

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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No. 0938-0391

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 04/29/2026
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)		
F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. Based on staff and resident interview and record review, the facility did not ensure the right to smoke for 1 resident (R) (R9) of 14 sampled residents. R9 expressed a desire to smoke. Staff stated R9 was not allowed to smoke and removed smoking materials from R9's room. The facility did not complete a smoking assessment for R9 following the removal of smoking materials or offer R9 smoking cessation assistance. Findings include: The facility's Smoking Policy, revised 9/10/24, indicates: .It is the policy of this facility to provide a safe and healthy environment for residents, visitors, and employees, including safety as related to smoking. Safety protections apply to smoking and non-smoking residents. This center shall establish and maintain a safe resident environment; while maintaining resident rights, smoking or nicotine use will be limited to designated areas and safety plans .nicotine or smoking use includes the use of smokeless tobacco, cigarettes, e-cigarettes, cigars, vaping, whether such products contain nicotine or not .residents who wish to engage in these practices will be educated, assessed, and provided with appropriate supervision to safely do so. This center shall try to accommodate residents who wish to use nicotine products, but safety is also our primary obligation. Residents or visitors who do not comply with procedure may be asked to restrict or relinquish smoking privileges .Usage may be temporarily suspended due to inclement weather or other reasons that may jeopardize the safety of our residents or visitors per the Executive Director or designee .Those residents who wish to participate in a cessation program will be assisted and encouraged to do so .4. All residents will be asked about tobacco/nicotine use during the admission process, and during each quarterly or comprehensive .assessment process. 5. Residents who smoke or use nicotine or e-cigarettes will be further assessed .to determine whether supervision is required for smoking, or if resident is safe to smoke at all .6. Electronic cigarettes (e-cigarettes/vape/vapor pen) can catch fire and/or explode if not handled and stored safely. Safety measures for the use of electronic cigarettes by residents will include but are not limited to: a. Use of e-cigarettes in designated smoking areas only. b. A nicotine assessment will be completed on all residents using e-cigarettes. C. Staff supervision of resident use if indicated .12. Smoking materials of residents requiring supervision with smoking will be maintained by nursing staff. Residents who do not require supervision will be offered the opportunity to have their smoking materials maintained by nursing staff .if they decline such offer, the residents shall maintain their materials in a secure fashion .failure to maintain security of their smoking materials will require interventions .13. The Interdisciplinary Team, with guidance from the physician, will help to support the resident's right to make an informed decision regarding smoking by: a. Including the resident, family, and/or resident representative in discussions regarding the risks associated with smoking. B. offering pharmacological and/or behavioral interventions to assist with smoking cessation . On 4/27/26, Surveyor reviewed R9's medical record. R9 had diagnoses including atherosclerotic heart disease of (continued on next page)		

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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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	coronary artery without angina pectoris (the accumulation of plaque in heart arteries that restricts blood flow without causing chest pain), transient ischemic attack (TIA) and cerebral infarction (mini stroke or stroke with no lasting physical or neurological impairments), and major depressive disorder. R9's Minimum Data Set (MDS) assessment, dated 4/2/26, had a Brief Interview for Mental Status (BIMS) score of 14 out of 15 which indicated R9 had intact cognition. A progress note, dated 7/4/25, indicated R9 was notified there is no smoking or vaping in the building. R9's vape pen was obtained and placed in the nurses' station. R9's medical record contained a smoking assessment, dated 7/17/25, that indicated R9 did not smoke/vape. A progress note, dated 8/1/25, indicated a Certified Nursing Assistant (CNA) found a bag with a vape while completing personal cares for R9. The note indicated R9 was not allowed to maintain possession of the vape due to a fire hazard per the facility's policy. Staff discussed the policy with R9. A care plan, dated 9/12/25, indicated R9 had a history of smoking in community/inappropriate smoking related to non-compliance with policy - vape removed. The care plan contained the following interventions: Instruct (R9) to ask staff to provide/light smoking material; Secure smoking materials at nurses' station or other designated area for storage. On 4/27/26, Surveyor requested R9's most recent smoking assessment from Nursing Home Administrator (NHA)-A. On 4/28/26, NHA-A provided Surveyor with the smoking assessment from 7/17/25 that indicated R9 did not smoke/vape. On 4/28/26 at 11:09 AM, Surveyor interviewed R9 who stated R9 was told R9 was not allowed to smoke/vape after admission to the facility. R9 stated, I would smoke in a heartbeat if I could. R9 stated R9's smoking materials were taken to the nurses' station and R9 was told R9 could not smoke. R9 stated R9 had dreams of being able to smoke again. R9 stated no one spoke to R9 about smoking or offered assistance with smoking cessation since R9's smoking materials were removed. On 4/28/26 at 1:28 PM, Surveyor interviewed Director of Nursing (DON)-B who indicated R9 was observed with a vape in R9's room and the vape was brought to the nurses' station. DON-B stated the smoking policy was explained to R9 at that time. DON-B verified a smoking assessment was not completed at that time to determine if R9 was capable of handling smoking materials and could smoke independently or with assistance. DON-B also verified a conversation regarding R9's desire to smoke or potentially stop smoking was not offered following the removal of R9's smoking materials.		

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F 0604 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that each resident is free from the use of physical restraints, unless needed for medical treatment. Based on staff and resident interview and record review, the facility did not ensure 1 resident (R) (R7) of 4 sampled residents was not free of a physical restraint. R7 had a motorized wheelchair with a seatbelt that R7 could not independently remove. R7 did not have a physician order for use of the seatbelt which was considered a restraint. Findings include: The facility's Restraint Free Environment policy, revised 2/5/25, indicates: The resident shall attain and maintain his/her highest practicable well-being in an environment that prohibits the use of physical or chemical restraints for discipline or convenience and limits restraint use. A physical restraint refers to any manual method or physical or mechanical device, material, or equipment attached or adjacent to the resident's body that the individual cannot remove easily which restricts freedom of movement or normal access to one's body. Physical restraints include .applying leg or arm restraints, hand mitts, soft ties, or vests that the resident cannot remove .physical restraints may be used in emergency care situations for brief periods to permit medically necessary treatment that has been ordered by a practitioner .On 4/27/26, Surveyor reviewed R7's medical record. R7 had diagnoses including Multiple Sclerosis (MS) and epilepsy. R7's Minimum Data Set (MDS) assessment, dated 2/13/26, had a Brief Interview for Mental Status (BIMS) score of 15 out of 15 which indicated R7 had intact cognition. R7's comprehensive care plan, initiated 5/2/23, indicated R7 used a seat belt in an electric wheelchair for safe positioning related to MS with a goal of exhibiting no adverse reaction to use of restraints, including no physical decline in function, pressure ulcer development, or decline in behavior/mood, etc. The care plan contained the following interventions: assist R7 to reposition; physical restraint/device (seat belt in wheelchair) per physician order. R7's physical restraint assessments, dated 6/5/25, 6/18/25, 7/18/25, 8/18/25, 9/18/25, 10/30/25, 11/30/25, 12/30/25, 2/6/26, 3/6/26, and 4/6/26 indicated the following: Physical restraint: type - electric wheelchair seat belt for medical reasons and safe positioning due to MS. R7 is unable to release. Each assessment also indicated the seat belt was physician ordered. (Of note: R7's medical record did not contain an order for use of the seat belt.) On 4/27/26 at 9:48 AM, Surveyor interviewed R7 who indicated the motorized wheelchair R7 used for mobility inside and outside the facility had a seat belt that R7 could not unbuckle independently because the release button was on the left-hand side. R7 agreed with the use of the seat belt because it allowed R7 to be independent in mobility and provided safety for R7. On 4/27/26 at 2:52 PM, Surveyor requested the physician order for R7's seat belt restraint from Nursing Home Administrator (NHA)-A and [NAME] President of Success (VPS)-C. On 4/28/26 at 11:27 AM, VPS-C provided Surveyor with a physician order for R7's seat belt restraint. Surveyor noted the order was discontinued on 4/21/25 with a revision date that indicated the order was reinstituted on 4/27/26. On 4/28/26 at 1:28 PM, Surveyor interviewed Director of Nursing (DON)-B who stated DON-B spoke with VPS-C and did not understand how the order for the seat belt was not in R7's medical record. DON-B stated all residents who have a physical restraint are required to have a physician order. DON-B confirmed the seat belt order was obtained after Surveyor requested the order on 4/27/26. DON-B indicated R7 was transferred to the hospital and the order was discontinued on 4/21/25 when R7 was transferred to the hospital and not reinstituted upon R7's return.		

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F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. Based on observation, staff and resident interview, and record review, the facility did not ensure the provision of care and treatment to prevent pressure injuries from developing and/or promote healing for 3 residents (R) (R4, R11, and R25) of 3 sampled residents. R4 had an order (dated 3/11/26) that indicated R4's air mattress should be set at 150 pounds (lbs). The order indicated to check the setting and function every shift. R4's air mattress was set at 50 lbs during multiple observations. R11 had an order (dated 4/1/26) that indicated R11's air mattress should be set at 200 lbs. The order indicated to check the setting and function every shift. R11's air mattress was set at 50 lbs during multiple observations and the low pressure light was on. R25 had an order (dated 2/4/26) that indicated R25's air mattress should be set at 200 lbs. The order indicated to check the setting and function every shift. R25's air mattress was set at 50 lbs during multiple observations. Findings include: The Drive brand manual, copyright 2016, indicates: Drive support surfaces are high quality and affordable air replacement mattress systems. Specifically designed to redistribute pressure, these systems offer a solution for the prevention and treatment of pressure ulcers and offer an optimal solution for pressure redistribution and microclimate control. the pressure of the mattress can be adjusted by choosing the patient's corresponding weight setting using the weight setting buttons. Use the weight setting buttons to select the desired level. This product is designed to provide maximum comfort and therapeutic levels of pressure redistribution. Please be sure to review this manual for appropriate use and optimal benefit. do not change any component by yourself. When the normal pressure indicator lights up (green), the pressure in the mattress has reached the pre-define level and the patient can then be placed on the mattress. the red light low pressure indicator flickers when the pressure is below the pre-defined level indicating a system malfunction. The facility's Pressure Injuries and Non-Pressure Injuries policy, revised 7/20/22, indicates: This center will complete a comprehensive assessment to identify risk factors for the development of pressure injuries and put in place measures intended to achieve the goal of prevention of pressure injuries in our residents. For those residents admitted with, or who subsequently develop a pressure injury or impaired skin integrity, they will receive care, treatment, and services that seek to promote healing, prevent infection, and prevent further development of pressure injuries/impaired skin integrity. Complete the Braden Scale to assess risk of developing a pressure injury. When determining skin risk status and appropriate interventions, consider the following: i. Braden Scale score. ii. Co-morbid conditions, such as end stage renal disease, thyroid disease, or diabetes mellitus. presence of a previously healed pressure injury. The history of any healed pressure injury, its origin, treatment, its stages (if known) is important assessment information. Communicate identified risk factors and interventions to direct care staff. 1. Develop interventions based on subsets of Braden Scale that may include. As mobility scores decrease, concern about the adequacy of the support surface should increase - evaluate need for specialty wheelchair cushion and specialty mattress. 1. On 4/27/26, Surveyor reviewed R4's medical record. R4 had diagnoses including Parkinson's disease with dyskinesia, type 2 diabetes, and non-pressure chronic ulcer of lower left extremity. R4's Minimum Data Set (MDS) assessment, dated 4/23/26, had a Brief Interview for Mental Status (BIMS) score of 10 out of 15 which indicated R4 had moderately impaired cognition. (continued on next page)		

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F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A care plan, dated 6/13/23, indicated R4 had an unstageable deep tissue injury (DTI) on the right heel left heel and sacrum were resolved on 6/16/23. A care plan, dated 6/13/23 and revised 1/21/26, indicated R4 was at risk for alteration in skin integrity related to impaired mobility, Parkinson's disease, diabetes, incontinence, pain, protein calorie malnutrition, history of contact dermatitis, refusals to get out of bed, and preference to lay on back. The care plan contained a goal to decrease/minimize skin breakdown risks. The care plan contained interventions for an air mattress (initiated 11/13/25) and to check function and setting every shift. The mattress should be set a 150 lbs. On 4/27/26 at 11:16 AM, Surveyor observed R4 in bed on a Drive brand air mattress. The air mattress contained a sticker indicating to set to 150 lbs. Surveyor noted the air mattress was set to 50 lbs. A Braden Scale (for predicting pressure score risk) assessment, dated 4/1/26, had a score of 14 which indicated R4 was at moderate risk for pressure injuries due to R4's bed bound status. R4's skin was occasionally moist. R4 required an extra linen change approximately once daily and had limited ability to reposition independently. A progress note, dated 4/8/26, indicated R4 had a popped blister on the left medial thigh that measured 1.5 centimeters (cm) x 2.0 cm with a light amount of serosanguineous drainage and no signs or symptoms of infection. R4 did not have a stat lock (to hold R4's catheter tubing in place) on at the time of the assessment. The stat lock was replaced. A progress note, dated 4/20/26, indicated R4 had new blister on the left medial leg. A nurse observed the blister and notified the wound Registered Nurse (RN) and physician. A new order for skin prep was implemented. R4 will be seen during weekly wound rounds. R4 chooses and prefers to stay in bed. R4 had an indwelling urinary catheter, was incontinent of bowel, and had bilateral contractures in the upper and lower extremities. R4 made R4's needs know and could use a call light. R4 had moist skin intermittently from shaking and sweating due to Parkinson's disease. R4 wears bilateral heel boots in bed. Encourage a pillow in-between heel boots to prevent R4's legs from touching/rubbing against each other. Air mattress is present and functioning appropriately. On 4/27/26 at 11:16 AM, 1:10 PM, and 3:45 PM, Surveyor observed R4 in bed on a Drive brand air mattress. The air mattress contained a sticker that indicated to set the mattress to 150 lbs. Surveyor noted the air mattress was set at 50 lbs. On 4/28/26 at 7:40 AM and 10:03 AM, Surveyor observed R4 in bed with the air mattress set at 50 lbs. On 4/28/26 at 11:06 AM, Surveyor interviewed Licensed Practical Nurse (LPN)-E who indicated R4's mattress should be set at 150 lbs per R4's weight. Surveyor and LPN-E observed R4's mattress and noted it was set to 50 lbs. LPN-E indicated the setting was not correct. 2. On 4/27/26, Surveyor reviewed R11's medical record. R11 had diagnoses including non-pressure chronic ulcer of buttock with unspecified severity and metabolic encephalopathy. R11's MDS assessment, dated 2/12/26, had a BIMS score of 8 out of 15 which indicated R11 had severely (continued on next page)		

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F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	impaired cognition. A care plan, dated 2/13/26, indicated R11 had a stage 2 pressure injury on the right buttock related to immobility A Pressure Injury Weekly Tracker, dated 3/3/26, indicated R11 had a stage 2 pressure injury on the right buttock that was present upon admission and was currently healed. R11's Braden Scale risk assessment, dated 3/5/26, had a score of 15 which indicated R11 was at risk for pressure injuries. R11 was prominently bed bound with occasionally moist skin and required an extra linen change approximately once daily. R11 had limited ability to reposition independently. A care plan, dated 4/5/26, indicated R11 had the potential for pressure ulcer development related to immobility and refusals to get out of bed. The care plan contained a goal that indicated R11 would have intact skin, free of redness, blisters or discoloration. The care plan contained an intervention to follow the facility's policy/protocol for the prevention/treatment of skin breakdown. On 4/27/26 at 9:43 AM, Surveyor heard an audible alarm on the 100 wing. Surveyor interviewed LPN-F who indicated the alarm was from R11's bed. LPN-F did not attend to the alarm and continued with medication administration on the opposite end of the wing. On 4/27/26 at 9:46 AM, Surveyor interviewed R11 who stated the alarm was loud and has sounded once before. R11 did not know what the alarm was for. Surveyor noted R11 had a Drive brand air pressure mattress that indicated it should be set at 200 lbs. Surveyor noted the air mattress was set at 50 lbs and a blinking red light indicated the mattress had low pressure. On 4/27/26 at 1:15 PM and 3:47 PM, Surveyor observed R11 in bed with the air mattress set at 50 lbs. A blinking red light indicated the mattress had low pressure. The alarm was not sounding. On 4/28/26 at 7:42 AM and 10:05 AM, Surveyor observed R11 in bed with the air mattress set at 50 lbs. A blinking red light indicated the mattress had low pressure. On 4/28/26 at 11:06 AM, Surveyor interviewed LPN-E who indicated R11's pressure relieving mattress should be set at 200 lbs. Surveyor and LPN-E observed R11's mattress and noted it was set at 50 lbs. A red light indicated the mattress had low pressure. LPN-E verified the setting was incorrect and the mattress was malfunctioning. LPN-E stated LPN-E would inform a maintenance staff since LPN-E did not know how to work the control unit when the mattress malfunctioned. On 4/29/26 at 7:38 AM, Surveyor observed R11 in bed and noted R11's air mattress was set at 200 lbs. Surveyor observed a Drive brand control unit on the floor. R11 stated the control unit was new. R11 stated the previous control unit did not provide comfort like the new one. R11 stated staff replaced the control unit on the afternoon of 4/28/26. On 4/29/26 at 8:56 AM, [NAME] President of Success (VPS)-C gave Surveyor a work order (dated 4/28/26) for a control unit replacement for R11's mattress. VPS-C stated the pump was not working (continued on next page)		

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F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	properly and also needed to be replaced. On 4/29/26 at 11:57 AM, Surveyor interviewed Director of Nursing (DON)-B who stated DON-B was informed R4, R11, and R25's mattresses were not set correctly. DON-B stated R4, R11, and R25 had mattress setting orders according to their weights and nursing staff were required to ensure the settings were correct each shift. VPS-C was present during the interview and stated a check setting task was on the Kardex (an abbreviated care plan used by nursing staff) so Certified Nursing Assistants (CNAs) were aware of the settings and as a double check for residents with pressure relieving mattresses. DON-B indicated CNAs should alert nurses of errors. DON-B confirmed despite nursing staff initialing orders that the settings for the mattresses were correct, the settings were not correct. VPS-C indicated the facility would work on education for how to use the control units to prevent future issues. 3. From 4/27/26 to 4/29/26, Surveyor reviewed R25's medical record. R25 was admitted to facility on 10/14/22 and had diagnoses including diabetes, difficulty walking, bone density disorder, and vitamin D deficiency. R25's MDS assessment, dated 4/7/26, indicated R25 was dependent with transfers and toileting. R25's medical record indicated R25 had a history of pressure injuries on the left and right buttocks. Surveyor reviewed R25's skin assessments and pressure injury history and noted the following: ~ On 10/21/25, R25 acquired an in-house fluid-filled blister that measured 1.0 centimeters (cm) x 2.0 cm x 0.0 cm. The wound was healed on 10/28/25. ~ On 1/20/26, R25 acquired an in-house unstageable pressure injury that measured 3.0 cm x 3.0 cm x 0.1 cm. The pressure injury was healed on 2/17/26. R25's Braden Scale assessment, dated 1/20/26, had a score of 15 which indicated R25 was at risk for pressure injuries. R25 had an order (dated 2/4/26) for an air mattress and to check the function and setting every shift. The mattress should be set at 200 lbs. On 4/27/26 at 12:20 PM, Surveyor noted R25's air mattress was set at 50 lbs. On 4/28/26 at 11:21 AM, Surveyor noted R25's air mattress was set at 50 lbs. On 4/29/26 at 11:57 AM, Surveyor interviewed DON-B who indicated an air mattress setting is determined by a resident's weight. DON-B indicated there is an order for the setting and nursing staff should check to ensure the mattress is correctly set. DON-B stated CNAs also check mattress settings, however, nurses document the checks. DON-B verified R25's order indicated the mattress should be set at 200 lbs.		

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F 0883 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement policies and procedures for flu and pneumonia vaccinations. Based on staff interview and record review, the facility did not offer a PCV20 vaccine for 1 resident (R) (R25) of 5 sampled residents. R25 was not offered the recommended PCV20 vaccine. The Facility's Pneumococcal Vaccine policy, dated 3/25/25, indicates: It is our policy to offer residents and staff immunization against pneumococcal disease in accordance with current Centers for Disease Control and Prevention (CDC) guidelines and recommendations .1. Each resident will be assessed for pneumococcal immunization upon admission. Self-report of immunization shall be accepted. Any additional efforts to obtain information shall be documented, including efforts to determine date of immunization or type of vaccine received. 2. Each resident will be offered a pneumococcal immunization unless it is medically contraindicated or the resident has already been immunized. Following assessment for any medical contraindications, the immunization may be administered in accordance with physician-approved standing orders .6. The type of pneumococcal vaccination (PCV15, PCV20, PCV21, or PPSV23) offered will depend upon the recipient's age, having certain risk conditions, and previously received pneumococcal vaccines, in accordance with CDC guidelines and recommendations. On 4/29/26, Surveyor reviewed R25's medical record. R25 was admitted to facility on 10/14/22 and had diagnoses including diabetes, coronary artery disease, and vitamin D deficiency. R25's Minimum Data Set (MDS) assessment, dated 4/7/26, indicated R25 was dependent for transfers and toileting and required substantial/maximal assistance with dressing. R25 did not have an activated Power of Attorney for Healthcare (POAHC). R25's medical record indicated R25 received a PPSV23 vaccine on 10/17/05 and a PCV13 vaccine on 8/26/15. R25's medical record did not indicate R25 was offered, declined, or received the PCV20 vaccine per CDC recommendations. On 4/29/26 at 12:53 PM, Surveyor interviewed Infection Preventionist (IP)-D who verified R25 was not previously offered a PCV20 vaccine. IP-D indicated IP-D had just offered the PCV20 vaccine to R25 who wished to receive the vaccine.		