

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525578	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/04/2024
NAME OF PROVIDER OR SUPPLIER Cedarburg Health Services		STREET ADDRESS, CITY, STATE, ZIP CODE N27 W5707 Lincoln Blvd Cedarburg, WI 53012	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement policies and procedures to prevent abuse, neglect, and theft.</p> <p>45943</p> <p>Based on staff interview and record review, the facility did not ensure thorough background checks were completed for 2 of 8 sampled staff.</p> <p>The facility did not ensure a Department of Justice (DOJ) letter and State of Wisconsin Department of Health Services (DHS) Governmental Findings Report (GFR) (formerly known as the Integrated Background Information System (IBIS) letter) were obtained for Certified Nursing Assistant (CNA)-C and CNA-E prior to hire.</p> <p>Findings include:</p> <p>The Wisconsin Background Check and Misconduct Investigation Program Manual by the Department of Health Services, revised January 2024, indicates: An entity is required to complete caregiver background checks on caregivers. At a minimum, a complete caregiver background check completed for a caregiver consists of the following three documents:</p> <ol style="list-style-type: none"> 1. A completed DHS F-82064 (Background Information Disclosure) form. 2. A response from the DOJ, either <ul style="list-style-type: none"> ~A 'no record found' response or ~A criminal record transcript; and 3. A GFR from DHS that reports the person's status, including administrative finding or licensing restrictions. <p>The facility's Abuse, Neglect, and Exploitation policy, reviewed/ revised on 7/15/22, indicates: The components of the facility's abuse prohibition plan are discussed herein: I. 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. Background checks will be completed consistent with applicable state laws and regulation.</p> <p>On 4/4/24, Surveyor selected a sample of eight staff to review for background checks, including CNA-C and CNA-E.</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 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Surveyor noted CNA-C was hired on 10/24/23, however, CNA-C's DOJ letter and GFR were not obtained until 11/20/23.</p> <p>Surveyor noted CNA-E was hired on 10/2/23, however, CNA-E's DOJ letter and GFR were not obtained until 1/17/24.</p> <p>On 4/4/24 at 2:03 PM, Surveyor interviewed [NAME] President of Success (VPS)-D who indicated an audit was done on 11/20/23 by the Human Resources (HR) Support Center that indicated CNA-C did not have a background check and CNA-C's DOJ letter and GFR (IBIS letter) were obtained on 11/20/23. VPS-D provided Surveyor with a copy of the facility's Performance Improvement Plan (PIP) to implement audits of background checks starting on 11/21/23. The action item: Ensure each new employee has a background check completed prior to first day on the job was reviewed by HR Support Center staff to ensure the facility was in compliance as of 12/20/23. VPS-D verified CNA-E was hired on 10/2/23 and did not have a DOJ letter or GFR completed until 1/17/24. VPS-D confirmed background screening should have been completed prior to hire.</p> <p>On 4/4/24 at 2:45 PM, Surveyor interviewed Scheduler (SC)-E who indicated SC-E was unsure why CNA-E's background check was not completed prior to hire because SC-E did not start as the Scheduler/HR assistant until 2/24/24. SC-E was also unsure if a new PIP was completed after CNA-E's background check was not completed timely.</p>		

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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45943</p> <p>Based on staff interview and record review, the facility did not ensure an allegation of abuse was thoroughly investigated for 1 resident (R) (R2) of 1 sampled resident.</p> <p>R2 reported care and treatment concerns. The facility did not thoroughly investigate the allegation of abuse.</p> <p>Findings include:</p> <p>The facility's Abuse Neglect and Exploitation policy, reviewed/revised on 7/15/22, indicates: V. Investigation of Alleged Abuse, Neglect and Exploitation .B. Written procedures for investigations include .4. Identifying and interviewing all involved persons, including the alleged victim, alleged perpetrator, witnesses, and others who might have knowledge of the allegations(s) .6. Providing complete and thorough documentation of the investigation .VII. Reporting/Response .B. The Administrator will follow up with government agencies to report the results of the investigation when final within 5 working days of the incident, as required by State Agencies.</p> <p>On 4/4/24, Surveyor reviewed R2's medical record. R2's diagnoses included paroxysmal atrial fibrillation (irregular heartbeat), malignant neoplasm of ampulla of [NAME] (cancerous tumor of the duct formed by the union of the common bile duct and pancreatic duct within the wall of the small intestine), status post decompression and fusion of cervical vertebrae 1 and 2, and polyneuropathies. R2's Minimum Data Set (MDS) assessment, dated 12/14/23, contained a Brief Interview for Mental Status (BIMS) score of 14 out of 15 which indicated R2 had intact cognition. R2 was responsible for R2's health care decisions.</p> <p>On 4/4/24, Surveyor reviewed a facility-reported incident (FRI) that involved an allegation of abuse related to R2.</p> <p>The investigation indicated on 12/10/23 at approximately 9:30 AM, CNA-C provided morning care for R2. R2 reported to R2's daughter that CNA-C was too rough and stated the incident was painful, uncomfortable, and caused R2 to cry. R2's daughter reported the allegation of abuse to a nurse on the PM shift. CNA-C was suspended pending the results of the investigation. The police were notified and conducted an onsite visit which included an interview with R2. The police investigation indicated a crime was not committed.</p> <p>Surveyor noted the investigation did not include a 5-day report submitted to the State Agency (SA), an interview with R2 and other residents cared for by CNA-C, an interview with CNA-C and other staff, and documentation that R2's physician was notified. Surveyor also noted R2's activities of daily living (ADLs) and pain care plans were not reviewed or revised following the incident.</p> <p>On 4/4/24 at 11:48 AM, Surveyor interviewed [NAME] President of Success (VPS)-D who indicated VPS-D spoke with Nursing Home Administrator (NHA)-A and verified NHA-A did not know where the interviews with R2, other residents, and staff were located. VPS-D did not provide the above-mentioned interviews and agreed the interviews should have been included in the investigation.</p> <p>(continued on next page)</p>		

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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 4/4/24 at 1:30 PM, Surveyor interviewed VPS-D who verified that although the investigation summary indicated R2's provider was notified, VPS-D could not provide documentation that R2's provider was notified.</p> <p>On 4/4/24 at 1:34 PM, Surveyor interviewed VPS-D and Director of Nursing (DON)-B who verified they could not locate the 5-day investigation in the Misconduct Incident Reporting (MIR) system (used by facilities to report incidents to the SA). VPS-D also verified R2's ADL and pain care plans were not updated following the incident and did not contain an intervention(s) that informed staff how to move R2 during toileting to prevent or decrease pain. VPS-D stated R2's plan of care should have been updated.</p>		

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48794</p> <p>Based on observation, staff and resident interview, and record review, the facility did not ensure fluids were provided on a consistent basis for 4 residents (R) (R3, R4, R5, and R6) of 4 sampled residents.</p> <p>R3, R4, R5 and R6 did not receive fresh drinking water on a consistent basis or in accordance with their nutritional assessment.</p> <p>Findings include:</p> <p>The facility's Hydration policy, with a review date of 7/26/22, indicates each resident should be offered sufficient fluids, to include water and other liquids, based on resident preferences and needs, to maintain proper hydration and health. This includes ensuring fluids are available and within reach.</p> <p>1. R3 was admitted to the facility on [DATE] with diagnoses including morbid obesity with alveolar hypoventilation, type 2 diabetes mellitus with diabetic neuropathy, chronic diastolic (congestive) heart failure, irritable bowel syndrome without diarrhea, and gastroesophageal reflux disease without esophagitis. R3's Minimum Data Set (MDS) assessment, dated 1/30/24, contained a Brief Interview for Mental Status (BIMS) score of 14 out of 15 which indicated R3 had intact cognition. R3's care plan contained an intervention for staff to encourage and assist R3 as needed to consume foods and/or supplements and fluids offered.</p> <p>On 4/4/24 at 11:53 AM, Surveyor interviewed R3 who stated at times staff are either too busy to fill R3's water cup or take R3's water cup and don't bring it back. Surveyor observed and touched the outside of R3's water cup and noted the water was at what appeared to be room temperature. R3 was unsure when the cup was provided.</p> <p>On 4/4/24, Surveyor reviewed R3's medical record including a Nutritional Assessment, dated 1/24/24, that indicated R3 received a controlled carbohydrate (CCHO) cardiac diet with thin liquids. The Nutritional Assessment indicated R3 had a recommended estimated total daily fluid intake between 1960-2287 ccs (cubic centimeters). Documentation for March of 2024 indicated R3 received [PHONE NUMBER] ccs of fluid per day. The documentation contained 40 incomplete entries and 26 entries that indicated R3 refused fluids.</p> <p>2. R4 was admitted to the facility on [DATE] with diagnoses including traumatic subarachnoid hemorrhage without loss of consciousness, depression, and anxiety. R4's MDS assessment, dated 3/7/24, contained a BIMS score of 11 out of 15 which indicated R4 had moderate cognitive impairment.</p> <p>On 4/4/24 at 10:44 AM, Surveyor interviewed R4 who stated R4 wanted water every night but ice and water were rare. Surveyor observed an empty water cup on R4's bedside table.</p> <p>(continued on next page)</p>		

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 4/4/24, Surveyor reviewed R4's medical record including a Nutritional Assessment, dated 3/6/24, that indicated R4 received a regular diet and had a recommended estimated total daily fluid intake between 2695-3144 ccs. Documentation for March of 2024 indicated R4 received [PHONE NUMBER] ccs of fluid per day and contained 45 incomplete entries.</p> <p>3. R5 was readmitted to the facility on [DATE] with diagnoses including chronic diastolic (congestive) heart failure, and a history of urinary (tract) infections. R5's MDS assessment, dated 3/29/24, contained a BIMS score of 10 out of 15 which indicated R5 had moderate cognitive impairment.</p> <p>On 4/4/24 at 12:00 PM, Surveyor interview R5 who stated staff do not always have time to pass water. R5 indicated several residents expressed water concerns to administration and stated there are some evenings when R5 is dying of thirst.</p> <p>On 4/4/24, Surveyor reviewed R5's medical record including a Nutritional Assessment, dated 3/27/24, that indicated R5 received a regular diet and had a recommended estimated total daily fluid intake between 1886-2113 ccs. Documentation for March of 2024 indicated R5 received between [PHONE NUMBER] ccs of fluid per day and contained 26 incomplete entries.</p> <p>4. R6 was admitted to the facility on [DATE] with diagnoses including cerebral palsy, unspecified. R6's MDS assessment, dated 3/10/24, contained a BIMS score of 14 out of 15 which indicated R6 had intact cognition.</p> <p>On 4/4/24 at 12:10 PM, Surveyor interviewed R6 who indicated R6's ability to receive water on a regular basis depended on the staff and how busy they were. Surveyor observed an almost empty water cup next to R6 who indicated the water was from the previous evening.</p> <p>On 4/4/24, Surveyor reviewed R6's medical record which included a Nutritional Assessment, dated 3/6/24, that indicated R6 received a regular diet and had a recommended estimated total daily fluid intake between 2045-2250 ccs. Documentation for March of 2024 indicated R6 received between 0-1200 ccs of fluid per day and contained 29 incomplete entries.</p> <p>On 4/4/24 at 11:47 AM, Surveyor interviewed Medication Technician (MT)-H who stated staff should pass water every few hours and during medication pass. MT-H stated MT-H felt there were times when water was not passed as it should be.</p> <p>On 4/4/24 at 12:57 PM, Surveyor interviewed Director of Nursing (DON)-B who stated DON-B expects Certified Nursing Assistants (CNAs) to pass water every shift and as requested by residents. DON-B stated DON-B was not aware residents had concerns with receiving water.</p>		