

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525600	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/29/2025
NAME OF PROVIDER OR SUPPLIER Aria at Mitchell Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 5301 W Lincoln Ave West Allis, WI 53219	

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 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51014</p> <p>Based on interview and record review, the facility did not ensure 5 (R8, R9, R19, R41, and R42) of 5 residents reviewed for hospitalization s received a written notice of transfer/discharge to include resident or responsible party signature.</p> <p>* R8 was transferred to the hospital on 12/5/24 for a change in condition. R8 or their representative did not receive written notification of transfer to the hospital.</p> <p>* R9 was transferred to the hospital on 1/8/25 for a change in condition. R9 or their representative did not receive written notification of transfer to the hospital.</p> <p>* R19 was transferred to the hospital on 12/30/24 for a change in condition. R19 or their representative did not receive written notification of transfer to the hospital.</p> <p>* R41 was transferred to the hospital on 11/30/24 for a change in condition. R41 or their representative did not receive written notification of transfer to the hospital.</p> <p>* R42 was transferred to the hospital on 11/14/24 for a change in condition. R42 or their representative did not receive written notification of transfer to the hospital.</p> <p>Findings include:</p> <p>The facility policy entitled, Notice of Requirement before Transfer/Discharge, dated 5/1/2021, documents, in part: It is the policy of the facility to ensure residents are treated equally regarding transfer, discharge, and the provision of services, regardless of their payment source. It is the policy of the facility to notify the resident and or their legal guardian of the transfer and/or discharge according to state and federal regulations. Before the facility transfers or discharges a resident, the facility will notify the resident and, if known, a family member or he resident's representative(s) of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand include in the notice the following items: the reason for the transfer or discharge; the effective date of transfer discharge or discharge; the location to which the resident is transferred or discharged</p> <p>1.) R8 was initially admitted to the facility on [DATE] with a readmitted [DATE] following R8's hospitalization on [DATE].</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 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>R8's Health Status Notes on 12/5/24 documents, due to residents elevated WBC (White Blood Count) she would like resident to be sent to hospital. Writer spoke with resident, and she is agreeable to transfer, resident took her tan purse, cell phone and cell phone charger and eyeglasses. Resident will leave by bell ambulance and going to hospital.</p> <p>R8's Discharge Summary dated 12/12/24 documents, Patient admitted with leukocytosis, reported fever/chills and positive UA (Urine Analysis). Has a history recurrent UTI's (Urinary Tract Infection) most recently growing pseudomonas. Went into anaphylactic shock following ceftriaxone therapy in 2023. Urine so far growing pseudomonas aeruginosa. Pan-susceptible. No growth in blood for 4 days.</p> <p>On 1/28/25 at 3:35 PM and on 1/28/25 at 8:44 AM, Surveyor requested evidence from the facility that a notice of transfer was provided to R8 at time of R8's hospitalization on 12/5/24.</p> <p>On 01/28/25 at 12:05 PM, NHA (Nursing Home Administrator)-A, provided Surveyor with a copy of notice of transfer for resident hospitalization on [DATE]. R8's notice of transfer did not have resident or representative signature.</p> <p>On 01/28/25 at 12:10 PM, Surveyor interviewed NHA-A if he has any evidence when there is not a signature on the notices of transfers if they are provided to the resident or representative at time of transfer/discharge or if there is any other documentation the resident or representative has acknowledgement of reason for transfer/discharge, where resident will be transferred and the appeal process and NHA-A states, no. Surveyor notified NHA-A of concern regarding notice of transfers not being provided to resident or representative at the time of transfer/discharge.</p> <p>On 1/28/25 at 3:11PM NHA-A states he has additional information regarding the notice of transfer/discharge process. He states, the floor nurse is to get the signature for the notice of transfer/discharge prior to resident hospitalization /discharge and send a copy in the admission folder with them or if unable to obtain due the emergent nature of hospitalization s, sometimes the floor nurse is unable to. In this situation, NHA-A follows up with a verbal communication to a representative and documents on form.</p> <p>No further information was provided as to why the facility did not ensure that R8 or R8's representative did not receive a written notice of transfer/discharge upon hospitalization .</p> <p>21855</p> <p>2.) R9 was transferred to the hospital on 1/17/25. R9 verbalized complaints of not feeling well. R9 was not transferred to the hospital for an emergency situation. R9 remained in the hospital until 1/23/25. R9 was transferred back into the facility on [DATE] in the same room.</p> <p>On 1/27/25, at 9:29 AM, Surveyor interviewed R9. R9 could not recall any paperwork. R9 had a kidney infection for the hospitalization .</p> <p>Surveyor reviewed R9 medical record. There was no documentation of a Transfer Notice information for 1/17/25.</p> <p>On 1/27/25, at 3:00 PM, Surveyor requested the transfer documents at the facility exit meeting with (Nursing Home Administrator) NHA-A and (Director of Nurses) DON-B.</p> <p>(continued on next page)</p>		

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<p>F 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 1/28/25, at 11:06 AM, Surveyor received the Transfer Notice from NHA-A. The NHA-A stated they try to send the Transfer Notice, and Bed- Hold documentation, with resident transfers. They will go over it verbally then scan the documents into the medical record. The NHA-A stated it is not part of the transfer paperwork to the hospital. The NHA-A went over the Transfer Notice verbally and did not provide a written copy with R9 transfer.</p> <p>48391</p> <p>3.) R19 was transferred to the hospital on 12/30/24 for a change in condition. R19 or their representative did not receive written notification of transfer to the hospital.</p> <p>On 1/27/25, at 3:00 PM, Surveyor requested the notification of transfer for R19 for her hospitalization on [DATE]. Nursing Home Administrator (NHA)- A provided Surveyor a copy of the notification of transfer that is not signed by R19 or their representative. Surveyor notes the written notification is signed by NHA- A stating it was verbally discussed and dated 12/30/24. Surveyor requested additional information and notified NHA- A of concerns of the notification of transfer not being signed by R19 or their representative.</p> <p>On 1/28/25, at 3:11 PM, Surveyor interviewed NHA- A and Director of Nursing (DON)- B who indicate floor nursing is responsible for providing the written notification of transfer to the hospital if a resident is sent out to the hospital. NHA- A states the facility Social Worker (SW) or NHA- A will complete the written notification of transfer if the resident is sent out of the facility unstable, unresponsive, or if 911 is called. Surveyor again requested the written notification of transfer with a signature from R19 or their representative dated 12/30/24. No additional information was provided.</p> <p>38146</p> <p>4.) R41 was admitted to the facility on [DATE] and has diagnoses that include Parkinson's Disease, presence of Coronary Angioplasty implant and graft, Chronic Congestive Heart Failure, Myocardial Infarction, Asthma, Type 2 Diabetes Mellitus, Venous Insufficiency and history of malignant neoplasm of breast.</p> <p>R41 was hospitalized on [DATE] for a change in condition. The facility eInteract form documents:</p> <p>11/30/24 1:01 AM, the Change In Condition/s reported are/were: Edema (new or worsening) Shortness of breath. Nursing observations, evaluation, and recommendations are: C/O (Complained of) SOB (shortness of breath). RR (respiratory rate) increased, no pedal pulse present in left leg and cold to touch. +3 pitting edema. Lips cyanotic. Dizzy, lightheaded. Denies chest pain. Primary Care Provider Feedback: Primary Care Provider recommendations: Send to ER (emergency room) for eval (evaluation) and treatment. R41 was subsequently admitted to the hospital.</p> <p>Surveyor was unable to locate evidence the resident or resident's representative was notified of the transfer and discharge and the reasons for the move in writing and in a language and manner they understand. The facility was unable to provide evidence the transfer form was provided.</p> <p>(continued on next page)</p>		

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<p>F 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>4.) R42 was admitted to the facility on [DATE] and had diagnoses that included right femur fracture, severe protein calorie malnutrition, Chronic Lymphocytic Leukemia, urine retention, Hypertension, Anxiety, Depression and Alzheimer's Disease.</p> <p>R42 was hospitalized on [DATE] for a change in condition. The facility eInteract form documents:</p> <p>11/14/24 1:53 PM, he Change In Condition/s reported are/were: Nausea/Vomiting. R42 was subsequently admitted to the hospital.</p> <p>Surveyor was unable to locate evidence the resident or resident's representative was notified of the transfer and discharge and the reasons for the move in writing and in a language and manner they understand. The facility was unable to provide evidence the transfer form was provided.</p> <p>On 1/29/25 at 3:00 PM the facility was notified of the above concerns. No additional information was provided.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38146</p> <p>Based on observations, interviews, and record review, the facility did not establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.</p> <p>* The facility does not have a current comprehensive water management plan that includes flow charts specific to the facility to determine areas of concern or interventions implemented on closed units to prevent the spread of opportunistic pathogens (Legionella) in the facility's water systems, and the water management plan was not included in the facility assessment.</p> <p>* R27 was on droplet precautions. Staff did not utilize proper PPE (Personal Protective Equipment) when entering his room.</p> <p>This deficient practice has the potential to affect all 43 residents residing in the facility.</p> <p>Findings include:</p> <p>The facility policy titled Legionella Prevention (not dated) documents (in part) .</p> <p>. The facility will prevent outbreak of Legionella and other opportunistic pathogens by properly maintaining water systems.</p> <ol style="list-style-type: none"> 1. The infection preventions or designee shall identify if the facility is in need of a water management program. This will be determined by using he worksheet in the CDC (Centers of Disease Control) Legionella toolkit. 2. The facility will take steps to prevent Legionella including but not limited to: <ol style="list-style-type: none"> a. Looking at internal and external factors that can lead to Legionella growth. b. Identify areas where Legionella could grow and spread. c. Implementing and monitoring control measures by visual inspection, checking disinfection levels, and temperatures. d. Following steps outlined in the CDC Legionella toolkit. <p>The facility policy titled Infection Control - Standard and Transmission Precautions revised 7/7/23 documents (in part) .</p> <p>.It is the facility's policy to ensure that appropriate infection prevention and control measures are taken to prevent the spread of communicable diseases and infections in accordance with state and federal regulations and national guidelines.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>14. Droplet precautions are implemented most often for residents who have a respiratory illness.</p> <p>a. Staff are to put on a mask upon room entry and removed upon room exit of a resident placed on droplet precautions</p> <p>1.) On 1/28/25 at 10:46 AM, EVS (Environmental Service Director)-E provided Surveyor the facility water management binder. EVS-E stated, We've been doing it, but we haven't been keeping up on the documentation.</p> <p>Surveyor initial review of the water management binder revealed no documentation of what was being done in the facility, with the exception of documentation from EMSL Analytical Incorporated which documented Legionella detection testing by culture method last collected 3/15/24 and 9/11/24. There was no map or flow charts identifying specific areas of concern and no documentation a plan was developed regarding the 2nd floor closed unit.</p> <p>On 1/28/25 at 1:11 PM, after reviewing the facility water management plan, Surveyor spoke with DON (Director of Nursing)-B. Surveyor asked how long the 2nd floor has been a closed unit. DON-B reported the 2nd floor has been closed since before she became employed at the facility, at least 3.5 years ago. DON-B confirmed there have been no Legionella cases in the facility since the last recertification survey. DON-B reported she and IP (Infection Preventionist)-D are not really involved in the water management plan, but it is discussed in QAPI (Quality Improvement). Surveyor confirmed the binder provided was the entirety of the facility water management plan. Surveyor advised DON-B the water management plan includes no maps or flow charts identifying water flow, risk assessment by map or narrative, for example; risk areas where Legionella can develop. DON-B reported she would have EVS-E speak with Surveyor.</p> <p>On 1/28/25 at 3:00 PM, NHA (Nursing Home Administrator)-A asked to look at the water management binder provided to Surveyor, stating I'm not sure that is the right binder. Surveyor advised NHA-A that EVS-E informed Surveyor this is the water management binder and stated, We've been doing it, but we haven't been keeping up on the documentation. Surveyor advised NHA-A of concern there is no documentation indicating the facility is following any type of water management plan, for example routine flushing of the 2nd floor, which is closed. NHA-A advised he will have EVS-E speak with Surveyor tomorrow.</p> <p>On 1/29/25 at 07:59 AM Surveyor made the following observations of the 2nd floor closed unit by room:</p> <p>The hallway was dirty with garbage including mask, gloves, paper towel, tissues and a plastic bag.</p> <p>Utility room - Hopper was dry/no water in the bowl. Sink has an eye was station. Dirty mop head on the floor.</p> <p>Shower room - the toilet had water in the bowl. The shower head was attached to the wall by the hose only, no shower head. EVS-E reported she removed the shower head because she uses the shower to clean wheelchairs.</p> <p>201 - the toilet tank lid was off. The toilet bowl contained water with wads of hair and debris. The sink had brown debris. There was debris, dirty linen and garbage on the floor.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>202 - the toilet bowl had no water, there was toilet paper containing a brown substance, resembling BM (bowel movement/stool). The floor was dirty with visible garbage and equipment.</p> <p>203 - the toilet bowl had no water and there was linen and garbage on the floor.</p> <p>204 - the toilet had no water in the bowl or tank. The toilet bowl contained toilet paper. Dirty linen on the floor.</p> <p>205 - the toilet bowl had water with debris. Equipment on the floor of the room.</p> <p>206 - the toilet bowl had no water, rust stains, visible rust pieces in the bottom of the bowl and toilet paper inside the bowl. The room contained a garbage bag and garbage on the floor.</p> <p>207 - the toilet bowl had water with a rust stain ring and brown substance resembling BM on the inside of the bowl. There was a large brown dried spill/stain on the bathroom floor.</p> <p>208 - the toilet bowl had no water, visible rust and contained toilet paper with a brown substance resembling BM and BM smeared on the toilet seat.</p> <p>209 - the toilet bowl had no water and visible rust stain. Garbage, debris, equipment and O2 tubing was on the floor.</p> <p>210 - the toilet bowl had no water, visible rust, toilet paper with brown substance resembling BM. Garbage, mask and paper towel on floor of room.</p> <p>211 - did not visualize toilet. Noted garbage and equipment on floor of room.</p> <p>212 - the toilet bowl had water, toilet paper and a brown substance. Dirty linen on the floor.</p> <p>213 - did not visualize toilet. Garbage on the floor of room.</p> <p>214 - the toilet had no water and visible rust. Dirty linen and garbage on the floor.</p> <p>On 1/29/25 at 8:33 AM, EVS-E provided Surveyor a paper titled, Water Management Plan Education dated 1/28/25, which documented: Administrator reviewed facility water management plan and procedure with EVS Director and Maintenance Supervisor to ensure plan is being followed and all water temperatures and testing are being routinely conducted according to policy.</p> <p>Surveyor asked what this was for. EVS-E stated, We went over it to make sure we're following the plan. Surveyor asked what plan the facility implemented regarding the 2nd floor closed unit. EVS reported she flushes all sinks and toilets on the 2nd floor weekly. Surveyor noted there is no evidence.</p> <p>On 1/29/25 at 8:35 AM, while Surveyor was on the 2nd floor conducting observations, Surveyor heard EVS-E entering rooms and flushing toilets. Surveyor heard EVS-E on the phone say, Did someone turn off the water in 204? Surveyor spoke with EVS and asked again what is the plan implemented on the 2nd floor, as it looks as if it was shut down and has not been cleaned since.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>EVS-E stated, Oh no, we come up here weekly and flush all the toilets and sinks. We identified the inlets and outlets of water and go over them again and again and the company comes and tests the water every few months. Surveyor asked where is evidence a plan was implemented and is being followed, as there is no documentation in the binder. EVS stated, We just know we have to flush everything weekly, we try to do it Wednesday or Thursday. Surveyor asked if there was a schedule or plan implemented and if it recorded anywhere. EVS-E stated, No, we just do it. Surveyor confirmed EVS-E reported she flushed all the toilets on the 2nd floor last week. Surveyor showed EVS-E several toilets on the 2nd floor which did not contain water, had visible rust, debris and those that contained toilet paper and brown substance resembling BM. EVS-E stated, Staff do come up here and use the toilets, which is why there might be toilet paper in the bowl.</p> <p>On 1/29/25 at 8:59 AM, Surveyor advised Chief Innovation Officer-C of concern there is no evidence the facility has implemented and is following a water management plan. Surveyor advised there is no evidence a risk assessment and plan was implemented for the 2nd floor closed unit. Surveyor advised although EVS-E reported the toilets are flushed weekly, there is no evidence to support this statement, and there is nothing in the water management binder regarding the closed unit. Surveyor advised of observations of the 2nd floor including the toilets. Chief Innovation Officer-C reported he will talk to NHA-A, adding My understanding is that the company they hired did the assessment.</p> <p>On 1/29/25 at 9:11 AM, NHA-A reported he spoke to the company who did a complete assessment with diagrams and everything, adding we are trying to locate it. Surveyor advised the water management plan provided does not include a risk assessment identifying areas of concern specific to the facility and there is no evidence anything has been done on the 2nd floor closed unit, in addition, the IP is not involved in the facility water management plan.</p> <p>On 1/29/25 at 11:30 AM, NHA-A provided Surveyor a water flow chart. NHA-A reported the company that completed the flow chart sent it today. Surveyor reviewed the flow chart and advised of concern the flow chart is not specific to the facility and does not identify where areas of concern are located. In addition, no evidence was provided indicating the facility identified the 2nd floor closed unit as a risk area and implemented a plan.</p> <p>On 1/29/25 at 12:40 PM, Surveyor met with NHA-A and EVS-E. EVS-E reported the facility filled out the risk assessment form and plan, and created flowchart today. EVS-E reported she was assisted by the assessor and Director of operations of the company they hired, who is basically running our water management plan and does the sample testing for Legionnaires. Surveyor explained the expectation of a water management program according to the regulations. EVS-E reported it was her understanding that as long as testing was performed and is clear, all is good. Surveyor advised the facility of concern high risk areas are not identified, there is no risk assessment or plan for the 2nd floor closed unit and no evidence of implementation of any plan. Surveyor advised the closed unit has standing water in toilets, toilets that are completely dry with no water in the bowl, with water in the tank, the utility room with hopper and eye wash station. Surveyor advised there is no evidence anything has been done regarding the 2nd floor since the unit was closed. Surveyor provided resource information for the CDC (Centers of Disease Control)/LTC (Long Term Care website). NHA-A thanked Surveyors and no additional information was provided.</p> <p>2.) R27 was admitted to the facility on [DATE] with diagnoses that include Chronic Obstructive Pulmonary Disease, Chronic Congestive Heart Failure, Chronic Kidney Disease, Atherosclerotic Heart Disease, Peripheral Vascular Disease, Atrial Fibrillation, and urine retention.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>R27's medical progress notes documented:</p> <p>1/22/25 10:41 AM, CXR (chest xray) ordered as reported by Hospice nurse that resident has abnormal lung sounds and SOB (shortness of breath). Hospice nurse verbalized she will update residents Wife.</p> <p>1/22/25 9:15 AM APNP (Advance Practice Nurse Practitioner) note: Patient seen up in recliner, patient was having sob, wheezing and cough, chest xray showing left lower lobe infiltrate, levaquin ordered x 10 days, receiving nebulizers, no wheezing on visit, sats 93% on NC (nasal cannula) oxygen. Afebrile.</p> <p>R27's Physician's Orders documented: Levaquin Oral Tablet 750 MG (milligrams) Give 1 tablet by mouth one time a day for LLL (left lower lobe) pneumonia for 10 Days. Droplet isolation r/t (related to) pneumonia x 10 days every shift - dated 1/23/25.</p> <p>On 1/28/25 at 8:03 AM, Surveyor observed 2 separate signs on R27's room door which documented:</p> <p>Droplet precautions. Everyone must clean their hands including before entering and when leaving the room. Make sure their eyes, nose and mouth are fully covered before room entry. Remove face protection before room exit.</p> <p>Enhanced barrier precautions. Everyone must: Clean their hands, including before entering and when leaving the room. Providers and staff must also wear gloves and a gown for the following high contact resident care activities: Dressing, bathing/showering, transferring, changing linens, providing hygiene, changing briefs or assisting with toileting. Device care or use: Central line, urinary catheter, feeding tube, tracheostomy. Wound care: Any skin opening requiring a dressing.</p> <p>Surveyor noted a cart outside of R27's room which contained masks, gloves and gowns. There was no eye protection or face shields in the cart.</p> <p>On 1/28/25 at 8:13 AM, Surveyor observed LPN (Licensed Practical Nurse)-F standing at the medication cart outside of R27's room. LPN-F entered R27's room, not wearing any PPE (no gloves, gown, mask or eye protection) and Surveyor heard her say, Hi, are you getting ready for breakfast? Can I have a finger? LPN-F then said aloud 82 and exited the room. LPN-F sanitized her hands, applied gloves and removed an insulin pen from the medication cart. LPN-F then walked back into R27's room, wearing only gloves (no mask, gown or eye protection). Surveyor observed LPN-F standing next to R27 who was sitting in his recliner. LPN-F was wearing only gloves, no mask or eye protection. LPN-F exited the room, discarded the gloves in the medication cart garbage and sanitized her hands.</p> <p>Surveyor asked LPN-F what PPE should I wear if I want to go into the room and speak with R27. LPN-F looked at the signage on the door and stated, Oh, you should be wearing a mask, I screwed up. Surveyor advised the sign for droplet precautions indicates eye protection as well. LPN-F stated, Yes, you should wear that too. Surveyor advised LPN-F the cart outside of R27's room does not contain eye protection. LPN-F stated, Maybe it's in the other cart. Surveyor and LPN-F looked in the other cart 2 rooms away, which did not contain eye protection. Surveyor confirmed R27 is on both Droplet precautions and Enhanced Barrier precautions. LPN-F stated, Yes, he's just finishing up his antibiotic for pneumonia.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525600	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/29/2025
NAME OF PROVIDER OR SUPPLIER Aria at Mitchell Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 5301 W Lincoln Ave West Allis, WI 53219	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>R27's January, 2025 Medication Administration Record documents an order for Levaquin 750 MG Give 1 tablet by mouth one time a day for LLL pneumonia for 10 Days with a start date of 1/24/25. Surveyor noted R27 has only been on the antibiotic for pneumonia for 4 days.</p> <p>On 1/28/25 at 9:14 AM, Surveyor observed MT (Medication Technician)-G standing at the medication cart outside of R27's room preparing medications. MT-G entered R27's room wearing a mask, gown and gloves, but no eye protection.</p> <p>On 1/28/25 at 11:13 AM, Surveyor asked DON (Director of Nursing)-B what is the expectation for droplet precautions. DON-B replied, Mask, gown and gloves. Surveyor advised the signage for droplet precautions indicates eye protection. DON-B reported she did not think eye protection was needed for droplet precautions, and looked at the signage. DON-B stated, It does say eye protection, I didn't think you needed eye protection. Surveyor advised DON-B of observation LPN-F entering R27's room not wearing any PPE to include a mask or eye protection and the carts on the unit do not contain eye protection. DON-B reported she was frustrated because she does education all the time.</p> <p>On 1/28/25 at 1:11 PM, DON-B clarified if residents have a productive cough, eye protection would be encouraged. DON-B stated, I reviewed his notes, there was only 2 entries of cough, and it does not indicate it was productive. Surveyor asked what if R27's cough became productive at a moment when staff was in his room, bent over and providing cares. DON-B stated, I see what you're saying. Surveyor advised droplet precautions include eye protection.</p> <p>On 1/29/25 at 3:00 PM, the facility was advised of the above findings. No additional information was provided.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525600	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/29/2025
NAME OF PROVIDER OR SUPPLIER Aria at Mitchell Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 5301 W Lincoln Ave West Allis, WI 53219	
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 0883</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 for flu and pneumonia vaccinations.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38146</p> <p>Based on interviews and record review, the facility did not ensure that each resident is offered a pneumococcal immunization, unless the immunization is medically contraindicated or the resident has already been immunized; and each resident is offered an influenza immunization October 1 through March 31 annually, unless the immunization is medically contraindicated or the resident has already been immunized during this time period, for 2 of 5 (R10 and R20) residents reviewed for immunizations.</p> <p>* R10 did not receive the Pneumococcal 20 vaccine as requested.</p> <p>* R20 did not receive the Pneumococcal 20 vaccine as requested and did not receive the Influenza vaccine for this years influenza season.</p> <p>Findings include:</p> <p>The facility policy titled Infection Control - Influenza, Covid and Pneumococcal Immunizations for Residents revised 2/1/22 documents (in part) .</p> <p>.The facility's policy ensures that the resident receives influenza and pneumococcal immunizations per state and federal regulations and national guidelines.</p> <p>Influenza Immunization:</p> <ol style="list-style-type: none"> 1. Before offering the influenza immunization, each resident and or the resident representative will receive education regarding the benefits and potential side effects of the vaccine. 2. Each resident is offered an influenza immunization throughout the influenza season or annually, unless the immunization is medically contraindicated or the resident has already been immunized during this time period. <p>Pneumococcal Immunization:</p> <ol style="list-style-type: none"> 1. Before offering the influenza immunization, each resident and or the resident representative will receive education regarding the benefits and potential side effects of the vaccine. 3. Each resident is offered pneumococcal immunization unless the immunization is medically contraindicated or the resident has already been immunized. <p>1.) R10 was admitted to the facility on [DATE]. Review of R10's medical record documented: Prenvar 20 Pending Immunization consent confirmed by DON (Director of Nursing)-B 10/25/23.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525600	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/29/2025
NAME OF PROVIDER OR SUPPLIER Aria at Mitchell Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 5301 W Lincoln Ave West Allis, WI 53219	
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 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 1/28/25 at 11:13 AM, DON-B reported the pharmacy coordinates the vaccine clinic and divides them up, for example; Covid/flu together, RSV (Respiratory Syncytial)/Pneumonia together. The pharmacy needs 15 residents and then schedules the clinic. Surveyor advised DON-B that R10's medical record documented pending immunization dated 10/25/23. DON-B stated, Oh, I'm not sure, maybe the date got entered wrong. Surveyor advised, even if the date was supposed to be for 2024, it has still been 3 months, and asked how long pharmacy waits to get 15 residents before doing the immunization clinic. For example, what if it takes 6 or 8 months to get up to 15 residents? DON-B reported she would follow up and get back to Surveyor. Surveyor asked if there is a reason the facility does not provide immunizations on an as needed basis versus waiting for the vaccination clinic. DON-B stated, I just know the pharmacy said they wait until 15 residents need the pneumonia vaccine before they schedule a vaccine clinic.</p> <p>On 1/28/25 at 1:09 PM, DON-B reported the facility offered the vaccine to R10, who did still want it and it will be provided to R10 and any other resident in need on 2/5/25 per pharmacy.</p> <p>2.) R20 was admitted to the facility on [DATE]. Review of R20's medical record documented:</p> <p>Prevnar 20 Pending Immunization consent confirmed by DON-B 12/6/24.</p> <p>2024-2025 Influenza, Administration 3/5/24. Surveyor advised DON-B the Flu vaccine given on 3/5/24 would be for last years influenza season and asked if R20 received the influenza vaccine for this season. DON-B stated, I see what you're saying. Yes, it looks like the one in March 2024 was for last season. I don't know if she was offered or given the vaccine for this season.</p> <p>On 1/28/25 at 1:08 PM, DON-B confirmed the Flu vaccine given to R20 in March 2024 was for last season and R20 was administered the Flu vaccine for this season today. DON-B reported R20 will also receive the pneumonia vaccine on 2/5/25 per pharmacy.</p> <p>On 1/29/24 at 3:00 PM, during the daily exit meeting, NHA (Nursing Home Administrator)-A and DON-B were advised of the above findings. No additional information was provided.</p>		