

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525588	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/13/2025
NAME OF PROVIDER OR SUPPLIER Luther Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 4545 N 92nd St Milwaukee, WI 53225	

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 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** 50700</p> <p>Based on observation, interviews, and record review the facility did not address and resolve grievances conveyed on behalf of 1 (R1) of 5 residents reviewed for grievances.</p> <p>* On 12/11/2024, a grievance was initiated for R1 regarding R1 requesting to be transferred to bed from R1's wheelchair. R1's grievance stated that a Certified Nursing Assistant (CNA), refused to transfer R1 due to the request being too close to the shift change. The refusal resulted in R1 having to wait one hour to be transferred into bed. The grievance packet involving the above grievance was missing information and did not have a clear resolution.</p> <p>Findings include:</p> <p>The facility's policy, titled Grievance Policy, with the last reviewed date of 2/2020 documents:</p> <p>G. Response</p> <p>Any employee of this facility who receives a complaint shall immediately attempt to resolve the complaint within the role and authority. If a complaint cannot be immediately resolved employee shall escalate the complaint to their supervisor and the facility grievance official . The investigation will consist of at least the following: a review of the completed complaint report, on interview/statement with the person or persons reporting the incident if applicable, interviews/statements with any witnesses to the incident or concern, .</p> <p>An interview with staff members having contact with the resident during the relevant periods or shifts of the alleged incident.</p> <p>1.) R1 was admitted to the facility on [DATE] with diagnoses that include fracture of T9-T10 vertebra, multiple fracture of ribs (left side), displaced fracture of lower end of left humerus, hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side.</p> <p>R1's Admission Minimum Data Set (MDS), dated [DATE], documents a Brief Interview of Mental Status (BIMS) of 15, indicating R1 is cognitively intact. The MDS documents R1's mobility as dependent, as the helper does all the effort, as R1 does none of the effort to complete this activity.</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 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R1's grievance, dated 12/11/2024, with an occurrence date of 12/10/2024 documents that R1 requested from a CNA to get transferred into bed from a wheelchair. The response from the CNA is documented as: it was too close to shift change to move R1. It is documented that R1 had to wait for one hour to be transferred into bed. The resolution is documented in part as: Residents were educated on call light process, call response times, and provided with the social workers contact information for questions and concerns. It is not indicated on the form if R1 was notified of resolution, this portion was left blank. The next page in the grievance packet was to be signed by grievance official and reviewed by the Director of Nursing (DON) and Nursing Home Administrator (NHA) to ensure the grievance was addressed and resolved, but Surveyor noted that this page was left blank.</p> <p>On 5/13/2025, at 10:50 AM, Surveyor interviewed Social Worker (SW)-C, who indicated being the one the staff member who worked on this grievance. SW-C stated not being able to remember the grievance, but SW-C stated SW-C would have to look at the soft files for more information on the grievance and get back to the surveyor.</p> <p>On 5/13/2025, at 12:14 PM, SW-C informed Surveyor that she could not locate any more information on this grievance.</p> <p>On 5/13/2025, at 12:36 PM, Surveyor interviewed SW-C, who stated SW-C did not have any statements from the CNA alleged in the grievance and could not recall if the CNA was interviewed or if an interview as conducted. SW-C stated that all grievances should be brought to NHA-A to review, but that did not occur with R1's grievance. SW-C stated that NHA-A would have signed the grievance if it was brought to NHA-A. SW-C indicated that with this grievance a CNA interview should have been conducted.</p> <p>On 5/13/2025, at 12:44 PM, Surveyor informed NHA-A of the concern with the grievance that was submitted to SW-C on 12/11/2024, regarding R1. Surveyor informed NHA-A that after interview with SW-C, there was no evidence that a complete investigation of the grievance occurred. Surveyor informed NHA-A, of the concern that SW-C did not speak with or could not recall speaking with the alleged CNA. SW-C also indicated not being able to recall if the results of the resolution were reported to R1 or NHA-A.</p> <p>NHA-A indicated an understanding of the concern mentioned above. No additional information received as to why R1 was not informed of resolution or NHA-A. There was no additional information as to why the staff involved in the grievance for R1 were not interviewed.</p>		