

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 10/04/2024
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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45942</p> <p>Based on observation and staff and resident interview, the facility did not ensure 2 residents (R) (R13 and R9) of 14 sampled residents had hot water in their bathrooms.</p> <p>During observations on 10/4/24, R13 and R9's bathroom sinks did not have hot water.</p> <p>Findings include:</p> <p>1. On 10/4/24, Surveyor reviewed R13's medical record. R13 was admitted to the facility on [DATE] with diagnoses including congestive heart failure and diabetes mellitus. R13's Minimum Data Set (MDS) assessment, dated 8/24/24, stated R13's Brief Interview for Mental Status (BIMS) score was 14 out of 15 which indicated R13 had intact cognition. R13's MDS assessment also indicated R13 required staff set up/supervision for oral hygiene and toileting and moderate assistance for bathing. R13's medical record indicated R13 was responsible for R13's healthcare decisions.</p> <p>On 10/4/24 at 9:21 AM, Surveyor entered R13's bathroom and tested the hot water. Surveyor noted there was no hot water in the sink. R13 was not in R13's room at the time.</p> <p>On 10/4/24 at 2:44 PM, Surveyor interviewed R13 who indicated R13 had not had hot water since June. R13 indicated it would be nice to have hot water and stated staff brought a basin of hot water from down the hall. R13 indicated the lack of hot water made R13 feel [NAME] and made R13 not like R13's room. R13 also indicated R13 was frustrated and wanted to wash R13's hands with soap and warm water and brush R13's teeth without waiting so long.</p> <p>2. On 10/4/24, Surveyor reviewed R9's medical record. R9 was admitted to the facility on [DATE] with diagnoses including dementia, anxiety, and depression. R9's MDS assessment, dated 9/29/24, stated R9's BIMS score was 11 out of 15 which indicated R9 had moderate cognitive impairment. R9's MDS assessment also indicated R9 was dependent on staff for personal hygiene, toileting, and bathing. R9's medical record indicated R9's Power of Attorney for Healthcare (POAHC) was responsible for R9's healthcare decisions.</p> <p>On 10/4/24 at 9:25 AM, Surveyor entered R9's bathroom and tested the hot water. Surveyor noted there was no hot water in the sink. R9 was not in R9's room at the time.</p> <p>On 10/4/24 at 1:44 PM, Surveyor interviewed R9 who indicated R9 was upset because there was no hot water in R9's bathroom sink.</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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 10/4/24 at 2:39 PM, Surveyor again interviewed R9 regarding the lack of hot water. R9 indicated staff brought hot water in a basin from another room which slowed down R9's activities of daily living (ADL) cares. R9 also indicated R9 would like hot water in R9's sink.</p> <p>On 10/4/24 at 10:08 AM, Surveyor interviewed Maintenance Manager (MM)-C who confirmed the facility had an underground leak in February and excavated multiple times to fix the water pipes which were ultimately unredeemable. Per MM-C, the facility completed a project to install hot water. The facility recently discovered issues with water pipes under the therapy gym and there was no way to bypass the pipes which led to a whole building water shut down in August. Per MM-C, temporary water lines were installed overhead in order to run water to units. MM-C confirmed 3 rooms did not have hot water, including R13 and R9's rooms and one unoccupied room. MM-C indicated the first project approval took a month and the facility needed another approval to fix the pipes and ensure all rooms had hot water.</p> <p>On 10/4/24 at 3:37 PM, Surveyor interviewed Nursing Home Administrator (NHA)-A who confirmed R13 and R9's rooms did not have hot water. NHA-A indicated the facility tried to transition residents out of the rooms and were working on fixing the water pipes.</p>		

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<p>F 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42423</p> <p>Based on staff and resident representative interview and record review, the facility did not ensure a grievance was thoroughly resolved for 1 resident (R) (R3) of 14 sampled residents.</p> <p>Resident Representative (RR)-H filed a grievance on behalf of R3 on 8/8/24 that indicated R3 experienced a delayed call light response time and was not attended to in a timely manner. The facility did not resolve the grievance in a timely manner.</p> <p>Findings include:</p> <p>The facility's Grievance Policy, with a revision date of 7/2022, indicates: When a complaint/grievance report is initiated: .The Department Head that is assigned the concern form is responsible for investigating the issue and following up to provide a resolution to the issue within 72 hours of being assigned the grievance.</p> <p>The facility's Call lights: Accessibility and Timely Response policy, with a revision date of 8/8/24, indicates: . 10. All staff members who see or hear an activated call light are responsible for responding. If the staff member cannot provide what the resident desires, the appropriate personnel should be notified. 11. Process for responding to call lights: a. Turn off the signal light in the resident's room. b. Identify yourself and call the resident by name. c. Listen to the resident's request and respond accordingly. Inform the resident if you cannot meet the need and assure him/her that you will notify the appropriate personnel. d. Inform the appropriate personnel of the resident's need. e. Do not promise something you cannot deliver. f. If assistance is needed with a procedure, summons help by using the call light. Stay with the resident until help arrives.</p> <p>On 10/4/24, Surveyor reviewed R3's medical record. R3 was admitted to the facility on [DATE] with diagnoses including dementia and overactive bladder. R3 received Hospice services and had an activated Power of Attorney for Healthcare (POAHC) who was noted as the first contact in R3's medical record. RR-H was noted as the second contact.</p> <p>R3's care plan contained the following interventions: Toileting assistance with 2 staff; Transfer with sit-to-stand lift; Provide assistance with toileting; Remind and assist as needed with toileting at routine times such as upon arising in AM, before/after meals, activities, therapy and at bedtime.</p> <p>(continued on next page)</p>		

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<p>F 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 10/4/24, Surveyor reviewed a grievance, dated 8/8/24, that contained a concern from RR-H that R3's call light was on for a period of time and was not answered in a timely manner. Nursing Home Administrator (NHA)-A was the individual designated to take action on the concern. The date to be resolved was 8/10/24. Actions to be taken included: NHA-A to do call light audits for three weeks; Continuous education for nursing staff on the call light policy. The grievance contained call light response time education that indicated the following: Objective: 1) Answer call lights in a timely manner. 2) Call lights are to be accessible to residents at all times. 3) All staff members can assist with call lights. A document titled Call Light Response Times was included with the education and indicated: Ensuring the imperativeness of answering call lights in a timely manner is paramount in any healthcare setting to guarantee patient safety, satisfaction, and overall well-being. Prompt response to call lights is a critical component of patient care, reflecting the attentiveness and responsiveness of the healthcare staff. It helps in addressing immediate needs, reducing anxiety, and preventing potential complications, such as falls or unmanaged pain. Staff signatures accompanied the document.</p> <p>Surveyor reviewed another grievance form, dated 9/9/24, that was initiated by a former resident's family member and contained multiple concerns, including call light response time. The resolution portion of the grievance indicated NHA-A conducted audits for 3 weeks. Staff education was not part of the grievance.</p> <p>On 10/4/24 at 9:05 AM, Surveyor interviewed R3's POAHC (POAHC-I) who indicated on the evening of 9/25/24 and 9/26/24, nursing staff responded to R3's call light and said R3 had to wait to use the bathroom because supper was on the way. POAHC-I indicated staff turned off R3's call light and did not return to assist R3 to the bathroom.</p> <p>Surveyor reviewed the staff signatures of those who were educated on answering call lights for R3's 8/8/24 grievance. Surveyor compared the signatures to the staff who worked on 9/25/24 and 9/26/24. Surveyor noted Certified Nursing Assistant (CNA)-D, CNA-E, CNA-F, and CNA-G were assigned to R3's wing on 9/25/24 or 9/26/24; however, only CNA-D was listed on the staff signatures sheets as having received call light response time education.</p> <p>On 10/4/24 at 10:30 AM, Surveyor interviewed RR-H who was visiting R3 in R3's room. RR-H indicated RR-H visited daily in the morning through lunch except for Sundays and POAHC-I visited in the afternoon through supper. RR-H indicated R3 sometimes went 5 hours without being assisted to the bathroom by staff. RR-H indicated in the morning when R3 has to use the bathroom, staff say Hospice will take R3. RR-H indicated Hospice staff come to the facility some mornings. RR-H indicated when RR-H lets staff know that R3 has to use the bathroom, staff don't assist R3 and say Hospice will be there soon. RR-H indicated nursing staff enter R3's room when R3's call light is on, turn off the call light, say they will be back when they find another person to assist, but then don't come back. RR-H indicated some staff use the sit-to-stand lift with two staff and some say they do not need two staff and use the lift alone. RR-H also said some staff come in and turn off the call light, do not say anything at all, and leave the room. RR-H indicated R3's skin has been raw due to R3 being left in urine and stool. RR-H indicated staff do not typically assist R3 before meals to the bathroom and some say they will help R3 after lunch but lunch varies and can last from 12:30 PM to 2:00 PM. RR-H verified CNAs pass room trays. RR-H indicated Hospice staff assisted R3 to the bathroom that morning at 10:00 AM.</p> <p>(continued on next page)</p>		

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<p>F 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 10/4/24 at 11:00 AM, Surveyor interviewed CNA-D who confirmed the majority of residents eat in their rooms and CNAs deliver room trays. CNA-D indicated call lights are answered unless staff are in the middle of passing trays because CNAs need to be careful to not cross-contaminate.</p> <p>On 10/4/24 at 12:08 PM, Surveyor noted staff had not started to pass meal trays. Surveyor interviewed RR-H who was still visiting R3 in R3's room. RR-H indicated R3 had not been toileted before the lunch meal as of that time.</p> <p>On 10/4/24 at 12:20 PM, Surveyor noted meal trays were being served on R3's wing.</p> <p>On 10/4/24 at 12:53 PM, Surveyor interviewed NHA-A who confirmed of the 4 CNAs assigned to R3's wing on 9/25/24 and 9/26/24, only one CNA was listed on the staff signature sheet as having received call light education. NHA-A indicated the training format was a read and sign related to call light accessibility and timely response.</p> <p>On 10/4/24 at 2:05 PM, Surveyor interviewed POAHC-I who was visiting R3 in R3's room. POAHC-I indicated on 9/25/24, R3's call light was activated at 4:30 PM. Staff entered R3's room, turned off the call light, and said they would help R3 after supper. Supper arrived at 6:00 PM and POAHC-I asked staff if they could assist R3 to the bathroom but was told R3 had to wait. POAHC-I indicated staff assisted R3 at 7:45 PM.</p> <p>On 10/4/24 at 3:04 PM, Surveyor interviewed Hospice Staff (HS)-J who indicated HS-J visited R3 on Monday, Wednesday, and Friday mornings at 9:30 AM. HS-J indicated sometimes R3 had not been assisted up or to the bathroom yet when HS-J arrived .</p>		