STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525645	A. Building B. Wing	03/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lindengrove Mukwonago	837 E Veterans Way Mukwonago, WI 53149

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 0553 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Allow resident to participate in the development and implementation of his or her person-centered plan of care. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42037 Based on interview and record review the facility did not provide the opportunity for 1 (R1) of 4 residents reviewed to participate in the development and implementation of their person-centered plan of care. *R1's Activated Healthcare Power of Attorney (HCPOA) was not formally invited by the facility to participate in R1's Quarterly care conferences Findings Include: 1.) R1 was admitted to the facility on [DATE] with diagnoses of Dementia with anxiety, Mood disturbance and Edema. R1's Quarterly Minimum Data Set (MDS) dated [DATE] documents R1's Brief Interview for Mental Status (BIMS) score to be a 00, indicating R1 is severely cognitively impaired and unable to conduct daily decision making. R1 has an activated HCPOA. On 3/19/25 at 10:15 AM, Surveyor reviewed the grievance log and noted there were multiple grievance from regarding R1. Surveyor requested copies of grievances. On 3/19/25 at 10:47 AM, Surveyor interviewed R1's activated HCPOA over the phone in regards to care conferences. R1's activated HCPOA stated that the facility had requested multiple care conference both in person and over the phone. R1's activated HCPOA informed Surveyor that R1's HCPOA has not been invited by facility to participate with quarterly care conferences. On 3/20/25, Surveyor noted grievance concern forms regarding R1's HCPOA not being routinely invited or made aware of quarterly care conferences. Surveyor reviewed R1's HCPOA participation in care conferences and noted the following: 11/26/24-There is no documentation that R1's HCPOA was invited and/or participated. 2/26/25-There is no documentation that R1's HCPOA was invited and/or participated. (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 0553 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 3/20/25 at 11:10 AM, Surveyor interviewed Life Coach-E. Surveyor asked Life Coach-E if residents who have an activated HCPOA should be invited to quarterly care conferences. Life Coach-E responded that the expectation would be to include activated HCPOA and residents for quarterly care conferences. On 3/20/25 at 1:15 PM, Surveyor shared the concern with Administrator (NHA-A) and Director of Nursing (DON-B) the concern that R1's activated HCPOA has not been invited to care conferences and has not been given the opportunity to be a part of R1's care planning process. No additional information was provided.

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(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. 42037 Based on record review and staff interview, the facility did not ensure all allegations involving potential neglect were thoroughly investigated for 1 of 1 self-reports reviewed. * A Facility Misconduct Incident self-report submitted to the State Agency on 3/18/25 documents allegations that R4 was neglected by Certified Nursing Assistant (CNA)-F. The facility did not conduct a thorough investigation into this allegation of neglect when the facility's investigation did not include all interviews from other Residents in order to determine a possible pattern of neglect. Findings Include: Surveyor noted the facility had properly completed the following related to R4's allegation of neglect: -Submitted the Alleged Nursing Home Resident Mistreatment, Neglect, and Abuse Report within the required reporting time to the State Agency. -Submitted the Misconduct Incident Report within the required reporting time to the State Agency. Upon review of this self-report, Surveyor was unable to identify documentation of interviews with other residents in order to establish if there was a pattern of neglect from CNA-F. The self-report did not establish if all residents on the South unit who had the potential to have contact with CNA-F were interviewed by staff. On 3/20/25 at 11:10 AM, Surveyor conducted interview with Life Coach-E. Life Coach-E had been responsible for conducting an investigation related to R4's allegations of neglect by CNA-F. Surveyor asked Life Coach-E if there was a reason that they only attempted interviewing 12 of 16 residents on the South unit pertaining to R4's allegation of neglect by CNA-F. Life Coach-E responded that they were unaware that they should have attempted to conduct interviews with all residents on the South unit as they thought they only needed to review a sample of residents on the unit. Surveyor noted that attempting to interview all residents whom had the potential to work with CNA-F would ensure that a thorough investigation into potential neglect was conducted. On 3/20/25 at 1:15 PM, Surveyor conducted interview with NHA (Nursing Home Administrator)-A. Surveyor shared concern the facility had not completed interviews or obtained statements from all residents who may have had knowledge of allegations of CNA-F having a pattern of neglectful behavior towards residents on the South Unit. The facility was unable to provide additional information to Surveyor at this time.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 22692 Based on observation, record review, and interview, the facility did not develop and implement a comprehensive person-centered care plan for 2 (R2 and R3) of 4 residents to meet a resident's medical, nursing and mental and psychosocial needs that are identified in the comprehensive assessment. * R2 and R3 frequently refused care and treatment and no care plan for refusal of care was developed. Findings include: The facilities policy titled Comprehensive Person-Centered Care Plan dated 8/10/23 documents: Within 21 consecutive days after admission, a comprehensive assessment will be completed, and a written care plan will be developed based on the individuals history, preferences and assessments from appropriate disciplines and the physician's evaluation and orders. 1.) R2 was admitted to the facility on [DATE] with diagnoses that included Myocardial Infarction and Pressure Injury of the sacrum. R2 discharged from the facility on 10/16/24 On 3/19/25, R2's progress notes were reviewed from 9/19/24 to 9/21/24 and notes were written for each shift indicating R2 refused to have his hospital acquired coccyx pressure injury evaluated. On 9/21/24, R2 allowed the assessment, and it was assessed to be a Deep Tissue Injury measuring 11 centimeters (cm) X 9 cm. Several notes also indicated R2 refused repositioning and was educated on the risks and benefits of refusal. On 9/24/24 an agreement was reached with R2 that he would reposition at least every 4 hours to which he agreed. On 3/19/25 at 1:11 PM, Registered Nurse (RN)-D who is the facilities wound nurse, was interviewed and indicated that R2 would frequently refuse care and treatment for his pressure injury. RN-D stated that R2 also refused care and treatment on previous admissions to the facility. On 3/20/25, R2's care plan was reviewed and did not include any care plans for refusal of care for his stay at the facility 9/19/24 to 10/16/24. On 3/20/25 at 11:30 AM, Director of Nurses (DON)-B was interviewed and indicated that a refusal of care care-plan should have been in place for R2 and was not. On 3/20/25 at 2:30 PM, the above findings were shared with Nursing Home Administrator (NHA)-A and DON-B. Additional information was requested if available and none was provided as to why R2 did not have a refusal of care care-plan developed. 2.) R3 was admitted to the facility on [DATE] with diagnoses that included Dementia and Chronic Pain. On 3/20/25, R3's current Physicians orders were reviewed and read: 2/28/24 heel boots to be worn in bed and in broad (type of wheelchair). (continued on next page)

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 3/20/25 at 9:45 AM, R3 was observed to be in the common area in the broad chair without heel boots on. The heel boots were observed in the chair in R3's room. On 3/20/25, R3's pressure injury assessment dated [DATE] was reviewed and documented a stage 2 pressure injury measuring 5 millimeters (mm) x 8 mm to her right ankle. On 3/20/25 at 10:00 AM, Certified Nursing Assistant (CNA)-C was interviewed and indicated that R3 refused her heel boots that morning and refuses them and kicks them off often. On 3/20/25, R3's Treatment Administration Record was reviewed and documented at least 12 refusals to wear heal boots from 1/1/25-3/20/25. On 3/20/25, R3's care plan was reviewed and did not include any care plans for refusal of care. On 3/20/25 at 11:30 AM, Director of Nurses (DON)-B was interviewed and indicated that a refusal of care care-plan should have been in place for R3 and was not. On 3/20/25 at 2:30 PM, the above findings were shared with Nursing Home Administrator-A and DON-B. Additional information was requested if available and none was provided as to why R3 did not have a refusal of care care-plan developed.