

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

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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 07/29/2026
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)		
F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Respond appropriately to all alleged violations. Based on interviews and record review, the facility did not ensure an allegation of abuse was thoroughly investigated for 1 (R3) resident reviewed for allegations of abuse.*The facility did not thoroughly investigate an allegation of abuse from R3 on 4/21/2026. Findings include: The facility's Abuse, Neglect, Misappropriation, and Exploitation policy, dated 6/2025, documents, . An immediate investigation is warranted when suspicion of abuse, neglect, or exploitation, or reports of abuse, neglect or exploitation occur. Written procedures for investigations include: identifying staff responsible for the investigation; exercising caution in handling evidence . identifying and interviewing all involved persons, including the alleged victim, alleged perpetrator, witnesses, and others who might have knowledge of the allegations; Focusing the investigation on determining if abuse, neglect, exploitation, poor mistreatment has occurred, the extent, and the cause; providing complete and thorough documentation of the investigation. On 7/28/2026, at 10:00 AM, Surveyor reviewed the facility reported incident (FRI) submitted to the State Agency on 4/21/2026. A summary of the incident documented R3 went to the shared resident fridge to get ice cream. Licensed Practical Nurse (LPN)- E redirected R3 from taking other residents' food. R3 became upset and began yelling. R3 stood up, LPN-E stood in front of R3 to prevent R3 from falling. R3 then hit LPN-E in the chest. R3 continued to yell and stated LPN-E was abusing R3. Certified Nursing Assistant (CNA)-H went in between R3 and LPN-E. LPN-E removed themselves from the situation. CNA-H attempted to calm R3 down. The police were called and conducted their investigation. The conclusion of the event was no staff had touched R3. R3 had hit a staff member. The allegation of abuse was unsubstantiated. Surveyor noted the facility had statements from R3, CNA-H, CNA-G, Nurse Supervisor (NS)-D, and CNA-F. Surveyor noted there was not a statement from LPN-E, who was directly involved in the incident and accused of abuse. It was documented LPN-E was out of the country and a statement could not be provided. On 7/28/2026, at 3:06 PM, Surveyor interviewed CNA-H who stated LPN-E was taking R3 back to their room and R3 was becoming more upset. CNA-H intervened in between R3, and LPN-E. NS-D and a security guard arrived shortly after. The police were called and they completed their investigation. Surveyor noted the FRI did not include the information a security guard was involved, or their statement. On 7/28/2026, at 3:32 PM, Surveyor interviewed Loss Prevention Manager (LPM)-I regarding the events on 4/21/2026. LPM-I stated they were not present at the time of the incident, but another security officer was. LPM-I stated every incident has a report, and they would find it and print out a copy for Surveyor. Surveyor received and reviewed the statement from the security guard. Surveyor noted the account confirmed other staff statements. On 7/28/2026, at 3:57 PM, Surveyor interviewed LPN-E who stated R3 went to the shared fridge. LPN-E redirected R3 away from the fridge. LPN-E was taking R3 back to their room. R3 was attempting to stand. LPN-E then went in front of R3, as R3 could fall. R3 then hit LPN-E in the chest. CNA-H went between them, and LPN-E went to the nurse's station. A security guard arrived and then NS-D arrived. (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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and record review the facility did not ensure residents received needed care and services in accordance with professional standards of practice and the comprehensive care plan to meet each resident's physical, mental, and psychosocial needs for 1 of 1 (R4) residents reviewed for blood sugar testing. R4 had physician's orders for blood sugar testing/monitoring that was not completed as ordered. Findings include: R4 was admitted to the facility on [DATE] and has diagnoses that include Diabetes Mellitus (DM) Type 2, pulmonary embolism, dementia, depression, anxiety disorder and urine retention. The facility policy titled Blood Glucose Monitoring revised 9/25 documents (in part) . It is the policy of this facility to perform blood glucose monitoring to diabetic residents as per physician's orders. 1. The facility will perform blood glucose monitoring as per physician's orders. R4's Care Plan dated 2/23/26 documents: The resident has Diabetes Mellitus (DM2). Taking Metformin PRN (as needed), Glucagon - revised 4/22/26. Interventions include Blood Sugar as ordered by doctor - revised 3/27/26. Diabetes medication as ordered by doctor. Monitor/document for side effects and effectiveness. Monitor/document/report PRN any s/sx (signs and symptoms) of hyperglycemia; increased thirst and appetite, frequent urination, weight loss, fatigue, dry skin, poor wound healing, muscle cramps, abdominal pain, Kussmaul breathing, acetone breath (smells fruity), stupor, coma. Monitor/document/report PRN any s/sx of hypoglycemia; sweating, tremor, increased heart rate (tachycardia), pallor, nervousness, confusion, slurred speech, lack of coordination, staggering gait. On 7/28/26 at 11:15 AM, Surveyor spoke with R4's daughter/HCPA (Power of Attorney for Healthcare) who reported concern the facility was not monitoring R4's blood sugars after she admitted to the facility. She reported that a few months ago she asked to view R4's blood sugars for the past month and found out there was nothing to view. R4's standing physician orders dated 2/26/26 document - Diabetes Management: 1. PO (by mouth) DM meds: Blood sugars BID (twice a day). 4. Call parameters: Blood sugar <60 (manage per hypoglycemic protocol), blood sugars >400. Surveyor noted R4's February 2026 Medication Administration Record (MAR) did not include a separate order for blood sugar testing with an area to record results. The MAR documented an order for Metformin HCL (hydrochloride) ER (extended release) 24-hour 500 mg (milligrams) give 1 tablet by mouth one time a day for DM and included an area to document the blood sugar result only once daily. Surveyor noted R4's March 2026 MAR documented the same Metformin order as above with the blood sugar test result entered only once daily. Surveyor noted the facility continued to check R4's blood sugar only once daily and not BID as ordered by the physician. On 4/20/26 a physician's order to check R4's blood sugar BID was transcribed on the MAR, however there was only a check mark entered from 4/21/26 - 4/24/26 and no blood sugar results documented on the MAR. The area to document the blood sugar result under Metformin had been removed. On 4/24/26 a physician's order to check R4's blood sugar before meals (three times a day) was transcribed on the MAR, however there was only a check mark entered and no blood sugar results documented on the MAR for the remainder of the month. Surveyor noted R4's May 2026 MAR documented the same order for blood sugar testing before meals with only a check mark and no results entered on the MAR through 5/11/26. On 7/28/26 at 2:30 PM, Director of Nursing (DON)-B told Surveyor the facility was doing R4's blood sugars once daily since admission and in April when the order was changed to BID and then TID, the Interdisciplinary Team (IDT) realized the order was not transcribed correctly. DON-B stated, There's a drop-down box to click to enter the result, so the IDT fixed it. Surveyor told DON-B of concern that R4's blood sugars were checked only daily and not BID as ordered by the physician. In addition, when the order was (continued on next page)		

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	changed to TID on 4/24/26, the blood sugar results were not consistently documented and monitored until the IDT corrected the transcription error on 5/11/26. DON-B provided Surveyor with list of R4's blood sugar results that were documented under vital signs in point click care (PCC). Surveyor noted R4's blood sugars were not consistently documented TID in this area either. In addition, there were no blood sugar results documented on 4/25, 4/27, 4/28, 4/30, 5/1, 5/2, 5/5, 5/6, and 5/8 - 5/10/26. No additional information was provided prior to survey exit.		