

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  08/04/2025
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)
F 0585  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	<p>Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.</p> <p>Based on interview and record review, the facility did not resolve a grievance for 1 (R1) of 3 residents reviewed for grievances.*On 05/23/2025, R1 filed a grievance involving Certified Nursing Assistant (CNA)-E. The Facility documented that CNA-E would not work with R1 moving forward. Surveyor noted, CNA-E cared for R1 since the incident on multiple occasions.Findings included:Surveyor reviewed the Facility provided document, titled Grievance Summaries reported by R1, dated 05/23/2025. R1 reported that R1 had concerns with how CNA-E spoke while providing cares for R1. The Facility documents that after investigating the concern, CNA-E will not work on R1's line up moving forward and that information was communicated to the scheduler.On 08/04/2025, at 12:43 PM, Surveyor interviewed R1 regarding any care concerns. R1 indicated that R1 did have an issue with CNA-E and had informed the Facility of the concern. R1 denied any further issues with CNA-E and is unsure if CNA-E has cared for R1 since then.Surveyor reviewed R1's Electronic Health Record and noted for the month of July, CNA-E provided incontinence cares for R1 on 07/07/2025, 07/08/2025, 07/19/2025, 07/22/2025 and 07/25/2025.On 08/04/2025, at 1:01 PM, Surveyor interviewed Nursing Home Administrator (NHA)-A regarding R1's grievance. NHA-A indicated that NHA-A did the investigation for R1's grievance and concluded R1 did not want CNA-E caring for R1.On 08/04/2025, at 1:49 PM, Surveyor interviewed Social Services-C. Social Services-C indicated that Social Services-C was the scheduler for nursing staff for May 2025 through August 4, 2025. Social Services-C informed Surveyor that if there were any staff that could not work with a certain resident, NHA-A or Director of Nursing (DON)-B would inform Social Services-C and Social Services-C would move the schedule around to ensure that staff member would not be scheduled with a resident. Surveyor asked Social Services-C if there were any staff Social Services-C was made aware of that could not work or care for a particular resident. Social Services-C was not made aware of any staff member that could not care for or work with a resident.On 08/04/2025, at 3:14 PM, Surveyor interviewed CNA-E regarding R1's grievance. CNA-E informed Surveyor that CNA-E currently cares for and works with R1 but will have another CNA come with CNA-E while providing cares. On 08/04/2025, at 3:30 PM, Surveyor informed NHA-A of the concern regarding the follow through of the Facility's grievance resolution for R1. NHA-A informed Surveyor that there was an oversight within the resolution process and communicating the information to the scheduler. NHA-A indicated that NHA-A now does the scheduling and moving forward any conflicts with staff/residents will be reviewed for scheduling purposes.No further information provided at time of write up.</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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review the facility did not ensure 1 (R1) of 3 residents needing assistance with Activities of Daily Living (ADL), received the necessary services to receive cares.*R1 did not receive weekly showers. Findings include:The Facility's policy, titled Resident Showers, with a last review date of 06/11/2025, documents in part, Explanation and Compliance Guidelines: 1. Residents will be provided with showers as per request and within reasonable accommodation, or as per facility schedule protocols (at least offered weekly) and based upon resident safety.R1's admission Minimum Data Set, dated [DATE], documents R1 has a Brief Interview for Mental Status (BIMS) score of 12, indicating R1 has moderate cognitive impairment, has functional limitation in upper and lower extremities, requires substantial/maximal assistance with shower/bathing and documents it is very important for R1 to choose between a tub bath, shower, bed bath or sponge bath.R1's document, titled Care Plan Report documents R1 requires the assistance of 1 staff for bathing/showers.R1's Kardex, documents R1's bathing schedule is Tuesday mornings.On 08/04/2025, at 11:27 AM, R1 informed Surveyor that R1 has not received a shower in over 2 weeks and expressed wanting a shower and not just bed baths.On 08/04/2025, at 11:50 AM, R1's family member came into R1's room and expressed that R1 has only been receiving bed baths and R1 had R1's first shower since admission, about 2 weeks ago. R1 informed Surveyor that R1 prefers morning showers and is supposed to have them on Tuesdays.Surveyor reviewed R1's Tasks in the Facility's Electronic Health Record (EHR) and noted R1 received 1 shower within the last 30 days. Surveyor noted R1 did not have any refusals of showers.On 08/04/2025, at 1:01 PM, Surveyor interviewed Nursing Home Administrator (NHA)-A regarding R1's showers. NHA-A indicated they met with R1's family last week and made changes to R1's shower time. NHA-A indicated that R1 should be receiving weekly showers. Surveyor informed NHA-A that R1 had 1 shower in the last 30 days and had no refusals of showers. NHA-A informed Surveyor that NHA-A would look into R1's showers.On 08/04/2025, at 1:15 PM, Surveyor interviewed Director of Nursing (DON)-B. Surveyor asked DON-B how often residents are offered showers. DON-B indicated that residents should be getting weekly showers.On 08/04/2025, at 3:24 PM, Surveyor informed NHA-A and DON-B of the concern R1 has only had 1 shower in 30 days. DON-B informed Surveyor that there is no reason that R1 should not have been given a shower. NHA-A indicated that R1 should be given a preference as to if R1 receives a shower or a bath and it is not acceptable to offer only bed baths to R1.No further information provided at time of write up.</p>		