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	10/08/2024

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 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49011 Based on interview and record review, the Facility did not ensure the medical record contained signed advanced directive election forms for 1 (R71) of 18 residents reviewed. R71's Cardiopulmonary Resuscitation (CPR) advance directive election form Consent to CPR was not completed until [DATE], the day the Surveyor requested the information from the Facility. R71 had no care plan for advance directives completed. Findings include: The Facility Policy titled Resident's Rights Regarding Treatment and Advance Directives implemented [DATE] documents (in part): Policy: It is the policy of this facility to support and facilitate a resident's right to request, refuse and/or discontinue medical or surgical treatment and to formulate an advance directive . Policy Explanation and Compliance Guidelines: 1. On admission, the facility will determine if the resident has executed an advance directive, and if not, determine whether the resident would like to formulate an advance directive. 2. The facility will provide the resident or resident representative information, in a manner that is easy to understand, about the right to refuse medical or surgical treatment and formulate an advance directive . R71 was admitted to the facility on [DATE] and has diagnoses which include, in part, muscle wasting and atrophy, unspecified atrial fibrillation, urinary tract infection, severe sepsis without septic shock, heart failure, acute kidney failure and unspecified dementia. R71's 5 day Medicare Minimum Data Set (MDS) with an assessment reference date of [DATE] indicated R71 had a Brief Interview for Mental Status score of 08 (moderate cognitive impairment). R71 has an activated guardian. (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	10/08/2024

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 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On [DATE], at 11:58 AM, Surveyor was reviewing R71's electronic medical record (EMR) and could not find a Physician order or signed advanced directive form indicating whether CPR should be performed or not. On [DATE], at 10:22 AM, Surveyor reviewed R71's care plan and noted that there was no advance directive plan of care initiated. On [DATE], at 11:45 AM, Surveyor interviewed Director of Nursing (DON)-B and asked about the missing form. Per DON-B R71's guardian needs to sign the form, DON-B stated that the Facility had verbally told the guardian that until the form is signed R71 is considered full code. Surveyor notes review of R71's EMR indicates there is no documentation of anyone having a discussion with R71 or their guardian regarding advance directives. On [DATE], at 01:05 PM, DON-B followed up with Surveyor and stated that the appointed guardian is sitting on the form because doesn't know what to do. On [DATE], at 09:01 AM, Surveyor interviewed Admissions-J regarding advance directive paperwork and when it is given to new residents. Admissions-J stated that usually the central referral department requests that information from residents and families, otherwise Admissions-J goes into (name of hospital EMR) to get the paperwork if coming from a place that uses (name of hospital EMR). Surveyor then asked what if the paperwork is not turned in and Admissions-J stated that the central referral department and Admissions-J follow up if they don't have the paperwork at admission time. On [DATE], at 09:12 AM, Surveyor reviewed the EMR of R71 and found the form Consent to CPR uploaded with signature of legal representative done [DATE]. Surveyor found no Physician order in the system, advance directives was still blank in the information banner at top of the EMR, and no care plan had been initiated for R71's advance directive. Surveyor notes this form was completed after Surveyor brought the issue to the Facility's attention. On [DATE], at 08:52 AM, Surveyor interviewed DON-B and asked if the code status should be on the care plan to which DON-B replied yes it should be. On [DATE], at 03:10 PM, during the end of day meeting Surveyor informed DON-B, Assistant DON-I and Regional Director-H of concerns related to R71 having no advance directive paperwork on file until [DATE] when Surveyor brought the issue to Facility's attention and that a care plan had not been initiated for advance directives. 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	10/08/2024

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 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe, appropriate dialysis care/services for a resident who requires such services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49011 Based on interview and record review the Facility did not ensure that residents who require dialysis receive such services, consistent with professional standards of practice, including the ongoing assessment of the resident's condition and monitoring for complications before and after dialysis treatments received at a certified dialysis facility for 1 (R426) of 1 residents reviewed for dialysis. R426 was admitted to the Facility needing dialysis and did not have physician orders for hemodialysis and frequency of the dialysis. Assessments were not completed before or after dialysis sessions. No care plan was in place for monitoring and care of R426 related to dialysis and complications. There wasn't communication between the Facility and the dialysis center with each visit. Findings include: The Facility Policy titled Dialysis implemented 3/1/2019 documents (in part): Policy: This facility will provide the necessary care and treatment, consistent with professional standards of practice, physician orders, the comprehensive person-centered care plan, and the resident's goals and preferences, to meet the special medical, nursing, mental, and psychosocial needs of residents receiving dialysis. Policy Explanation and Compliance Guidelines: 1. Comprehensive care plans will be developed based on resident assessments, goals, and preferences in accordance with assessment and care plan procedures. 2. The care plan will reflect the coordination between the facility and the dialysis provider and will identify nursing home and dialysis responsibilities. 3. Interventions will include, but not limited to: a. Documentation and monitoring of complications b. Pre- and post- weights c. Assessing, observing, and documenting care of access sites, as applicable d. Nutrition and hydration, including the provision of meals and snacks on treatment days e. Lab tests f. Vital signs (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	10/08/2024

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 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	g. Provision of medications on dialysis treatment days, such as which medications are: i. Administered during dialysis ii. Held prior to dialysis iii. Given prior to dialysis iv. Administered by dialysis staff h. Transportation Arrangements i. Addressing any identified psychosocial needs 4. Nursing staff will provide a report to the dialysis provider regarding the resident's condition and treatment provisions each dialysis treatment day, and as needed. 5. If no written report is received upon return from dialysis, nursing staff will call the dialysis provider to receive a report. 6. Changes in condition following a dialysis treatment will be reported immediately to the physician . R426 was admitted to the facility on [DATE] and has diagnoses which include, in part, sepsis, acute pyelonephritis, legionnaires' disease, dependence on renal dialysis, rhabdomyolysis, end stage renal disease, and type 2 diabetes mellitus. R426's 5 day Medicare Minimum Data Set (MDS) with an assessment reference date of 9/24/24 indicated R426 had a Brief Interview for Mental Status score of 15 (cognitively intact). R426 is able to make decision for themselves. R426's MDS showed that no behaviors were noted. R426 is frequently incontinent of bladder and always incontinent of bowel. The MDS noted that R426 receives dialysis. R426 was marked on the Facility's roster matrix as receiving dialysis. On 10/02/24, at 10:18 AM, Surveyor reviewed R426's care plan and found only one entry which was located in the nutrition care plan related to dialysis for R426: Starts dialysis 9/30 at (name/location of dialysis) Date Initiated: 09/20/2024 Surveyor found no physician orders, assessments related to dialysis sessions or communication with the dialysis center in the electronic medical record. On 10/02/24, at 10:27 AM, Surveyor interviewed Director of Nursing (DON)-B regarding R426 receiving dialysis. DON-B asked Surveyor to let them get that information. (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	10/08/2024

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 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 10/03/24, at 08:09 AM, Surveyor reviewed the electronic medical record (EMR) for R426 and noted that a care plan was added on 10/2/24 after Surveyor asked for information. The focus is alteration in Kidney Function Due to End Stage Renal Disease (ESRD), Risk for Infection related to fistula site: (name of clinic) Dialysis 3x's a week. Date Initiated: 09/20/2024 Goals: o Lab values will remain within therapeutic range Date Initiated: 10/02/2024 Target Date: 12/18/2024 o Resident will be able to express feelings r/t dialysis/loss of renal function Date Initiated: 10/02/2024 Target Date: 12/18/2024 o Resident will have no signs or symptoms of infection or bleeding at fistula site Date Initiated: 10/02/2024 Target Date: 12/18/2024 Interventions: o Assessment of skin condition weekly by licensed nurse. Apply skin moisturizer as needed for dry, itchy skin Date Initiated: 10/02/2024 o Check access site daily fistula/graft/catheter - signs of infection (redness, hardness, swelling, pain, drainage, elevated temperature, body chills) Date Initiated: 10/02/2024 o Dialysis center only to access catheter site Date Initiated: 10/02/2024 o Emergency protocol - if bleeding occurs, apply pressure with clean gauze for 10-15 minutes. If bleeding not controlled, call 911. Notify physician if edema, chest pains, elevated blood pressure, or shortness of breath occurs Date Initiated: 10/02/2024 (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	10/08/2024

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 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	o Monitor for edema in extremities and report any increase to Physician, pre-dialysis and post-dialysis weights at dialysis center Date Initiated: 10/02/2024 o Resident specific dialysis schedule. Notify physician and dialysis center if unable to make appointment. Location: Days: Time: Meals: Meds: Date Initiated: 10/02/2024 Surveyor notes the last intervention of resident specific dialysis schedule was not completed. A physician order was entered on 10/2/2024 after Surveyor asked about dialysis for R426: -Change dressing to Dialysis Port to Right Upper Chest weekly and PRN one time a day every Fri for Protection. Surveyor notes no physician order for how often or when dialysis occurs was added to EMR. Surveyor notes the care plan reads Resident will have no signs or symptoms of infection or bleeding at the fistula site, however R426 has a port in chest. On 10/03/24, at 08:30 AM, Surveyor interviewed DON-B regarding communication between Facility and dialysis center. DON-B stated they will look for that information. Surveyor asked about vitals being done before or after appointments, the site being assessed, overall wellness checks done before or after visits? DON-B stated that vitals should be done before appointments and that R426 should be monitored after return and that the port would be monitored for signs and symptoms of infection. Surveyor notes none of this is documented in the EMR. On 10/07/24, at 08:52 AM, DON-B followed up with Surveyor and stated that they don't think the Facility has communication with dialysis center related to R426. On 10/07/24, at 02:23 PM, Surveyor informed DON-B, Assistant DON-I and Assistant Nursing Home Administrator-K of concerns related to R426 having no physician orders or care plan in place until Surveyor brought the issue to Facility attention. There was no communication or assessments being done prior to or post appointments. DON-B stated they have obtained the communication with dialysis center and have copies. Surveyor noted this was not part of R426's record until Surveyor inquired about it.

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	10/08/2024

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 0700 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Try different approaches before using a bed rail. If a bed rail is needed, the facility must (1) assess a resident for safety risk; (2) review these risks and benefits with the resident/representative; (3) get informed consent; and (4) Correctly install and maintain the bed rail. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49011 Based on observation, interview and record review, the Facility did not ensure 2 residents (R7, R66) of 2 residents were properly assessed or risks explained for the use of bed rails. A routine maintenance and inspection schedule was not enforced by the Facility. *R7's Bed Rail Assessment was not updated since 1/25/2024 and Bed Rails Informed Consent for Use was not updated since 2/1/2024. R7's bed was observed to have grab bars on both sides of bed. *R66 has a right grab bar attached to bed frame but there is no evidence that risks were explained to R66 or their representative. *Routine maintenance and inspection of the grab bars was not documented or completed. Findings include: The Facility Policy titled, Proper Use of Bed Rails Date Implemented: 10/1/2022, documents in part: Policy It is the policy of this facility to utilize a person-centered approach when determining the use of bed rails. Appropriate alternative approaches are attempted prior to installing or using bed rails. If bed rails are used, the facility ensures correct installation, use, and maintenance of the rails . Policy Explanation and Compliance Guidelines: Resident Assessment 1. As part of the resident's comprehensive assessment, the following components will be considered when determining the resident's needs, and whether or not the use of bed rails meets those needs: a. Medical diagnosis, conditions, symptoms, and/or behavioral symptoms b. Size and weight c. Sleep habits d. Medication(s) e. Acute medical or surgical interventions f. Underlying medical conditions (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	10/08/2024

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 0700 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	g. Existence of delirium h. Ability to toilet self safely i. Cognition j. Communication K. Mobility (in and out of bed) l. Risk of falling . 3. The resident assessment must also assess the resident's risk from using bed rails. Examples of the potential risks with the use of bed rails include: a. Accident hazards (e.g., falls, entrapment, and other injuries sustained from attempts to climb over, around, between, or through the rails, or over the footboard) b. Barrier to residents from safely getting out of bed c. Physical restraint (e.g., hinders residents from independently getting out of bed or performing routine activities) d. Decline in resident function, such as muscle functioning/balance e. Skin integrity issues f. Decline in other areas of activities of daily living such as using the bathroom, continence, eating, hydration, walking and mobility g. Other potential negative psychosocial outcomes such as an undignified self-image, altered self-esteem, feelings of isolation, or agitation/anxiety. 4. The resident assessment should assess the resident's risk of entrapment between the mattress and bed rail or in the bed rail itself . Informed Consent 6. Informed consent from the resident or resident representative must be obtained after appropriate alternatives have been attempted prior to installation and use of bed rails. This information should be presented in an understandable manner, and consent given voluntarily, free from coercion. 7. The information that the facility should provide to the resident, or resident representative includes, but is not limited to: a. What assessed medical needs would be addressed by the use of bed rails; b. The resident's benefits from the use of bed rails and the likelihood of these benefits; (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	10/08/2024

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 0700 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	c. The resident's risks from the use of bed rails and how these risks will be mitigated; and d. Alternatives attempted that failed to meet the resident's needs and alternatives considered but not attempted because they were considered to be inappropriate . Installation and Maintenance of Bed Rails . iii. Inspecting and regularly checking the mattress and bed rails for areas of possible entrapment . v. Checking bed rails regularly to make sure they are still installed correctly, and have not shifted or loosened over time . d. Conducting routine preventative maintenance of beds and bed rails to ensure they meet current safety standards and are not in need of repair . Ongoing Monitoring and Supervision 15. The facility will continue to provide necessary treatment and care to the resident who has bed rails in accordance with professional standards of practice and the resident's choices. This should be evidenced in the resident's records, including their care plan, including, but not limited to, the following information: a. The type of specific direct monitoring and supervision provided during the use of the bed rails, including documentation of the monitoring; b. The identification of how needs will be met during use of the bed rails, such as for re-positioning, hydration, meals, use of the bathroom and hygiene; c. Ongoing assessment to assure that the bed rail is used to meet the resident's needs; d. Ongoing evaluation of risks . 16. Responsibilities of ongoing monitoring and supervision are specified as follows . b. A nurse assigned to the resident will complete reassessments in accordance with the facility's assessment schedule, but not less than quarterly, upon a significant change in status, or a change in the type of bed/mattress/rail . d. The maintenance director, or designee, is responsible for adhering to a routine maintenance and inspection schedule for all bed frames, mattresses, and bed rails. 1.) R7 was admitted to the facility on [DATE]. R7's quarterly Minimum Data Set (MDS) with an assessment reference date of 6/30/2024 indicated R7 had a Brief Interview for Mental Status (BIMS) score of 14 (cognitively intact). R7 is able to make decision for themselves. Per the MDS no behaviors were exhibited. R7's MDS showed that upper extremities and lower extremities have impairment on one side. The MDS is coded that a bed rail is not used. (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	10/08/2024

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 0700 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 10/01/24, at 10:53 AM, Surveyor observed bilateral grab bars on R7's bed. On 10/02/24, at 12:59 PM, Surveyor reviewed R7's electronic medical record (EMR) and found that the Bed Rail Assessment form was not updated since 1/25/2024 and the Bed Rails Informed Consent for Use was not updated since 2/1/2024. Surveyor notes these should be reviewed at a minimum quarterly with the resident. On 10/02/24, at 01:08 PM, Surveyor interviewed Director of Nursing (DON)-B regarding the bed rail assessment and informed consent forms and was told that the bed rail assessment should be reviewed quarterly. On 10/03/24, at 03:10 PM, during the end of day meeting, Surveyor informed DON-B, Assistant DON-I and Regional Director-H of concerns related to R7 having no bed cane assessment or risks reviewed within the last quarter. No additional information was provided. 2.) R66 was admitted to the facility on [DATE]. R66's 5 day Medicare Minimum Data Set (MDS) with an assessment reference date of 8/16/2024 indicated R66 had a Brief Interview for Mental Status (BIMS) score of 15 (cognitively intact). The MDS documents for rejection of care, the behavior was not exhibited. R7's MDS showed that upper extremities have impairment on both sides and lower extremities have no impairment. The MDS is coded that a bed rail is not used. On 10/01/24, at 10:19 AM, Surveyor observed a right grab bar on R66's bed. On 10/02/24, at 01:02 PM, Surveyor reviewed R66's electronic medical record and found the Bed Rail Assessment form with an effective date of 8/14/24, however the form was not signed. Surveyor notes no informed consent or risks were documented to have been explained to R66 or their representative. On 10/02/24, at 01:09 PM, Surveyor interviewed Director of Nursing (DON)-B and asked why the assessment form was completed on 8/14 but not signed. DON-B stated that therapy brings the forms to morning meeting and then DON-B signs them. Somehow missed this one and signed it today. Surveyor asked if a Bed Rails Informed Consent for Use form was completed for R66, DON-B will check and see if medical records has a copy. On 10/03/24, at 03:10 PM, during the end of day meeting, Surveyor informed DON-B, Assistant DON-I and Regional Director-H of concerns related to R66 having no bed cane informed consent on file. No additional information was provided. 3.) On 10/03/24, at 08:55 AM, Surveyor interviewed Director of Maintenance-L about the bed canes and was told that there are 3 or 4 versions available that go with the bed type a resident has. Surveyor asked how often checks are done on the bed canes and was informed that they are inspected when removed. Maintenance will look at overall quality when take off and again when install. Director of Maintenance-L confirmed that there are no scheduled checks done when canes remain on the bed. On 10/03/24, at 03:10 PM, during the end of day meeting, Surveyor informed DON-B, Assistant DON-I and Regional Director-H of concerns related to no regular maintenance program for bed canes being performed. 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	10/08/2024

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 0727 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	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. 16584 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. * 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. 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. * 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. Findings include: 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). 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). 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. (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	10/08/2024

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 0727 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	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. 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. 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. 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. 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.

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	10/08/2024

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide and implement an infection prevention and control program. 49011 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. Additionally, 1 (R450) of 1 residents reviewed for medication administration had their medication handled bare handed by a nurse during preparation. *The Facility's Water Management Plan (WMP) was not based on current standards of practice and did not: -Reflect changes in program members, last updated June 2023. -Include the Facility's Infection Preventionist (IP). -No meetings were held related to WMP, only updates given to Quality Assurance Team of No infections related to Water Management -Have current water testing for Legionella, last test was 6/28/2023. *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. *R450's medications were handled bare handed by a facility nurse during the preparation of the medication for administration. Findings include: *Water Management Program: The 6/24/21 CDC Toolkit titled, Developing a Water Management Program to Reduce Legionella Growth & Spread in Buildings identifies the key elements of a water management program for healthcare facilities to include: 1. Establish a water management program team 2. Describe the building water systems using text and flow diagrams 3. Identify areas where Legionella could grow and spread 4. Decide where control measures should be applied and how to monitor them 5. Establish ways to intervene when control limits are not met (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	10/08/2024

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	6. Make sure the program is running as designed and is effective 7. Document and communicate all the activities 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: -Someone who understands accreditation standards and licensing requirements -Someone with expertise in infection prevention -A clinician with expertise in infectious diseases -Risk and quality management staff The Facility Policy titled Infection Prevention and Control Program implemented 10/1/2022 documents (in part): a. A water management program has been established as part of the overall infection prevention and control program. b. Control measures and testing protocols are in place to address potential hazards associated with the facility's water systems. c. The Maintenance Director serves as the leader of the water management program. 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. 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. 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. 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. (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	10/08/2024

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	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. 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. 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. 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. *Surveillance Infection Control Program tracking The Facility Policy titled Infection Prevention and Control Program implemented 10/1/2022 documents (in part): Policy Explanation and Compliance Guidelines: 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 . 3. Surveillance: 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. 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. (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	10/08/2024

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	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 . The Facility Policy titled Infection Surveillance implemented 10/1/2022 documents (in part): Policy 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 . Policy Explanation and Compliance Guidelines: 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. 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 . 6. The facility will collect data to properly identify possible communicable diseases or infections before they spread by identifying: a. Data to be collected, including how often and the type of data to be documented, including: 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: ii. Observations of staff including the identification of ineffective practices, if any; and iii. The identification of unusual or unexpected outcomes, infection trends and patterns. 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 . 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. 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 . 11. Data to be used in the surveillance activities may include, but are not limited to: (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	10/08/2024

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	a. 24 hour shift reports b. Lab reports c. Antibiograms obtained from lab d. Antibiotic use reports from pharmacy e. Medication regimen review reports f. Skills validations for hand hygiene, PPE, and/or high risk procedures g. Rounding observation data h. Resident and employee immunization data i. Documentation of signs and symptoms in clinical record j. Transfer/discharge summaries for new or readmitted residents for infections . 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. 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. 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. 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. 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. *)Facility Assessment lacks Infection Prevention and Water Management information (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	10/08/2024

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	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. 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. 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. 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. 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. 42037 *Infection Control Practices During Medication Administration 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. 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. 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.

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	10/08/2024

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 0947 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure nurse aides have the skills they need to care for residents, and give nurse aides education in dementia care and abuse prevention. 42037 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. Findings include: 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. 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. 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. 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.