

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525549	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/08/2024
NAME OF PROVIDER OR SUPPLIER  Heritage Square Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  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.

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<p>F 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis.</p> <p>16584</p> <p>Based on record review and staff interview, the facility did not ensure an RN (Registered Nurse) worked at the facility for at least eight consecutive hours a day, seven days a week, on 17 of 152 days reviewed. The facility also did not ensure a charge nurse was designated for shifts.</p> <p>* The facility did not have an RN (Registered Nurse) working in the facility for at least eight consecutive hours on 4/14, 4/20, 4/27, 5/12, 5/18, 6/1, 6/9, 6/15, 6/29, 7/4, 7/7, 7/13, 7/14, 7/20, 7/21, 7/28 and 9/2/2024.</p> <p>This deficient practice had the potential to affect all of the residents residing at the facility from April 1st through July 31st, 2024, and September 1st through September 30, 2024.</p> <p>* The facility did not ensure a charge nurse was assigned for each shift. This has the potential to affect all 76 residents residing in the facility at the time of the survey.</p> <p>Findings include:</p> <p>1.) In preparation for the recertification survey, the Surveyor reviewed the PBJ report with a run date of 9/3/2024. (Payroll Based Journal reporting is a system that requires nursing homes to submit staffing data to the Centers of Medicare and Medicaid Services). This report indicated that the facility triggered for no RN (Registered Nurse) hours for 4 or more days within the quarter which was quarter 3 (April 1- June 2024).</p> <p>On 10/7/24 at 1:00 p.m., Surveyor conducted a review of the facility's staffing schedules and nurse posting hours for the period from 4/1/2024- 7/30/24 and 9/1/24- 9/30/24. These schedules were provided by Scheduler- M and included notations when staff members called -in. Based on this review, the facility did not have the required RN coverage, which is at least 8 consecutive hours a day, 7 days a week for 17 days (4/14, 4/20, 4/27, 5/12, 5/18, 6/1, 6/9, 6/15, 6/29, 7/4, 7/7, 7/13, 7/14, 7/20, 7/21, 7/28 and 9/2/2024 ).</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On 10/7/24 at 2:19 p.m., Surveyor interviewed Scheduler- M regarding the lack of RN coverage. Scheduler- M stated that she is aware she needs an RN to cover at least an 8 hour shift every day, but she can't help when staff call-in or she doesn't have an RN to put on the schedule. Scheduler- M stated that she has used agency staffing to fill in the holes of the schedule and will request that the agency sends an RN. The agency may not be able to always fulfill this request and sends and LPN. Scheduler- M stated that she has made the DON (Director of Nursing) aware that there was no RN available on certain dates and the facility has been trying to hire Registered Nurses.</p> <p>On 10/8/24 at 1:02 p.m., Surveyor interviewed Administrator- A and Director of Nursing (DON)- B regarding the shortage of RN hours on the staffing schedules. Administrator- A stated that he was aware that the PBJ report showed low RN hours and he discussed this with Regional Staff . Administrator- A stated that he did hire an RN Supervisor in June 2024 but this employee no longer works at the facility. Administrator- A stated they are currently trying to hire additional RN's. DON- B stated that it has been difficult to hire RN's and they had been using agency to fill the gaps in the schedule. The amount of agency staff used by the facility has decreased.</p> <p>As of the time of exit on 10/8/24, the facility did not provide additional information as to why they did not have an RN to work 8 consecutive hours, for the 17 days noted in the review.</p> <p>2.) On 10/7/24 at 1:00 p.m., Surveyor conducted a review of the facility's staffing schedules for April 1, 2024- July 31, 2024 and September 1, 2024- September 30, 2024. It was noted that the schedules did not indicate which nurse was to be assigned as the charge nurse for each shift. The Schedule also did not indicate if each nurse was a Registered Nurse or Licensed Practical Nurse.</p> <p>10/07/24 08:38 AM Surveyor interviewed Scheduler- M in regards to the schedules and who is the charge nurse for each shift. Scheduler - M stated that the schedule should reflect who is the RN (Registered Nurse) and also designates who is from agency. Scheduler- M stated that during the week the DON (Director of Nursing) and ADON ( Assistant Director of Nursing) will be the charge nurse and the 2nd and 3rd shift they (nurses) will know who is in charge, usually the Unit Manager. Scheduler- M stated that staff also get passed the phone at night so they know they are the charge nurse. Scheduler- M stated that if it isn't written on schedule it was an error, I was just writing it out too fast and missed it.</p> <p>On 10/8/24 at 1:00 p.m., Surveyor interviewed Director of Nursing- B the delegation of the charge nurse for each shift. DON- B stated that the staff will usually know who is in charge and they have to carry the phone with them. Additional information was requested if available as to why a charge nurse for each shift was not identified on the schedule. None was provided.</p>		

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<p>F 0838</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Conduct and document a facility-wide assessment to determine what resources are necessary to care for residents competently during both day-to-day operations and emergencies.</p> <p>49011</p> <p>The facility did not ensure the facility assessment was updated to include the details regarding the water management committee, the infection preventionist and infectious disease management. This has the potential to affect all 76 residents residing in the facility.</p> <p>*The Facility Assessment lacked infection prevention and water management information.</p> <p>Findings include;</p> <p>On 10/03/24, at 11:22 AM, Surveyor reviewed the Facility Assessment for the water management committee, infection preventionist and hours devoted to program, and a section on infectious disease management. Surveyor notes nothing was listed for water management, infection preventionist or infectious disease management. (Cross-reference F880).</p> <p>On 10/07/24, at 09:02 AM, Surveyor interviewed Director of Nursing (DON)-B regarding the Facility Assessment lacking infection prevention and water management information. DON-B states they recently redid the Facility Assessment with a new update and accidentally omitted the information.</p> <p>On 10/07/24, at 10:42 AM, Surveyor spoke with DON-B who asked what needs to be in the Facility Assessment. Surveyor let know the water management committee, infection preventionist and hours devoted to program, and a section on infectious disease management.</p> <p>On 10/7/24, at 11:45 AM, DON-B gave Surveyor an updated copy of the Facility Assessment, Surveyor noted this was updated after Surveyor requested the information.</p> <p>On 10/07/24, at 02:23 PM, Surveyor spoke with Assistant Director of Nursing-I, Assistant Nursing Home Administrator-K, and DON-B and let them know of the concerns related to Facility Assessment lacking infection prevention and water management information.</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p>49011</p> <p>Based on observation, interview and record review, the Facility did not establish and maintain an infection prevention and control program based upon current standards of practice, designed to provide a safe environment and to help prevent the development and transmission of communicable diseases and infections. This deficient practice has the potential to affect all 76 residents.</p> <p>Additionally, 1 (R450) of 1 residents reviewed for medication administration had their medication handled bare handed by a nurse during preparation.</p> <p>*The Facility's Water Management Plan (WMP) was not based on current standards of practice and did not:</p> <ul style="list-style-type: none"> <li>-Reflect changes in program members, last updated June 2023.</li> <li>-Include the Facility's Infection Preventionist (IP).</li> <li>-No meetings were held related to WMP, only updates given to Quality Assurance Team of No infections related to Water Management</li> <li>-Have current water testing for Legionella, last test was 6/28/2023.</li> </ul> <p>*The Facility's Surveillance of the Infection and Control Program tracking was not accurate as the list did not accurately include residents as having COVID in September.</p> <p>*R450's medications were handled bare handed by a facility nurse during the preparation of the medication for administration.</p> <p>Findings include:</p> <p>*Water Management Program:</p> <p>The 6/24/21 CDC Toolkit titled, Developing a Water Management Program to Reduce Legionella Growth &amp; Spread in Buildings identifies the key elements of a water management program for healthcare facilities to include:</p> <ol style="list-style-type: none"> <li>1. Establish a water management program team</li> <li>2. Describe the building water systems using text and flow diagrams</li> <li>3. Identify areas where Legionella could grow and spread</li> <li>4. Decide where control measures should be applied and how to monitor them</li> <li>5. Establish ways to intervene when control limits are not met</li> </ol> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>6. Make sure the program is running as designed and is effective</p> <p>7. Document and communicate all the activities</p> <p>The 6/24/21 CDC Toolkit documents, program team members should possess certain skills that are needed to develop and implement your water management program. The team should also include:</p> <ul style="list-style-type: none"> <li>-Someone who understands accreditation standards and licensing requirements</li> <li>-Someone with expertise in infection prevention</li> <li>-A clinician with expertise in infectious diseases</li> <li>-Risk and quality management staff</li> </ul> <p>The Facility Policy titled Infection Prevention and Control Program implemented 10/1/2022 documents (in part):</p> <ol style="list-style-type: none"> <li>a. A water management program has been established as part of the overall infection prevention and control program.</li> <li>b. Control measures and testing protocols are in place to address potential hazards associated with the facility's water systems.</li> <li>c. The Maintenance Director serves as the leader of the water management program.</li> </ol> <p>The Facility's WMP documents that the Facility Team Members consist of Administrator, Regional Director of Operations, Maintenance, and Director of Purchasing. The copy provided during survey was last updated in 2021 and staff names listed were not correct. Surveyor notes the Infection Preventionist is not listed as part of the team.</p> <p>On 10/03/24, at 01:22 PM, Surveyor interviewed Director of Maintenance (DOM)-L and asked what water testing is completed. DOM-L told Surveyor that they test for hardness/softness of the water once a month. They test the water temps regularly. They monitor circulation pumps because kitchen and resident rooms get different temperatures of water and need to make sure it is working properly. The Facility does no testing of dead ends or testing of water for Legionella or other water borne pathogens. DOM-L told Surveyor that there are not water management meetings, everything they test for is posted in the life safety and Tels systems.</p> <p>On 10/03/24 at 01:42 PM, Surveyor interviewed Regional Director-H and asked who's doing the water testing. Regional Director-H replied that maintenance does but he's only been here a week so doesn't know information, they will reach out to previous maintenance person and get information.</p> <p>On 10/03/24, at 01:42 PM, Surveyor interviewed Assistant Director of Nursing (ADON)-I and Regional Director-H and asked about the WMP that was provided to the Surveyor as it had a date of 2021 and was written by Ecolab. Regional Director-H told Surveyor they would check with the company that created the program to see if there is a newer version out there.</p> <p>(continued on next page)</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On 10/07/24, at 08:57 AM, Regional Director-H informed Surveyor that the 2021 copy was the most recent version. Surveyor told Regional Director-H of the concern that where Legionella and other waterborne pathogens can grow needs to be written in text and a flow diagram, neither are in the version provided. Surveyor asked if a testing log had been found and was told they are still looking into that.</p> <p>On 10/07/24, at 08:58 AM, Surveyor continued interview with Regional Director-H and asked about meetings held about the Water Management Plan. Regional Director-H stated that they review the program at Quality Assurance meetings. Surveyor asked for copy of meeting minutes related to Water Management.</p> <p>On 10/07/24, at 12:55 PM, Assistant Nursing Home Administrator (ANHA)-K provided meeting minutes. In January and May there was a Summary of Analysis listed No infections related to water management program. Surveyor notes this does not determine where control measures should be applied and how to monitor them, establish ways to intervene when control limits are not met or make sure the program is running as designed and is effective.</p> <p>On 10/07/24, at 02:23 PM, Surveyor spoke with ADON-I, ANHA-K, and Director of Nursing-B and let them know of the concerns related to a lack of water management plan revision, water testing not being done, no text and flow diagram of where water pathogens could grow, and that there should be a committee that meets to discuss water management strategies. On 10/8/2024, at 1:19pm, Surveyor received an email from Nursing Home Administrator-A with a revised copy of the WMP dated June of 2023. The newer version has corrected team members, except for the maintenance person. Surveyor notes no Infection Preventionist is listed.</p> <p>*Surveillance Infection Control Program tracking</p> <p>The Facility Policy titled Infection Prevention and Control Program implemented 10/1/2022 documents (in part):</p> <p>Policy Explanation and Compliance Guidelines:</p> <ol style="list-style-type: none"> <li>1. The designated Infection Preventionist is responsible for oversight of the program and serves as a consultant to our staff on infectious diseases, resident room placement, implementing isolation precautions, staff and resident exposures, surveillance, and epidemiological investigations of exposures of infectious diseases .</li> <li>3. Surveillance: <ol style="list-style-type: none"> <li>a. A system of surveillance is utilized for prevention, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon a facility assessment and accepted national standards.</li> <li>b. The Infection Preventionist serves as the leader in surveillance activities, maintains documentation of incidents, findings, and any corrective actions made by the facility and reports surveillance findings to the facility's Quality Assessment and Assurance Committee.</li> </ol> </li> </ol> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>c. The RNs and LPNs participate in surveillance through assessment of residents and reporting changes in condition to the residents' physicians and management staff, per protocol for notification of changes and in-house reporting of communicable diseases and infections .</p> <p>The Facility Policy titled Infection Surveillance implemented 10/1/2022 documents (in part):</p> <p>Policy</p> <p>A system of infection surveillance serves as a core activity of the facility's infection prevention and control program. Its purpose is to identify infections and to monitor adherence to recommended infection prevention and control practices in order to reduce infections and prevent the spread of infections .</p> <p>Policy Explanation and Compliance Guidelines:</p> <p>1. The Infection Preventionist serves as the leader in surveillance activities, maintains documentation of incidents, findings, and any corrective actions made by the facility and reports surveillance findings to the facility's Quality Assessment and Assurance Committee, and public health authorities when required.</p> <p>2. The RNs and LPNs participate in surveillance through assessment of residents and reporting changes in condition to the resident's physicians and management staff, per protocol for notification of changes and in-house reporting of communicable diseases and infections .</p> <p>6. The facility will collect data to properly identify possible communicable diseases or infections before they spread by identifying:</p> <p>a. Data to be collected, including how often and the type of data to be documented, including:</p> <p>i. The infection site, pathogen (if available), signs and symptoms, and resident location, including summary and analysis of the number of residents (and staff, if applicable) who developed infections:</p> <p>ii. Observations of staff including the identification of ineffective practices, if any; and</p> <p>iii. The identification of unusual or unexpected outcomes, infection trends and patterns.</p> <p>b. How the data will be used and shared and with appropriate individuals (e.g., staff, medical director, director of nursing, QAA committee) when applicable, to ensure that staff minimize spread of the infection or disease .</p> <p>8. Monthly time periods will be used for capturing and reporting data. Line charts will be used to show data comparisons over time and will be monitored for trends.</p> <p>9. All resident infections will be tracked. Separate, site-specific measures may be tracked as prioritized from the infection control risk assessment. Outbreaks will be investigated .</p> <p>11. Data to be used in the surveillance activities may include, but are not limited to:</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>a. 24 hour shift reports</p> <p>b. Lab reports</p> <p>c. Antibiograms obtained from lab</p> <p>d. Antibiotic use reports from pharmacy</p> <p>e. Medication regimen review reports</p> <p>f. Skills validations for hand hygiene, PPE, and/or high risk procedures</p> <p>g. Rounding observation data</p> <p>h. Resident and employee immunization data</p> <p>i. Documentation of signs and symptoms in clinical record</p> <p>j. Transfer/discharge summaries for new or readmitted residents for infections .</p> <p>Surveyor was alerted by another team member that a resident had tested positive for Covid in September. Surveyor reviewed the electronic medical record and saw the progress note for R52 dated 9/14/2024, written at 12:54 pm. Note Text: Pt (patient) voiced concerns of onset of dry cough, runny nose, and nausea. Lungs diminished with no wheezing, crackles or rales, no c/o SOB (complaints of shortness of breath), mild headache with over-tiredness and weakness. Rapid covid administered x2 with positive results. Isolation in place with pt and room mate aware of the safety precautions at this time. (name of telehealth group) made aware . Message left with brother and case worker. DON made aware with close monitoring to continue.</p> <p>Surveyor reviewed the surveillance logs provided by the Facility and found no line item listing for R52 in the month of September. Surveyor notes that during the recertification process no other residents were found to be Covid positive to review on the log.</p> <p>On 10/03/24, at 01:42 PM, Surveyor interviewed Assistant Director of Nursing-I who provided the surveillance log and asked why R52 was not on the line listing. ADON-I shared that sometimes a manager won't create the case, so then ADON-I does not know to add the line item.</p> <p>On 10/07/24, at 08:55 AM, Surveyor followed up with ADON-I and asked again why R52 was not on the line list and was told that they did not see that the nurse did the assessment, so a case was not generated.</p> <p>On 10/07/24, at 02:23 PM, Surveyor spoke with ADON-I, Assistant Nursing Home Administrator-K, and Director of Nursing-B and let them know of the concerns related to line list not being accurate regarding Covid positive resident(s) in September.</p> <p>*)Facility Assessment lacks Infection Prevention and Water Management information</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On 10/03/24, at 11:22 AM, Surveyor checked the Facility Assessment for the water management committee, infection preventionist and hours devoted to program, and a section on infectious disease management. Surveyor notes nothing was listed for water management, infection preventionist or infectious disease management.</p> <p>On 10/07/24, at 09:02 AM, Surveyor interviewed Director of Nursing (DON)-B regarding the Facility Assessment lacking infection prevention and water management information. DON-B states they recently redid the Facility Assessment with a new update and accidentally omitted the information.</p> <p>On 10/07/24, at 10:42 AM, Surveyor spoke with DON-B who asked what needs to be in the Facility Assessment. Surveyor let know the water management committee, infection preventionist and hours devoted to program, and a section on infectious disease management.</p> <p>On 10/7/24, at 11:45 AM, DON-B gave Surveyor an updated copy of the Facility Assessment, Surveyor stated they will take, but the information was missing at time of survey.</p> <p>On 10/07/24, at 02:23 PM, Surveyor spoke with Assistant Director of Nursing-I, Assistant Nursing Home Administrator-K, and DON-B and let them know of the concerns related to Facility Assessment lacking infection prevention and water management information.</p> <p>42037</p> <p>*Infection Control Practices During Medication Administration</p> <p>On 10/7/24 at 8:10 AM, Surveyor conducted the medication administration task to observe residents receiving their morning medications. Surveyor observed LPN-E throughout portions of the medication administration task.</p> <p>On 10/7/24 at 8:45 AM , Surveyor observed R450 in their room resting in bed. Licensed Practical Nurse (LPN)-E began to prepare R450's medications. Surveyor noted R450 was to receive 17 oral medications for the morning medication pass. Surveyor observed LPN-E prepare 7 facility stock medications from individual vials at this time. Surveyor noted LPN-E pouring each facility stock medication from each vial into their ungloved hand before placing each tablet into a clean medication cup with their ungloved hand. Surveyor noted LPN-E popping out R450's remaining 10 scheduled medications from each medication card directly into the clean medication cup with initial 7 stock medications.</p> <p>On 10/8/24 at 2:00 PM, Surveyor conducted interview with DON (Director of Nursing)-B. Surveyor shared concerns related to observations on 10/7/24 of LPN-E handling R450's medications with bare hands prior to administrating medications. The facility did not provide any additional information at this time.</p>		

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<p>F 0947</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure nurse aides have the skills they need to care for residents, and give nurse aides education in dementia care and abuse prevention.</p> <p>42037</p> <p>Based on record review and staff interview, the facility did not ensure that 5 of 5, CNAs (Certified Nursing Assistants) reviewed completed the required annual 12 hours of educational training hours.</p> <p>Findings include:</p> <p>1. On 10/8/24 at 1:45 PM, Surveyor reviewed the required educational training hours for CNA-C who was hired by the facility on. Surveyor noted that CNA-C had not completed the required 12 educational training hours in the last 12 months. Surveyor noted that CNA-C had only completed 8 hours of educational training hours in the last 12 months.</p> <p>2. Surveyor reviewed the required educational training hours for CNA-D who was hired by the facility on. Surveyor noted that CNA-D had not completed the required 12 educational training hours in the last 12 months. Surveyor noted that CNA-D had only completed 7 hours of educational training hours in the last 12 months.</p> <p>On 1/17/2024 at 12:05 p.m., Surveyor informed NHA (Nursing Home Administrator)-A and DON (Director of Nursing) of the above findings.</p> <p>No additional information was provided as to why the facility did not ensure that CNA-C and CNA-D, did not have the required annual 12 hours of educational training hours completed.</p>		