

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525686	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/29/2025
NAME OF PROVIDER OR SUPPLIER  Muskego Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  S77 W18690 Janesville Rd Muskego, WI 53150	

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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on record review, and interview, the facility failed to ensure that bilateral heel protectors for one Resident (R7) of three residents reviewed for pressure injuries were worn according to physician orders. This failure had the potential to increase the bilateral heel sores in size for R7 and negatively affect other residents that remain in the facility that have pressure sores.</p> <p>Findings include:</p> <p>Review of admission Record, located under the tab Profile in the electronic medical record (EMR) indicated, R7 was admitted to the facility on [DATE] with a diagnosis of spinal cord injury, morbid obesity, quadriplegia, and [NAME]-Walker syndrome (a rare brain malformation that occurs before birth, affecting the cerebellum and fourth ventricle). R7 was discharged from the facility on 04/07/25.</p> <p>Review of (name of wound physician group) Evaluation and Management Summary, dated 03/19/25, located under the tab Misc in the EMR indicated, .right heel: unstageable 1.5 x 2 x .1, 100% eschar, developed 03/12/25 and left heel unstageable deep tissue injury (DTI) 1 x 1, intact with purple/maroon discoloration, developed 03/12/25.</p> <p>Review of Order Summary, dated 03/22/25, located under the tab Orders in the EMR indicated, .Review of Heel protectors on bilateral heels at all times. May remove for shower and activities of daily living (ADL) and replace every 12 hours.</p> <p>Review of Treatment Administration Record (TAR), dated 03/22/25, located under tab Orders in the EMR indicated Heel protectors on bilateral heels at all times. May remove for shower and ADL and replace every 12 hours. There is no evidence that R7's bilateral heel protectors were placed on him except for 7:00 AM-7:00 PM on 03/23/25 and 03/27/25 otherwise all evidence reviewed indicated no.</p> <p>Review of TAR, dated April 2025, located under tab Orders in the EMR indicated Heel protectors on bilateral heels at all times. May remove for shower and ADL and replace every 12 hours. No evidence that R7's bilateral heel protectors were placed on him every 12 hours.</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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 05/29/25 at 2:20 PM, the Director of Nursing (DON) confirmed that in March 2025 R7's heel protectors were always not on his bilateral heels except for 7:00 AM-7:00 PM 03/23/25 and 03/27/25. The DON confirmed that in April 2025, there was no evidence of the heel protectors being on at all until his discharge on [DATE]. The DON stated in February 2025 that the facility had a recertification and afterwards had a complaint survey. The state survey agency (SSA) cited the facility with pressure sores, and the facility's plan of correction date was 03/19/25, which they had a desk revisit. The DON said that last week the interdisciplinary team (IDT) met on Wednesday and decided to do a skin sweep on Thursday and do daily audits for documentation. She said that the documentation was not back up to the level that the IDT needed it to be.</p>		