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	07/24/2024

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 0678 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide basic life support, including CPR, prior to the arrival of emergency medical personnel , subject to physician orders and the resident's advance directives. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49435 Based on observation, interview and record review, the facility did not ensure the resident's record reflected the accurate resuscitation code status election for 1 (R13) of 12 residents reviewed for code status. *R13's Emergency Care Do Not Resuscitate Order (DNR) form was signed by R13 and R13's Physician on 7/3/2024. R13's physician orders from 7/3/2024-7/22/2024 documents R13 is a full code. R13's code status in the Electronic Health Record (EHR) did not match R13's wishes for the first 19 days of R13's stay in the facility. Findings include: 1.) R13 was admitted to the facility on [DATE] with diagnosis that includes Hip fracture after a fall, Chronic heart failure, and Type 2 Diabetes. R13's Admission Minimum Data Set Assessment, dated 7/10/2024, documents R13 is cognitively intact. R13's Emergency Care DNR form was signed by R13 and R13 Physician on 7/3/2024. R13's Physician order with a start date of 7/3/2024, documents: FULL code, every shift monitor bracelet placement. R13's Treatment Administration Record (TAR) for July 2024 documents that R13 is wearing a Full Code bracelet from 7/3/2024-7/22/2024. Surveyor noted that R13's DNR election was not transcribed into R13's EHR when R13 signed the Emergency Care DNR form on 7/3/2024. On 7/22/2024 at 2:26 PM, Surveyor interviewed Certified Nursing Assistant (CNA)-E. Surveyor asked how staff know a resident's code status. CNA-E stated code status is listed on a resident's bracelet. On 7/22/2024 at 2:38 PM, Surveyor observed R13 wearing a facility bracelet. The bracelet did not convey R13's DNR status and was not observed on R13's bracelet. (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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	07/24/2024

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 0678 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 7/22/2024 at 2:28 PM, Surveyor interviewed Licensed Practical Nurse (LPN)-F and LPN-G. Surveyor asked how staff know a resident's code status. LPN-F stated code status is documented in the Medication Administration Record (MAR). LPN-F indicated a signed copy of the Emergency Care DNR form would be in a paper chart at the nurse's station. Surveyor asked, what is R13's current code status? LPN-F stated, [R13] is a full code. LPN-G, who was showing Surveyor the file cabinet drawer with the resident's charts, located R13's paper chart. LPN-G stated that R13 has a signed DNR form on file in the paper chart. LPN-G stated that R13 and the physician signed the DNR form on 7/3/2024. LPN-F looked in R13's EHR and noted that R13's code status was listed as a Full code. LPN-F indicated the EHR, and the DNR form in R13's paper chart do not match. LPN-F stated LPN-F would correct the EHR. Surveyor asked what the process is for documenting code status on admission. LPN-G stated if a resident wishes to be a DNR, the resident signs the Emergency Care DNR form. The form is faxed to the physician to be signed. Once signed, the form is sent to medical records to be scanned into the EHR. A copy of the form is placed in the paper chart at the nurse's station. Surveyor noted that the signed Emergency Care DNR form was not scanned into R13's EHR. R13's July 2024 MAR (Medication Administration Record) documents: DNR, Full Code (discontinued as of 7/22/2024 2:30 PM). R13's Physician order with a start date of 7/22/2024 documents: DNR, every shift monitor bracelet placement. On 7/23/2024 at 9:30 AM, Surveyor observed R13 wearing a facility bracelet. R13's DNR status was observed on R13's bracelet. On 7/23/2024 at 11:33 AM, Surveyor interviewed Director of Nursing (DON)-B. Surveyor asked what the process is for obtaining code status and entering code status into the EHR. DON-B indicated admission orders go to health information services department and that department will enter the admission orders. A staff nurse will then verify and activate the orders. All the orders are then sent to the physician for the physician to sign. Regarding code status, DON-B stated if the hospital records indicate a resident is FULL code, a facility nurse will still verify code status with the resident or resident representative on admission. The admission nurse will change the code status order as necessary so that it matches the resident's wishes. Surveyor informed DON-B, R13's code status in EHR did not match R13's signed DNR form. DON-B stated that DON-B was made aware by nursing staff on 7/22/2024. DON-B indicated DON-B did not know why there was a discrepancy with R13's code status. DON-B stated that R13's signed DNR form should have been in R13's EHR. DON-B stated it could have been a computer issue. DON-B stated that because of the discrepancy, DON-B completed a sweep of the building to verify code status for all residents. DON-B stated no other issues were found. On 7/23/2024 at 3:12 PM, at the daily exit meeting, Nursing Home Administrator (NHA)-A and DON-B were made aware that R13's code status in EHR, did not match R13's wishes for the first 19 days of R13's stay in the facility. No other information was provided as to why the facility did not ensure the resident's record reflected the accurate resuscitation code status election.

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	07/24/2024

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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 20025 Based on interview and record review the facility did not ensure 1(R24) of 5 residents had physician orders transcribed correctly. R24 had a physician order dated 2/5/24 for clonazepam 0.5 mg twice daily as needed for anxiety X 14 days. On 7/23/24, R24 continued to have this order and was receiving this medication despite the original order indicating it was only for 14 days. Findings include: 1.) R24 was admitted to the facility on [DATE] with diagnoses of COPD (chronic obstructive pulmonary disease), sleep apnea and panic disorder. R24's physician orders dated 2/5/24 document: clonazepam 0.5 mg twice daily as needed for anxiety X (for) 14 days. The MAR (medication administration record) indicates R24 continues to receive clonazepam 0.5 mg as needed. On 7/23/24 at 1:11 p.m., Surveyor interviewed DON-B regarding R24 physician order for clonazepam. Surveyor asked DON-B why is R24 still receiving clonazepam when the order was written for 14 days. DON-B stated she will look into it. On 7/23/24 at 2:40 p.m., DON-B explained to Surveyor the clonazepam order for R24 was extended for another 6 months. DON-B provided Surveyor with a pharmacy recommendation signed by the NP (nurse practitioner) on 3/8/24, to extend the order for 6 months for continued intermittent anxiety. Surveyor explained to DON-B this new order was not transcribed to the physician orders and on the MAR. DON-B agreed this was not done. No additional information was provided as to why the facility did not ensure R24's clonazepam medication order had physician orders transcribed correctly.

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	07/24/2024

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 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49435 Based on observation, interview, and record review the facility did not ensure that food was prepared to conserve nutritive value and flavor. This has the potential to effect 1 (R11) of 1 residents on pureed diet. R11 informed Surveyor that R11's food lacked flavor. The Dining Room Manager (DM-D) did not follow a recipe for preparing texture and modified consistency diet for pureed food. Findings include: The facility policy titled, Dining-Preparation with a revision date of 5/23/2006 documents, in part: Foods shall be prepared by methods that conserve nutritive value, flavor and appearance and shall be served at the proper temperature . Foods shall be ground or pureed to meet individual needs . 1.) R11 was admitted to the facility on [DATE] with diagnoses that include Chronic heart failure, Protein-calorie malnutrition, and Colon Cancer. R11's Quarterly Minimum Data Set (MDS) assessment dated [DATE] documents R11 is cognitively intact. On 7/23/2024 at 1:45 PM Surveyor interviewed R11 about the taste of R11's food. R11 stated, I don't recognize the taste at all. It doesn't taste like anything. On 7/23/2024 at 11:15 AM, Surveyor observed DM-D preparing pureed food. DM-D stated the facility has one resident on a pureed diet. DM-D put one baked chicken breast in the blender. DM-D took an unmeasured amount of hot water into the blender. DM-D blended the mixture. Surveyor asked how DM-D knows if the food is the correct texture. DM-D stated she knows because of DM-D's experience and practice. DM-D stated the pureed food should not have chunks. DM-D pointed at a container of thickening powder and stated that DM-D also has thickener to reach the correct consistency. Surveyor noted DM-D did not use thickener while preparing the pureed food. DM-D indicated that the chicken was at the correct consistency. DM-D poured the pureed food into a container, covered the container, and put the food in a warmer. Surveyor noted the mixture poured into the container was not a pudding like consistency. Surveyor asked if DM-D used a recipe to prepare pureed food. DM-D stated, No. Surveyor asked how much water DM-D put into the blender. DM-D stated DM-D did not measure the water but goes off experience to know how much to put in the blender. DM-D indicated that if DM-D was pureeing 4 ounces of meat, DM-D would use 2 ounces of water. On 7/23/2024 at 11:38 AM, Surveyor interviewed Food Service Director (FSD)-C. Surveyor asked if recipes should be used for pureed food. FSD-C stated that FSD-C does have recipes, but FSD-C needed to print the recipes. FSD-C stated that FSD-C dropped the ball on that. On 7/23/2024 at 12:29 PM, Surveyor interviewed Dietician D-H. Surveyor asked if a recipe should be used for a resident on a pureed diet. D-H stated a recipe should be used. D-H indicated that Kitchen staff and Dieticians have access to a computer program that has recipes created for each of the dishes served. Surveyor asked if there is a recipe for a baked chicken breast. D-H stated yes and provided the recipe for Surveyor. (continued on next page)

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	07/24/2024

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 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Surveyor reviewed recipe titled, Puree Baked Chicken Breast. Listed under ingredients: Baked chicken breast, prepared servings-1 serving (1 each). Chicken Broth, Hot- 1 [fluid ounce]. Thickener- 3/4 [teaspoon]. Listed under Method . 1. Measure the number of pureed portions required from the regular recipe. 2. Add to food processor and process to fine consistency. 3. Combine hot broth and thickener. Gradually add to meat while processing. All liquid may not be required. 4. Scrape down sides of processor and process for 30 seconds . Notes: May add commercial thickener if needed to obtain smooth pudding like consistency. Surveyor noted DM-D used water instead of chicken broth and therefore did not conserve nutritive value. DM-D did not add thickener and the pureed food did not appear to be a smooth pudding like consistency. On 7/23/2024 at 3:12 PM, at the daily exit meeting, Surveyor informed Nursing Home Administrator (NHA)-A and Director of Nursing (DON)-B of the concern DM-D did not use a recipe to prepare pureed food, DM-D used water instead of chicken broth and R11 indicated that R11's food is tasteless. No further information was provided as to why the facility did not ensure that food was prepared to conserve nutritive value and flavor.

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	07/24/2024

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 0840 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Employ or obtain outside professional resources to provide services in the nursing home when the facility does not employ a qualified professional to furnish a required service. 22692 Based on record review and interview the facility did not acquire a current contract /agreement in writing for outside dialysis services for 1(R19) of 1 residents receiving hemodialysis. Findings include: On 7/23/24 at 10:00 AM, Director of Nursing (DON)-B was asked for the dialysis contract/agreement for the company that R19 uses for renal dialysis. DON-B indicated at that time one could not be found but the provider was going to send an updated contract. On 7/24/24 at 10:15 AM, Nursing Home Administrator (NHA)-A was interviewed and indicated the facility had no contract/agreement with R19's dialysis company and one should be in place. R19's current physician orders were reviewed and documented that R19 receives dialysis 3 times a week and a communication binder is to be sent back and forth with every visit. On 7/24/24 at 10:15 AM, Surveyor informed NHA-A of the above findings. Additional information was requested if available and none was provided as to why the facility had no dialysis contract/agreement in place for R19's dialysis provider.