positive results of the DOJ (Department of Justice) background check (which identified a fourth-degree sexual assault conviction) against the results of the BID, completed by CNA-GG, to identify CNA-GG had inaccurately completed the BID form. The facility also did not obtain references for CNA-GG as part of the hiring process to accurately screen potential employees for a history of abuse, neglect, exploitation, or mistreatment of residents. The lack of thorough screening of CNA-GG by the facility before hiring allowed R10 to be cared for by CNA-GG resulting in R10 alleging CNA-GG sexually assaulted her. The facility failure to ensure CNA-GG's BID form was completed accurately by verifying the positive results of the DOJ background check against the results of the completed BID allowed CNA-GG to care for R10, subsequently resulting in R10 alleging sexual assault by CNA-GG. This created a finding of immediate jeopardy that began on 6/11/24. On 7/15/24, at 4:34 PM, Nursing Home Administrator-A was informed of the immediate jeopardy. The immediate jeopardy was removed on 7/17/24. However, the deficient practices continue at a scope and severity of an E (potential for harm/pattern) as the facility continues to implement and monitor its action plan. Findings include: The facility's policy titled, Abuse/Neglect/Exploitation and not dated under the components of the facility abuse prohibition plan are discussed herein for I Screening documents: A. Potential employees will be screened for a history of abuse, neglect, exploitation, or misappropriation of resident property. 1. Background, reference, and credentials' checks shall be conducted on potential employees, contracted temporary staff, students affiliated with academic institutions, volunteers, and consultants. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525549	A. Building B. Wing	07/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heritage Square Health Care Center	5404 W Loomis Rd Greendale, WI 53129

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 0600 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	2. Screenings may be conducted by the facility itself, third-party agency, or academic institution. 3. The facility will maintain documentation of proof that the screening occurred. On 6/27/24, at 9:00 a.m., Surveyor reviewed CNA-GG's personnel file. Included in CNA-GG's personnel file was a BID (Background information disclosure) form completed by CNA-GG on 2/29/24. Under section A. Acts, Crimes, and Offenses that may act as a bar or restriction, No is checked for Were you ever convicted of any crime anywhere, including in federal, state, local, military, and tribal courts? State of Wisconsin Department of Justice (DOJ) report dated 3/1/24, includes a charge of 4th degree sexual assault with a conviction date of 10/17/94. There is no documentation in CNA-GG's personnel file as to why CNA-GG answered no to the aforementioned question and if he was questioned about not answering the question truthfully when he was convicted of 4th degree sexual assault. In addition, there are no references noted prior to hire or documentation as to where references were sent to in order to complete a reference check. On 6/27/24, at 1:57 p.m., Surveyor asked BOM (Business Office Manager)-KK if he was responsible for HR (Human Resources). BOM-KK replied, now I am and explained the previous person left the end of May. Surveyor asked about the hiring process. BOM-KK informed Surveyor with the application they will have the BID, DOJ (Department of Justice), and IBIS (Integrated Background Information System) checks. Surveyor inquired if they request references. BOM-KK informed Surveyor they do. BOM-KK looked in CNA-GG's personnel file and informed Surveyor it doesn't look like any were completed for him. Surveyor asked BOM-KK if references were completed would they be in the personnel file. BOM-KK replied they would. Surveyor asked BOM-KK for any hiring policies. One of the residents CNA-GG cared for was R10. R10's diagnoses include right and left above knee amputation, hemiplegia and hemiparesis following cerebral infarction affecting left non dominate side, anxiety disorder, and depression. The quarterly MDS (minimum data set) with an assessment reference date of 4/9/24 has a BIMS (Brief Interview for Mental Status) score of 13 which indicates cognitively intact. R10 is assessed as not having any behaviors. R10 is assessed as being dependent for toileting, hygiene, & chair/bed to chair transfer, and partial/moderate assistance for rolling left and right. R10 is always incontinent of bladder and bowel was not rated. R10's BIMS dated 6/18/24 has a score of 8 which indicates resident has a moderate cognitively impairment. Surveyor noted this is a decline in R10's cognitive status. The alleged nursing home resident mistreatment, neglect, and abuse report documents the date occurred as 06/11/2024, time occurred documents 08:00 PM, date discovered is documented as 6/12/2024. Brief summary of incident documents: Resident stated aide came into her room last night and sexually abused her. Resident stated he forced his hands inside her private area and forced her hand on his private area. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525549	A. Building B. Wing	07/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heritage Square Health Care Center	5404 W Loomis Rd Greendale, WI 53129

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 0600 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	Surveyor noted the investigation included an interview with R10 which documents: On 6/12/24 patient [R10's first name] Notified SW (Social Worker) that a staff member touched her inappropriately. SW asked patient to provide a bit more information. SW asked patient the following question, Can you tell me exactly what happened. Last night 6/12/24 a worker came in carrying towels, when he came into my room and he asked me did you miss me, [R10's first name] responded saying how can I miss you I don't know you. He came closer and started to touch my leg and then he put his finger in my private part pushing in and out. When he touched me, He said it feels good, you like it, you wanna ride that? He grabbed my hand and put it on his private part and rubbed it up and down. After he was done, he did not say anything he just walked out of the room. Patient reports that she yelled out for help, but nobody came in. He did not yell, he talked to me in a normal tone when this happened. For the question can you describe the person who did this? Patient responded that he was a Black guy, skinny guy he said his name was [CNA (Certified Nursing Assistant)-GG first name]. Did you report the alleged abuse? Patient states she attempted to notify staff after the alleged abuse, but staff did not come in. Patient reported the abuse to social worker at about 8:45 am on Wednesday morning: SW immediately notified DON (Director of Nursing), the police, and POA (Power of Attorney). The late entry note dated 6/12/24, at 11:00 (11:00 a.m.), documents: Met with resident to complete body check, check unremarkable. Resident cooperative without signs of distress, no emotional distress noted during conversation. Voiced wanting to eat lunch. Verbalized understanding why the body check was being performed and voiced being fine. No ill effects noted. Will continue to monitor. Resident being sent out for ER (emergency room) evaluation per request of POA (power of attorney). Resident not avoiding conversations, no displays of fear, does not shy away from being touched, no angry outbursts, tearfulness or stress noted. This nurses note was written by DON (Director of Nursing)-B. The Social Services note dated 6/13/24, at 18:47 (6:47 p.m.) documents SW (Social Worker) completed daily check in, patient states she is doing well, but feeling a bit down. SW will follow up with BCS (Behavioral Care Solutions) to follow up with patient. SW provided patient with wash towel as to support with comfort as patient prefers to have 2 wash cloths. CNA (Certified Nursing Assistant) also readjusted patient position. Patient states she is comfortable and does not have any further needs at this time. This social services note was written by SS (Social Services)-E. The Social Services note dated 6/14/24, at 16:45 (4:45 p.m.), documents: SW completed daily check in, patient was sleeping most of the day. SW asked patient if she was feeling okay, patient reports feeling tired. Patient stated she is doing well and has no concerns at this time. This social service note was written by SS-E. Psychologist's note dated 6/18/24 under history of present illness includes documentation of . [R10's first name] is concerned that she might have nightmares, as a result of the alleged assault. [R10's first name] denies that she is currently having nightmares, and states Nothing is worrying me. [R10's first name] has a history of SI (suicidal ideation's) and attempts. All staff should be made aware of this. Suicidal ideation is not uncommon in survivors of sexual assault. Following our meeting, this writer met with the SW, the DON, and the ADON (Assistant Director of Nursing). Her care plan was amended at that time, to reflect current concerns. Staff should refer to case plan, dated 6/18/24. [R10's first name] is oriented times three, and continues to benefit from individual, supportive psychotherapy. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525549	A. Building B. Wing	07/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heritage Square Health Care Center	5404 W Loomis Rd Greendale, WI 53129

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 0600 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	The Social Service note dated 6/19/24, at 16:37 (4:37 p.m.), documents: SS check in - SW completed check in with patient; patient states she is doing well. patient appears calm and resting well. This social service note was written by SS-E. The Social Services note dated 6/24/24, at 11:43 (11:43 a.m.), documents: SW completed daily check in, patient states she is okay. Patient states she is comfortable and does not need anything at this time, SW will follow up with patient tomorrow. This social service note was written by SS-E. The Social Services note dated 6/25/24, at 16:16 (4:16 p.m.) documents: SS check in-SW completed check in with patient to discuss how she is feeling, patient states she is doing (sic) feeling a little sad today and was crying, patient states she had a bad dream. [Name] from BCS is aware of patient current mood. [Name] will visit again the following week as plan of care. [Name] has requested a call if patient needs follow up sooner. This social service note was written by SS-E. On 6/26/24, at 11:35 a.m., Surveyor observed R10 in bed on her back. Surveyor informed R10 Surveyor would like to talk with her and was sorry for the questions Surveyor may have to ask. R10 informed Surveyor, Surveyor was about the 10th person that has come in to talk to her. R10 informed Surveyor someone came in and touched her. Surveyor asked R10 if she remembers the name of the person. R10 replied I told them. R10 then informed Surveyor of CNA-GG's first name. Surveyor asked R10 why CNA-GG came into her room. R10 replied, I don't know why he wanted to touch me. Surveyor asked where CNA-GG touched her. R10 replied, in my private parts and then he put my hand between his legs in his pants and wanted me to go up and down. He said he enjoyed that. Surveyor asked R10 if CNA-GG had been in her room before. R10 replied, I don't remember, they don't have enough staff here. Surveyor asked when CNA-GG was in the room did anyone else come in? R10 replied, I don't think so, I called for help, and no one responded. Surveyor informed R10 Surveyor was terribly sorry for what she had to go through. R10 replied, what can I do, you can do nothing. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525549	A. Building B. Wing	07/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heritage Square Health Care Center	5404 W Loomis Rd Greendale, WI 53129

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 0600 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	On 6/26/24, at 12:26 p.m., Surveyor met with SS (Social Services)-E. Surveyor informed SS-E Surveyor had noted multiple notes she had written regarding daily checks with R10 and inquired about these daily checks. SS-E informed there was an incident that occurred, so she has been checking in on R10 to ensure she is not having ill effects from the incident that occurred. Surveyor inquired what the incident was. SS-E informed Surveyor an allegation of sexual assault. Surveyor inquired how she became aware of this. SS-E informed Surveyor R10 reported it to her. Surveyor asked SS-E when R10 reported this to her. SS-E informed Surveyor R10 has behaviors of yelling out so when R10 yells out she goes in and checks on R10 as her office is next to R10's room. SS-E informed Surveyor she went into R10's room and said Hey [first name of R10] what's going on. R10 said she was not well. SS-E indicated she asked R10 what do you mean? R10 said she had a terrible night. SS-E asked what happened. R10 informed her a worker put his fingers in her private parts and pushed his fingers in and out and then he grabbed her hand and had her rub his private parts up and down. SS-E informed Surveyor she immediately stopped R10 and asked R10 if she could give her a second as she needed to report this to the DON (Director of Nursing). DON-B informed her they needed to start an investigation and since R10 was comfortable with her DON-B gave her some questions to ask R10. SS-E informed Surveyor one of the follow up questions was could R10 give her a description of the person. SS-E informed Surveyor R10 actually gave her a name and description. SS-E informed Surveyor she went to DON-B who was with the scheduler to get the schedule and SS-E gave DON-B the name of the staff R10 had given her. SS-E informed Surveyor this person was on the schedule. Surveyor asked SS-E if R10 had ever voiced a concern like this in the past. SS-E replied no. Surveyor asked what she could tell Surveyor about R10. SS-E informed Surveyor she was born in [name of country] and her husband travels back & forth to this country, she has an activated POA (Power of Attorney,) if you ask R10 a question R10 will answer but is a very private person. SS-E informed Surveyor when this happened R10 was able to talk about the incident but when she told R10 she needed to call her son, the POA, SS-E stated R10 broke down & cried and said she was embarrassed. SS-E informed Surveyor R10 has been consistent in her story, thinks R10 is truthful but in her heart prays it wasn't true. SS-E informed Surveyor R10 does not complain or make up stories but will yell out. SS-E explained when R10 yells out she wants ice water, her call light fell on the floor, needs cough drops, or wants two washcloths. SS-E informed Surveyor R10 is very consistent with her needs. On 6/28/24, at 11:21 a.m., Surveyor observed R10 in bed on her back. Surveyor informed R10, Surveyor doesn't want to ask her about the details of what happened to her again but would like to ask her a couple more questions. R10 replied, you can ask whatever you like, that's your job, I don't have a problem, only problem is I don't have legs. R10 then informed Surveyor of the incident with CNA-GG repeating the same details as she had told Surveyor previously. Surveyor asked R10 if she feels safe here. R10 replied, yeah, they said they got the guy, he worked here, and they fired him. R10 then informed Surveyor the police were here with pictures asking if she recognized him. R10 stated, I'm scared he will come again. Surveyor asked R10 if she has felt sadder or upset. R10 replied no, just scared that will happen again because he said he would be back. On 7/1/24, at 7:08 a.m., Surveyor observed R10 in bed on her back. Surveyor spoke with R10 asking how she was doing. R10 stated, I want to kill myself. Surveyor informed R10 Surveyor would be back. Surveyor went out into the hallway and informed LPN (Licensed Practical Nurse)-K what R10 had said to Surveyor. LPN-K then went right into R10's room. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525549	A. Building B. Wing	07/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heritage Square Health Care Center	5404 W Loomis Rd Greendale, WI 53129

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 0600 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	On 7/1/24, at 9:36 a.m., BOM-KK informed Surveyor they don't have a hiring policy but use a new hire check-off list. BOM-KK provided Surveyor a copy of this new hire check-off list. Surveyor noted the check list includes application, offer letter, send BID check to HR resolution, review background check, background check if any convictions, administrator review, and reference check. On 7/1/24, at 10:52 a.m., Surveyor observed R10 wearing a hospital gown in bed. R10 informed Surveyor she just got back from the hospital and stated they took care of me. On 7/1/24, at 1:12 p.m., Surveyor informed NHA (Nursing Home Administrator)-A and DON (Director of Nursing)-B of the above. The facility's failure to implement their policies and procedures including ensuring CNA-GG's Background Information Disclosure (BID) form was accurate by verifying the positive results of the DOJ background check against the results of the completed BID allowed CNA-GG to provide cares for a vulnerable resident, resulting in that resident alleging sexual abuse by CNA-GG. This failure created a reasonable likelihood for serious harm, thus leading to a finding of immediate jeopardy. The immediate jeopardy was removed on 7/17/24 when the facility completed the following: -Education to Human Resources (HR) personnel regarding proper review of information submitted on BID and review of background checks along with reference checks are completed prior to staff being hired. Education will include interventions to be put into place for individual concerns. -All staff will be educated to ensure all staff know and respond to residents calling out for help, not just staff assigned to the resident. -Policies related to onboarding staff have been reviewed on 7/1/24 with the corporate HR Director. Policies reviewed include checking background information and reference prior to staff being hired. The nurses review with the CNA what their assignments are related to cares, showers, etc. Throughout the day the nurse verify that the duties were completed. -All nursing staff will be trained regarding their responsibility related to supervision on the unit and what it entails. Assignments will be made by the nurse on the unit and audited by the manager overseeing that unit weekly. Any supervision or education that is required as a result of the background check the administration will be responsible for education, training and assigning. -Abuse policy was reviewed, language related to staff calling out for help and expected response from staff to ensure not just staff assigned to the resident respond was added on 7/15/24 and reviewed with Regional Consultants. -Above reviewed with the Medical Director on 7/15/24. -The administrator will conduct audits on all staff hired for 3 months to ensure onboarding has been properly completed prior to staff being hired. -Random audits will be conducted by the DON and administrator or designee daily x 2 weeks then weekly x 8 weeks, then monthly x3 months to ensure staff can verbalize steps to take when residents are calling out for help. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525549	A. Building B. Wing	07/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heritage Square Health Care Center	5404 W Loomis Rd Greendale, WI 53129

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 0600 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	-Both audits will be reviewed at the QA meeting for further recommendations.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525549	A. Building B. Wing	07/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heritage Square Health Care Center	5404 W Loomis Rd Greendale, WI 53129

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 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. 20483 Based on interview and record review the facility did not report 2 (R10 & R3) of 6 incidents to the State survey agency and/or Nursing Home Administrator during the required timeframe. * An allegation of sexual assault involving R10 was not reported to the Administrator and the State agency immediately but not later than 2 hours after the allegation was made. * An allegation of physical abuse involving R3 was not reported to the State Survey agency within 2 hours of the allegation being made. Findings include: The facility's policy titled, Abuse/Neglect/Exploitation and not dated under VII. Reporting/Response documents A. The facility will have written procedures that include: 1. Reporting all alleged violations to the Administrator, state agency, adult protective services and to all other required agencies (e.g. law enforcement when applicable) within specified timeframe's: a. Immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or b. Not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury . B. The Administrator should will follow up with government agencies, during business hours, to confirm the initial report was received, and to report the results of the investigation when final within 5 working days of the incident, as required by state agencies. 1.) R10's diagnoses includes right and left above knee amputation, hemiplegia and hemiparesis following cerebral infarction affecting left non dominate side, anxiety disorder and depression. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525549	A. Building B. Wing	07/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heritage Square Health Care Center	5404 W Loomis Rd Greendale, WI 53129

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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	R10's BIMS (brief interview mental status) dated 6/18/24 has a score of 8 which indicates moderate cognitive impairment. The alleged nursing home resident mistreatment, neglect and abuse report documents the date occurred as 06/11/2024, time occurred documents 08:00 PM date discovered is documented as 6/12/2024. Brief summary of incident documents Resident stated aid came into her room last night and sexually abused her. Resident stated he forced his hands inside her private area and forced her hand on his private area. The name of the person preparing this report is documented as Prior AIT (Administrator in training)/Assistant Administrator-V. The report submitted date is documented as 6/12/2024 5:14:32 PM. On 6/26/24, at 12:26 p.m., Surveyor met with SS (Social Services)-E. Surveyor informed SS-E Surveyor had noted multiple notes she had written regarding daily checks with R10 and inquired about these daily checks. SS-E informed there was an incident that occurred so she has been checking in on R10 to ensure she is not having ill effects from the incident that occurred. Surveyor inquired what the incident was. SS-E informed Surveyor an allegation of sexual assault. Surveyor inquired how she became aware of this. SS-E informed Surveyor R10 reported to her. Surveyor asked SS-E when R10 reported this to her. SS-E informed Surveyor R10 has behaviors of yelling out so when R10 yells out she goes in and checks on R10 as her office is next to R10's room. R10 explained to SS-E what happened and SS-E stated she asked R10 to give her a second as she needs to report this to DON (Director of Nursing)-B. SS-E informed Surveyor she then went and reported the sexual allegation to DON-B. Surveyor asked SS-E what time was it when R10 informed her of the sexual assault. SS-E informed Surveyor it wasn't 9:00 a.m. yet and was around 8:45 a.m. to 8:50 a.m. Surveyor asked SS-E if she knew who notified NHA (Nursing Home Administrator)-A. SS-E informed Surveyor DON-B. SS-E stated she told Prior AIT/Assistant Administrator-V. SS-E stated she told her late. SS-E explained she told DON-B for the safety of all residents and contacted Prior AIT/Assistant Administrator-V around 1:00 p.m. and thinks AIT/Assistant Administrator-V notified NHA-A. On 6/27/24, at 9:55 a.m., Surveyor met with DON-B to discuss R10's sexual assault allegation. Surveyor inquired when NHA-A was notified. DON-B informed Surveyor NHA-A was on vacation. DON-B informed Surveyor she notified Prior AIT/Assistant Administrator-V. Surveyor inquired what time she notified Prior AIT/Assistant Administrator-V. DON-B informed Surveyor it was a busy morning explaining the family wanted R10 sent out, they were conducting pain and skin checks, & she spoke with R10. DON-B informed Surveyor it was probably around two hours after. Surveyor asked DON-B if she knew why the state agency wasn't notified within two hours as required by regulations. DON-B informed Surveyor NHA-A was on vacation and not in the building, she called Prior AIT/Assistant Administrator-V, who also was not in the building, but she didn't have her computer with her. DON-B informed Surveyor it wasn't a priority for her as she wanted to make sure the residents were safe. On 6/27/24, at 10:26 a.m., Surveyor asked NHA-A & DON-B when Prior AIT/Assistant Administrator-V left the facility. NHA-A informed Surveyor 6/19/24 at the end of her 90 days. Surveyor informed NHA-A & DON-B R10's sexual assault allegation was not reported within 2 hours as required as the facility became aware of the allegation at approximately 8:45 a.m. and Prior AIT/Assistant Administrator-V did not report to the State agency until 5:14 p.m. In addition it's unclear whether Prior AIT/Assistant Administrator-V was informed within (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525549	A. Building B. Wing	07/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heritage Square Health Care Center	5404 W Loomis Rd Greendale, WI 53129

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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	2 hours as SS-E informed Surveyor it was around 1:00 p.m. she contacted her and DON-B indicated it was around two hours. 16584 2.) On 6/25/24, Surveyor conducted a review of the facility's self-report incident involving R3. The facility investigation indicates that R3 states that she was taken to another room and tossed around like a rag doll by staff and then taken back to her room. The facility documents that this allegation of abuse was discovered on 4/23/24 when a report was given to the facility social worker. Surveyor conducted a further review of the facility's investigation and noted that Department of Health Serves form F- 62617 was not submitted to the State Survey agency until 4/25/24. On 6/26/24 at 3:00 p.m., Surveyor interviewed Director of Nursing- B regarding the facility's investigation. Surveyor asked DON- B why the facility submitted the report late. DON- B stated that she does not know why the report was late and that the employee who submitted it no longer works at the facility. DON- B stated that they are aware of the timeframe's for reporting allegations of abuse. As of the time of exit on 6/27/24, no additional information had been provided as to why the facility did not report R3's allegation of abuse within the required 2 hours after they were made aware of the allegation.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525549	A. Building B. Wing	07/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heritage Square Health Care Center	5404 W Loomis Rd Greendale, WI 53129

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 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Respond appropriately to all alleged violations. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 20483 Based on interview and record review the Facility did not have evidence allegations of abuse, misappropriation of property & mistreatment were thoroughly investigated for 3 (R10, R15, & R11) of 6 Residents reviewed for abuse. * The facility did not thoroughly investigate R10's allegation of sexual assault. * The facility did not thoroughly investigate R15's allegation of missing $416 and CNA-GG not assisting R15 with toileting. * The facility did not thoroughly investigate R11's allegation of neglect. Findings include: The facility's policy titled, Abuse/Neglect/Exploitation and not dated under section V. Investigation of Alleged Abuse, Neglect and Exploitation documents A. An immediate investigation is warranted when suspicion of abuse, neglect or exploitation, or reports of abuse, neglect or exploitation occur. B. Written procedures for investigation include: 1. Identifying staff responsible for the investigation; 2. Exercising caution in handling evidence that could be used in a criminal investigation (e.g., not tampering or destroying evidence); 3. Investigating different types of alleged violations; 4. Identifying and interviewing all involved persons, including the alleged victim, alleged perpetrator, witnesses, and others who might have knowledge of the allegations; 5. Focusing the investigation on determining if abuse, neglect, exploitation, and/or mistreatment has occurred, the extent, and cause; and 6. Providing complete and thorough documentation of the investigation. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525549	A. Building B. Wing	07/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heritage Square Health Care Center	5404 W Loomis Rd Greendale, WI 53129

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 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	1.) R10's diagnoses includes right and left above knee amputation, hemiplegia and hemiparesis following cerebral infarction affecting left non dominate side, anxiety disorder and depression. R10's BIMS (brief interview mental status) dated 6/18/24 has a score of 8 which indicates moderate cognitive impairment. The alleged nursing home resident mistreatment, neglect and abuse report documents the date occurred as 06/11/2024, time occurred documents 08:00 PM date discovered is documented as 6/12/2024. Brief summary of incident documents Resident stated aid came into her room last night and sexually abused her. Resident stated he forced his hands inside her private area and forced her hand on his private area. The name of the person preparing this report is documented as Prior AIT (Administrator in training)/Assistant Administrator-V. The report submitted date is documented as 6/12/2024 5:14:32 PM. Surveyor noted the investigation included an interview with R10 which documents On 6/12/24 patient [R10's first name] Notified SW (Social Worker) that a staff member touched her inappropriately. SW asked patient to provide a bit more information. SW asked patient the following question. Can you tell me exactly what happened. Last night 6/12/24 a worker came in carrying towels, when he came into my room and he asked me did you miss me, [R10's first name] responded saying how can I miss you I don't know you. He came closer and started to touch my leg and then he put his finger in my private part pushing in and out. When he touched me He said it feels good, you like it, you wanna ride that? He grabbed my hand and put it on his private part and rubbed it up and down. After he was done he did not say anything he just walked out of the room. Patient reports that she yelled out for help but nobody came in. He did not yell, he talked to me in a normal tone when this happened. For the question can you describe the person who did this? Patient responded that he was a Black guy, skinny guy he said his name was[CNA (Certified Nursing Assistant)-GG first name]. Did you report the alleged abuse? Patient states she attempted to notify staff after the alleged abuse but staff did not come in. Patient reported the abuse to social worker at about 8:45 am on Wednesday morning: SW immediately notified DON (Director of Nursing), the police and POA (power of attorney). Review of the facility's investigation revealed the police were notified, residents and staff were interviewed. Surveyor noted although staff were interviewed on the night of the alleged sexual assault only RN (Registered Nurse)-HH & CNA-FF were interviewed. The facility did not interview LPN (Licensed Practical Nurse)-U, CNA-II, or CNA-JJ who were working this night. On 6/28/24, at 7:33 a.m., Surveyor asked DON (Director of Nursing)-B how did they decide which staff to interview. DON-B explained they pulled the schedule for staff working with an attempt to interview them. DON-B informed Surveyor Prior AIT (Administrator in Training)/Assistant Administrator-V did the interviews. Surveyor informed DON-B the facility did not conduct a thorough investigation as there are a number of night shift staff that were not interviewed. DON-B informed Surveyor she can't answer as to why Prior AIT/Assistant Administrator-V interviewed some staff and not the others. 2.) R15 was admitted to the facility on [DATE] and discharged on [DATE]. The admission MDS (minimum data set) with an assessment reference date of 4/28/24 has a BIMS (brief interview mental status) score of 15 which is cognitively intact. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525549	A. Building B. Wing	07/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heritage Square Health Care Center	5404 W Loomis Rd Greendale, WI 53129

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 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 5/1/24 the facility submitted an alleged nursing home resident mistreatment, neglect, and abuse report involving R15. The date occurred documents 4/30/24, time occurred documents 07:00 PM, and date discovered is documented as 5/1/24. Under brief summary of incident documents Resident claims that the accused nursing staff member came into his room yesterday after he put his call light on to go to the rest room. Resident claims that the staff member took his urinals that were full and poured them all over his toilet and then threw the bottles on the ground and walked out the room without helping him to the toilet. Resident stated he shouted out hey I need to use the rest room can you help me and the staff member continued to leave. During the facility's investigation SS (Social Service)-E interviewed R15. SS-E statement from interview with R15 documents Patient informed SW (Social Worker) that he was unhappy with a male CNA (Certified Nursing Assistant) that works late. Patient states that the CNA was rude and refused to help with toileting. Patient states that the CNA came in with an attitude military like and was very short with him. Patient states that when he asked the CNA to help him empty the urinal the CNA grabbed the urinal and emptied it out but dumped urine all over the toilet seat and left it that way. Patient states that he had to get up and clean off the toilet seat before he could use it. Patient then reports that he was missing $416.00, patient states that he had money in his wallet and he left his room to go to the gym and when he returned the his wallet was on the side of his bed opened and money was missing. Patient states he still has $100.00 because he had that hiding in a different area. SW offered patient to lock his money in the safe but patient declined and states that he will keep his personal belongings with him at all times. Prior AIT (Administrator in Training)/Assistant Administrator-V's signed statement documents On May 1st the social worker and I went into room [number] to speak with [R15's first name] about some concerns he's had. When I spoke with [R15's first name] he stated that he had $400 dollars missing from his wallet. I asked him where does he keep his wallet and he stated that he was in a rush leaving for therapy the prior day and left his wallet on the chair in his room. He said he then noticed he had funds missing when he returned. At first he thought it was $260 missing then he said he realized it was $416 dollars. He also complained of an aid that he described as very big, black and bald. He said that he gives off military presence and he believes that this man is a [NAME] towards his kind because he thinks the man had served in Iraq. I asked him why does he believe this man is racist towards to him and he stated that he is kind to everyone but him. He doesn't talk to me in a respectful way like everyone else. Resident also stated that the prior night he hit his call light to use the rest room and the man responded. He said he asked him to empty his urinal. He poured the urine all over the toilet seat and then threw the urine cans on the ground and left without helping him to the rest room. The resident stated he had to manage to help himself to the rest room and that is when he noticed the urine all over the toilet. He stated he doesn't want this aide in his room at anytime. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525549	A. Building B. Wing	07/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heritage Square Health Care Center	5404 W Loomis Rd Greendale, WI 53129

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 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Surveyor noted during the facility's investigation the police were contacted and other residents interviewed. Surveyor also noted the facility interviewed only 6 staff working on the complex unit & rehab unit. It should be noted the complex & rehab unit are on one side of the building with a long hall, and nurses station in between. Surveyor wasn't able to locate any interviews with the therapy staff as to what time R15 was in therapy as this is when R15 alleged his money became missing or any interview of housekeeping who may have been on the unit. Surveyor noted on 4/30/24 for the day shift on the complex unit CNA-N was interviewed. LPN (Licensed Practical Nurse)-J & CNA-W who were working on the complex unit were not interviewed. On 4/30/24 for the day shift on the rehab unit LPN-X & CNA-Y were interviewed. The facility did not interview Nurse-Z, CNA-AA or CNA-BB who were working on the rehab unit. On 4/30/24 the Facility did not interview other night shift staff including Nurse-CC, Nurse-EE, CNA-DD & CNA-FF who may have knowledge of the interaction between R15 and CNA-GG. On 7/1/24, at 9:39 a.m., Surveyor asked NHA (Nursing Home Administrator)-A during an abuse investigation how do you determine what staff are interviewed. NHA-A explained depends when the incident happened or if a Resident was missing money when was the last time they saw the money to try to pin point it down and goes back from that time. On 7/1/24, at 1:12 p.m., Surveyor informed NHA-A and DON (Director of Nursing)-B the facility did not conduct a thorough allegation regarding R15's allegation of missing money and CNA-GG not assisting R15 to the toilet as staff on the night shift who may have knowledge were not interviewed as well as staff working when R15's money became missing. 16584 2.) On 6/25/24, Surveyor conducted a review of the facility's self- reported incident involving R11. The facility investigation documents that on 5/7/24, they discovered that R11 stated she was waiting for hours for her call light to be answered. R11 stated that the accused Certified Nursing Assistant (CNA) answered the call light, refused cares, and then got upset and threw R11's bedding at her. The facility conducted an investigated and sent in the results of their investigation to the state survey agency on 5/14/23. The investigation contained statements from other residents who resided in the same area as R11. The facility asked the residents if they felt safe in the facility, if they received help when asked for, if staff perform cares with the, and if staff have ever been aggressive. In addition to resident statements, the facility spoke with staff members. The staff members were asked about how long they have to respond to call lights, and who to report neglect to. The staff were not asked if they had any knowledge of the situation involving R11 and the accused CNA. Without having questioned the facility staff if they had any knowledge of the situation, they did not conduct a thorough investigation. On 6/26/24 at 3:00 p.m., Surveyor interviewed Director of Nursing- B regarding the facility's investigation. Surveyor asked DON- B why the investigation did not include staff statements if they were aware of a situation that took place between R11 and a CNA refusing to help her. DON- B stated that she was not in her role as the DON at the time of this investigation and she would have expected that the staff would have been asked if they have any knowledge of the incident. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525549	A. Building B. Wing	07/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heritage Square Health Care Center	5404 W Loomis Rd Greendale, WI 53129

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 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	As of the time of exit on 6/27/24, no additional information had been provided as to why the facility did not conduct a thorough investigation into R11's allegation neglect/ intentionally withholding care.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525549	A. Building B. Wing	07/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heritage Square Health Care Center	5404 W Loomis Rd Greendale, WI 53129

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 0676 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure residents do not lose the ability to perform activities of daily living unless there is a medical reason. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49435 Based on interview and record review, the facility did not ensure that 1 (R7) of 7 residents reviewed for ADL (Activities of Daily Living) assistance received the necessary services to maintain ability to practice good grooming and personal hygiene. R7 had no documented showers provided by facility staff from 4/18/2024 through 5/19/2024. Findings include: R7 was admitted to the facility on [DATE] and was discharged on [DATE]. R7 has diagnoses that include Right arm fracture, Muscle weakness, Morbid obesity, Depression, Anxiety and Type 2 Diabetes. R7's Admission Minimum Data Set (MDS) assessment, dated 4/24/2024, documents R7 is cognitively intact. When asked, How important is it to you to choose between a tub bath, shower, bed bath or sponge bath? R7 answered somewhat important. R7's Care Area Assessment (CAA) dated 4/24/2024 documents R7 requires substantial/maximal assistance to shower/bathe self. R7 reported not receiving a shower or having her hair washed despite asking facility staff. Surveyor reviewed R7's care plan. Surveyor notes that showers are not documented within the care plan. On 6/26/2024, at 1:55 PM, Surveyor interviewed Certified Nursing Assistant (CNA)-N. CNA-N stated that the facility has a shower binder that has the schedule of when residents are to be showered. Surveyor asked where the binder is located. CNA-N stated the Licensed Practical Nurse, Unit Manager (LPN UM)-D could locate the binder. CNA-N indicated that before or after giving a resident a shower, CNA-N would call the nurse to do a skin check/assessment. The nurse would have to sign the shower sheet and CNA-N would give the shower sheet documentation to LPN UM-D. Surveyor reviewed R7's Electronic Medical Record (EMR) and noted R7 did not have weekly skin assessments documented from 4/18/2024 through 5/19/2024. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525549	A. Building B. Wing	07/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heritage Square Health Care Center	5404 W Loomis Rd Greendale, WI 53129

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 0676 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 6/26/2024, at 2:05 PM, Surveyor interviewed LPN UM-D regarding R7's showers. LPN UM-D stated that the facility started a new system of tracking showers in March because residents were missing showers. LPN UM-D stated that residents receive a shower once a week. CNAs can locate the shower schedule in the binder at the nurse's station. LPN UM-D retrieved the binder and found that R7 was on the schedule for Wednesdays during the PM shift. LPN UM then retrieved and reviewed a shower sheet with Surveyor and pointed out that nurses sign the shower sheets after completing a skin check/assessment. LPN UM-D stated that after a resident is showered, and a nurse has completed the skin check/assessment, CNAs turn in the completed shower sheet documentation to LPN UM-D. Surveyor asked where the completed shower sheets are located for R7. LPN UM-D retrieved a binder full of completed shower sheets, arranged by month. Surveyor asked for R7's shower sheets for the months of April and May. LPN UM-D could not locate R7's shower documentation for months of April and May. LPN UM-D stated that they do not have any shower sheets for R7. On 7/1/2024, at 8:45 AM, Surveyor interviewed Director of Nursing (DON)-B about R7's showers. DON-B stated that DON-B was in the process of putting a new shower system in place. DON-B stated residents should receive showers/baths weekly and that nurses are responsible for ensuring the bath/shower is given. DON-B indicated that the Unit Manager will then collect the shower sheets for review. DON-B stated that skin checks/assessments are being removed from the shower sheet and education about the shower process is being started today. Surveyor asked for documentation that R7 received a shower while admitted to the facility. DON-B stated that DON-B can't prove showers were completed for R7. On 7/1/24, at 1:15 PM, Nursing Home Administrator (NHA)-A and DON-B were made aware of the concern R7 had no documented showers provided by facility staff from 4/18/2024 through 5/19/2024. No additional information was provided as to why the facility did not ensure R7 received the necessary services to maintain ability to practice good grooming and personal hygiene.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525549	A. Building B. Wing	07/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heritage Square Health Care Center	5404 W Loomis Rd Greendale, WI 53129

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 0684 Level of Harm - Actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 20483 Based on interview and record review, the facility did not ensure that based on the comprehensive assessment of a resident, residents received treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan and the resident's choices for 1 (R6) of 3 residents. R6 did not have a CBC (complete blood count) & BMP (basic metabolic panel) during the week of 5/19/24 to 5/25/24 according to physician orders. CNAs (Certified Nursing Assistants) documented 14 episodes of loose, watery, diarrhea stools starting 5/25/24. On 5/28/24, Imodium 2 mg (milligram) was ordered every six hours as needed. Also on 5/28/24, NP (Nurse Practitioner) recommended Metamucil for R6. An order wasn't obtained until 5/30/24 two days later for psyllium husk powder (an ingredient in Metamucil.) The facility did not comprehensively assess R6's bowels and a stool sample was not obtained to rule out an infectious process. On 6/4/24, R6 was discharged from the facility to a family member. The family member transported R6 to the hospital where in the emergency room R6 was diagnosed with dehydration, C-Diff (Clostridioides difficile), and a Urinary Tract Infection (UTI). Findings include: R6 was admitted to the facility on [DATE] and discharged on [DATE]. R6 did not have an activated healthcare power of attorney. R6's diagnoses includes urinary tract infection, severe protein calorie malnutrition, hypertension, and rheumatoid arthritis. The physician orders include an order dated 5/15/24 which documents CBC (complete blood count), CMP (comprehensive metabolic panel) x (times) 1, CBC, bmp (basic metabolic panel) weekly. Surveyor noted a CBC and CMP was collected on 5/17/24 and a CBC and BMP was collected on 5/30/24. Surveyor was unable to locate a CBC & BMP was collected during the week of 5/19/24 to 5/25/24. On 7/1/24, at 9:47 a.m., Surveyor asked LPN/UM (Licensed Practical Nurse/Unit Manager)-F when the lab comes into the facility. LPN/UM-F informed Surveyor Tuesday and Fridays but labs can be ordered any day of the week. Surveyor informed LPN/UM-F Surveyor was unable to locate a CBC & BMP during the week of 5/19/24 to 5/25/24 according to physician orders. LPN/UM-F informed Surveyor R6 refused one lab. Surveyor informed LPN/UM-F Surveyor did not note any documentation regarding refusal of a lab. LPN/UM-F informed Surveyor it may be on the lab form. Surveyor asked LPN/UM-F to provide this form to Surveyor. On 7/1/24, at 11:01 a.m., LPN/UM-F informed Surveyor labs for the week (5/19-5/25/24) there was an issue with drawing labs as the lab didn't have staff. The NP (nurse practitioner) was made aware and ended up drawing labs the next week. Surveyor asked LPN/UM-F when was the NP notified as Surveyor did not note any documentation regarding this. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525549	A. Building B. Wing	07/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heritage Square Health Care Center	5404 W Loomis Rd Greendale, WI 53129

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 0684 Level of Harm - Actual harm Residents Affected - Few	On 7/1/24, at 11:06 a.m., Surveyor called [name of] lab and spoke with LR (lab representative)-O on the telephone. Surveyor inquired during the week of 5/19/24 to 5/25/24 if they didn't have staff available to draw a CBC & BMP at [name of] facility. LR-O informed Surveyor they have staff 24-7 and informed Surveyor she knows a couple times they had a break of service as they did not pay their bills. LR-O asked Surveyor for the name of the resident who did not have their lab work, which Surveyor provided. LR-O informed Surveyor they had a break of service as the facility was not paying their bills and services were stopped. The admission MDS (minimum data set) for R6 with an assessment reference date of 5/18/24 has a BIMS (Brief Interview for Mental Status) score of 12 which indicates moderate cognitive impairment. R6 is assessed as requiring partial/moderate assistance for toileting, hygiene, chair/bed to chair transfer, and toilet transfer. R6 is assessed as always continent for urine and bowel. The functional abilities (Self-Care and Mobility) CAA (care area assessment) dated 5/20/24 under analysis of findings for nature of problem/condition documents: Res (Resident) recent decline due to UTI (urinary tract infection) and dizziness. Daily antianxiety, ABT (antibiotic)-UTI. SOB (shortness of breath) when flat per MAR (medication administration record), moisturizer to extremities. Therapy ppoc (per plan of care). Skin and pain monitored. Pressure reducing devices in place. Assist w (with) ADLs (activities daily living). The physician functioning deficit care plan initiated 5/16/24 includes an intervention of, I require mod (moderate) assist x (times) 1 to complete toileting. Initiated 5/16/24. The alteration in elimination of bowel and bladder Constipation, History of UTIs initiated 5/20/24 documents the following interventions: * Monitor and report S&S (signs and symptoms) of UTI: changes in color, odor, or consistency of urine, dysuria, frequency, fever, pain. Initiated 5/20/24. * Monitor bowel status frequency. Initiated 5/20/24. * Provide easy access to clothing. Initiated 5/20/24. APNP (Advanced Practice Nurse Prescriber)-R's note dated 5/17/24 under review of systems includes documentation of Gastrointestinal: Positive for diarrhea (last couple days.) Negative for abdominal distention and abdominal pain. APNP-R's note dated 5/22/24 documents 5/22 follow up visit with patient today, family at bedside. She had a care conference today. Plan is for patient to go home after rehab, ALF (assisted living facility) has been recommended by therapy. She denies pain, cp (chest pain), sob (shortness of breath) or other concerns. States diarrhea has resolved. Family trying to fix and get battery in to her hearing aid. She is anxious to go home. Denies new concerns at this time. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525549	A. Building B. Wing	07/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heritage Square Health Care Center	5404 W Loomis Rd Greendale, WI 53129

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 0684 Level of Harm - Actual harm Residents Affected - Few	APNP-R's note dated 5/28/24 documents: 5/28 follow up visit with patient today, states over the weekend had some diarrhea. Today it was loose so she felt it was getting better. States she thought she received something this am (morning), but didn't know what it was. No antidiarrheal on med (medication) list. Will add prn (as needed) imodium if needed, later received msg (message) from nursing stool loose, not watery and mucous noted. Will add Metamucil as well. Continue to monitor BMs (bowel movements). Patient is eating and drinking fluids ok . Under review of symptoms documents: Gastrointestinal: Positive for diarrhea (vs soft stools). Negative for abdominal distention and abdominal pain. Under assessment and plan documents: For loose stool plan to add Metamucil 1 packet daily and imodium 2 mg (milligrams) 4 times daily as needed for diarrhea. The physician order dated 5/28/24 documents Imodium A-D oral capsule 2 mg (Loperamide HCl) Give 1 capsule by mouth every 6 hours as needed for diarrhea and dated 5/30/24 Psyllium Husk Powder (Psyllium Husk (Bulk)) Give 1 Tbsp (tablespoon) by mouth one time a day for Digestive Health. Surveyor noted there was a 2 day delay in ordering Psyllium Husk (Metamucil) for R6. The initial cardiac progress note dated 5/29/24 by NP (Nurse Practitioner)-S under history of present illness includes documentation of: Resident was examined resting in her room in her wheelchair today. She is extremely hard of hearing and anxious. She reports a 3 day history of diarrhea with no other symptoms. She denied the following cardiac symptoms including dizziness, visual disturbances, chest pain, chest pressure or tightness, palpitations, shortness of breath, PND (paroxysmal nocturnal dyspnea), lower extremity edema or syncope. There are no nursing concerns at this time. The nurses note dated 5/30/24, at 12:18, under gastrointestinal includes documentation of: Date of last BM (bowel movement): 5/30/24 Bowel movement appearance: WNL (within normal limits). Gastrointestinal Note: Resident started on Metamucil for digestive health. Bowel sounds x 4 quads with soft non-dist (distended) ABD (abdomen). Resident denies constipation or pain upon palpation. Stools noted to be very soft. This nurses note was written by LPN/UM (Licensed Practical Nurse/Unit Manager)-F. APNP-R's note dated 6/3/24 documents: 6/3 visit with patient today. Denies cp, sob, or new concerns. She states she believes she is still having diarrhea, she pulled down her brief to look and there was a mix of loose stool and some formed, (incontinent) she had new underwear in room but requested pull ups. Stool appeared dark brown, darker than previous seen, writer did an poc (bed side) occult blood test which was negative. She denies abdominal pain, nausea/vomiting. Per nursing she is declining nutritional supplements. She states she has not received her Metamucil or imodium, writer discussed with nursing to make sure she gets this today. The nurses note dated 6/4/24, at 13:46 (1:46 p.m.), documents Pt (patient) d/c (discharged) from facility about 1345 (1:45 p.m.) via private transportation with daughter and son. VSS (vital signs stable). No SS (signs symptoms) distress. Denies SOB. All remaining meds were provided. Discharge med list and paperwork all explained to Pt and family by writer and [Name]; daughter verbalized understanding in her own words. Pt left the facility alert, orientated, and stable. This nurses note was written by LPN-U. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525549	A. Building B. Wing	07/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heritage Square Health Care Center	5404 W Loomis Rd Greendale, WI 53129

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 0684 Level of Harm - Actual harm Residents Affected - Few	The hospital ED (emergency department) note dated 6/4/24 documents [R6's first name] is a nontoxic-appearing [AGE] year-old female who presents with concerns for diarrhea and generalized weakness. Vitals were AFVSS (afebrile vital signs stable) throughout care. Differential was broad and included but was not limited to C. difficile, UTI, electrolyte abnormalities, AKI (acute kidney injury) and many other etiologies. C difficile was positive and her UA (urinalysis) appeared infectious. CBC was remarkable for a leukocytosis without anemia. CBC showed normal electrolytes and kidney function. She was treated with a liter bolus, oral vancomycin, and ceftriaxone for her dehydration, UTI, and C. difficile. We attempted to ambulate her and she was only able to take a few steps without assistance. The patient, her daughter, and I discussed admission for UTI and C. difficile treatment in additional to potential PT/OT (physical therapy/occupational therapy) and help with finding a safe discharge plan for her as they noted she would be going home by herself with no one to help care for her long term. They were amenable to this plan and she was admitted to the medicine service without incident. On 6/26/24, at 2:27 p.m., Surveyor showed CNA (Certified Nursing Assistant)-Q R6's picture and asked CNA-Q if she remembered R6. CNA-Q replied yes. Surveyor asked CNA-Q if she assisted R6 with using the bathroom. CNA-Q replied yes. Surveyor asked CNA-Q if R6 had diarrhea when she was at the facility. CNA-Q informed Surveyor she didn't remember and then stated they all have diarrhea. On 6/27/24, at 7:50 a.m., Surveyor received R6's bowel records and noted the following: 5/25/24 day shift continent, medium, loose/watery/diarrhea. 5/26/24 day shift incontinent, large, loose/watery diarrhea and night shift continent, medium, loose/watery/diarrhea. 5/27/24 evening shift continent, medium, loose/watery/diarrhea. 5/28/24 day shift continent, large, loose/watery/diarrhea. 5/29/24 evening shift incontinent, medium, loose/watery/diarrhea. 5/30/24 day shift incontinent, large, loose/watery/diarrhea. 5/31/24 day shift incontinent, large, loose/watery/diarrhea and evening shift incontinent large loose/watery/diarrhea. 6/1/24 day shift continent, large, loose/watery/diarrhea and evening shift incontinent medium loose/watery/diarrhea. 6/2/24 day shift incontinent medium, loose/watery/diarrhea and evening shift incontinent medium loose/watery/diarrhea. 6/3/24 day shift incontinent, medium, loose/watery/diarrhea. Surveyor noted the CNAs documented 14 episodes of loose/watery/diarrhea bowel movements. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525549	A. Building B. Wing	07/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heritage Square Health Care Center	5404 W Loomis Rd Greendale, WI 53129

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 0684 Level of Harm - Actual harm Residents Affected - Few	On 6/28/24, at 11:07 a.m., Surveyor asked PTA (Physical Therapy Assistant)-T if R6 complained about diarrhea while in therapy. PTA-T informed Surveyor she would complain of loose stool at times and for a period of time her participation decreased because of it. PTA-T explained they would modify her treatment if she wasn't feeling well but R6 would still receive therapy. Surveyor inquired if she received therapy in the therapy department or in her room. PTA-T informed Surveyor R6 would come to the therapy aside from the time when she was having loose stools. PTA-T informed Surveyor R6 knew when she had to use the bathroom and they would take her back to her room. PTA-T informed Surveyor he believes the loose stool started about a week prior to R6 being discharged . On 6/28/24, at 1:34 p.m., Surveyor asked LPN/UM-F if she remembers R6. LPN/UM-F replied a little bit. Surveyor asked if they tested R6's stool for any infectious process. LPN/UM-F informed Surveyor they did attempt to test but the stool was never loose enough to submit it. LPN/UM-F explained the lab wouldn't accept it as they tried to test another resident at one time and the lab refused to test the sample. Surveyor informed LPN/UM-F Surveyor was unable to locate an order for a stool specimen or any documentation regarding a stool specimen. Surveyor asked LPN/UM-F to look into this and get back with any information. On 6/28/24, at 2:52 p.m., Surveyor spoke to LPN-U on the telephone regarding R6. Surveyor asked LPN-U if R6 was having diarrhea while she was at the facility. LPN-U informed Surveyor R6 had been having diarrhea which was ongoing. LPN-U informed Surveyor R6 was on Metamucil but the daughter stated it wasn't going to work. Surveyor asked LPN-U on the day of discharge does she remember R6 having diarrhea. LPN-U informed Surveyor she doesn't remember R6 having loose stool on the day she was discharged . Surveyor asked LPN-U if R6 could go to the bathroom herself. LPN-U replied not sure. On 7/1/24, at 9:12 a.m., Surveyor showed CNA-P R6's picture and asked CNA-P if she remembers R6. CNA-P informed Surveyor she didn't like to be disturbed if she was sleeping. Surveyor inquired if she assisted R6 with cares. CNA-P informed Surveyor she would offer but she wanted to do them herself. Surveyor asked if R6 had diarrhea. CNA-P informed Surveyor she thinks she had diarrhea and would report this to the nurse. CNA-P informed Surveyor a lot of times R6 took herself to the toilet. Surveyor asked when R6 took herself to the toilet could she clean herself. CNA-P informed Surveyor she didn't think she was supposed to and offered to help. Surveyor asked CNA-P if she remembers who she reported R6's diarrhea to. CNA-P replied no I don't, think they are no longer here. On 7/1/24 at 9:47 a.m., Surveyor met with LPN/UM-F to follow up on the date when a stool specimen was attempted for R6. LPN/UM-F informed Surveyor they did discuss collecting R6's stool but the sample was soft, mushy and the lab would reject it unless the sample was watery. Surveyor again asked for the dates of when this was attempted. Surveyor asked LPN/UM-F who reviews the CNA charting of residents' bowel movements. LPN/UM-F informed Surveyor a report comes up if a resident hasn't had a bowel movement for three days. Surveyor inquired who would review the bowel records for loose/watery/diarrhea and inquired if there is an alert for loose/watery/diarrhea. LPN/UM-F didn't answer Surveyor and informed Surveyor she knows she showed APNP-R or the doctor a picture of R6's stools. On 7/1/24, at 10:28 a.m., Surveyor asked DON (Director of Nursing)-B for any bowel policy the facility has. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525549	A. Building B. Wing	07/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heritage Square Health Care Center	5404 W Loomis Rd Greendale, WI 53129

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 0684 Level of Harm - Actual harm Residents Affected - Few	On 7/1/24, at 11:01 a.m., LPN/UM-F provided Surveyor with the following bowel policy. The facility's policy titled, Incontinence and implemented 3/26/23 under Policy Explanation and Compliance Guidelines includes documentation of : 4. Residents that are incontinent of bladder or bowel will receive appropriate treatment to prevent infections and to restore continence to the extent possible. LPN/UM-F then informed Surveyor she doesn't have a date as to when she showed the NP or MD a picture of R6's stools. On 7/1/24, at 11:24 a.m., Surveyor spoke to APNP-R about R6. APNP-R explained she is at the facility Monday to Friday and usually sees residents twice a week depending how stable they are and if they are stable then will see them once a week. Surveyor asked if there were any concerns with R6 having diarrhea. APNP-R informed Surveyor the only thing was the daughter would say R6 was having diarrhea but R6 did not complain of diarrhea to her. APNP-R informed Surveyor one time they said she had loose with some formed pieces, that's all she knows. Surveyor asked APNP-R if she reviews the bowel records which the CNAs chart. APNP-R informed Surveyor she doesn't look at this record unless there is a problem. Surveyor asked APNP-R if she recalls nursing informing her R6 was having loose stools/diarrhea. APNP-R informed Surveyor if they told her R6 was having diarrhea she would have ordered a specimen, it would have been a verbal order. Surveyor asked APNP-R if she was aware of the number of times loose, watery, diarrhea was being documented. APNP-R replied no and wasn't told it was diarrhea. Surveyor informed APNP-R of the 14 times it was documented R6 had loose, watery, diarrhea. APNP-R informed Surveyor when she saw R6's stools they were not watery. Surveyor asked APNP-R if she remembers when this was. APNP-R replied not off the top of my head. On 7/1/24, at 1:12 p.m., NHA (Nursing Home Administrator)-A and DON-B were informed of R6's CBC & BMP not being drawn during the week of 5/19/24 to 5/25/24 and R6 experiencing multiple episodes of what was documented by the CNAs as loose/watery/diarrhea without facility assessing R6's bowels and ordering a stool specimen to determine if there was an infectious process. DON-B informed Surveyor the provider ordered Metamucil on 5/30/24. Surveyor informed DON-B R6 continued to have loose/watery/diarrhea 7 times after the Metamucil.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525549	A. Building B. Wing	07/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heritage Square Health Care Center	5404 W Loomis Rd Greendale, WI 53129

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 0686 Level of Harm - Actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38146 Based on the comprehensive assessment of a resident, the facility did not ensure that residents received care, consistent with professional standards of practice, to prevent pressure injuries and did not develop pressure injuries unless the individual's clinical condition demonstrates that they were unavoidable; and residents with pressure injuries received necessary treatment and services to promote healing, prevent infection, and prevent new injuries from developing for 2 of 4 (R4 and R5) residents reviewed for pressure injuries. R4 was dependent for bed mobility and identified to be at high risk for pressure injuries. Care plan interventions to include offloading, turning, and repositioning were not implemented. R4 developed a stage 3 pressure injury to her buttock and the care plan was not revised to include increased offloading, turning, and repositioning. Initial assessment and measurements were not completed and treatment for the pressure injury was not immediately implemented. In addition, R4 developed a Deep Tissue Injury (DTI) to her left heel. There was no documentation of a comprehensive assessment or measurements. R5 required maximal assistance for bed mobility and was identified to be at risk for pressure injuries. Care plan interventions to include offloading, turning, and repositioning were not implemented. R5 developed a DTI to his right heel. A comprehensive assessment and measurements of the pressure injury were not completed. Findings include: The facility policy titled Pressure Injury Prevention Guidelines (which is not dated) documents (in part) . .To prevent the formation of avoidable pressure injuries and to promote healing of existing pressure injuries, it is the policy of this facility to implement evidence-based interventions for all residents who are assessed at risk or who have a pressure injury present. 1. Individualized interventions will address specific factors identified in the resident's risk assessment, skin assessment, and any pressure injury assessment (e.g., moisture management, impaired mobility, nutritional deficit, staging, wound characteristics). 2. The goal and preferences of the resident and/or authorized representative will be included in the plan of care. 3. Interventions will be implemented in accordance with physician orders, including the type of prevention devices to be used and, for tasks, the frequency of performing them. 4. In the absence of prevention orders, the licensed nurse will utilize nursing judgment in accordance with pressure injury prevention guidelines to provide care, and will notify physician to obtain orders. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525549	A. Building B. Wing	07/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heritage Square Health Care Center	5404 W Loomis Rd Greendale, WI 53129

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 0686 Level of Harm - Actual harm Residents Affected - Few	5. Prevention devices will be utilized in accordance with manufacturer recommendations (e.g., heel flotation devices, cushions, mattresses). 7. Interventions will be documented in the care plan and communicated to all relevant staff. 9. The effectiveness of interventions will be monitored through ongoing assessment of the resident and/or wound. Considerations for needed modifications include: a. Development of a new pressure injury. b. Lack of progression towards healing or changes in wound characteristics. c. Changes in the resident's goals and preferences, such as at end of life or in accordance with his/her rights. Repositioning: 1. Reposition all residents at risk of, or with existing pressure injuries, unless contraindicated due to medical condition. 2. Routine repositioning schedule: Every two hours, using both side-lying and back positions. Reposition when in bed and out of bed. 5. Repositioning techniques: f. Ensure that heels are floated off the surface of the bed, using pillows or devices that elevate and offload the heel in such a way as to distribute the weight of the leg along the calf without placing pressure on the Achilles tendon. Pressure Relieving Devices: 1. Support surfaces do not eliminate the need for turning and repositioning. 2. Pillows and wedges may be utilized to maintain proper positioning. 3. Apply heel suspension devices according to the manufacturer's instructions. a. For prevention, stage 1 or stage 2: Use pillows or heel suspension devices. If using heel protectors, will still need to utilize pillows for floatation. b. For stage 3, 4, unstageable or deep tissue injury: Place foot and leg into a heel suspension boot that elevates the heel from the surface of the bed, completely offloading the pressure injury. Check the skin each shift and prn (as needed) for signs of redness or skin breakdown related to the boot. 1.) R4 admitted to the facility on [DATE]. Diagnoses include Respiratory Failure, Parkinson's Disease, Pulmonary Embolism, dysphagia, Alzheimer's Disease, orthostatic hypotension, and insomnia. R4 admitted to the facility with no pressure injuries. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525549	A. Building B. Wing	07/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heritage Square Health Care Center	5404 W Loomis Rd Greendale, WI 53129

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 0686 Level of Harm - Actual harm Residents Affected - Few	R4's Braden Score dated 3/26/24 documented a score of 12 indicating High Risk. R4's Admission Minimum Data Set (MDS) dated [DATE] documents: Is this resident at risk of developing pressure ulcers/injuries? Yes. Roll left and right: The ability to roll from lying on back to left and right side and return to lying on back on the bed: Dependent - helper does all of the effort. Resident does none of the effort to complete the activity, or the assistance of 2 or more helpers is required for the resident to complete the activity. R4's CAA (Care Area Assessment) worksheet documents: Pressure Ulcer/Injury Potential. Bed mobility is impaired, and she had episodes of incontinence. At risk for functional decline and skin breakdown. Goal is to improve her functional status and to not develop skin impairment. R4's Care Plan Focus initiated 3/27/24 documents: Physical functioning deficit related to mobility impairment, self-care impairment. Interventions: Bilateral bed canes for bed mobility. I require Hoyer lift with assist x 2 to complete transfers. I require max assist x 2 to complete bed mobility. Pressure ulcer actual or at risk due to assistance required in bed mobility, bowel incontinence, Braden Score 18 or < (less) - initiated 4/3/24. Interventions: Complete Braden Scale per living center policy. Provide pressure reducing wheelchair cushion. Provide pressure reduction/relieving mattress. Provide thorough skin care after incontinent episodes and apply barrier cream. Prevalon boots to bilateral feet initiated 4/12/24. Resident has an actual pressure ulcer left lateral upper buttocks, left inferior heel. Resident refuses to wear Prevalon boots. R&B (risks and benefits) were discussed with resident - initiated 4/9/24. Interventions: Evaluate need for pain reliever prior to cleansing or dressing changes. Notify practitioner if symptoms worsen or do not resolve. Provide pressure reducing wheelchair cushion. Provide pressure reduction/relieving mattress. Treatments as ordered. Weekly wound assessment. Float heels initiated 5/6/24. R4's Physical Therapy Evaluation & Plan of Treatment start of care dated 3/27/24 documents: Bed Mobility roll left and right = Dependent. R4's Admission Skin assessment dated [DATE] documents blancheable redness to left buttocks, no wounds. Surveyor noted although R4 was identified to be at high risk for pressure injuries and was dependent on staff for bed mobility, there were no care plan interventions to include offloading, turning, or repositioning implemented. Facility Progress Notes document: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525549	A. Building B. Wing	07/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heritage Square Health Care Center	5404 W Loomis Rd Greendale, WI 53129

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 0686 Level of Harm - Actual harm Residents Affected - Few	4/8/24 at 4:27 AM Skin tear was observed by CNA (Certified Nursing Assistant) during patient care. Upon observation is appeared to be a pressure sore on her left gluteal. Family is aware and NP (Nurse Practitioner) notified via text. Surveyor noted there was not a comprehensive assessment or measurements of the pressure injury documented, and no new treatment was ordered or implemented. 4/9/24 at 3:55 AM Pt (patient) monitoring r/t (related to) skin tear to left buttocks. Frequent repositioning encouraged. Barrier cream applied. 4/9/24 6:32 PM Patient seen by Wound Care for left lateral upper buttocks and left inferior heel. Patient had no c/o (complaints of) pain or distress during treatment, will follow current treatment regimen in place and continue to see patient weekly for wound rounds. Surveyor noted this was the first mention of a left heel wound. There was no documentation of an assessment or measurements of the wound. The Wound Pros progress reports document: 4/9/24 [AGE] year-old female presents with a chronic non-healing pressure ulceration of the left lateral upper buttocks. The wound has been present for approximately less than 30 days and is for initial evaluation. Previous treatments include off-loading and Advanced wound care dressings. Surveyor noted R4 did not have previous treatment orders for advance wound care dressings and the care plan did not include off-loading. Left lateral upper buttocks new stage 3 pressure ulceration. Length/Width/Depth measurements 5.39 x 3.81 x 0.2 cm (centimeters). 80% granulation, 10% fibrous tissue, 10% necrotic tissue. Sanguineous bright red exudate. Sharp debridement. Left inferior heel new Deep Tissue Injury 3.5 x 1.5 x 0.01 cm. Wound size medium. Surveyor noted although the facility identified a DTI to the heel and Stage 3 pressure injury to R4's buttocks, and R4 was dependent for bed mobility, the care plan was not revised to include frequent offloading, turning, and repositioning. Appropriate treatment was ordered and implemented. The wounds were followed weekly with periodic sharp and mechanical debridement of the buttocks wound. On 5/11/14 at 6:43 PM Facility progress notes document: Writer informed by the aides that pt's tx (treatment) came off and wound looks worse. Upon assessment wound appears worse, strong odor present. Writer contacted MD (Medical Doctor), NOR (new order received) for CBC (Complete Blood Count), CMP (Comprehensive Metabolic Panel) which was drawn earlier today, awaiting results. Start pt on Augmentin 875 mg (milligrams) BID (twice daily) x 7 days. Pending evaluation by wound team and obtain wound culture. Surveyor noted a comprehensive assessment and measurements of R4's buttock wound was not completed when the decline was noted on 5/11/24. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525549	A. Building B. Wing	07/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heritage Square Health Care Center	5404 W Loomis Rd Greendale, WI 53129

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 0686 Level of Harm - Actual harm Residents Affected - Few	On 5/14/24 R5 was seen by The Wound Pros: Left inferior heel healed. Left lateral upper buttocks stage 3 deteriorating. 6.4 x 4.6 x 3.5 cm. Moderate serosanguineous light red/pink exudate. Mild odor. 100% necrotic tissue. Undermining 4.5 cm from 9 to 6 o'clock. Sharp debridement. Appropriate treatment was ordered and implemented. R4 was hospitalized from 5/17/24 through 5/22/24 for change in condition - decreased food/fluid intake, functional decline, Covid, and Failure to Thrive. Upon readmission to the facility on [DATE], R4 continued to be followed by wound care weekly. Periodic sharp and mechanical debridement was performed. No further infection noted. R4 signed on to Hospice care on 5/28/24 and discharged home with Hospice care on 6/5/24. On 6/27/24 at 12:15 PM, Surveyor spoke with Licensed Practical Nurse (LPN) Unit Manager (UM)-D and Wound Care Nurse (WCN)-L. Surveyor advised of the above concerns. LPN UM-D reported she was unable to locate any facility assessments or measurements of R4's heel wound. LPN UM-D stated, I know there were issues before I came, I've been trying going forward, but I can't fix what happened. Basically, this is why the other WCN isn't here anymore. On 6/27/24 at 3:00 PM during the daily exit meeting, the facility was advised of the concern R4 admitted to the facility with no pressure injuries, was identified to be at high risk and was dependent on staff for bed mobility. No care plan interventions to include offloading or turning and repositioning were implemented. R4 developed a left heel deep tissue injury that was not comprehensively assessed or measured and a stage 3 pressure injury to her buttock. After the stage 3 pressure injury was identified, the facility did not revise the care plan to include frequent turning and repositioning and treatment for the stage 3 pressure injury was not immediately ordered and implemented. 2.) R5 admitted to the facility on [DATE]. Diagnoses include Right Femur Fracture, Polymyalgia Rheumatica, Atherosclerotic Heart Disease, Pulmonary Hypertension and Chronic Kidney Disease stage 3. R5 admitted to the facility with no pressure injuries. R5's Admission Minimum Data Set (MDS) dated [DATE] documents: Is this resident at risk of developing pressure ulcers/injuries? Yes. Functional Limitation in Range of Motion: Impairment on one side - lower extremity (hip, knee, ankle, foot). Roll left and right: The ability to roll from lying on back to left and right side and return to lying on back on the bed: Substantial/maximal assistance - helper does more than half the effort. Helper lifts or hold trunk or limbs and provides more than half the effort. R5's CAA worksheet documents: Pressure Ulcer/Injury Potential. Resident does not have any pressure ulcer impairments at this time. Care plan considerations: Minimize risks. Care plan to address and to minimize the risk for pressure ulcer impairments. R5's Care Plan Focus initiated 3/14/24 documents: Physical functioning deficit related to mobility impairment, self-care impairment. Interventions: Bilateral bed canes for bed mobility. Max assist x 1 to complete toileting. Max assist x 1 to complete bed mobility. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525549	A. Building B. Wing	07/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heritage Square Health Care Center	5404 W Loomis Rd Greendale, WI 53129

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 0686 Level of Harm - Actual harm Residents Affected - Few	Pressure Ulcer at risk due to decreased mobility initiated dated 3/19/24. Interventions: Complete Braden scale per living center policy. Conduct weekly skin inspection. At risk of Pressure Injuries due to assistance required in bed mobility initiated 3/20/24. Interventions: Conduct weekly skin inspection. Heel boots. R5's Physical Therapy Evaluation & Plan of Treatment start of care dated 3/14/24 documents: Bed Mobility roll left and right = Substantial/maximal assistance (The patient will require bed rails for bed mobility performance and the use of pillows or A frame to maintain proper hip alignment with rolling, side lying and bed mobility). There was no evidence in R5's electronic health record (EHR) an admission skin assessment or Braden was completed. R5's skilled evaluations (skin section) in the EHR included no documentation of pressure injuries through 3/27/24. R5's Treatment Administration Record (TAR) documented: Skin prep R (right) heel two times a day - ordered 3/19/24. Prevalon boot on while in bed every shift - ordered 3/19/24. Apply non-adherent dressing to right heel every day shift - ordered 3/28/24. Surveyor noted a Physician's order dated 3/28/24 for wound care to evaluate and treat right heel. Surveyor was unable to locate any documentation of R5's right heel wound in the medical record. There was no evidence a comprehensive assessment or measurements were completed. On 6/25/24 at 3:00 PM, Surveyor advised the facility R5 had treatment orders for a right heel wound, however there was no documentation of the heel wound in R5's medical record. Surveyor asked the facility for all documentation regarding R5's right heel wound. On 6/26/24 at 9:00 AM, Director of Nursing (DON)-B provided Surveyor two (2) Wound Pros progress reports, stating: That's all we have. 3/26/24 Wound Pros Progress notes document: [AGE] year-old male last seen on March 26, 2024, as a consult for a skin issue on the right medial heel that was present for less than 30 days. Location: Right medial heel Blister. Skin Health Status: At Risk. Size: Medium. Orders/recommendations: Off-loading. Recommend heel protectors. Surveyor noted there were no measurements documented. The picture on the form appeared to be a large dark blister. Wound Pros Visit Details 4/2/24: Wound Evaluation right medial heel. Status unchanged. Pressure ulceration. Stage: Deep Tissue Injury. 3.0 cm (centimeters) x 2.5 cm x 0.01 cm. Wound size: Small. Necrotic tissue. Surveyor noted the picture showed the darkened area appeared smaller in size. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525549	A. Building B. Wing	07/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heritage Square Health Care Center	5404 W Loomis Rd Greendale, WI 53129

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 0686 Level of Harm - Actual harm Residents Affected - Few	On 6/26/24 at 9:50 AM, DON-B advised Surveyor the facility did not have evidence a skin assessment or Braden was completed on R5 upon admission to the facility and the facility did not have a comprehensive assessment or measurements of R5's right heel pressure injury when it was identified. DON-B reported the previous wound care nurse no longer works for the facility and new systems have been put in place since. Surveyor confirmed with DON-B there was no documentation of R5's heel pressure injury from the time treatment was implemented on 3/19/24 until he was seen by The Wound Pros on 3/26/24. On 6/27/24 at 10:55 AM, Surveyor spoke with Licensed Practical Nurse (LPN) Unit Manager (UM)-D who reported she remembered R5 had a pressure injury on his heel. Surveyor asked what the expectation for a resident is who admits to the facility with a hip fracture and requires maximal assistance with bed mobility for offloading and turning and repositioning. LPN UM-D stated: Really anyone with that should automatically have their heels floated or pressure relieving boots put on, that's just a given because they can't move their leg or turn themselves. Surveyor reviewed R5's TAR noting an order for skin prep to the right heel implemented 3/19/24. Surveyor advised there is no documentation of an assessment or measurement of the pressure injury when it was identified. LPN UM-D reported whichever nurse finds any wound they should document an assessment and measure it, then get a treatment order. LPN UM-D stated: I'm not making any excuses, but we had a lot of agency at one point and they sometimes are just here for the paycheck it seems, they don't do as good of job as the regular staff. If I find any wound, I document what it looks like, measure it and call for treatment orders. On 6/27/24 at 3:00 PM during the daily exit meeting, the facility was advised of concern R5 admitted to the facility with no pressure injuries, was identified to be at risk, and required max assist with bed mobility. No care plan interventions to include offloading or turning and repositioning were implemented. R5 developed a right heel Deep Tissue Injury that was not comprehensively assessed or measured until at least 1 week after it was identified. No additional information was provided at this time. On 7/1/24 at 10:15 AM, Assistant Director of Nursing (ADON)-C provided Surveyor a pressure injury Performance Improvement Plan (PIP). ADON-C reported it was created for the overall pressure injury program in general. ADON-C reported on 4/11/24 she noticed things were not matching up, such as measurements and treatments. An audit was completed which identified problems with assessments and treatments not being done and the prior WCN information not matching documentation or what was seen. ADON-C reported she and DON-B created a PIP on the whole wound process from beginning to end. ADON-C reported it's a work in progress and they have not yet done education with staff on prevention and assessments. Surveyor review of the PIP start date 4/14/24 documented key area for improvement: Wound process not timely, initial measurements missing, weekly measurements not always completed, wound round not organized, treatments not always completed, wound nurse not doing treatments. Surveyor noted the PIP did not address concern regarding pressure injury prevention and implementing interventions to assist with prevention of pressure injuries. No additional information was provided.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525549	A. Building B. Wing	07/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heritage Square Health Care Center	5404 W Loomis Rd Greendale, WI 53129

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. 20483 Based on interview and record review the Facility did not ensure each Resident received adequate supervision to prevent accidents for 1 (R10) of 5 Residents. R10's fall interventions of body pillow to the side closest to the door and call light within reach were not observed when R10 was in bed during multiple observations. Findings include: R10's diagnoses includes hemiplegia and hemiparesis following cerebral infarction affecting left non dominate side, hypertension, and left & right above knee amputation. The at risk for falls care plan initiated 2/15/24 documents the following interventions: * Assess that wheel chair is of appropriate size; assess need for footrests; assess for need to have wheelchair locked/unlocked for safety. Initiated & revised 2/15/24. * Call light and personal items available and in easy reach or provide reacher. Initiated & revised 2/15/24. * Encourage participation in activities to improve strength or balance. Initiated & revised 2/15/24. * Keep environment well lit and free of clutter. Initiated & revised 2/15/24. * Keep personal items within reach. Initiated 2/15/24. * Bed in position for resident to reach bedside items. Initiated 4/7/24 & revised 4/10/24. * Body pillow to side of bed closest to door. Initiated 4/7/24. * Mat bedside bed on side closest to door. Initiated & revised 4/7/24. The quarterly MDS (minimum data set) with an assessment reference date of 4/9/24 has a BIMS (brief interview mental status) of 13 which indicates cognitively intact. R10 is assessed as not having any behavior including refusal of cares. R10 is assessed as requiring partial/moderate assistance for rolling left & right and is dependent for toileting hygiene & chair/bed to chair transfers. R10 has fallen since prior assessment and is assessed as having one fall with injury except major. The quarterly MDS with an assessment reference date of 6/18/24 has a BIMS score of 8 which indicates moderate cognitive impairment. R10 is assessed as having verbal behavior and is not assessed as refusing cares. R10 is assessed as requiring partial/moderate assistance for rolling left & right and is dependent for toileting hygiene & chair/bed to chair transfers. R10 is assessed as not having any falls since prior assessment. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525549	A. Building B. Wing	07/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heritage Square Health Care Center	5404 W Loomis Rd Greendale, WI 53129

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 6/26/24, at 8:03 a.m., Surveyor observed R10 awake in bed on her back. The head of the bed is elevated slightly, two transfer bars are up, the call light is within reach and there is a mat on the floor next to the bed on the room door side. Surveyor did not observe a body pillow on R10's right side which is the side closest to the door. On 6/26/24, at 11:21 a.m., Surveyor observed R10 in bed on her back with the bed low and the head of the bed elevated. The call light is in reach and there is a mat on the floor on the right side. Surveyor did not observe a body pillow on R10's right side which is closest to the door. On 6/26/24, at 11:45 a.m., Surveyor observed R10 in bed with the head of the bed elevated, the bed down low and there is a mat on the right side. Surveyor did not observe a body pillow on R10's right side. On 6/26/24, at 1:01 p.m., Surveyor observed R10 in bed with the head of the bed elevated, the bed down low, call light in reach, and there is a mat on the right side. Surveyor did not observe a body pillow on R10's right side. On 6/26/24, at 2:06 p.m. Surveyor observed R10 in a Broda chair in the hallway outside the nurses station. On 6/27/24, at 8:20 a.m. Surveyor observed R10 sitting in a Broda chair in her room eating breakfast. On 6/27/24, at 11:00 a.m. Surveyor observed R10 in bed on her back. Surveyor observed a mat on the floor on the right side and the bed is in the low position. Surveyor observed R10's call light is on the floor on the floor mat and there is not a body pillow on R10's right side. Surveyor asked R10 if staff places a pillow along side her. R10 replied sometimes. On 6/27/24, at 11:54 a.m., Surveyor observed R10 continues to be in bed. Surveyor observed the call light is still on the floor on the mat and there is not a body pillow on R10's right side. On 6/27/24 at 12:34 p.m. Surveyor observed R10 sitting in a Broda chair in her room eating lunch. On 6/27/24, at 3:19 p.m. Surveyor observed R10 sitting in a Broda chair in the activities room. On 7/1/24, at 9:56 a.m., Surveyor met with LPN/UM (Licensed Practical Nurse)/Unit Manager-F to discuss R10's fall interventions. Surveyor asked LPN/UM-F if body pillows are on the care plan should they be on R10's bed. LPN/UM-F replied yes. Surveyor asked LPN/UM-F if R10 can use her call light. LPN/UM-F replied yes. Surveyor asked if the CNA's (Certified Nursing Assistants) should be following R10's plan of care. LPN/UM-F replied yes. Surveyor informed LPN/UM-F of the observations of R10's call light not within reach and body pillow on R10's right side not in place according to R10's plan of care. On 7/1/24, at 1:12 p.m., NHA (Nursing Home Administrator)-A and DON (Director of Nursing)-B were informed of the above. No information was provided to Surveyor as to why R10's fall interventions of a body pillow along the side closest to the door and call light in reach were not implemented on 6/26/24 & 6/27/24.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525549	A. Building B. Wing	07/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heritage Square Health Care Center	5404 W Loomis Rd Greendale, WI 53129

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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49435 Based on interview and record review the facility did not ensure 1 (R7) of 1 residents reviewed for respiratory care received such services consistent with professional standards of practice, comprehensive person-centered care plan and the residents' goals and preferences. R7 did not have MD (Medical Doctor) orders documenting the settings or cleaning of a CPAP (Continuous Positive Airway Pressure) machine per the facility policy. R7 did not have a Care Plan addressing the CPAP machine. Findings include: The undated facility policy, entitled CPAP system use or suspected OSA (Obstructive Sleep Apnea) documents, in part: Purpose-To identify proper patient selection in the use of Continuous Positive Airway Pressure . A physician's order for CPAP must include: an order for the device with settings or home settings per order, when the device will be used, cleaning schedule . Monitoring-The nurse will assess the patient and system and provide documentation. The nurse should note: .Respiratory rate . [Oxygen level] . CPAP mode . Skin integrity at the mask site . The CPAP circuit should be cleaned weekly or when soiled. R7 was admitted to the facility on [DATE] and has diagnoses that include Chronic Obstructive Pulmonary Disease, Morbid obesity, and Sleep Apnea. R7's Hospital Discharge Summary, dated 4/18/2024, documents, Continue PAP at bedtime and [as needed] . R7's Admission Minimum Data Set (MDS) Assessment, dated 4/24/2024 did not document Obstructive Sleep Apnea as an active diagnosis and did not document R7 uses a CPAP machine. R7's MD order, with a start date of 4/23/24, documents: Assist in CPAP hook-up every night shift for [Shortness of Breath]. Surveyor noted R7 did not have a MD order with device settings and did not have a MD order with a cleaning schedule per the facility's policy. On 6/27/24, at 1:05 PM, Surveyor interviewed Licensed Practical Nurse Unit Manager (LPN UM)-F about CPAP machines. LPN UM-F informed Surveyor the facility will typically receive an order for CPAP before the resident arrives. The CPAP machine is set up with the correct settings at that time. Surveyor asked what MD orders are needed for CPAP machines. LPN UM-F informed Surveyor that residents need an order for CPAP use, and an order for cleaning and maintenance. Surveyor asked where nursing would document the use of a CPAP machine. LPN-UM-F stated that documentation would be in the Medication Administration Record (MAR). Surveyor asked if residents who have CPAP machines should have a care plan. LPN UM-F indicated that CPAP use should be documented in a care plan. Surveyor reviewed R7's medical record and noted R7 did not have a Care Plan addressing the diagnosis of Sleep Apnea or the use of a CPAP machine. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525549	A. Building B. Wing	07/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heritage Square Health Care Center	5404 W Loomis Rd Greendale, WI 53129

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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Surveyor reviewed R7's MAR and noted R7 did not have documentation regarding use of a CPAP machine and did not have documentation regarding cleaning or maintenance of a CPAP machine. On 6/27/24, at 3:00 PM, during the daily exit meeting, Nursing Home Administrator (NHA)-A, Director of Nursing (DON)-B, and Assistant Director of Nursing (ADON)-C, were made aware of the concern R7 did not have orders documenting the settings or cleaning of a CPAP machine per the facility policy. R7 did not have a Care Plan addressing the CPAP machine. No additional information was provided as to why the facility did not ensure R7 received services consistent with professional standards of practice, comprehensive person-centered care plan and the residents' goals and preferences.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525549	A. Building B. Wing	07/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heritage Square Health Care Center	5404 W Loomis Rd Greendale, WI 53129

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 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are free from significant medication errors. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49435 Based on interview and record review the Facility did not ensure 2 (R8 and R9) of 4 residents were free from significant medication errors. *R8 had a MD (medical doctor) order to receive Tacrolimus (a medication to prevent rejection of a transplanted organ) 2 times a day. R8 did not receive 6 administrations during the first 5 days of R8's admission to the facility. *R9 had a MD order to receive Ivabradine (a medication to treat heart failure) 2 times a day. R9 did not receive 9 administrations of Ivabradine from 1/4/2024 through 1/9/2024. Findings include: The facility policy titled, Unavailable Medication dated 10/25/2014, documents, in part: Medications used by residents in the nursing facility may be unavailable for dispensing from the pharmacy on occasion . The facility must make every effort to ensure that medications are available to meet the needs of each resident . The pharmacy staff shall: 1) Call or notify nursing staff that the ordered product(s) is/are unavailable. 2) Notify nursing when it is anticipated that the drug(s) will become available . Nursing staff shall: 1) Notify the attending physician of the situation and explain the circumstances . If the facility nurse is unable to obtain a response from the attending physician, the nurse should notify the nursing supervisor and contact the Facility Medical Director for orders and/or direction . 1.) R8 was admitted to the facility on [DATE] with diagnosis that include Kidney transplant. R8's Hospital discharge summary, dated 4/10/2024, documents, in part: TAKE these medications . Tacrolimus 0.5mg (milligrams) by mouth 2 times a day. Next dose tonight. R8's MD order, with a start date of 4/10/2024, documents, Tacrolimus 0.5mg by mouth 2 times a day. R8's Medication Administration Record (MAR) reviewed. R8 did not receive the AM dose of Tacrolimus on 4/11/2024. R8 did not receive the AM and PM dose on 4/13/2024. R8 did not receive the AM dose on 4/14/2024. R8 did not receive the AM and PM dose on 4/15/2024. Surveyor noted that between 4/10/2024 through 4/15/2024, R8 should have been given a total of 11 doses of Tacrolimus. R8 received 5 of the 11 doses. On 4/11/2024, at 4:23 PM, eMAR administration note documents, in part: Tacrolimus . Med not carried. Pharmacy to deliver. Med not given. On 4/13/2024, at 4:04 PM, eMAR administration note documents, in part: Tacrolimus . Medication not available. Med not given. On 4/14/2024, at 10:10 AM, eMAR administration note documents, in part: Tacrolimus . Unavailable. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525549	A. Building B. Wing	07/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heritage Square Health Care Center	5404 W Loomis Rd Greendale, WI 53129

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 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 4/15/2024, at 11:45 AM, eMAR administration note documents: Awaiting delivery of Tacrolimus from [Pharmacy]. NP (Nurse Practitioner) updated. No [new orders] received at this time. On 6/24/24, at 8:35 AM, Surveyor interviewed Licensed Practical Nurse (LPN)-G. Surveyor asked what LPN-G would do if a medication was not available in the medication cart. LPN-G stated that after looking in medication cart and not finding a medication, LPN-G would call the pharmacy. LPN-G stated that if a medication is not on the medication cart, it could sometimes be in the contingency supply so LPN-G would look there before calling the pharmacy. LPN-G stated that if medication was not found in the medication cart or in the contingency supply, LPN-G would call the pharmacy. LPN-G stated the pharmacy would then deliver the medication to the facility. LPN-G indicated that typically the pharmacy would deliver the medication within about 3 hours. Surveyor reviewed the facility's Medication contingency supply list. Tacrolimus is not included on the contingency list. On 7/1/24, at 9:47 AM, Surveyor interviewed Unit Manager (UM)-F. UM-F stated the facility did not have a specific policy when to notify a provider after a resident has missed medication. UM-F indicated that UM-F would notify the provider if a resident missed or refused a medication for 3 days. On 6/27/24, at 8:40 AM, Surveyor interviewed Director of Nursing (DON)-B. Surveyor asked what the process is if a medication was not available. DON-B stated that the staff member administering medications should call the pharmacy. DON-B indicated that after 2 to 3 missed doses, the nurse should contact the Provider and document any changes in the medical record. DON-B stated that the facility recently changed Pharmacy providers and admitted that the facility had issues in the past getting medications from the previous Pharmacy. DON-B indicated that since the facility changed Pharmacies, the system for medication administration has improved. Surveyor asked why R8 missed 6 doses of her transplant rejection medication, Tacrolimus, during her first 5 days in the facility. DON-B stated they would investigate this and get back to Surveyor. On 6/27/24, at 12:40 PM, Assistant Director on Nursing (ADON)-C returned to Surveyor. ADON-C indicated that on 4/15/24, the facility realized that R8 had not received multiple administrations of Tacrolimus. ADON-C stated the facility fixed the issue and R8 received Tacrolimus as ordered for the rest of her stay at the facility. On 6/27/24, at 3:00 PM, during the daily exit meeting, Nursing Home Administrator (NHA)-A, DON-B, and ADON-C, were made aware of the concern R8 missed 6 administrations of Tacrolimus during the first 5 days of R8's stay at the facility. No additional information was provided as to why the facility did not ensure that R8 was free from a significant medication error. 2.) R9 was admitted to the facility on [DATE] and has diagnoses that include Atrial Fibrillation and Heart failure. R9's Hospital discharge summary, dated 1/3/2024, documents, in part: Start taking these medication: Ivabradine 5mg (milligrams) by mouth 2 times a day. Start date:1/3/2024. End date: 2/2/2024. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525549	A. Building B. Wing	07/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heritage Square Health Care Center	5404 W Loomis Rd Greendale, WI 53129

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 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	R9's MD order with a start date of 1/4/2024, documents: Ivabradine 5mg by mouth 2 times a day until 2/2/2024. R9's Medication Administration Record (MAR) reviewed. R9 did not receive the AM or PM dose on 1/4/2024. R9 did not receive the AM or PM dose on 1/5/2024. R9 did not receive the PM dose on 1/6/2024. R9 did not receive the AM or PM dose on 1/7/2024. R9 did not receive the AM or PM dose on 1/8/2024. R9 did not receive the AM or PM dose on 1/9/2024. Surveyor noted that between 1/4/2024 through 1/9/2024, R9 should have been given a total of 10 doses of Ivabradine. R9 received 1 of the 10 doses. Surveyor reviewed R9's progress and eMAR notes. Surveyor did not locate documentation regarding the 9 doses of missed Ivabradine. On 6/24/24, at 8:35 AM, Surveyor interviewed Licensed Practical Nurse (LPN)-G. Surveyor asked what LPN-G would do if a medication was not available in the medication cart. LPN-G stated that after looking in medication cart and not finding a medication, LPN-G would call the pharmacy. LPN-G stated that if a medication is not on the medication cart, it could sometimes be in the contingency supply so LPN-G would look there before calling the pharmacy. LPN-G stated that if medication was not found in the medication cart or in the contingency supply, LPN-G would call the pharmacy. LPN-G stated the pharmacy would then deliver the medication to the facility. LPN-G indicated that typically the pharmacy would deliver the medication within about 3 hours. Surveyor reviewed the facility's Medication contingency supply list. Ivabradine is not included on the contingency list. On 7/1/24, at 9:47 AM, Surveyor interviewed Unit Manager (UM)-F. UM-F stated the facility did not have a specific policy when to notify a provider after a resident has missed medication. UM-F indicated that UM-F would notify the provider if a resident missed or refused a medication for 3 days. On 6/27/24, at 8:40 AM, Surveyor interviewed Director of Nursing (DON)-B. Surveyor asked what the process is if a medication was not available. DON-B stated that the staff member administering medications should call the pharmacy. DON-B indicated that after 2 to 3 missed doses, the nurse should contact the Provider and document any changes in the medical record. DON-B stated that the facility recently changed Pharmacy providers and admitted that the facility had issues in the past getting medications from the previous Pharmacy. DON-B indicated that since the facility changed Pharmacies, the system for medication administration has improved. Surveyor asked why R9 missed 9 doses of her heart failure medication, Ivabradine. DON-B stated they would investigate this and get back to Surveyor. On 6/27/24, at 12:40 PM, Assistant Director on Nursing (ADON)-C returned to Surveyor. ADON-C indicated that ADON-C did not know why R9's Ivabradine medications were not given. ADON-C stated that ADON-C could not locate any documentation to provide an answer to Surveyor. On 6/27/24, at 3:00 PM, during the daily exit meeting, Nursing Home Administrator (NHA)-A, DON-B, and ADON-C, were made aware of the concern R9 missed 9 administrations of Ivabradine from 1/4/2024 to 1/9/2024. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525549	A. Building B. Wing	07/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heritage Square Health Care Center	5404 W Loomis Rd Greendale, WI 53129

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 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	No additional information was provided as to why the facility did not ensure that R9 was free from a significant medication error.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525549	A. Building B. Wing	07/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heritage Square Health Care Center	5404 W Loomis Rd Greendale, WI 53129

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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. 20483 Based on interview and record review, the facility did not maintain records that were accurately documented for 1 (R10) of 15 residents reviewed. R10's diagnoses includes diabetes mellitus and right & left above knee amputation. There is a doctors order dated 4/4/24 for diabetic foot checks and starting on 4/4/24 licensed nursing staff were checking and initialing on the April, May, & June 2024 MAR (medication administration record) diabetic foot checks were being done when R10 does not have feet. Findings include: The facility's policy titled Documentation in the Medical Record and not dated under policy documents Each resident's medical record shall contain an accurate representation of the actual experiences of the resident and include enough information to provide a picture of the resident's progress through complete, accurate, and timely documentation. R10's diagnoses includes diabetes mellitus and right & left above knee amputation. The physician's order dated 4/4/24 documents Diabetic foot checks daily at HS (hour sleep) at bed time. Review of R10's April MAR (medication administration record) reveals diabetic foot checks were completed daily starting 4/4/24 at 2030 (8:30 p.m.) with the except of 4/6 there is a code 5 for LOA (leave of absence), 4/15 hospital, & on 4/18, 4/24, 4/29, & 4/30 are blank. Review of R10's May MAR reveals diabetic foot checks were completed daily at 2030 (8:30 p.m.) except on 5/25 which is blank. Review of R10's June MAR reveals diabetic foot checks were completed daily at 2030 (8:30 p.m.) through 6/25. Surveyor reviewed R10's MAR on 6/26/24. On 6/26/24, at 8:14 a.m., Surveyor observed CNA (Certified Nursing Assistant)-H and CNA-I in R10's room. CNA-H & CNA-I washed their hands and placed gloves on. R10 was positioned side to side while CNA-I placed a sling under R10. Surveyor observed R10 is a bilateral above the knee amputee. At 8:21 a.m. CNA-H & CNA-I hooked the sling up to a Hoyer lift. At 8:24 a.m. LPN (Licensed Practical Nurse)-J changed the dressing around R10's G (gastrostomy) tube and then CNA-H & CNA-I transferred R10 into the broda chair. On 6/26/24, at 3:31 p.m., Surveyor asked LPN (Licensed Practical Nurse)-K when there is a check & initials on the MAR/TAR (medication administration record/treatment administration record) what does this mean. LPN-K replied means it was done. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525549	A. Building B. Wing	07/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heritage Square Health Care Center	5404 W Loomis Rd Greendale, WI 53129

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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 6/27/24, at 9:52 a.m., Surveyor asked DON (Director of Nursing)-B if there is a check & initials on the MAR or TAR does this mean the nurse administered the medication or did the treatment. DON-B replied correct. Surveyor asked DON-B how staff are completing diabetic foot checks for R10 when she is a bilateral above the knee amputation. DON-B replied that was suppose to have been corrected. Surveyor informed DON-B as of June 25th diabetic foot checks were being completed according to R10's June MAR.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525549	A. Building B. Wing	07/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heritage Square Health Care Center	5404 W Loomis Rd Greendale, WI 53129

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 0944 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Conduct mandatory training, for all staff, on the facility's Quality Assurance and Performance Improvement Program. 49011 Based on interview and record review, the facility did not ensure staff received annual QAPI (Quality Assurance and Performance Improvement) training for 4 of 5 Certified Nursing Assistants (CNA) reviewed. This practice had the potential to affect all 69 residents in the facility. The facility did not provide staff with the required annual QAPI training. Findings include: The Facility Policy titled Training Requirements implemented 10/1/2022, documents (in part) . Policy: . 5. Training requirements should be met prior to staff and volunteers independently providing services to residents, annually, and as necessary based on the facility assessment. 6. Training content includes, at a minimum: . c. Elements and goals of the facility's QAPI program . 7. It is the responsibility of each employee, volunteer, or contract staff to complete required training. a. The facility offers a variety of training methods and times to accommodate individuals. b. An individual's failure to complete required training in a timely manner will result in termination of employment or contractual/volunteer status . 9. The Staff Development Coordinator maintains a training schedule and documentation system for completed training by all staff, contracted staff, and volunteers. 10. Documentation of required training will be forwarded to the HR Department to be placed into the individual's personnel file, in accordance with facility policy for retention of training records. Surveyor reviewed the Facility Assessment Tool dated 8/18/17, under Staff Competencies, QAPI is not listed as a required competency. On 7/18/24, at 1:07 PM, Surveyor reviewed five randomly selected Certified Nursing Assistants (CNAs) employed over one year to verify they had the proper training and performance evaluations completed. CNA-AA - date of hire 7/10/1995 CNA-N - date of hire 5/12/2021 (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525549	A. Building B. Wing	07/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heritage Square Health Care Center	5404 W Loomis Rd Greendale, WI 53129

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 0944 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	CNA-LL - date of hire 4/7/2022 CNA-W - date of hire 4/6/2023 CNA-II - date of hire 3/22/2022 On 7/18/24, at 2:47 PM, Surveyor interviewed Director of Nursing (DON)-B who stated not working there that long, a change has been made to use Relias for training and DOB-B doesn't have access to the software that was previously being used for training. It was confirmed that the following training documentation could not be provided: communication, resident rights, ethics, behavioral health and QAPI. Surveyor stated that this is a concern. On 7/19/24, at 1:57 PM, Surveyor received an email from the Nursing Home Administrator (NHA)-A with training records attached. The email reads: We were able to get a copy of the education from Healthcare Academy. Please review, we would like to satisfy the requirements with this information. We scanned the information . Surveyor was able to confirm communication, resident rights, ethics, and behavioral health training was completed by the five CNAs. On 7/25/24, at 4:11 PM, Surveyor responded to email stating: I can see that CNA-W took a QAPI training. I do not see it for the other 4. Can you please try to provide a clearer copy if the other 4 had the same training? On 7/25/2024, at 6:51 PM, NHA-A responded via email That is correct the other four staff did not complete the qapi training. Surveyor notes the facility was unable to provide documentation that 4 of 5 CNAs reviewed received QAPI training in the last year.