

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 01/27/2025
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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47094</p> <p>Based on interviews and record review, the facility did not ensure 1 (R235) of 2 allegations of neglect were reported to the State Survey Agency.</p> <p>* R235 had an allegation of neglect that occurred during the night shift of 1/8/2025. This allegation of neglect was not reported to the State Agency.</p> <p>Findings include:</p> <p>The facility policy entitled Abuse, Neglect, and Exploitation implemented on 9/18/2023 documents: It is the policy of this facility to provide protections for health, welfare, and rights of each resident by developing and implementing written policies and procedures that prohibit and prevent abuse, neglect, exploitation, and misappropriation of resident property.</p> <p>Policy Explanation and Compliance Guidelines: .</p> <p>2. The facility will designate an Abuse Prevention Coordinator in the facility who is responsible for reporting allegations or suspected abuse, neglect, or exploitation to the state survey agency and other officials in accordance with state law.</p> <p>3. The facility will provide ongoing oversight and supervision of staff in order to assure that its policies are implemented as written.</p> <p>VII. Reporting/ Response</p> <p>A. The facility will have written procedures that include:</p> <p>1. Reporting of all alleged violations to the Administrator, state agency, adult protective services and to all other required agencies . within specified timeframe's:</p> <p>a. immediately, but no later than 2 hours after allegation is made, if the events that cause the allegation involve abuse ore result in serious bodily injury, or</p> <p>b. No later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury.</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
---	-------	-----------

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 01/27/2025
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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The facility policy titled Grievance Guideline dated as revised on 5/31/2023 documents: Purpose: To provide a process to voice grievances (such as those about treatment, care, management of funds, lost clothing, or violation of rights) and respond with prompt efforts to resolve while keeping the resident and/or resident representative appropriately apprised of progress toward resolution.</p> <p>Response: . Upon receipt of a grievance or concerns, the Grievance Official will review the grievance, determine immediately if the grievance meets a reportable complaint consistent with the facility Abuse Prevention Policy. The Grievance Official will immediately report all alleged violations involving neglect, abuse, including injuries of unknown sources and/ or misappropriation of resident property by anyone to the Administrator as required by State Law. The Grievance Official will initiate the appropriate notification and investigation processes per individual circumstance and facility guideline.</p> <p>1.) R235 was admitted to the facility on [DATE] and has diagnoses that include vascular dementia, type 2 diabetes, and bradycardia.</p> <p>R235's admission minimum data set (MDS) dated [DATE] documents that R235 had intact cognition with a Brief Interview for Mental Status (BIMS) score of 13. The MDS also documents that the the facility assessed R235 needing extensive assist with 2 staff members for oral/ toileting hygiene, and upper/lower body dressing. R235 was incontinent of bowel and bladder and wore protective briefs. R235's primary language was Serbian.</p> <p>Surveyor reviewed a grievance that was reported by R235's family member to Nursing Home Administrator (NHA)-A on 1/9/2025. R235's family member reported that R235 was calling the family member from the night of 1/8/2025 into the morning on 1/9/2025 from 3:00 AM - 5:00 AM stating R235 was wet and needed to be changed. R235's family member stated staff were not answering the facility phone and R235's family member came to the facility. R235's family member also reported that staff was rude and rolling their eyes at R235's family member. R235's family member also reported an incident on 1/3/2025 at 2:00 AM when R235 was calling R235's family member stating R235 was wet and on 1/4/2025 staff was rude and yelled at R235's family member.</p> <p>On 1/23/2025, at 12:27 PM, Surveyor interviewed NHA-A and asked why the above concerns from R235's family member was not reported when the concerns were brought to NHA-A's attention. NHA-A stated that when NHA-A talked with facility staff they stated that R235's family member was rude to them and telling them how to do cares on R235 and that rounds were being completed every 2 hours. NHA-A stated that license practical nurse (LPN)-L stated the facility phone never rang. Surveyor asked how it was verified that the facility phone was working, and that staff were completed rounds as reported. NHA-A stated NHA-A would have to check to see if that was done.</p> <p>On 1/27/2024, at 10:38 AM, Surveyor shared concern with NHA-A, Director of Nursing (DON)-B, and Director of Operations- E that R235's family members allegation of neglect reported on 1/9/2025 alleging R235 did not have cares completed was not reported to the State Survey Agency.</p>		

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 01/27/2025
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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47094</p> <p>Based on interview and record review, the facility did not ensure a resident to resident altercation was thoroughly investigated for 2 (R7 and R30) 3 residents reviewed for abuse and 1 (R235) of 2 allegations of neglect.</p> <p>* The facility did not thoroughly investigate a resident to resident altercation between R7 and R30 that was reported on 12/16/2024 to the State Survey Agency.</p> <p>* R235's family member reported an allegation of abuse to the nursing home administrator on 1/9/2025 and was not thoroughly investigated.</p> <p>Findings include:</p> <p>The facility policy entitled Abuse, Neglect, and Exploitation implemented on 9/18/2023 documents: It is the policy of this facility to provide protections for the health, welfare, and rights of each resident by developing and implementing written policies and procedures that prohibit and prevent abuse, neglect, exploitation, and misappropriation of resident property.</p> <p>Policy Explanation and Compliance Guidelines:</p> <p>1. The facility will develop and implement written policies and procedures that:</p> <p>a. Prohibit and prevent abuse, neglect, and exploitation of residents and misappropriation of resident property.</p> <p>b. Establish policies and procedures to investigate any such allegations.</p> <p>c. Include training for new and existing staff on activities that constitute abuse, neglect, exploitation, and abuse prevention.</p> <p>III. Prevention of Abuse, Neglect, and Exploitation: The facility will implement policies and procedures to prevent and prohibit all types of abuse, neglect, misappropriation of resident property, and exploitation that achieves: .</p> <p>B. Identifying, correcting, and intervening in situations in which abuse, neglect, exploitation, and/or misappropriation of resident property is more likely to occur with the deployment of trained and qualified registered, licensed, and certified staff on each shift in sufficient numbers to meet the needs of residents, and assure that the staff assigned have knowledge of the individual resident's care needs and behavioral symptoms.</p> <p>D. The identification, ongoing assessment, care planning for appropriate interventions, and monitoring of residents with needs and behaviors which might lead to conflict or neglect.</p> <p>H. Assigning responsibility for supervision of staff on all shifts for identifying inappropriate staff behaviors.</p> <p>(continued on next page)</p>

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 01/27/2025
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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>V. Investigation of Alleged Abuse, Neglect, and Exploitation:</p> <p>A. An immediate investigation is warranted when suspicion of abuse, neglect, or exploitation, or reports of abuse, neglect, or exploitation occur.</p> <p>B. Written procedures for investigations include:</p> <ol style="list-style-type: none"> 1. Identifying staff responsible for investigation. 4. Identifying and interviewing all involved persons . 5. Focusing the investigation on determining if abuse, neglect, exploitation, and/or mistreatment has occurred, the extent, and cause. 6. Providing complete and through documentation of the investigation. <p>VII. Reporting/ Response: .</p> <p>5. Taking all necessary actions as a result if the investigation, which may include, but are not limited to the following:</p> <ol style="list-style-type: none"> a. Analyzing the occurrence(s) to determine why abuse, neglect, misappropriation of resident property or exploitation occurred, and what changes are needed to prevent further occurrences. b. Defining how care provision will be changed and/or improved to protect residents receiving services. c. Training of staff on changes made and demonstration of staff competency after training is implanted. <p>The facility policy entitled Grievance Guideline revised on 5/31/2023 documents: Purpose: To provide a process to voice grievance . and respond with prompt efforts to resolve while keeping the resident and/ or resident representative appropriately apprised of progress toward resolution.</p> <p>The Grievance Official will initiate the appropriate notification and investigation processes per individual circumstance and facility guidelines. The investigation will consist of at least the following:</p> <ul style="list-style-type: none"> - A review of the complete complaint report. - An interview with the person(s) reporting the grievance. - Interviews with any witness to the concern. - A review of the medical record if indicated. - Interview with staff members having contact with the resident during the relevant periods or shift of the alleged incident. <p>(continued on next page)</p>

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 01/27/2025
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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>- Completion of a root cause analysis of all circumstances surrounding the concern.</p> <p>1.) R235 was admitted to the facility on [DATE] and R235's primary language was Serbian.</p> <p>Surveyor reviewed a grievance that was reported by R235's family member to the nursing home administrator (NHA)-A on 1/9/2025. R235's family member reported that R235 was calling the family member from the night of 1/8/2025 into the morning on 1/9/2025 from 3:00 AM - 5:00 AM stating R235 was wet and needed to be changed, R235's family member stated staff were not answering the facility phone and R235's family member came to the facility. R235's family member also reported that staff was rude and rolling their eyes at R235's family member. R235's family member also reported an incident on 1/3/2025 at 2:00 AM R235 was calling R235's family member stating R235 was wet and on 1/4/2025 staff was rude and yelled at R235's family member. The grievance had a resolved date as 1/15/2025 and the resolved note documented: R235 was discharged the following day. NHA-A did tell (R235's) family member that a grievance will be filed and followed up with staff and education. The Surveyor noted the form documents a call was placed, and a message was left for (R235's) daughter to call the NHA.</p> <p>The summary of the investigation documents: (R235's) family member has stated concerns regarding R235 not being changed, phone not being answered, and also had concerns staff was rude.</p> <p>Summary of findings documents: Staff confirmed R235 was having complete rounds every two hours, and that staff were performing rounds when R235's family member came to the facility. The licensed practical nurse (LPN)-L stated LPN-L had the phone and never received a phone call. LPN-L asked the daughter to go set [sic] down and to translate from over there and that R235's family member was telling nursing staff how to do their job.</p> <p>Summary of actions taken documents: Staffing was appropriate on 1/8/2025 and 1/9/2025. Director of nursing (DON)-B spoke with nursing staff about remaining professional at all times. DON-B confirmed with certified nursing assistants (CNA's) and nurse that rounds were being done and nursing staff was aware to carry the portable phone with them at all times after business hours.</p> <p>The grievance investigation included one written statement provided by LPN-L and did not indicate a date when written. LPN-L documented in the statement: On 1/9/2025 R235's family member came to the facility around 4:00 AM stating R235 needed assistance and that R235's family member had been calling the facility with no answer. LPN-L documented that LPN-L did not receive any calls on the phone and R235 was attended to right away by CNA-M and that R235's family member was thankful and had no further concerns.</p> <p>Surveyor notes that there are no staff statements from the CNAs on duty, no statement from R235 or other residents. Surveyor notes there is no verification that rounds were being completed every two hours as stated, no staff documentation, or verification that the phone was working. Surveyor also noted the facility did not regard these concerns as allegations of neglect. (Cross-reference F609).</p> <p>Surveyor reviewed a 30 day look back for R235's task documentation. Surveyor noted R235 did not have any documentation indicating incontinence cares had been done every two hours on 1/8/2025 and 1/9/2025 under the bowel and bladder incontinence task, or the toileting task.</p> <p>(continued on next page)</p>		

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 01/27/2025
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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 1/23/2025, at 7:36 AM, Surveyor interviewed CNA-M who stated CNA-M met R235's family member in the hallway and asked if they needed anything. CNA-M stated R235's family member walked right past and stated R235's family had been calling but CNA-M could not recall the phone ringing. CNA-M walked with R235's family member to the room and R235's family member stated R235 needed to be changed and new gown put on. CNA-M stated that R235 was not assigned to her, but CNA-M grabbed the necessary supplies and started to assist R235. CNA-M stated that R235's CNA that was assigned came in to help and R235's family member was trying to tell them how to do cares on R235 because it was how R235's family member wanted it done. Surveyor asked if tasks get documented anywhere indicating it was done. CNA-M stated that when tasks are completed, they get documented in PCC (Point Click Care- Healthcare software). CNA-M stated that R235 was not assigned to her so CNA-M would not have charted on R235.</p> <p>Surveyor notes that the CNA on R235's assignment 1/8/2025 - 1/9/2025 was no longer employed at the facility and was not available for interview.</p> <p>On 1/23/2025, at 12:27 PM, Surveyor interviewed NHA-A who stated staff and nursing reported rounds were being done on residents. Surveyor asked how that was verified. NHA-A stated NHA-A would have to look and see. Surveyor asked if the phone was looked at or verified that it had no missing calls. NHA-A stated LPN-L stated there were no calls made to the phone that night but did not look. NHA-A stated that CNA-M was already in the room when R235's family member came to the facility. Surveyor stated that CNA-M stated to Surveyor that CNA-M had met R235's family member in the hallway and walked to R235's room with them and then completed incontinence cares.</p> <p>On 1/27/2025, at 9:00 AM Surveyor interviewed LPN-L who stated R235's family member came the facility and stated R235 needed to be changed and CNA-M assisted with the cares. LPN-L stated LPN-L did not get a call that night on the phone and showed R235's family member that the phone had no missed calls.</p> <p>On 1/27/2025, at 10:38 AM, Surveyor shared concern with NHA-A and DON-B that R235's family member concern that R235 was not changed the night of 1/8/2025 into 1/9/2025 was not thoroughly investigated. Surveyor asked how it was verified that R235 was being rounded on and check and changed every two hours. DON- B stated that CNAs are to document when tasks are completed, that includes repositioning, incontinence cares, hygiene, etc. Surveyor requested to see the documented tasks completed for R235.</p> <p>Surveyor was provided a 3 day bowel and bladder tracker for R235. Surveyor noted staff documented two times at 6:00 AM and 7:00 AM on 1/5/2025. DON-B stated there was no other documentation regarding tasks being completed for R235 for incontinence cares or hygiene cares that DON-B could find.</p> <p>49845</p> <p>(continued on next page)</p>

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 01/27/2025
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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>2.) On 12/16/2024 the facility submitted a facility reported incident (FRI) regarding a resident to resident altercation between R7 and R30. The FRI documents that an incident occurred on 12/14/2024 involving R7 and R30. The report documents, R30 was in the restroom in R30's room. R30's roommate, R7, entered the room to use the restroom. Upon R7 entering the room R30 was exiting at the same time and R30's hand connected with R7's shoulder. R7 then reported to RN that R30's hand connected with R7's shoulder. Surveyor noted there are documented statements from Nursing Home Administrator (NHA)-A, Licensed Practical Nurse (LPN)-D, and LPN-C. Surveyor noted Interviews documented with R7 and R30, documented by NHA-A. Surveyor noted there were no other interviews with facility staff or residents as part of the investigation.</p> <p>On 01/22/2025, at 10:06 AM, Surveyor interviewed R7 regarding the incident. Surveyor noted R7 has bilateral lower extremity amputations, and independently moves around in wheelchair. R7 indicated R30 use to be R7's roommate. R30 indicated to Surveyor that on the day of the incident, R7 went back to R7's room after leaving the shower room. R7 indicated R30 was in R7's bed. R30 got out of R7's bed and hit R7 in the left shoulder with a fist but denies injuries. R7 indicated R7 then went and told the nurse and had R30 removed from his room. R7 indicated R30 would always go through R7's things and would try to put R7's clothes on. R7 indicated that he told R30 that if R30 keeps touching R7's clothes, R7 would cut R30's hands off. R7 indicated that R30 eats off his and other residents' trays. R7 informed Surveyor that R30 has been moved to another room, but still comes into R7's room occasionally. R7 informed Surveyor R30 was last in R7's room yesterday, R7's new roommate confirmed this as well. R7 denies any further altercations occurring R30. Surveyor noted R7's description of what occurred is different than what the facility documented in the FRI.</p> <p>On 01/22/2025, at 03:19 PM, Surveyor interviewed LPN-C regarding the FRI. LPN-C indicated she received a call from NHA-A and DON-B that an incident between R7 and R30 had occurred and was asked to come in to the Facility to submit the report due to NHA-A and DON-B being unavailable. LPN-C indicated LPN-C came into the Facility and spoke with the two nurses on shift, RN-P and LPN-D. LPN-C indicated that R7 was going in while R30 was coming out of the bathroom, R30 was startled, R7 and R30 bumped into each other. LPN-C indicated R7 and R30 were immediately separated and R30's room was changed. R30 was put on 1:1 supervision for 2 days, with no further incidents. LPN-C indicated R7 just does not like people in his space. LPN-C indicated LPN-C interviewed R7 and R30, no other residents were around. LPN-C indicated the next day NHA-A started the investigation, then completed and submitted the report. LPN-C indicated statements were obtained from LPN-D and RN-P, but only has LPN-D's statement documented.</p> <p>On 01/22/2025, at 03:37 PM, Surveyor interviewed DON-B, in the presence of Director of Operations-E, regarding the FRI. DON-B indicated the incident was reported due to the allegation of resident-to-resident abuse. DON-B indicated that while information came in and the investigation was conducted R7 and R30 were separated, and R30 was put on 1:1 supervision. DON-B indicated that R30 moves about the Facility freely and has attempted to go back to his old room on multiple occasions but is easily redirected. DON-B indicated interviews with R7 and R30 were conducted by NHA-A and LPN-C.</p> <p>On 01/23/2025, at 03:37 PM, Surveyor informed NHA-A, DON-B, and Director of Operations-E of concerns regarding the investigation, interventions and reporting time of the FRI.</p> <p>(continued on next page)</p>		

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 01/27/2025
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 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 01/27/2025, at 08:45 AM, Surveyor interviewed LPN-D regarding the FRI involving R7 and R30. LPN-D informed Surveyor that R7 came to the nurses' station saying R30 hit R7. LPN-D indicated that they think R7 was trying to hurry to the bathroom and R30 was startled and accidentally hit R7. LPN-D indicated R30 is not known to hit. LPN-D indicated the residents were separated and R30 was moved to another room. LPN-D indicated no other residents were talked to. LPN-D indicated R30 will occasionally wander into other resident rooms, no previous incidents of hitting and is easily redirected.		

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 01/27/2025
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 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</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** 49435</p> <p>Based on interview and record review, the facility did not ensure 2 (R12 and R23) of 2 residents reviewed for hospitalization s received a written transfer/discharge notice that included the date of transfer, reason for transfer, location of transfer, appeal rights and contact information of the State Long-Term Care Ombudsman.</p> <p>Findings include:</p> <p>The facility policy entitled, Transfer and Discharge (including AMA), dated 10/26/22, documents, in part: The facility's transfer/discharge notice will be provided to the resident and the resident's representative in a language and manner in which they can understand. The notice will include all of the following at the time it is provided: The specific reason and basis for transfer or discharge. The effective date of transfer or discharge. The specific location . to which the resident is to be transferred or discharged . An explanation of the right to appeal the transfer or discharge to the State. The name, address (mailing and email) and telephone number of the State entity which receives such appeal hearing requests. Information on how to obtain an appeal form. Information on obtaining assistance in completing and submitting the appeal hearing request. The name, address (mailing and email), and phone number of the representative of the Office of the State Long-Term Care (LTC) Ombudsman . Generally, the notice must be provided at least 30 days prior to facility-initiated transfer or discharge of the resident. Exceptions to the 30-day requirement apply when the transfer or discharge is effected because: . an immediate transfer or discharge is required by the resident's urgent medical needs . In these exceptional cases, the notice must be provided to the resident, resident's representative if appropriate, and LTC ombudsman as soon as practicable before the transfer or discharge .</p> <p>1.) R12 was admitted to the facility on [DATE]. R12 has a healthcare Power of Attorney (POA) to make medical decisions.</p> <p>On 5/6/2024, R12 had a change of condition and was transferred and admitted to the hospital. R12 returned to the facility on [DATE].</p> <p>On 1/23/25 at 3:35 PM and on 1/27/25 at 10:39 AM, Surveyor requested evidence from the Facility that a transfer notice was provided to R12 or R12's POA at time of R12's hospitalization .</p> <p>Surveyor was given a bed hold notice but a transfer notice was not provided to Surveyor.</p> <p>On 1/23/25, at 11:13 AM, Surveyor interviewed Unit Manager (UM)-C. Surveyor asked who is in charge of the bed hold and transfer notices if a resident is discharged to the hospital. UM-C stated the nurses are supposed to have them signed and give them to the resident or resident representative. UM-C stated they will take care of the bed hold/transfer notice if available. UM-C stated that they send a copy of the residents who discharged to the hospital to the Ombudsman at the end of each month.</p> <p>(continued on next page)</p>		

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 01/27/2025
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 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 1/27/25, at 8:59 AM, Surveyor interviewed Licensed Practical Nurse (LPN)-L and asked what responsibilities a nurse has if a resident has a change in condition. LPN-L stated that LPN-L will care for the resident first by doing an assessment and vitals. LPN-L updates the POA and Director of Nursing (DON)-B. LPN-L then documents the change of condition in a progress note. Surveyor asked if LPN-L would take care of the bed hold/transfer notice before the resident is sent to the hospital. LPN-L stated, not to my understanding.</p> <p>On 01/27/25, at 10:41 AM, Surveyor informed Nursing Home Administrator (NHA)-A and DON-B of the concern that a transfer notice was not given to R12 or R12's POA when R12 was transferred to the hospital after a change of condition on 5/6/24.</p> <p>On 01/27/25, at 12:10 PM, Surveyor interviewed DON-B. Surveyor asked how the resident and POA are notified of the reason and place of transfer when sent to the hospital. DON-B replied typically with a call to POA to alert of change of condition. It is not provided in writing but will be in future.</p> <p>No additional information was provided as to why the facility did not ensure that R12 or R12's POA received a written transfer/discharge notice that included the date of transfer, reason for transfer, location of transfer, appeal rights and contact information of the State Long-Term Care Ombudsman.</p> <p>49011</p> <p>2.) R23 was admitted to the facility on [DATE]. R23's Quarterly Minimum Data Set (MDS) with an assessment reference date of 1/15/2025 indicated R23 had a Brief Interview for Mental Status score of 02 (severe cognitive impairment). R23 has an activated Power of Attorney (POA).</p> <p>Surveyor reviewed R23's electronic medical record which indicated R23 was transferred to the hospital six times between 8/15/2024 and 11/15/2024 and admitted on each occasion except 11/15/2024. R23 returned to the same room in the facility after each hospital stay.</p> <p>Surveyor requested evidence from the facility that a transfer notice was provided to R23 and to R23's responsible party at time of R23's hospitalization s.</p> <p>Bed Hold Notices were provided to Surveyor by the Facility. No information was included that the resident or their representative were provided in writing of the reason for each transfer. The State of Wisconsin Division of Quality Assurance contact information does not include a contact name or email address. The Long-Term Ombudsman information has a contact name but not an email address.</p> <p>On 1/23/25, at 11:13 AM, Surveyor interviewed Unit Manager (UM)-C. Surveyor asked who is in charge of the bed hold and transfer notices if a resident is discharged to the hospital. UM-C stated the nurses are supposed to have them signed and give them to the resident or resident representative. UM-C stated they will take care of the bed hold/transfer notice if available. UM-C stated that they send a copy of the residents who discharged to the hospital to the Ombudsman at the end of each month.</p> <p>(continued on next page)</p>		

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 01/27/2025
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 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 1/27/25, at 8:59 AM, Surveyor interviewed Licensed Practical Nurse (LPN)-L and asked what responsibilities a nurse has if a resident has a change in condition. LPN-L stated that LPN-L will care for the resident first by doing an assessment and vitals. LPN-L updates the POA and Director of Nursing (DON). LPN-L then documents the change of condition in a progress note. Surveyor asked if LPN-L would take care of the bed hold/transfer notice before the resident is sent to the hospital. LPN-L stated, not to my understanding.</p> <p>On 01/27/25, at 10:53 AM, Surveyor let the Nursing Home Administrator (NHA)-A and the DON-B know of the concern related to transfer notices not being given at the time of a resident going out of the Facility.</p> <p>On 01/27/25, at 12:10 PM, Surveyor interviewed DON-B about how are residents and their POA notified of the reason and place of transfer when sent to the hospital. DON-B replied typically with a call to POA to alert of change of condition. It is not provided in writing but will be in future.</p> <p>No additional information was provided.</p>

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 01/27/2025
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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49845</p> <p>Based on observation, interview, and record review, the facility did not ensure residents with pressure injuries received necessary treatment and services consistent with professional standards of practice to promote healing and prevent new pressure injuries from developing for 1 (R8) of 2 residents reviewed with pressure injuries.</p> <p>* R8 did not receive treatment of R8's lower back pressure injury 20 days out of 71 days. R8 did not have documentation of multiple skin discolorations over boney prominence areas where pressure injuries are likely to occur.</p> <p>Findings include:</p> <p>R8 was admitted to the facility on [DATE] with diagnoses which include malnutrition, osteoporosis, peripheral vascular disease, vascular dementia, and major depressive disorder. R8 has a Legal Guardian.</p> <p>R8's Annual Minimum Data Set (MDS), dated [DATE], documents R8 has a Brief Interview for Mental Status (BIMS) score of 01, did not exhibit behaviors, had impairment in upper and lower extremities, partial/moderate assistance with rolling left to right, and at risk for pressure injuries.</p> <p>R8's most recent MDS is a Significant Change, dated 10/28/2024, and documents a BIMS of 01, no behaviors, on a scheduled pain medication regimen, prognosis of life expectancy less than 6 months, at risk for pressure injuries, has one or more unhealed pressure injuries, 1 slough and/or eschar pressure injury, 1 unstageable deep tissue injury, skin tears, receiving pressure injury care, surgical wound care, and is now on hospice.</p> <p>Surveyor reviewed the Facility's document titled, Resident Matrix, and noted R8 is documented to have a pressure injury that was not present on admission.</p> <p>On 01/22/2025, at 09:47 AM, Surveyor noted no Enhanced Barrier Precautions (EBP) sign on R8's door. Surveyor spoke with Hospice RN-K. Hospice RN-K indicated R8 has daily hospice visits, has 2 pressure ulcers that are treated by the Facility and wound care, and multiple other not opened pressure ulcers and indicated there are too many to count. Hospice RN-K indicated R8 is on scheduled end of life medications.</p> <p>On 01/23/2025, at 10:18 AM, Surveyor noted R8 to now have an EBP sign on R8's door while waiting for nurse to preform wound care for R8.</p> <p>On 01/23/2025, at 11:57 AM, Surveyor observed LPN-F provide wound care for R8, with Hospice CNA-I assisting. LPN-F indicated R8 has 2 open pressure uclers and one healed on the left heel. Surveyor observed LPN-F preform wound care on R8 only wearing gloves. Surveyor observed 2 open pressure injuries, 1 to R8's left lower back and 1 to R8's left hip. Surveyor asked to see R8's heel, Surveyor observed multiple small, purple discolorations to R8's bilateral heels/feet.</p> <p>Surveyor reviewed R8's wound documentation from Vohra. Surveyor noted the following measurements:</p> <p>(continued on next page)</p>		

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 01/27/2025
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>10/9/2024- UNSTAGEABLE (DUE TO NECROSIS) OF THE LEFT LOWER BACK FULL THICKNESS, wound Size: 1 x 3 x 0.1 cm</p> <p>10/16/2024</p> <p>UNSTAGEABLE (DUE TO NECROSIS) OF THE LEFT LOWER BACK FULL THICKNESS Wound Size: 2 x 1 x 0.1 cm</p> <p>10/23/2024</p> <p>UNSTAGEABLE (DUE TO NECROSIS) OF THE LEFT LOWER BACK FULL THICKNESS Wound Size: 2 x 1 x 0.1 cm</p> <p>10/30/2024</p> <p>UNSTAGEABLE (DUE TO NECROSIS) OF THE LEFT LOWER BACK FULL THICKNESS Wound Size: 2 x 1 x 0.1 cm</p> <p>11/6/2024</p> <p>UNSTAGEABLE (DUE TO NECROSIS) OF THE LEFT LOWER BACK FULL THICKNESS Wound Size: 1 x 1 x 0.1 cm</p> <p>11/20/2024</p> <p>UNSTAGEABLE (DUE TO NECROSIS) OF THE LEFT LOWER BACK FULL THICKNESS Wound Size: 0.8 x 1 x 0.1 cm</p> <p>11/27/2024</p> <p>UNSTAGEABLE (DUE TO NECROSIS) OF THE LEFT LOWER BACK FULL THICKNESS Wound Size: 0.8 x 0.8 x 0.1 cm</p> <p>12/04/2024</p> <p>UNSTAGEABLE (DUE TO NECROSIS) OF THE LEFT LOWER BACK FULL THICKNESS Wound Size: 0.8 x 0.8 x 0.1 cm</p> <p>12/11/2024</p> <p>(continued on next page)</p>

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 01/27/2025
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>UNSTAGEABLE (DUE TO NECROSIS) OF THE LEFT LOWER BACK FULL THICKNESS</p> <p>Wound Size: 0.8 x 0.8 x 0.1 cm</p> <p>12/18/2024</p> <p>UNSTAGEABLE (DUE TO NECROSIS) OF THE LEFT LOWER BACK FULL THICKNESS</p> <p>Wound Size: 0.8 x 0.8 x 0.1 cm</p> <p>12/25/2024</p> <p>UNSTAGEABLE (DUE TO NECROSIS) OF THE LEFT LOWER BACK FULL THICKNESS</p> <p>Wound Size: 1 x 1.5 x 0.1 cm</p> <p>01/01/2025</p> <p>UNSTAGEABLE (DUE TO NECROSIS) OF THE LEFT LOWER BACK FULL THICKNESS</p> <p>Wound Size: 2 x 2 x 0.5 cm</p> <p>01/08/2025</p> <p>UNSTAGEABLE (DUE TO NECROSIS) OF THE LEFT LOWER BACK FULL THICKNESS</p> <p>Wound Size: 2 x 2 x 0.5 cm</p> <p>01/15/2025</p> <p>UNSTAGEABLE (DUE TO NECROSIS) OF THE LEFT LOWER BACK FULL THICKNESS</p> <p>Wound Size: 6 x 4 x 0.5 cm</p> <p>01/22/2025</p> <p>UNSTAGEABLE (DUE TO NECROSIS) OF THE LEFT LOWER BACK FULL THICKNESS</p> <p>Wound Size: 6 x 4 x 0.5 cm</p> <p>Surveyor noted an increase in R8's lower back pressure ulcer, over the course of 14 weeks, from 1 x 3 x 0.1 cm to 6 x 4 x 0.5 cm.</p> <p>Surveyor reviewed R8's Medication Administration Record (MAR) and Treatment Administration Record (TAR) for October 2024 through January 2025. Surveyor noted the following:</p> <p>(continued on next page)</p>

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 01/27/2025
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>October 2024 TAR documents, Mid Lower Back: Cleanse with wound cleanser, apply Xeroform and cover with Gauze w/border daily. one time a day for Wound Care -Start Date- 10/05/2024 0700 -D/C Date- 11/14/2024 1237. Surveyor noted R8's TAR indicates R8's did not receive treatment of R8's lower back pressure injury 8 out of 27 days.</p> <p>November 2024 TAR documents, Mid Lower Back: Cleanse with wound cleanser, apply Xeroform and cover with Gauze w/border daily. one time a day for Wound Care -Start Date- 10/05/2024 0700 -D/C Date- 11/14/2024 1237 and Mid Lower Back: Cleanse with wound cleanser, apply Xeroform and cover with Gauze w/border three times per week and PRN. one time a day every Mon, Wed, Sat for Wound Care -Start Date- 11/16/2024 0700 -D/C Date- 01/13/2025 1250. Surveyor noted R8's TAR documents R8 did not receive wound care to R8's lower back pressure ulcer 3 of 21 days.</p> <p>December 2024 TAR, documents, Mid Lower Back: Cleanse with wound cleanser, apply Xeroform and cover with Gauze w/border three times per week and PRN. one time a day every Mon, Wed, Sat for Wound Care -Start Date- 11/16/2024 0700 -D/C Date- 01/13/2025 1250. Surveyor noted, R8's TAR documents R8 did not receive wound care to R8's lower back pressure ulcer 6 out of 13 days.</p> <p>January 2025 TAR, documents Mid Lower Back: Cleanse with wound cleanser, apply Xeroform and cover with Gauze w/border three times per week and PRN. one time a day every Mon, Wed, Sat for Wound Care -Start Date- 11/16/2024 0700 -D/C Date- 01/13/2025 1250 and Mid Lower Back: Cleanse with wound cleanser, apply Calcium alginate and cover with Gauze w/border three times per week and PRN. one time a day every Mon, Wed, Sat for Wound Care -Start Date-01/15/2025 0700. Surveyor noted, R8 did not receive wound care to R8's lower back pressure ulcer 3 of 10 days.</p> <p>On 01/23/2025, at 03:37 PM, Surveyor informed NHA-A, DON-B and Director of Operations-E of above concerns regarding R8's wound care treatments not being done consistently and the undocumented skin discolorations.</p> <p>On 01/27/2025, at 08:39 AM, Surveyor interviewed DON-B regarding concerns with R8 not receiving wound treatments and no documentation of multiple skin discolorations observed to R8's boney prominences. DON-B indicated R8 is receiving palliative care, and they try to address the larger pressure ulcers, that are causing most pain. DON-B indicated the other areas should just be monitored and would expect them to be noted. DON-B indicated being aware of the missing wound treatments on R8's TAR and indicated DON-B did not see anything documented regarding why wound cares were not being done.</p> <p>No further information provided by Facility as of time of write up.</p>		

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 01/27/2025
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 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49435</p> <p>Based on observations, interview and record review, the facility did not ensure that 1 (R12) of 1 residents reviewed with limited range of motion received appropriate treatment and services to increase range of motion and/or to prevent further decrease in range of motion.</p> <p>* R12 has a physician order for a splint to be worn on the right hand. Surveyor observed R12 wearing a palm guard on R12's right hand on the first day of survey. Surveyor had multiple observations of R12 not wearing a splint or a palm guard on R12's right hand during the remainder 2 days of the survey.</p> <p>Findings include:</p> <p>1.) R12 was admitted to the facility on [DATE] with diagnosis that include Hemiplegia (muscle weakness or partial paralysis on one side of the body) following stroke affecting right dominant side, Aphasia (language disorder that affects ability to understand and express language), and Vascular Dementia.</p> <p>R12's Quarterly Minimum Data Set (MDS) assessment dated [DATE], documents R12's cognition is moderately impaired. R12 uses a wheelchair. R12 mobility requires partial to moderate assistance. R12 requires substantial/maximal assistance for transfers. R12 has a functional limitation in range of motion (ROM) affecting the upper and lower extremities on one side of the body.</p> <p>On 1/22/25 at 12:48 PM, Surveyor observed R12. R12 was unable to answer Surveyors questions due to R12's Aphasia. Surveyor noted R12 had a contracture to R12's Right hand. R12 was wearing a white palm guard on R12's right hand.</p> <p>R12's physician order with a start date of 7/27/24 documents, Splint: Type- Resting hand splint. Location - Right hand. Wear Schedule- [Put on] in the am for 6 hours. Needs que for timing to [take off]. in the morning related to hemiplegia and hemiparesis following [stroke].</p> <p>R12's Contracture Management Care plan initiated on 6/12/23 documented: Impaired mobility [related to] impaired ROM. [R12] has contractures to [right upper extremity] and [right lower extremity] due to [stroke]. Interventions included, in part: Assess [R12] on admission, quarterly, and [as needed] for limitations in [R12's] ROM. Assess [R12] for [complaints of] stiffness or limitation with his ROM. Monitor [R12] for [complaints of] pain to affected limb . Implement measures to minimize and/or prevent contractures in [R12's] upper extremities. Encourage [R12] to use upper extremities to perform self-care and assist in moving unless contraindicated. Provide for therapy consult if indication of [R12's] ROM becomes restricted or demonstrates further evidence of decline [as needed].</p> <p>Surveyor noted that a splint or palm guard was not listed as an intervention on R12's care plan.</p> <p>(continued on next page)</p>		

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 01/27/2025
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 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Surveyor reviewed R12's Treatment Administration Record (TAR) from 8/1/24 through 1/27/25. Surveyor noted staff did not always document that R12's splint was being worn. Surveyor noted missing documentation for the following dates: 8/1/24, 8/2/24, 8/8/24, 9/2/24, 9/9/24, 10/3/24, 10/11/24, 10/23/24, 10/24/24, 10/25/24, 10/28/24, 10/29/24, 10/30/24, 10/31/24, 11/13/24, 11/27/24, 12/3/24, 12/4/24, 12/11/24, 12/14/24, 12/15/24, 12/19/24, 12/24/24, 1/2/25, 1/9/25, 1/16/25, 1/17/25, 1/21/25, 1/22/25 and 1/27/25.</p> <p>Surveyor noted a total of 30 occurrences that staff did not document that R12's splint was put on in the morning and off after 6 hours.</p> <p>Surveyor reviewed R12's Occupation Therapy (OT) Treatment encounter notes. On 1/2/25, OT note documents, in part: . OT performed goniometer measurements for contracture management and splint selection.</p> <p>On 1/9/25, OT note documents, in part: . Discussed treatment plan with wearing splint. [R12] continues to be hesitant as if [R12] does not want to wear it. OT did not [put on] splint.</p> <p>On 1/15/25, OT note documents, in part: . completed thorough hand hygiene to right hand and noted areas that appeared macerated with white patches, flaking of skin where thumb was rubbing on palm and 2nd and 3rd digit. Following hand hygiene and stretching, at end of session skin looked significantly better but continued to have areas of excoriation. Placed resting hand splint on but [R12] did not appear comfortable with wearing. [R12] agreeable to trial of palm guard. [Put on] palm guard to test tolerance, monitored [every 1 hour] with good tolerance. Noted decreased tone in hand with wearing and improved skin integrity of palm .</p> <p>On 1/16/25, OT note documents, in part: . OT [put on] [R12's] palm guard and [R12] reports liking it. Discussed using this verses the splint and [R12] wants the palm guard. [R12] tolerated wearing it for 5 hours without issues.</p> <p>On 1/21/25, OT note documents, in part: . OT [put on] [R12's] palm guard . [R12] could tolerate wearing it for 6 hours.</p> <p>On 1/23/25, OT note documents, in part: . OT [put on] [R12's] palm guard. [R12] appears to like it and can tolerate it for 6 hours .</p> <p>Surveyor noted OT had changed R12's contracture management plan from a splint to a palm guard and R12's physician orders and R12's care plan was not updated.</p> <p>On 1/23/25 at 8:48 AM, Surveyor observed R12 in R12's wheelchair. R12 is not wearing a splint or palm guard on R12's right hand.</p> <p>On 1/23/25 at 9:38 AM, 10:44 AM, 12:52 PM and 1:30 PM, Surveyor observed R12 in R12's wheelchair. R12 was observed not wearing a splint or palm guard on R12's right hand.</p> <p>On 1/27/25 at 8:04 AM and at 10:10 AM, Surveyor observed R12 in R12's wheelchair. R12 was observed not wearing a splint or palm guard on R12's right hand.</p> <p>(continued on next page)</p>		

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 01/27/2025
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 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 1/23/25 at 1:35 PM, Surveyor interviewed Certified Nursing Assistant (CNA)-R about R12. CNA-R stated that R12 is very cooperative and pleasant. CNA-R stated that R12 will wear R12's splint when R12 is supposed to.</p> <p>On 1/23/25 at 1:58 PM, Surveyor interviewed Certified Nursing Assistant (CNA)-N about R12. CNA-N stated that R12 is cooperative and wears R12's splint on R12's right hand daily.</p> <p>On 1/27/25 at 10:13 AM, Surveyor interviewed OT assistant (OTA)-U. Surveyor asked how R12 is with wearing a splint/palm guard. OTA-U stated that R12 is cooperative but remembers seeing R12 a couple weeks ago and noted that R12's right hand was really tight, and OTA-U noted some maceration areas. OTA-U stated that R12 was then changed from a resting hand splint to a palm guard and R12 seemed to tolerate that. OTA-U stated that OTA-U does not work full time at the facility and would have to look back at the OT's notes to see if the palm guard was continued. Surveyor asked OTA-U to bring any further information to Surveyor. OTA-U did not return to Surveyor.</p> <p>On 1/27/25 at 10:39 AM, Surveyor informed Nursing Home Administrator (NHA)-A and Director of Nursing (DON)-B of the concerns that R12 has an order for a splint to be worn on the right hand. Surveyor observed R12 wearing a palm guard on R12's right hand on the first day of survey. Surveyor had multiple observations of R12 not wearing a splint or a palm guard on R12's right hand during the remainder of the survey. Review of R12's TAR revealed 30 instances that staff did not document that R12's splint was placed as ordered. OT changed R12's splint to a palm guard but the physician order and the care plan was not updated. DON-B stated that DON-B would investigate this and get back to Surveyor.</p> <p>On 1/27/25 at 12:11 PM, DON-B stated that DON-B was able to speak to the therapy department. DON-B stated that R12 was not tolerating the splint, so OT changed the plan and wanted R12 to wear a palm guard. DON-B indicated that the OT department did not communicate this change to DON-B so that all of nursing staff would know.</p> <p>No further information was provided as to why the facility did not ensure R12 received appropriate treatment and services to increase range of motion and/or to prevent further decrease in range of motion.</p>

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 01/27/2025
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47094</p> <p>Based on interview and record review, the facility did not ensure that residents remain as free of accident hazards as is possible and that each resident received adequate supervision and assistance devices to prevent accidents for 5 (R8, R12, R23, R29, and R31) of 6 residents reviewed for falls and 1 (R29) of 2 residents reviewed for smoking.</p> <p>* R29 had a fall on 8/31/2024 that was not thoroughly investigated and R29's care plan was not revised until 9/3/2024.</p> <p>* R29 had a smoking evaluation completed on 8/13/2024. The smoking evaluation indicated that the facility holds onto R29's smoking supplies and should be a supervised smoker. R29 did not have a smoking care plan and had smoking supplies located in R29's purse in her room. R29 did not have any additional smoking evaluation assessments completed.</p> <p>* R23 had a fall on 10/29/2024 that was not thoroughly investigated. The facility failed to revise the plan of care post R23's fall on 10/29/2024.</p> <p>* R31 had a fall on 1/5/2025 that was not thoroughly investigated.</p> <p>* R12 had a fall on 11/24/2024 that was not thoroughly investigated.</p> <p>* R8 had a fall on 11/3/2024 that was not thoroughly investigated. No interventions were implemented after R8's fall and hospice services were not notified of R8's fall on 11/3/2024.</p> <p>Findings include:</p> <p>The facility policy entitled Accidents and Supervision implemented on 12/29/2029 documents: Policy: The resident environment will remain as free of accident hazards as is possible. Each resident will receive adequate supervision and assistive devices to prevent accidents. This includes:</p> <ol style="list-style-type: none"> 1. Identifying hazard(s) and risk(s). 2. Evaluating and analyzing hazard(s) and risk(s) 3. Implementing interventions to reduce hazard(s) and risk(s) 4. Monitoring for effectiveness and modifying interventions when necessary. <p>Policy Explanation and Compliance Guidelines: .</p> <p>2. Evaluation and Analysis- the process of examining data to identify specific hazards and risks to develop targeted interventions to reduce the potential for accidents. Interdisciplinary involvement is a critical component of this process.</p> <p>(continued on next page)</p>		

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 01/27/2025
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>a. Analysis may include, for example, considering the severity of hazards, the immediacy of risk, and trends such as time of day, location, etc.</p> <p>b. Both the facility-centered and resident-directed approaches include evaluating hazard and accident risk data, which includes prior accidents/incidents, analyzing potential causes for each hazard and accident risk, and identifying or developing interventions based on the severity of the hazards and immediacy of risk.</p> <p>c. Evaluations also look at trends such as time of day, location, etc.</p> <p>3. Implementation of Interventions- using specific interventions to try to reduce a resident's risks from hazards in the environment. The process includes:</p> <p>a. Communicating the interventions to all relevant staff.</p> <p>b. Assigning responsibility.</p> <p>c. Providing training as necessary.</p> <p>d. Documenting interventions.</p> <p>e. Ensuring interventions are put into action.</p> <p>f. Interventions are based on the results of the evaluation and analysis of information about -hazards and risks and are consistent with relevant standards, including evidenced-based practice.</p> <p>g. Development of interim safety measures may be necessary if interventions cannot immediately be implemented fully.</p> <p>h. Facility-based interventions may include, but are not limited to- educating staff .</p> <p>i. Resident-directed approaches may include- implementing specific interventions as part of the plan of care .</p> <p>4. Monitoring and Modification- Monitoring the process of evaluating the effectiveness of care plan interventions. Modification is the process of adjusting interventions as needed to make them more effective in addressing hazards and risks. Monitoring and modification processes include:</p> <p>a. Ensuring that interventions are implemented correctly and consistently.</p> <p>b. Evaluating the effectiveness of interventions.</p> <p>c. Modifying or replacing interventions as needed.</p> <p>d. Evaluating the effectiveness of new interventions.</p> <p>(continued on next page)</p>

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 01/27/2025
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>The policy entitled Resident Smoking revised on 12/15/2023 documents: Policy: It is the policy facility to provide a safe and healthy environment for residents, visitors, and employees, including safety related to smoking. Safety protections apply to smoking and non-smoking residents.</p> <p>Policy Explanations and Compliance Guidelines: .</p> <p>5. Residents will be asked about tobacco use during the admission process, reviewed quarterly and as needed.</p> <p>6. Resident who smoke will be further evaluated using the Smoking Evaluation to determine supervision need and intervention.</p> <p>8. Any resident who is deemed safe to smoke with or without supervision, will be allowed to smoke in designated smoking areas (weather permitting), at designated times and in accordance wit the individualized care plan.</p> <p>10. All safe smoking measures will be documented on the care plan and communicated to all staff, visitors, and volunteers who will be responsible for supervising residents while smoking. Supervision will be provided as indicated on the care plan.</p> <p>13. Smoking materials of residents requiring supervision with smoking will be maintained by facility staff.</p> <p>a. Storage of cigarettes and lighters: Wall mounted lock box on [name of unit] at the nurse's station.</p> <p>14. The interdisciplinary team (IDT), with guidance from the physician, will help to support the resident's right to make an informed decision regarding smoking by: .</p> <p>d. Developing a safe smoking plan, or an individualized plan to quit smoking safely.</p> <p>1.) R29 was admitted to the facility on [DATE] and has diagnoses that includes multiple sclerosis, generalized anxiety disorder, and recurrent depressive disorder.</p> <p>R29's quarterly minimum data set (MDS) dated [DATE] indicated R29 had intact cognition with a Brief Interview for Mental Status (BIMS) score of 15 and the facility assessed R29 being dependent on 1 staff member for personal and toileting hygiene, lower body dressing, and putting on/ off footwear, and R29 had impairments to both right and left side upper and lower extremities. R29 required a sit to stand device for transferring and required max assist with 1 staff member for repositioning in bed. The facility assessed R29 on 7/16/2024 to be a moderate risk for falls with a fall risk assessment score of 11.</p> <p>R29's risk for falls, accidents and incidents related to medication use, poor functional mobility care plan initiated on 7/17/2024 with the following interventions:</p> <p>- Be sure the resident's call light is within reach and encourage the resident to use it for assistance as needed. The resident needs prompt response to all requests for assistance.</p> <p>(continued on next page)</p>		

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 01/27/2025
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<ul style="list-style-type: none"> - Follow facility fall protocol. - Anticipate and meet the residents needs. (initiated 7/22/2024) - Educate resident/ family/ caregivers about safety reminders and what to do if a fall occurs. - Ensure that the resident is wearing appropriate footwear. - Pt evaluate and treat as ordered or PRN (as needed). <p>On 8/31/2024, at 19:38 (7:38 PM) in the progress notes nursing documented R29 was found on the floor by certified nursing assistant (CNA). R29's vital signs taken . R29 stated complains of pain in R29's legs. R29 stated hit R29's head but denied pain, no signs of shortness of breath of chest pain. R29 refuses to be sent to the emergency room and is R29 own person.</p> <p>On 9/3/2024, at 9:04 AM, in the progress notes IDT documented review of R29's fall on 8/31/2024. R29 had an unwitnessed fall in room. R29 was found on the floor next to R29's bed. R29 stated she just fell . R29 stated hitting R29 but wished not to be sent out. Neurological checks completed and assessment indicated no injuries. R29 was assisted off the floor with a Hoyer lift. Physician, director of nursing (DON), and R29's family were updated. Root cause analysis revealed that R29 was trying attempting to self-transfer. Interventions include encouraging R29 to call for assistance prior to transferring.</p> <p>On 1/23/2025, at 9:00 AM, Surveyor observed R29 lying in bed watching TV. R29 stated R29 had a couple falls but could not remember any details as to when or why. R29 stated R29 usually calls if needs assistance with anything in between staff checking on R29.</p> <p>Surveyor reviewed R29's Falls care plan and notes R29's care plan was not revised until 9/3/2024 with the following intervention:</p> <ul style="list-style-type: none"> - Encourage resident to call for assistance with all transfers. - Encourage resident to call for assistance when needed objects are out of reach. (initiated 9/16/2024). <p>Surveyor reviewed the fall investigation for R29's fall on 8/31/2024. Surveyor notes that resident statement documented R29 saying R29 just fell . There were no staff interviews included to determine when R29 was last checked on or toileted, or what the environment was like when R29 was found on the floor. Surveyor noted no indication what interventions were in place or what interventions were implemented after the fall.</p> <p>(continued on next page)</p>		

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 01/27/2025
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 1/27/25, at 8:59 AM, A Surveyor interviewed licensed practical nurse (LPN)-L, Surveyor asked what LPN-L would do if a resident had an unwitnessed fall. LPN-L stated that LPN-L would get an RN to assess the resident. LPN-L would start neurological checks, vital signs and assess range of motion. If everything was okay, LPN-L would get help to move the resident with the Hoyer lift back into bed/chair. LPN-L would notify the MD (medical doctor), DON and POA (if necessary). Surveyor asked if there was a fall packet that staff can use to guide them after a residents fall. LPN- stated, I'm not sure about that. Surveyor asked if CNA's give statements. LPN-L stated that they usually give verbal statements. Surveyor asked what happens after the nurse does her part in documenting the fall. LPN-L stated that management will do the full investigation and the root cause analysis.</p> <p>On 1/27/2025, at 10:38 AM Surveyor shared concerns nursing home administrator (NHA)-A and DON-B that the investigation for R29's fall on 8/31/2024 was not thoroughly investigated and did not include interviews indicating when R29 was last checked and changed, what interventions were in place at time R29 was found on the floor, or what interventions were implemented right away to prevent another fall.</p> <p>2.) R29's admission MDS dated [DATE] documents under section J on the MDS under current tobacco use, the answer no was checked indicating R29 did not currently use tobacco.</p> <p>R29's quarterly MDS dates 12/19/2024 documents under section J on the MDS under tobacco use, there was no documentation marked under current tobacco use.</p> <p>On 8/13/2024 a smoking evaluation assessment was completed and documented R29 smokes cigarettes 1-2 times a day, cannot light own cigarettes, the facility was to store R29's lighter and cigarettes, and that R29 was not safe to smoke independently and was a supervised smoker.</p> <p>On 1/23/2025, at 9:00 AM, Surveyor observed R29 lying in bed watching TV. R29 stated R29 goes outside once in a while to smoke. R29 stated R29 used to go out 1 time a day depending on the weather and what staff was working. Surveyor asked R29 if R29 had own smoking supplies. R29 stated that R29's smoking supplies are in her purse. Surveyor asked if R29 smokes alone or if staff stay with R29. R29 stated staff stay with R29 when she smokes.</p> <p>On 1/23/2025, at 9:44 AM, Surveyor reviewed the facility list with resident's that smoke. R29 was not listed on the smoking list.</p> <p>Surveyor reviewed R29's care plan and noted there was not a care plan for smoking.</p> <p>Surveyor reviewed R29's CNA care card and noted there was no interventions or indications that R29 smoked.</p> <p>On 1/23/2025, at 10:31 AM, Surveyor interviewed registered nurse (RN)-O who stated R29 does not go out very often to smoke, not even once a week. Surveyor asked if R29 had to be supervised and where R29's smoking supplies are kept. RN-O stated staff need to stay with R29 while smoking and that R29 had her own smoking supplies.</p> <p>On 1/23/2025, at 2:01 PM, Surveyor interviewed CNA-N who stated R29 needs someone to stay with her while smoking and that R29 has her own smoking supplies. CNA-N stated that R29 does not go out a lot to smoke, somedays she will and then there will be several days she does not.</p> <p>(continued on next page)</p>		

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 01/27/2025
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 1/27/2025, at 8:42 AM, Surveyor interviewed CNA-S who stated R29 does not go out often to smoke, maybe once a week if that. CNA-S stated R29 has her own smoking supplies and staff are to stay with R29 while smoking.</p> <p>On 1/27/2025, at 10:38 AM, Surveyor shared concerns with NHA-A and DON-B that R29 did not have a smoking care plan, no other smoking assessments had been completed since 8/2025, and that R29 has smoking supplies which the smoking assessment completed 8/2024 indicated the facility should hold onto her smoking supplies.</p> <p>No additional information was provided.</p> <p>49011</p> <p>3.) R23 was admitted to the facility on [DATE] from the hospital with diagnoses that includes paraplegia, chronic obstructive pulmonary disease, type 2 diabetes mellitus, chronic pain syndrome, neuromuscular dysfunction of bladder, neurogenic bowel, and major depressive disorder.</p> <p>R23's Quarterly Minimum Data Set (MDS) with an assessment reference date of 1/15/2025 indicated R23 had a Brief Interview for Mental Status score of 02 (severe cognitive impairment). R23 has an activated Power of Attorney (POA). R23's MDS was coded that for toileting R23 has an indwelling catheter and an ostomy bag. The MDS noted no falls since admission or reentry.</p> <p>Surveyor reviewed R23's care plan and noted the following: The resident is at risk for falls, accidents and incidents r/t (related to) antidepressant use, NWB (non-weight bearing) d/t (due to) paraplegia. Revision on: 08/27/2024.</p> <p>The goal set is the resident will be free of falls through the review date. Revision on: 01/15/2025, with a target date of 04/15/2025.</p> <p>Interventions are:</p> <ul style="list-style-type: none"> - Be sure the resident's call light is within reach and encourage the resident to use it for assistance as needed. The resident needs prompt response to all requests for assistance. <p>Date Initiated: 08/15/2024</p> <ul style="list-style-type: none"> - Educate the resident/family/caregivers about safety reminders and what to do if a fall occurs. <p>Date Initiated: 08/27/2024</p> <ul style="list-style-type: none"> - Follow facility fall protocol. <p>Date Initiated: 08/15/2024</p> <p>(continued on next page)</p>		

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 01/27/2025
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 01/22/25, at 11:16 AM, Surveyor reviewed a progress note written on 10/29/2024, at 07:45 AM, which documents: Vss (vital signs stable). Resident had no issues most of the night. Resident bed was lowered to the floor resident fell out of the bed he denied any complaints of pain or discomfort he denied hitting his head. Resident was assessed got him back up and put in bed Resident was also educated on his safety and the falling out of the bed falling. DON (Director of Nursing) notified, will continue to monitor.</p> <p>Surveyor requested the fall investigation information from the Facility and reviewed it. Under the category of Statements it reads no statements found. No post fall statements were obtained from staff or the resident about the resident or their condition post fall. There was no information documented as to when the resident was last seen. There is a statement IDT (Interdisciplinary Team) Fall: Resident had an unwitnessed fall from bed. He was found lying next to his bed. He stated that he rolled from bed. He denies hitting his head. Assessment WNL (within normal limits). VSS. No complaints of pain. Neuro check completed and negative. Resident was assisted from the floor back into bed. Resident was last rounded on around 6am. He has a catheter and ostomy. Resident had call light within reach. Root cause analysis revealed that resident rolled from bed. Intervention include education about using call light when needing repositioning help.</p> <p>Surveyor noted the invention was not added to the care plan. Surveyor notes the information of resident was last rounded on at 6am is included, but no statements are included to know where this time came from.</p> <p>On 01/23/25, at 09:50 AM, Surveyor interviewed Registered Nurse (RN)-O regarding when a resident has a fall, what are the next steps. RN-O stated with an unwitnessed fall, the nurse would assess to make sure the resident is okay, then with help get them up. The nurse then should contact the doctor, family, and case manager if resident has one. Surveyor asked how the fall is investigated and RN-O stated that the Director of Nursing (DON)-B does post investigation and they look at risk management. Surveyor asked about interviews or statements after the fall and RN-O stated that there are no interviews unless there are questions about cause of the fall.</p> <p>On 01/23/25, at 01:40 PM, Surveyor interviewed (DON)-B and asked about witness statements. DON-B stated they get statements if there are witnesses. For unwitnessed falls the DON speaks with Certified Nursing Assistants (CNA) to determine when they last rounded and if there is any other information.</p> <p>On 1/27/25 at 8:59 AM, Surveyor interviewed Licensed Practical Nurse (LPN)-L. Surveyor asked what LPN-L would do if a resident had an unwitnessed fall. LPN-L stated that LPN-L would get an RN to assess the resident. LPN-L would start neuro checks, vital signs and assess range of motion. If everything was ok, LPN-L would get help to move the resident with the Hoyer lift back into bed/chair. LPN-L would notify the doctor, DON and POA (if necessary). Surveyor asked if there was a fall packet that staff can use to guide them after a residents fall. LPN-L stated, I'm not sure about that. Surveyor asked if CNA's give statements. LPN-I stated that they usually give verbal statements. Surveyor asked what happens after the nurse does her part in documenting the fall. LPN-L stated that management will do the full investigation and the root cause analysis.</p> <p>(continued on next page)</p>		

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 01/27/2025
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 01/27/25, at 10:52 AM, Surveyor informed the Nursing Home Administrator and the DON-B of the concerns of no care plan intervention added after the fall. The intervention was determined as to use call light when needing repositioning help but was not implemented. The lack of thorough investigation to include post fall statements and when the resident was last rounded on.</p> <p>No additional information was provided.</p> <p>4.) R31 was admitted to the facility on [DATE] from the hospital with diagnoses that includes chronic migraine without aura, morbid (severe) obesity, chronic embolism and thrombosis of unspecified deep veins of unspecified lower extremity, major depressive disorder, and type 2 diabetes mellitus.</p> <p>R31's Quarterly Minimum Data Set (MDS) with an assessment reference date of 11/15/2024 indicated R31 had a Brief Interview for Mental Status score of 14 (cognitively intact). R31 is responsible for self. R31's MDS was coded that for toileting R31 is frequently incontinent of bladder and always continent of bowel. The MDS noted no falls since admission or reentry.</p> <p>Surveyor reviewed R31's care plan and noted the following: The resident is at risk for falls, accidents and incidents r/t (related to) impaired mobility secondary to recent spinal surgery with complications, morbid obesity, asthma, acute respiratory failure with hypoxia. Revision on: 08/19/2024.</p> <p>The goal set is the resident will be free of falls through the review date. Revision on: 08/26/2024, Target Date: 02/09/2025.</p> <p>Interventions are:</p> <ul style="list-style-type: none"> - 1/6: Reeducation on using call light for all transfers. <p>Date Initiated: 01/06/2025</p> <ul style="list-style-type: none"> - Anticipate and meet the resident's needs. <p>Date Initiated: 08/19/2024</p> <ul style="list-style-type: none"> - Be sure the resident's call light is within reach and encourage the resident to use it for assistance as needed. The resident needs prompt response to all requests for assistance. <p>Date Initiated: 08/10/2024</p> <ul style="list-style-type: none"> - Educate the resident/family/caregivers about safety reminders and what to do if a fall occurs. <p>Date Initiated: 08/19/2024</p> <ul style="list-style-type: none"> - Ensure that The resident is wearing appropriate footwear when ambulating or <p>(continued on next page)</p>

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 01/27/2025
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>mobilizing in w/c (wheel chair).</p> <p>Revision on: 08/19/2024</p> <p>- Follow facility fall protocol.</p> <p>Date Initiated: 08/10/2024</p> <p>- Pt (physical therapy) evaluate and treat as ordered or PRN.</p> <p>Date Initiated: 08/19/2024</p> <p>On 01/22/25, at 12:38 PM, Surveyor reviewed a progress note dated 1/6/2025, written at 10:07 AM, IDT (Interdisciplinary Team) FALL: Resident had an unwitnessed fall within her room. Resident was found on the floor on the right side of her bed. She states that she did not hit her head. She was attempting to transfer back into bed. Assessment revealed no injuries. Resident had appropriate footwear on a time of fall. MD (medical doctor) and Notified. Root cause analysis revealed she was attempting to self transfer. Intervention include reeducation regarding using the call light before transfer.</p> <p>Surveyor requested the fall investigation information from the Facility and reviewed it. Under the category of Statements it reads no statements found. No post fall statements were obtained about the resident or their condition post fall. There was no information documenting when the resident was last seen or last toileted.</p> <p>Surveyor noted no information on when resident was last rounded or toileted was included in the fall investigation.</p> <p>On 01/23/25, at 09:50 AM, Surveyor interviewed Registered Nurse (RN)-O regarding when a resident has a fall, what are the next steps. RN-O stated with an unwitnessed fall the nurse would assess to make sure ok, then with help get them up. The nurse then should contact the doctor, family, and case manager if resident has one. Surveyor asked how the fall is investigated and RN-O stated that the Director of Nursing (DON) does post investigation, they look at risk management. Surveyor asked about interviews or statements after the fall and RN-O stated that there are no interviews unless there are questions about cause of the fall.</p> <p>On 01/23/25, at 01:40 PM, Surveyor interviewed the Director of Nursing (DON)-B and asked about witness statements. DON-B stated they get statements if there are witnesses. For unwitnessed falls the DON speaks with Certified Nursing Assistants (CNA) to determine when they last rounded and if there is any other information.</p> <p>(continued on next page)</p>		

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 01/27/2025
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 1/27/25 at 8:59 AM, Surveyor interviewed Licensed Practical Nurse (LPN)-L. Surveyor asked what LPN-L would do if a resident had an unwitnessed fall. LPN-L stated that LPN-L would get an RN to assess the resident. LPN-L would start neuro checks, vital signs and assess range of motion. If everything was ok, LPN-L would get help to move the resident with the Hoyer lift back into bed/chair. LPN-L would notify the doctor, DON and POA (if necessary). Surveyor asked if there was a fall packet that staff can use to guide them after a residents fall. LPN-L stated, I'm not sure about that. Surveyor asked if CNA's give statements. LPN-L stated that they usually give verbal statements. Surveyor asked what happens after the nurse does her part in documenting the fall. LPN-L stated that management will do the full investigation and the root cause analysis.</p> <p>On 01/27/25, at 10:54 AM, Surveyor informed the Nursing Home Administrator and the DON-B of the concern regarding lack of thorough investigation to include post fall statements and when the resident was last rounded on or toileted.</p> <p>No additional information was provided.</p> <p>49435</p> <p>5.) R12 was admitted to the facility on [DATE] with a diagnosis that includes Hemiplegia (muscle weakness or partial paralysis on one side of the body) following stroke affecting right dominant side, Aphasia (language disorder that affects ability to understand and express language), and Vascular Dementia.</p> <p>R12's Quarterly Minimum Data Set (MDS) assessment dated [DATE], documents that R12's cognition is moderately impaired. R12 uses a wheelchair. R12 mobility requires partial to moderate assistance. R12 requires substantial/maximal assistance for transfers. R12 has not had any recent falls since prior MDS assessment.</p> <p>R12's Fall Risk Care Area Assessment from R12's Annual MDS assessment dated [DATE] documents: According to documentation [R12] triggered for falls. [R12] has poor balance [due to] hemiparesis. He receives antidepressant medications which further increases his fall risk. Interventions are in place. No recent falls. Care plan reviewed and updated.</p> <p>R12's Fall risk care plan initiated on 9/25/22 includes the following pertinent interventions: Remind to use call light for assistance. Anticipate and meet the resident's needs. Be sure the resident's call light is within reach and encourage the resident to use it for assistance as needed. The resident needs prompt response to all requests for assistance. Educate the resident/family/caregivers about safety reminders and what to do if a fall occurs. [R12] needs a safe environment with: even floors free from spills and/or clutter; a working and reachable call light, the bed in low position at night; personal items within reach).</p> <p>R12's fall risk assessment dated [DATE] documents R12 is at moderate risk for falls.</p> <p>(continued on next page)</p>		

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 01/27/2025
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>R5's progress note entered by Licensed Practical Nurse (LPN)-L, dated 11/24/24 at 10:13 AM documents: [R12] fell out of bed reaching for mints on end table next to bed. [R12] was found face down on right side of bed. [R12] stated [R12] did not hit [R12's] head. [R12] stated [R12] was trying to get [R12's] mints. No injuries were noted. [R12] denied pain. [Director of Nursing (DON)] made aware of situation. MD was made aware of situation. [Range of Motion] was performed and [Within normal limits]. [R12] was Hoyer lifted back in bed and provided mints. Immediate intervention provided was putting mints and items within reach. No concerns noted at this time.</p> <p>Surveyor reviewed R5's Unwitnessed fall investigation dated 11/24/24. Surveyor noted the following: Predisposing environmental factors, the facility documents that poor lighting was a factor. R12's mental status (whether R12 was oriented to person, place, time or situation) was left blank and nothing was documented in investigation. Predisposing physiological factors (i.e. confused, drowsy, hypotensive, incontinent, weakness, impaired memory, etc.) was left blank and nothing was documented in investigation. Predisposing situation factors (i.e. ambulating without assist, improper footwear, other, etc.) was left blank and nothing was documented in investigation. Predisposing Situation Factors (i.e. using cane, side rails up, using walker, etc.) was left blank and nothing was documented in investigation. Statements-the facility documents no statements found.</p> <p>On 11/25/24, Interdisciplinary Team (IDT) met and documented the following: [R12] had an unwitnessed fall from bed. [R12] stated that [R12] was attempting to reach mints on [R12's] beside stand. Assessment revealed no injuries. [Vital Signs Stable]. Resident was last rounded on around [9 PM]. [R12] was dry at the time of fall. [R12] is able to make needs known with adequate time given for response. MD, [Power of Attorney], and [Director of Nursing] notified. Root cause analysis revealed that resident was reaching for something to far out of reach. Intervention included encourage resident to keep items frequently needed near for easier reach.</p> <p>On 11/25/24 a new intervention was added to R12's Fall risk care plan: Encourage resident to keep things frequently needed within reach.</p> <p>Surveyor noted that investigation did not include whether R12's call light was on at the time of the fall or if the call light was within reach at the time of the fall. Surveyor noted that there were no witness statements regarding the fall. Surveyor noted that multiple sections within the fall investigation template were left blank with no responses. Surveyor noted that poor lighting was identified as a predisposing environmental factor and was not addressed in R12's fall risk interventions.</p> <p>On 1/23/25 at 1:58 PM, Surveyor interviewed CNA-N. Surveyor asked what CNA-N would be responsible for after a residents falls. CNA-N stated they would see if the residents was ok and go tell the nurse. CNA-N stated that CNA-N would help Hoyer lift the resident back into the bed or chair if directed by the nurse. Surveyor asked if CNA-N would provide a written statement after a fall. CNA-N stated that they would fill out a statement sheet from the fall binder.</p> <p>(continued on next page)</p>		

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 01/27/2025
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 1/27/25 at 8:59 AM, Surveyor interviewed (LPN)-L. Surveyor asked if LPN-L could describe what happened when R12 was found on the floor on 11/24/25. LPN-L indicated that a Certified Nursing Assistant (CNA) informed LPN-L that R12 was on the floor. LPN-L could not recall which CNA found R12 on the floor. LPN-L came to R12's room and found that R12 was face down on the side of his bed. LPN-L stated that R12 was reaching for mints when R12 fell . LPN-L stated that R12 did not have any injury and after assessment, R12 was put back into bed with a Hoyer lift. Surveyor asked if the call light was on at time of the fall. LPN-L state LPN-L did not recall. Surveyor asked if R12's call light was within reach. LPN-L stated that LPN-L did not recall. Surveyor asked who saw R12 last and at what time R12 was last seen. LPN-L stated that LPN-L did not recall. Surveyor asked what LPN-L would do if a resident had an unwitnessed fall. LPN-L stated that LPN-L would get a Registered Nurse (RN) to assess the resident. LPN-L would start neuro checks, vital signs and assess range of motion. If everything was ok, LPN-L would get help to move the resident with the Hoyer lift back into bed/chair. LPN-L would notify the doctor, DON and POA (if necessary). Surveyor asked if there was a fall packet that staff can use to guide them after a residents fall. LPN-L stated, I'm not sure about that. Surveyor asked if CNA's give verbal statements. LPN-L stated that they usually give verbal statements. Surveyor asked what happens after the nurse does her part in documenting the fall. LPN-L stated that management will do the full investigation and the root cause analysis. Surveyor asked what type of interventions would be put in place if poor lighting was identified as a predisposing factor prior to a fall. LPN-L stated we could put an intervention like nightlight on or keep door open for more light on the resident's care plan.</p> <p>Surveyor noted that LPN-L stated an unknown CNA informed LPN-L of R12's fall and there is no statement or documentation from the CNA. Surveyor noted LPN-L was not aware of a fall packet or checklist. Surveyor noted LPN-L listed fall care plan interventions for poor lighting.</p> <p>On 1/23/25 at 1:39 PM, Surveyor interviewed Registered Nurse (RN)-O. Surveyor asked if there was a fall packet or binder to help guide staff after a resident has a fall. RN-O stated yes. RN-O went to a cupboard and pulled out a binder.</p> <p>Surveyor reviewed the binder and found stapled Fall Check List packets for staff to use to guide them after a fall.</p> <p>The undated, Falls Check List included the following action items that the floor nurse is responsible for: 1. Call fall huddle- complete as a team to determine potential root cause and immediate intervention. 2. Initiate Neuro check if unwitnessed or hit head. 3. Notify Director of Nursing/Nurse Manager. 4. Update Care plan/Kardex with immediate intervention. 5. Notify MD. 6. Notify 1st Representative. 7. Complete Risk Management [user defined assessment] in [electronic medical record] . (Note: complete all interviews with staff using the note section. State who and when you took their statement.) 8. Complete initial wound assessment, if indicated. 9. Update 24-hour report. The Check list included the following action items that the IDT team is responsible for, in part: 1. Bring found down/fall packet to clinical meeting to review as IDT . The bottom of the check list documents: Complete fall check list and all items appropriate in Fall/Found Down Packet. Return to the Director of Nursing.</p> <p>Surveyor noted that the check list gives instructions for staff interviews. Surveyor noted that the completed fall packet is to be taken to the IDT meeting to be reviewed.</p> <p>On 1/23/25 at 1:52 PM, [TRUNCATED]</p>		

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 01/27/2025
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 0691</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate colostomy, urostomy, or ileostomy care/services for a resident who requires such services.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49435</p> <p>Based on interviews and record review the facility did not ensure 1 (R5) of 1 residents reviewed for colostomy, urostomy or ileostomy services, received care consistent with professional standards of practice.</p> <p>* R5 was admitted to the facility with a colostomy on 10/25/2024. R5's Physician orders did not contain any orders for the care and treatment of R5's colostomy until an order was placed on January 7th, 2025. There is not consistent documentation that the necessary care and services needed for R5's colostomy were provided between R5's admission to the facility through 1/7/25.</p> <p>Findings include:</p> <p>The Facility policy dated 5/1/24 and entitled, Pouch Changes-Colostomy, Urostomy, and Ileostomy, documents, in part: It is the policy of this facility to ensure that residents who require colostomy, urostomy, or ileostomy services receive pouch changes consistent with professional standards of practice to minimize occupational exposure and the resident's skin exposure to fecal matter or urine . Ostomy care will be provided by licensed nurses under the orders of the attending physician. The order should include the type of ostomy, frequency of pouch change, and type of equipment . Procedure: Wash hands . Empty pouch to minimize spillage, as needed . Clean skin around stoma with warm water and wash cloths . Apply ostomy barrier past . Gently press wafer around stoma . Close the end of the pouch with clamp, Velcro, or spout-closure, depending on the type of pouch . Document procedure and findings in the resident's chart.</p> <p>1.) R5 was admitted to the facility on [DATE] with pertinent diagnosis that includes Diverticulitis of Large intestine and Colostomy.</p> <p>R5's Admission Minimum Data Set (MDS) assessment dated [DATE] documents R5's cognition is intact. R5 has an Ostomy.</p> <p>On 1/22/25 at 10:02 AM, Surveyor interviewed R5. R5 informed Surveyor that R5 was concerned about R5's colostomy care. Surveyor asked R5 what R5's concerns were about colostomy care. R5 stated R5 care of the ostomy got behind in the beginning of R5's admission to the facility. R5 stated that staff will help R5 with caring for R5's colostomy now.</p> <p>R5's Ostomy Care plan dated 10/29/24 documents the following interventions: Inspect stoma and peristomal skin location with each pouch exchange. Note and report to MD any changes such as inflammation, bruising, or rashes. Provide ostomy care per facility protocol and as needed.</p> <p>Surveyor reviewed R5's Certified Nursing Assistant (CNA) Kardex. Surveyor noted that R5's colostomy/colostomy care was not documented anywhere on the CNA Kardex.</p> <p>(continued on next page)</p>

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 01/27/2025
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 0691</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R5's physician order with a start date of 1/7/25 documents: Colostomy Appliance Change Convatec #416419 (2 1/4in flange) & Convatec #411804 (2 1/4 in flange, 1 3/4 in stoma opening) weekly and [as needed] one time a day every 7 day(s) for Colostomy Care. Cleanse with soap and water, pat dry. Apply skin prep and appliance AND as needed Cleanse with soap and water, pat dry. Apply skin prep and appliance.</p> <p>Surveyor noted the physician order with the type of ostomy, frequency of pouch change, type of equipment needed, and cleansing instructions was not placed until 10 weeks after R5's admission.</p> <p>Surveyor reviewed R5's Treatment Administration Record (TAR) and did not find documentation that R5 was receiving the necessary care and treatment for R5's colostomy until after the physician order was placed on 1/7/25.</p> <p>On 1/23/25 at 8:46 AM, Surveyor interviewed Registered Nurse (RN)-O. Surveyor asked how often R5's colostomy bag is changed. RN-O stated that it should be changed every 5 days, but more if needed. Surveyor asked if there should be a physician order for care of the colostomy. RN-O stated yes. Surveyor asked where the documentation of colostomy care would be located. RN-O stated it is in the TAR in R5's electronic medical record.</p> <p>On 1/23/25 at 1:39 PM, Surveyor interviewed Licensed Practical Nurse (LPN)-F. Surveyor asked if there should be a physician order for care of a colostomy. LPN-F stated yes. Surveyor asked how often care is provided for a colostomy. LPN-F stated that LPN-F would check a colostomy every 2 hours to make sure the bag does not get too full. Surveyor asked how often the colostomy bag should be changed. LPN-F stated that direction would be in the physician order.</p> <p>On 1/23/25 at 1:52 PM, Surveyor interviewed Director of Nursing (DON)-B. Surveyor asked what the expectation for care is on a resident with a colostomy. DON-B indicated that the resident would have a physician order for colostomy care, and it would be in the resident's care plan. Surveyor asked how often the colostomy bag should be changed. DON-B stated that it should be changed weekly but more often, if needed. Surveyor informed DON-B of the concern that R5 was admitted with a colostomy but did not have orders for colostomy care until about 10 weeks after admission. DON-B stated that DON-B would get back to Surveyor.</p> <p>DON-B returned to Surveyor with a copy of R5's progress note dated 11/12/24 at 8:54PM which documented, in part: Colostomy bag changed .</p> <p>Surveyor noted that the facility provided documentation for colostomy care on 11/12/24. No other documentation for further colostomy care between 10/25/24 and 1/7/25 was provided.</p> <p>On 1/27/25 at 10:39 AM, Surveyor informed Nursing Home Administrator (NHA)-A and DON-B of the concern that R5 was admitted with a colostomy in October 2024 and did not have a physician order for colostomy care as outlined in the facility policy until January.</p> <p>No additional information was provided as to why the facility did not ensure R5 received Colostomy care consistent with professional standards of practice.</p>		

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 01/27/2025
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 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate dialysis care/services for a resident who requires such services.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49011</p> <p>Based on interview and record review, the facility did not ensure that residents who require dialysis receive such services, consistent with professional standards of practice, including the ongoing assessment of the resident's condition and monitoring for complications before and after dialysis treatments received at a certified dialysis facility for 1 (R485) of 1 residents reviewed for dialysis.</p> <p>* R485 was admitted to the facility needing dialysis and did not have physician orders for hemodialysis and frequency of the dialysis. Assessments were not completed before or after dialysis sessions. No care plan was in place for monitoring and care of R485 related to dialysis and complications. There was no evidence of ongoing communication between the Facility and the dialysis center with each visit.</p> <p>Findings include:</p> <p>The Facility Policy titled Hemodialysis implemented 2/15/2023 documents (in part):</p> <p>Policy:</p> <p>This facility will provide the necessary care and treatment, consistent with professional standards of practice, physician orders, the comprehensive person-centered care plan, and the resident's goals and preferences, to meet the special medical, nursing, mental, and psychosocial needs of residents receiving hemodialysis.</p> <p>Purpose:</p> <p>The facility will assure that each resident receives care and services for the provision of hemodialysis and/or peritoneal dialysis consistent with professional standards of practice. This will include:</p> <ul style="list-style-type: none"> -The ongoing evaluation of the resident's condition and monitoring for complications before and after dialysis treatments received at a certified dialysis facility. -Ongoing evaluation and oversight of the resident before, during and after dialysis treatments, including monitoring of the resident's condition during treatments, monitoring for complications, implementation of appropriate interventions, and using appropriate infection control practices: and -Ongoing communication and collaboration with the dialysis facility regarding dialysis care and services . <p>2. The facility will coordinate and collaborate with the dialysis facility to assure that:</p> <ul style="list-style-type: none"> a. The resident's needs related to dialysis treatments are met; <p>(continued on next page)</p>

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 01/27/2025
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 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>b. The provision of the dialysis treatments and care of the resident meets current standards for the safe administration of the dialysis treatments;</p> <p>c. Documentation requirements are met to assure that treatments are provided as ordered by the nephrologist, attending practitioner and dialysis team; and</p> <p>d. There is ongoing communication and collaboration for the development and implementation of the dialysis care plan by nursing home and dialysis staff.</p> <p>3. The facility will monitor for and identify changes in the resident's behavior that may impact the safe administration of dialysis before and after treatment and will inform the attending practitioner and dialysis facility of the changes.</p> <p>4. The licensed nurse will communicate to the dialysis facility via telephonic communication or written format, such as a dialysis communication form or other form, that will include, but not limit itself to:</p> <p>a. Timely medication administration (initiated, held or discontinued) by the nursing home and/or dialysis facility;</p> <p>b. Physician/treatment orders, laboratory values, and vital signs .;</p> <p>7. The nurse will monitor and document the status of the resident's access site(s) upon return from the dialysis treatment to observe for bleeding or other complications .</p> <p>10. The facility will ensure that the physician's orders for dialysis include:</p> <p>a. The type of access for dialysis (e.g. graft, arteriovenous shunt, external dialysis catheter) and location.</p> <p>b. The dialysis schedule.</p> <p>c. The nephrologist name and phone number.</p> <p>d. The dialysis facility name and phone number.</p> <p>e. Transportation arrangements to and from the dialysis facility.</p> <p>f. Any medication administration or withholding of specific medications prior to dialysis treatments.</p> <p>g. Any fluid restriction if ordered by the physician.</p> <p>11. The nurse will ensure that the dialysis access site (e.g. AV shunt or graft) is checked before and after dialysis treatments and every shift for patency by auscultating for a bruit and palpating for a thrill. If absent, the nurse will immediately notify the attending physician, dialysis facility and/or nephrologist .</p> <p>(continued on next page)</p>		

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 01/27/2025
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 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>13. Residents with external dialysis catheters will be assessed every shift to ensure that the catheter dressing is intact and not soiled. Change dressing to site only per the dialysis facility's direction .</p> <p>1.) R485 was admitted to the facility on [DATE] with diagnoses that include end stage renal disease, chronic obstructive pulmonary disease, human immunodeficiency virus [hiv] disease, systolic (congestive) heart failure, chronic pain syndrome, anxiety disorder, depression, spinal stenosis at cervical region, and mood disorder due to known physiological condition with depressive features.</p> <p>R485's Admission Minimum Data Set (MDS) with an assessment reference date of 1/17/2025 indicated R485 had a Brief Interview for Mental Status score of 15 (cognitively intact). R485 does not have an activated guardian or power of attorney. R485 scored a 24 on the patient depression questionnaire indicating severe depression present. R485's MDS was coded that for toileting R485 has an indwelling catheter and is always continent of bowel. R485 was also coded as receiving dialysis.</p> <p>R485 was marked on the Facility's roster matrix as receiving dialysis. Surveyor was reviewing R485's electronic medical record (EMR) and read the following progress note written on 1/13/2025, at 1:04 PM, Clinical Summary: Resident admitted to facility via with ambulance service on stretcher from Mount [NAME] . Has hx (history of) ESRD (end stage renal disease). On HD (hemodialysis) 3 times weekly; Tues (Tuesday), Thur (Thursday),Sat (Saturday) .</p> <p>Surveyor was unable to locate any physician orders, assessments related to dialysis sessions, care plan related to dialysis or communication with the dialysis center in the electronic medical record.</p> <p>The Long Term Care Facility Outpatient Dialysis Services Care Coordination Agreement dated 10/2/2024, between the Facility and Wisconsin Renal Care Group documents in part:</p> <p>B. Obligations of Operator's Long Term Care Facility</p> <p>1. Information Sharing. For the purposes of care coordination, in advance of each Resident's dialysis treatment, Long Term Care Facility shall furnish all information and documentation necessary for Dialysis Facility to provide safe and appropriate care, including any information reasonably requested by Dialysis Facility .</p> <p>On 01/23/25, at 09:50 AM, Surveyor interviewed Registered Nurse (RN)-O regarding dialysis communication. Per RN-O, a resident is sent to dialysis with an information sheet, R485 leaves early so the NOC (night shift) nurse would complete the form for R485. The resident brings back the form and medical records gets it to upload. Surveyor asked about pre/post assessments for dialysis. Per RN-O, R485 gets picked up before RN-O is here. After dialysis RN-O will look at R485, but R485 likes to go straight to bed to be left alone and will call if R485 needs help.</p> <p>On 01/23/25, at 01:34 PM, Surveyor interviewed Director of Nursing (DON)-B regarding communication with the dialysis center and was informed that there is a paper form and after the resident returns, it will be scanned into the electronic chart. Surveyor requested the forms for R485. Surveyor asked about a care plan and orders specific to R485's dialysis needs. DON-B stated DON-B would review R485's medical record and get back to Surveyor.</p> <p>(continued on next page)</p>

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 01/27/2025
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 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Surveyor was unable to locate any physician order or care plan for how often or when dialysis occurs in R485's electronic medical record (EMR). R485 had nothing added for care and monitoring of the dialysis site. Surveyor noted no documentation could be located for assessments completed after R485 returned from dialysis.</p> <p>The Facility provided one Dialysis Communication Form dated 1/16/2025 that had the Pre-dialysis information section completed, and the dialysis center information completed. The post-dialysis information section was left blank. Surveyor noted that R485 would have received dialysis 6 times prior to surveyor reviewing the information and only one form was provided that was partially completed.</p> <p>Surveyor noted that according to the State Operations Manual, there is a requirement for ongoing assessment of the resident's condition and monitoring for complications before and after dialysis treatments are received at a certified dialysis facility.</p> <p>On 01/27/25, at 10:50 AM, Surveyor shared the concerns with the Nursing Home Administrator and DON-B regarding only one dialysis communication form being provided for 1/16/25, and 5 other visits (1/14, 1/18, 1/21, 1/23, 1/25) of 2025 were not provided. Surveyor informed NHA-A and DON-B that R485 had no physician orders put in for dialysis times and days, monitoring before and after and that no care plan specific to R485 was completed for dialysis.</p> <p>No additional information was provided.</p>

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 01/27/2025
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 0725</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</p> <p>42037</p> <p>Based on observation, interview, and record review, the facility did not ensure that sufficient nursing staff was provided to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident.</p> <p>* The facility did not designate a charge nurse for each tour of duty on each daily nursing schedule.</p> <p>This deficient practice has the potential to affect all 39 residents residing in the facility.</p> <p>Findings include:</p> <p>On 1/25/25, Surveyor requested nursing schedules and nurse staff postings for Quarter 4 (July 1st-September 30th, 2024) due to Payroll Based Journal reporting low weekend staffing from 12/22/24 through 1/22/25.</p> <p>Surveyor was provided with the nursing schedules and nurse staff postings and noted the facility's nursing schedules did not designate who the charge nurse was for each tour of duty.</p> <p>On 1/23/25, at 12:45 PM, Surveyor conducted an interview with Director of Nursing (DON)-B. DON-B stated DON-B is responsible for coordinating the facility's nursing schedule and preparing the facility's nurse staff postings. Surveyor asked DON-B if they were aware there was not a charge nurse designated on the facility's nursing schedules for Quarter 4 (July 1st -September 30th, 2024) from 12/22/24 through 1/22/25.</p> <p>DON-B informed Surveyor that the facility will be adding information to the nursing schedules to designate the facility's charge nurse for each tour of duty.</p> <p>On 1/23/25 at 2:40 PM, Surveyor informed Nursing Home Administrator (NHA)-A of the concern related to the facility's schedules not designating who the facility charge nurse would be on the facility's nursing schedules for Quarter 4 (July 1st -September 30th, 2024) from 12/22/24-to 1/22/25 for each tour of duty.</p> <p>The facility did not provide any additional information as to why it did not ensure that the facility designated a charge nurse for each tour of duty.</p>

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 01/27/2025
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 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47094</p> <p>Based on interview and record review the facility did not ensure nursing staff had the specific competencies and skill sets necessary to care for resident's needs affecting 1 (R29) of 12 residents reviewed.</p> <p>R29 indicated Resident Assistant (RA)-T pivots transfers R29 into a wheelchair and takes R29 outside to smoke. RA-T is employed with the community based residential facility (CBRF) and is not a certified nursing assistant (CNA) or certified to care for residents in the long-term care facilities. R29 was assessed to require the use of a sit to stand mechanical lift for transfers.</p> <p>Findings include:</p> <p>R29 was admitted to the facility on [DATE] and has diagnoses that include multiple sclerosis, generalized anxiety disorder, and recurrent depressive disorder.</p> <p>R29's quarterly minimum data set (MDS) dated [DATE] indicated R29 had intact cognition with a Brief Interview for Mental Status (BIMS) score of 15 and the facility assessed R29 as being dependent on 1 staff member for personal and toileting hygiene, lower body dressing, and putting on/off footwear, and R29 had impairments to both right and left side upper and lower extremities. R29 required a sit to stand device for transferring and required max assist with 1 staff member for repositioning in bed.</p> <p>On 1/23/2025, at 9:00 AM, Surveyor observed R29 lying in bed watching TV. Surveyor asked R29 if R29 got out of bed. R29 replied R29 only really gets out of bed when R29 goes out to smoke. R29 stated whenever RA-T is on duty, RA-T makes it a point to come and get R29 out of bed by helping her stand up by putting RA-T arms around her and pivots R29 into the wheelchair. R29 stated RA-T stays with R29 outside and then will bring R29 back into the facility and pivots R29 back into bed.</p> <p>Surveyor reviewed R29's care plan and CNA care card and notes R29's transfer status is documented as:</p> <p>-Transfer: R29 requires sit to stand for transfers.</p> <p>Surveyor reviewed the facility staffing list and noted RA-T was listed as a RA for the CBRF side of the facility not the skilled nursing home side of the building.</p> <p>On 1/23/2025, at 9:44 AM, Surveyor interviewed Director of Nursing (DON)-B who stated RA-T is not a CNA and works in the CBRF part of the facility. Surveyor asked if RA-T would ever care for a resident in the long term care side. DON-B stated if a CNA requested assistance RA-T is able to assist, but RA-T would not assist a resident alone. Surveyor requested a job description for the RA position.</p> <p>Surveyor reviewed the RA position description for the CBRF and notes that there is no indication a RA would assist residents residing in the long term care area or is able to assist with resident care if asked by a CNA in the long term care area.</p> <p>(continued on next page)</p>		

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 01/27/2025
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 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>RA-T was on vacation at the time of the survey and was not available for an interview.</p> <p>On 1/27/2025, at 10:38 AM, Surveyor shared concern with DON-B and Nursing Home Administrator (NHA)-A that R29 states RA-T assists R29 into the wheelchair with a pivot transfer and takes R29 outside to smoke. R29 is assessed to need a sit to stand mechanical lift for transfers. RA-T is employed as a RA in the CBRF side of the facility and is not a CNA or employed to assist residents on the long term care side of the building. Surveyor also shared there is no indication in the RA job description that would allow a RA to assist a CNA if requested with long term care residents.</p>

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 01/27/2025
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 0732</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Post nurse staffing information every day.</p> <p>42037</p> <p>Based on observation, interview, and record review, the facility did not ensure that the daily nurse staff posting included all required information. This deficient practice has the potential to affect a pattern of all 39 residents residing in the facility.</p> <p>The facility nurse staff posting did not include the daily resident census as required.</p> <p>Findings include:</p> <p>On 1/25/25, Surveyor requested nursing schedules and nurse staff postings for Quarter 4 (July 1st-September 30th, 2024) due to Payroll Based Journal reporting low weekend staffing and schedules for 12/22/24 through 1/22/25. Surveyor reviewed facility's nursing schedules and nurse staff postings. Surveyor noted the facility did not include the facility's daily census number on the daily nurse staff postings.</p> <p>On 1/23/25, at 12:45 PM, Surveyor conducted an interview with Director of Nursing (DON)-B. DON-B stated they are responsible for coordinating the facility's nursing schedule and preparing the facility's nurse staff postings. Surveyor asked DON-B if they were aware the facility did not include the daily census number on the daily nurse staff postings for Quarter 4 (July 1st -September 30th, 2024) and 12/22/24 to 1/22/25. DON-B told Surveyor they will be adding information to the daily nurse staff postings to reflect the daily census for the future nurse staff postings.</p> <p>On 1/23/25, at 2:40 PM, Surveyor conducted an interview with Nursing Home Administrator (NHA)-A. Surveyor shared concern that the facility did not include the daily census number on the daily nurse staff postings for Quarter 4 (July 1st -September 30th, 2024) and 12/22/24 to 1/22/25. The facility did not share any additional information at this time related to above concern.</p>		

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 01/27/2025
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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49011</p> <p>Based on interview and record review, the Facility did not ensure the accurate and safe administration of medication for 1 Resident (R485) of 12 residents reviewed.</p> <p>R485 has a physician order for Epoetin Alfa Injection Solution 4000 UNIT/ML. Inject 1 vial subcutaneously at bedtime every Tue (Tuesday), Thu (Thursday), Sat (Saturday) for anemia related to human immunodeficiency virus [hiv] disease. This medication was not available to be given after R485 admitted to the Facility, resulting in 5 missed doses.</p> <p>Findings include:</p> <p>R485 was admitted to the facility on [DATE], with diagnoses that include, human immunodeficiency virus [hiv] disease.</p> <p>R485's Admission Minimum Data Set (MDS) with an assessment reference date of 1/17/2025 documents R485 had a Brief Interview for Mental Status score of 15, indicating R485 is cognitively intact. R485 scored a 24 on the patient depression questionnaire indicating severe depression present.</p> <p>R485's progress note dated 1/14/2025, at 8:17pm, documents Medication Administration Note . Epoetin Alfa Injection Solution 4000 UNIT/ML . On order.</p> <p>On 1/16/2025, at 10:34 PM, Medication Administration Note . Epoetin Alfa Injection Solution 4000 UNIT/ML . not available.</p> <p>On 1/23/2025, at 11:37 PM, Medication Administration Note . Epoetin Alfa Injection Solution 4000 UNIT/ML . pending delivery.</p> <p>Medication Administration Record for R485 documents the medication should have been administered on 1/14/25, 1/16/25, and 1/23/25 all which the reason why not given was recorded above. The medication should also have been given 1/18/25 and 1/21/25 these were left blank, indicating that the medication was not given.</p> <p>Surveyor notes there is no documentation the physician or pharmacy were contacted regarding the unavailable medication.</p> <p>On 01/23/25, at 09:50 AM, Surveyor interviewed Registered Nurse (RN)-O who stated that they are waiting for the pharmacy to deliver the medication. RN-O stated when a medication is not available a nurse should update the physician that they don't have it.</p> <p>On 01/23/25, at 01:37 PM, Surveyor interviewed Director of Nursing (DON)-B about what happens if nurses don't have a medication to give. DON-B stated the nurses should update the doctor and contact the pharmacy to figure out why the medication is not here.</p> <p>(continued on next page)</p>		

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 01/27/2025
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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 01/27/25, at 9:54 AM, Surveyor requested a policy regarding missed medication doses from DON-B and was told that there is not a policy that addresses missed doses. DON-B state the protocol is to call the doctor, call the pharmacy, check contingency for the medication, if it is not in contingency then make the pharmacy send it.</p> <p>On 01/27/25, at 10:50 AM, Surveyor informed Nursing Home Administrator-A and the DON-B of the concern regarding R485 missed 5 doses of Epoetin Alfa Injection Solution 4000 UNIT/ML and the lack of documentation as to whether the physician or pharmacy was ever updated on the issue.</p>		

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 01/27/2025
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 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47094</p> <p>Based on interview and record review, the facility did not act upon the pharmacy medication regimen review reports when received. This was observed with 1 (R21) of 5 resident medication reviews.</p> <p>R21's monthly pharmacy reviews noted a recommendation reported on 9/10/2024 and 11/11/2024 (same concern from 9/10/2024 recommendation). There was no documentation the attending physician acted upon the recommendations from pharmacy until Surveyor requested to see the physician signed reviews that were dated the same day requested.</p> <p>Findings include:</p> <p>R21 was admitted to the facility on [DATE] and has diagnoses that include dementia, traumatic brain injury, epilepsy (seizure disorder), anxiety, and depression. R21 is enrolled to receive Hospice services and care.</p> <p>On 1/23/2025, at 3:32 PM, Surveyor requested to see R21's pharmacy medication review recommendations for the last six months.</p> <p>On 1/27/2025, at 10:07 AM, Surveyor received R21's pharmacy medication review recommendations. Surveyor noted the documents were not signed by a physician and requested signed documents. Director of Nursing (DON)-B stated DON-B was looking for the signed sheets and would have to look in medical records.</p> <p>R21's pharmacy medication review dated 9/10/2024 documents pharmacist recommendations that include:</p> <ol style="list-style-type: none"> 1. R21 is on PRN (as needed) Ativan. Per CMS (Centers for Medicaid/Medicare Services) all PRN psych medications must have a stop date after 14 days. Please add stop date and revisit order every 14 days. 2. R21 is on zonisamide suspension 200 mg (milligrams) every day and 100 mg twice a day. Zonisamide is dosed every day - twice a day. Please change to 400 mg every day or 200mg twice a day to reduce medication pass burden. 3. R21 is on Topiramate solution 6 ml (milliliters) three times a day. Topiramate is dosed twice a day. Please change to 9 ml twice a day to reduce medication pass burden. <p>Surveyor notes there is no documentation the recommendations were acted upon or the physician was consulted with the recommendations.</p> <p>R21's pharmacy medication review dated 11/11/2024 documents pharmacist recommendation that includes:</p> <p>(continued on next page)</p>		

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 01/27/2025
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 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>1.R21 has an order for lorazepam 0.5 mg every 1 hour as needed. PRN psychotropics orders cannot exceed 14 days with the exception that the prescriber documents their rationale in the resident's medical record and indicate the duration for the PRN order.</p> <p>Surveyor notes there is no documentation that the recommendation was acted upon, or the physician was consulted with the recommendation.</p> <p>Surveyor reviewed R21's medication orders and noted that the recommendations by the pharmacist were not changed for R21's: lorazepam, zonisamide, or topiramate per recommendation on 9/10/2024.</p> <p>On 1/27/2025, at 11:31 AM, Surveyor received R21's pharmacy recommendation reviews signed by the physician and new orders written with a physician signature date of 1/27/2025.</p> <p>Surveyor asked DON-B what the process for the monthly pharmacy reviews was. DON-B replied the pharmacy emails the recommendations to DON-B and the recommendations are then given to the physician, once orders are noted and changed, the physician gives the forms back to DON-B or the floor nurse if DON-B is not available. Nursing will put in the new order and the signed sheets go to medical records. DON-B was not sure why R21's medication reviews were not reviewed or looked at monthly. Surveyor shared concern R21's pharmacy medication review recommendations for 9/2024 and 11/2024 were not reviewed by the physician until 1/27/2025 when Surveyor brought it to the facility's attention.</p>		

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 01/27/2025
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 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident's drug regimen must be free from unnecessary drugs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49011</p> <p>Based on interview and record review, the Facility did not ensure monitoring for adverse reactions of high risk medications for 2 residents (R31 and R485) of 5 residents reviewed for unnecessary medications.</p> <p>*R31 has orders for Eliquis (anticoagulant) twice daily for chronic embolism and thrombosis of unspecified deep veins of unspecified lower extremity and Furosemide (diuretic) once daily for hypertension. The Facility did not implement care plans to monitor for any adverse side effects that could result from taking an anticoagulant or diuretic.</p> <p>*R485 has orders for Apixaban (anticoagulant) twice daily for end stage renal disease and Furosemide (diuretic) once daily for hypertension. The Facility did not implement care plans to monitor for any adverse side effects that could result from taking an anticoagulant or diuretic.</p> <p>Findings include:</p> <p>The Facility Policy titled High Risk Medications implemented 10/1/2023 documents (in part):</p> <p>Policy:</p> <p>This facility recognizes that some medications are associated with greater risks of adverse consequences than other medications. These high-risk medications can include antidiabetics, psychotropics, cardiac medications, opioids, diuretics, antibiotics and any other medication that can bear a heightened risk. This policy addresses the facility's collaborative, systematic approach to managing high risk medications for efficacy and safety .</p> <p>Policy Explanation and Compliance Guidelines .:</p> <p>6. The resident's plan of care shall alert staff to monitor for adverse consequences of any high-risk medications given.</p> <p>7. The resident's plan of care shall include interventions to minimize risk of adverse consequences.</p> <p>1) R31 was admitted to the facility on [DATE] from the hospital with diagnoses which include, in part, chronic migraine without aura, morbid (severe) obesity, chronic embolism and thrombosis of unspecified deep veins of unspecified lower extremity, hypertension, major depressive disorder, and type 2 diabetes mellitus.</p> <p>R31's Quarterly Minimum Data Set (MDS) with an assessment reference date of 11/15/2024 indicated R31 had a Brief Interview for Mental Status score of 14, indicating R31 is cognitively intact; frequently incontinent of bladder and always continent of bowel.</p> <p>R31 has orders for:</p> <p>(continued on next page)</p>		

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 01/27/2025
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 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Eliquis Oral Tablet 5 MG (milligrams), give 1 tablet by mouth two times a day for Blood Thinner related to chronic embolism and thrombosis of unspecified deep veins of unspecified lower extremity.</p> <p>-Furosemide Tablet 20 MG, give 1 tablet by mouth one time a day for Edema related to essential (primary) hypertension.</p> <p>Surveyor reviewed R31's electronic medical record and noted there is no person-centered care plan to monitor for adverse side effects related to the use of an anticoagulant and diuretic.</p> <p>On 01/27/25, at 11:28 AM, Surveyor interviewed Director of Nursing (DON)-B regarding R31's care plan related to anticoagulant and diuretic use and the need to monitor for adverse consequences such as side effects or reactions. Surveyor asked if there was one to which DON-B responded they did not see anything.</p> <p>On 01/27/25, at 12:10 PM, Surveyor interviewed DON-B and asked if the Facility policy would indicate needing care plans for anticoagulant or diuretic medications, to which DON-B stated yes both should have been care planned for R31.</p> <p>2.) R485 was admitted to the facility on [DATE], with diagnoses that include end stage renal disease, chronic obstructive pulmonary disease, systolic (congestive) heart failure, chronic pain syndrome, anxiety disorder, depression, spinal stenosis at cervical region, and mood disorder due to known physiological condition with depressive features.</p> <p>R485's Admission Minimum Data Set (MDS) with an assessment reference date of 1/17/2025 indicated R485 had a Brief Interview for Mental Status score of 15, indicating R15 is cognitively intact. R485 does not have an activated power of attorney. R485 scored a 24 on the patient depression questionnaire indicating severe depression present. R485's MDS documents R485 has an indwelling catheter and is always continent of bowel, and receiving dialysis.</p> <p>R485 has orders for:</p> <p>-Apixaban Oral Tablet 2.5 MG (milligrams), give 1 tablet by mouth two times a day related to end stage renal disease.</p> <p>-Furosemide Oral Tablet 20 MG, give 1 tablet by mouth one time a day related to essential (primary) hypertension.</p> <p>Surveyor reviewed R485's electronic medical record and noted there is no person-centered care plan for R485's anticoagulant or diuretic to monitor for adverse side effects of the medications.</p> <p>On 01/27/25, at 11:28 AM, Surveyor interviewed Director of Nursing (DON)-B regarding R485's care plan related to anticoagulant and diuretic use and the need to monitor for adverse consequences such as side effects or reactions. Surveyor asked if there was one to which DON-B responded they did not see anything.</p> <p>On 01/27/25, at 12:10 PM, Surveyor interviewed DON-B and asked if the Facility policy would indicate needing care plans for anticoagulant or diuretic medications, to which DON-B stated that yes both should have been care planned for R485.</p>		

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 01/27/2025
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 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49011</p> <p>Based on observation, interview, and record review, the Facility did not ensure residents who receive psychotropic medications had medication side effect monitoring and non-pharmacological interventions identified for 1 (R485) of 5 residents reviewed for unnecessary medications. The Facility did not ensure 1 (R21) of 5 residents reviewed did not receive a PRN medication beyond 14 days without a documented rational and indicated duration.</p> <p>R485 did not have orders for monitoring of adverse consequences from the use of Mirtazapine (antidepressant) and SEROquel (antipsychotic) medications or orders for non-pharmacological interventions to improve R485's well being.</p> <p>R21 was prescribed an anti-anxiety medication, Lorazepam oral concentrate 2 mg/ml- give 0.25 ml by mouth every 1 hours as needed without an end date.</p> <p>Findings include:</p> <p>The Facility Policy titled Use of Psychotropic Medication implemented 10/1/2023 documents (in part):</p> <p>Policy:</p> <p>Residents are not given psychotropic drugs unless the medication is necessary to treat a specific condition, as diagnosed and documented in the clinical record, and the medication is beneficial to the resident, as demonstrated by monitoring and documentation of the resident's response to the medication(s).</p> <p>Policy Explanation and Compliance Guidelines .:</p> <p>2. The indications for initiating, withdrawing, or withholding medications(s), as well as the use of non-pharmacological approaches. will be determined by:</p> <p>a. Assessing the resident's underlying condition, current signs, symptoms, expressions. and preferences and goals for treatment.</p> <p>b. Identification of underlying causes (when possible) .</p> <p>6. Residents who use psychotropic drugs shall receive gradual dose reductions, unless clinically contraindicated, in an effort to discontinue these drugs.</p> <p>7. Residents who use psychotropic drugs shall also receive non-pharmacological interventions to facilitate reduction or discontinuation of the psychotropic drugs .</p> <p>(continued on next page)</p>		

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 01/27/2025
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 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>12. The effects of the psychotropic medications on a resident's physical, mental, and psychosocial well-being will be evaluated on an ongoing basis, such as .:</p> <p>d. In accordance with nurse assessments and medication monitoring parameters consistent with clinical standards of practice, manufacturer's specifications, and the resident's comprehensive plan of care .</p> <p>1) R485 was admitted to the facility on [DATE], pertinent diagnoses include end stage renal disease, chronic obstructive pulmonary disease, systolic (congestive) heart failure, chronic pain syndrome, anxiety disorder, depression, spinal stenosis at cervical region, and mood disorder due to known physiological condition with depressive features.</p> <p>R485's Admission Minimum Data Set (MDS) with an assessment reference date of 1/17/2025 indicated R485 had a Brief Interview for Mental Status score of 15, indicating R485 is cognitively intact. R485 does not have an activated power of attorney. R485 scored a 24 on the patient depression questionnaire indicating severe depression present. R485's MDS was coded that for toileting R485 has an indwelling catheter and is always continent of bowel. R485 was also coded as receiving dialysis.</p> <p>R485 has orders for:</p> <p>-SEROquel Oral Tablet 25 MG (milligrams), give 25 mg by mouth at bedtime related to mood disorder due to known physiological condition with depressive features until 01/27/2025.</p> <p>-Mirtazapine Oral Tablet 15 MG, give 1 tablet by mouth at bedtime related to depression.</p> <p>Surveyor reviewed R485's electronic medical record and noted there are no orders for monitoring of adverse consequences from the use of the antidepressant and antipsychotic medications or non-pharmacological interventions to improve R485's well-being.</p> <p>Surveyor notes there was no documentation found for monitoring of behaviors/effectiveness, or side effects for the use of Seroquel.</p> <p>On 01/22/25, at 09:46 AM, Surveyor attempted to interview R485 but R485 was wrapped up in blankets on their bed sleeping and would not acknowledge Surveyors presence. When exiting the room Registered Nurse-O was outside the room and stated R485 does ignore people and won't talk to them unless they want something.</p> <p>On 01/22/25, at 01:03 PM, Surveyor reviewed a Progress Note dated 1/21/2025, written at 11:10 PM, that documents reviewed medications with Dr. [name of doctor], N.O. (new order) received for . Seroquel, add depakote and scheduled Tramadol for her chronic pain. [R485's name] stated her depression is high due to her pain. She stated no one listens to her when she talks. She does not have a plan to self harm. She stated she would be better off gone if she couldn't be pain free. Referral was sent to psych NP (Nurse Practitioner) for a consult.</p> <p>(continued on next page)</p>		

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 01/27/2025
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 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 01/23/25, at 10:00 AM, Surveyor interviewed Licensed Practical Nurse (LPN)-C to determine if R485 was being followed by behavioral health. LPN-C stated they need to follow up as paperwork was sent, but never received an email acknowledging receipt of paperwork. Surveyor asked how staff are monitoring/helping R485 with feelings of depression and that no one listens while at Facility. LPN-C stated LPN-C tries to talk to R485 but R485 wouldn't acknowledge LPN-C being there, staff state R485 doesn't talk to them either. LPN-C is trying to determine if statements are pain or depression related.</p> <p>On 01/23/25, at 01:33 PM, LPN-C followed up with Surveyor that R485 will be seen at next visit by Behavioral Health.</p> <p>On 01/27/25, at 10:51 AM, Surveyor shared concerns with Nursing Home Administrator-A and Director of Nursing (DON)-B regarding not monitor behaviors or side effects of medications and no identification of non-pharmological interventions used to address mood and/behavior concerns.</p> <p>On 01/27/25, at 12:10 PM, Surveyor interviewed DON-B and asked should the Facility monitor behaviors and side effects of psychotropic medication and identify non-pharmological interventions when a resident is on a psychotropic and an antidepressant, to which DON-B replied yes, there should be monitoring.</p> <p>47094</p> <p>2.) The facility policy entitled Use of psychotropic Medication implemented 10/1/2023 documents: . 9. PRN (as needed) orders for all psychotropic drugs shall be used only when the medication is necessary to treat a diagnosed specific condition that is documented in the clinical record, and for a limited duration (i.e. 14 days). a. If the attending physician or prescribing practitioner believes that it is appropriate for the PRN order to be extended 14 days, he or she shall document their rationale in the resident's medical record and indicate the duration for the PRN order.</p> <p>R21 was admitted to the facility on [DATE] and has diagnoses that include dementia, traumatic brain injury, epilepsy (seizure disorder), anxiety, and depression. R21 is enrolled to receive Hospice services and care.</p> <p>Surveyor reviewed R21's medication orders and noted R21 had an order for:</p> <p>-Lorazepam oral concentrate 2 mg/ml- Give 0.25 ml by mouth every 1 hours as needed for anxiety, restlessness, agitation, seizures. With a start date of 6/15/2023.</p> <p>Surveyor noted there was not an end date documented.</p> <p>On 1/27/2025, at 10:38 AM, Surveyor shared concerns with Director of Nursing (DON)-B and Nursing Home Administrator (NHA)-A that R21's lorazepam medication did not have a stop date.</p>		

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 01/27/2025
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 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** 38253</p> <p>Based on observation, interview, and record review, the facility did not maintain an infection prevention and control program to help prevent the development and transmission of communicable diseases and infections potentially affecting all 39 residents in the facility and Enhanced Barrier Precautions were not in place or followed for 2 (R37 and R8) of 2 residents observed receiving wound care.</p> <p>*Enhanced Barrier Precautions (EBP) were not posted on doors as required for residents with invasive devices or wounds.</p> <p>*Rates of infection were not calculated and documented monthly to monitor trends of infection.</p> <p>*R37 had an indwelling urinary catheter in place and wound care was completed with no Enhanced Barrier Precautions in place.</p> <p>*R8 had wound care completed and staff did not follow the Enhanced Barrier Precautions.</p> <p>Findings include:</p> <p>The facility policy and procedure titled Enhanced Barrier Precautions dated 12/23/2022 documents: Policy: It is the policy of this facility to implement enhanced barrier precautions for the prevention of transmission of multidrug-resistant organisms.</p> <p>Definitions: Enhanced barrier precautions refer to the use of gown and gloves for use during high-contact resident care activities for residents known to be colonized or infected with a MDRO (Multidrug-Resistant Organisms) as well as those at increased risk of MDRO acquisition (e.g., residents with wounds or indwelling medical devices).</p> <p>Policy Explanation and Compliance Guidelines:</p> <p>1. Prompt recognition of need: .</p> <p>c. Clear signage will be posted on the door or wall outside of the resident room indicating the type of precautions, required personal protective equipment (PPE), and the high-contact resident care activities that require the use of gown and gloves.</p> <p>2. Initiation of Enhanced Barrier Precautions -</p> <p>a. Nursing staff may place residents with certain conditions or devices on enhanced barrier precautions empirically while awaiting physician orders.</p> <p>b. An order for enhanced barrier precautions will be obtained for residents with any of the following:</p> <p>(continued on next page)</p>		

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 01/27/2025
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>i. Wounds (i.e., chronic wounds such as pressure ulcers, diabetic foot ulcers, unhealed surgical wounds, and chronic venous stasis ulcers) and/or indwelling medical devices (e.g., central lines, hemodialysis catheters, urinary catheters, feeding tubes, tracheostomy/ventilator tubes) even if the resident is not known to be infected or colonized with a MDRO.</p> <p>3. Implementation of Enhanced Barrier Precautions -</p> <p>a. Make gowns and gloves available immediately outside of the resident's room. Note: face protection may also be needed if performing activity with risk of splash or spray.</p> <p>b. Ensure access to alcohol-based hand rub in every resident room (ideally both inside and outside of the room).</p> <p>c. Position a trash can inside the resident room and near the exit for discarding PPE after removal, prior to exit of the room or before providing care for another resident in the same room.</p> <p>d. The Infection Preventionist will incorporate periodic monitoring and assessment of adherence to determine the need for additional training and education.</p> <p>e. Provide education to residents and visitors.</p> <p>4. High-contact resident care activities include:</p> <p>a. Dressing</p> <p>b. Bathing</p> <p>c. Transferring</p> <p>d. Providing hygiene</p> <p>e. Changing linens</p> <p>f. Changing briefs or assisting with toileting</p> <p>g. Device care or use: central lines, urinary catheters, feeding tubes, tracheostomy/ventilator tubes</p> <p>h. Wound care: any skin opening requiring a dressing</p> <p>5. Enhanced barrier precautions should be followed outside the resident's room when performing transfers and assisting during bathing in a shared/common shower room and when working with residents in the therapy gym, specifically when anticipating close physical contact while assisting with transfers and mobility, or any high-contact activity.</p> <p>7. Enhanced barrier precautions should be used for the duration of the affected resident's stay in the facility or until the wound heals or indwelling medical devices removed.</p> <p>(continued on next page)</p>		

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 01/27/2025
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>1.) On 1/22/2025, at 9:14 AM, during the entrance conference with Nursing Home Administrator (NHA)-A, Surveyor requested a list of residents in any type of isolation precautions. NHA-A stated the facility had residents on Enhanced Barrier Precautions (EBP) and no other isolation precautions were in the building. NHA-A provided a list of residents on EBP. Eleven residents were listed as being on EBP: R18, R10, R14, R23, R5, R11, R485, R40, R25, R8, and R24.</p> <p>On 1/22/2025, at 1:14 PM, Surveyor observed every room of the facility to verify residents on the EBP list had a sign on the door indicating the precautions.</p> <ul style="list-style-type: none"> -R1 had an EBP sign on the door but was not on the EBP list. -R29 had an EBP sign on the door but was not on the EBP list. -R10 had an EBP sign on the door and was on the EBP list. -R11 and R23, roommates, had an EBP sign on the door and were on the EBP list. -R40 had an EBP sign on the door and was on the EBP list. <p>Surveyor noted 5 rooms had EBP signs on the door of the room when 9 rooms were on the EBP list.</p> <p>Surveyor reviewed the roster matrix for each individual resident of the facility. Per the roster matrix, 17 residents qualified for EBP. Surveyor noted a total of 14 rooms should have had EBP signs posted on the door and only 5 rooms had EBP signs posted with one room, R29, not needing an EBP sign to be posted.</p> <ul style="list-style-type: none"> -R1 had gastrostomy tube, had an EBP sign posted on the door, but was not on the EBP list. -R29 had an EBP sign posted on the door but did not have any indicators to be in EBP and was not on the EBP list. -R38 had a gastrostomy tube, did not have an EBP sign posted on the door, and was not on the EBP list. -R10 had an indwelling urinary catheter, an EBP sign posted on the door, and was on the EBP list. -R25 had a wound and was on the EBP list but did not have an EBP sign posted on the door. -R37 had an indwelling urinary catheter, did not have an EBP sign posted on the door, and was not on the EBP list. -R24 had a wound and was on the EBP list but did not have an EBP sign posted on the door. -R8 had a wound and was on the EBP list but did not have an EBP sign posted on the door. -R18 had an ostomy and was on the EBP list but did not have an EBP sign posted on the door. -R14 had an ostomy and was on the EBP list but did not have an EBP sign posted on the door. <p>(continued on next page)</p>		

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 01/27/2025
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>-R39 had a dialysis port, did not have an EBP sign on the door, and was not on the EBP list.</p> <p>-R5 had an ostomy and was on the EBP list but did not have an EBP sign posted on the door.</p> <p>-R33 had an indwelling urinary catheter, did not have an EBP sign on the door, and was not on the EBP list.</p> <p>-R11 had an indwelling urinary catheter, an EBP sign posted on the door, and was on the EBP list.</p> <p>-R23 had an ostomy and an indwelling urinary catheter, an EBP sign posted on the door, and was on the EBP list.</p> <p>-R40 had an indwelling urinary catheter, an EBP sign posted on the door, and was on the EBP list.</p> <p>-R485 had an indwelling urinary catheter and a dialysis port and was on the EBP list but did not have an EBP sign posted on the door.</p> <p>-R41 had a gastrostomy tube, did not have an EBP sign posted on the door, and was not on the EBP list.</p> <p>In an interview on 1/22/2025, at 1:14 PM, Surveyor asked Certified Nursing Assistant (CNA)-N how staff knew if a resident was in EBP. CNA-N stated there is a sign on the door that tells you what PPE you should wear. CNA-N stated there were not any residents right now that were in isolation. Surveyor observed the rooms in the hallway CNA-N was standing in did not have any signs for EBP for any residents when six of the rooms should have had EBP signs posted.</p> <p>In an interview on 1/22/2025, at 1:20 PM, Surveyor asked Licensed Practical Nurse (LPN)-V where gowns were located for residents in isolation. LPN-V stated the gowns are located in the linen room down the hallway. LPN-V did not state isolation gowns were located in the first closet inside the door of the resident room.</p> <p>(continued on next page)</p>		

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 01/27/2025
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>In an interview on 1/23/2025, at 9:09 AM, Surveyor asked Director of Nursing (DON)-B, who was also the facility Infection Preventionist, what the qualifications were for individuals that should be in EBP. DON-B stated anybody who has an ostomy, an indwelling urinary catheter, an external line of some kind, and anyone with a wound must be in EBP. DON-B stated if you are spending an extended period of time doing anything with the resident, the staff needs to wear a gown and gloves. DON-B stated if staff is performing cares with a resident, they need to be wearing a gown and gloves while doing any of those things. Surveyor asked DON-B how staff knew when they should be wearing a gown and gloves for those residents. DON-B stated all residents in EBP should have a sign on the door and the gowns are located in the first closet inside the room. DON-B stated they are trying to keep the hallways clear so they use the closet right inside the door of the resident's room and the garbage can is in the room. Surveyor shared with DON-B the observations of multiple rooms with no EBP sign posted on the doors and the interviews with CNA-N and LPN-V; CNA-N knew there should be signs posted on the doors of residents in isolation but with no signs posted, was unaware of who was in EBP and LPN-V was not aware gowns were available in resident room closets. Surveyor reviewed the EBP list with DON-B and shared the concern the list was not inclusive of all residents that should be in EBP. DON-B stated R29's roommate that had been discharged was in EBP and the sign should be taken down. DON-B stated R39 should be added to the EBP list because R39 now has a wound. Surveyor shared with DON-B R39 had a dialysis port so should have already been on the EBP list. DON-B stated DON-B was not sure if the residents receiving dialysis (R39 and R485) had a port or a fistula so that would determine if they needed to be in EBP. DON-B stated R40's indwelling urinary catheter was removed yesterday so no longer needed to be in EBP. DON-B stated R37 developed a wound yesterday so needed to be added to the EBP list. Surveyor shared with DON-B R37 had an indwelling urinary catheter so should already be in EBP. DON-B stated DON-B had gone through the facility yesterday and placed EBP signs on the doors that needed to be posted for the majority of the rooms and would fix the rest that day.</p> <p>2.) The facility policy and procedure titled Infection Surveillance dated 5/16/2023 documents: Policy: A system of infection surveillance serves as a core activity of the facility's infection prevention and control program. Its purpose is to identify infections and to monitor adherence to recommended infection prevention and control practices in order to reduce infections and prevent the spread of infections. Policy Explanation and Compliance Guidelines: 1. The Infection Preventionist serves as the leader in surveillance activities, maintains documentation of incidents, findings, and any corrective actions made by the facility and reports surveillance findings to the facility's Quality Assessment and Assurance Committee, and public health authorities when required. 14. Formulas used in calculating infection rates will remain constant for a minimum of one calendar year, and will require discussion in QAA (Quality Assessment and Assurance) meetings before changes in the formulas are made.</p> <p>(continued on next page)</p>		

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 01/27/2025
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>In an interview on 1/23/2025, at 9:09 AM, Surveyor asked Director of Nursing (DON)-B, who is also the facility Infection Preventionist, how infections are monitored in the facility. DON-B stated DON-B reviews charting, new orders, and 24-hour reports to see if any residents were started on an antibiotic. Surveyor asked DON-B if there is a line list of residents with symptoms of infection but not on an antibiotic. DON-B stated no, DON-B does not keep a line list for residents with symptoms but does keep a change of condition sheet that DON-B updates with information. DON-B stated DON-B looks at charting or the nurses tell DON-B if someone has a cough. DON-B stated DON-B keeps a watch on those residents in DON-B's notes to follow up on every day. DON-B stated if there were a lot of residents in a row that had the same symptoms, DON-B would realize it and then would start a line list. DON-B stated DON-B keeps a notebook and that is why there is a paper copy before it is transferred into a computer list. Surveyor asked DON-B if monthly infection rates were calculated. DON-B stated at the end of the month DON-B looks to see what happened that month and reports it to QAPI (Quality Assurance and Performance Improvement). DON-B stated if urinary tract infections were up, DON-B would do education on peri care. Surveyor asked DON-B to provide the last five months of infection rates to review. DON-B stated DON-B did not have the actual infection rates available and would have to dig them up. Surveyor asked DON-B if the infection rates were reported to Quality Assurance and Assessment (QAA). DON-B stated no, the rates were not reported. Surveyor requested from DON-B the last five months of infection rates. At 2:27 PM, DON-B stated DON-B did not have access to the program they had been using so does not have the rates of infection broken down by type of infection. DON-B stated DON-B will be doing that in the future.</p> <p>On 1/23/2025, at 2:25 PM, Surveyor shared with Nursing Home Administrator (NHA)-A DON-B did not provide the rates of infection for the last 5 months and the concern the surveillance is not effective in monitoring how infections are presented in the facility.</p> <p>3.) R37 was admitted to the facility on [DATE] with diagnoses of neuromuscular dysfunction of the bladder requiring an indwelling urinary catheter.</p> <p>On 1/15/2025, at 9:21 PM in the progress notes, nursing documented R37 had an open area to the buttocks measuring 0.3 cm (centimeters) x 0.3 cm. The site was cleansed and a 4x4 dressing was applied.</p> <p>On 1/22/2025, at 1:16 PM, Surveyor observed a Certified Nursing Assistant (CNA) and Licensed Practical Nurse (LPN)-V outside of R37's room. LPN-V had the treatment cart and got gauze out of the cart. The CNA and LPN-V entered R37's room. Surveyor noted R37 did not have any isolation or Enhanced Barrier Precaution (EBP) signs posted on the door. At 1:20 PM, LPN-V came out of R37's room. Surveyor asked LPN-V if LPN-V did wound care to R37. LPN-V stated yes, LPN-V did wound care to R37. Surveyor asked LPN-V if R37 had an indwelling urinary catheter. LPN-V stated yes. Surveyor asked LPN-V what personal protective equipment (PPE) LPN-V wore while doing the dressing change to R37. LPN-V stated LPN-V wore gloves. Surveyor asked LPN-V if LPN-V wore a gown during the dressing change. LPN-V stated no, just gloves. Surveyor asked LPN-V where a gown would be found if a gown was needed. LPN-V stated the gowns are in the linen room down the hallway. Surveyor noted R37 had an indwelling urinary catheter and a wound; no EBP sign was posted on the door and LPN-V did not know R37 should have been in EBP due to the wound and urinary catheter.</p> <p>(continued on next page)</p>		

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 01/27/2025
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>In an interview on 1/23/2025, at 9:09 AM, Surveyor asked Director of Nursing (DON)-B, who was also the facility Infection Preventionist, what the qualifications were for individuals that should be in EBP. DON-B stated anybody who has an ostomy, an indwelling urinary catheter, an external line of some kind, and anyone with a wound must be in EBP. DON-B stated if you are spending an extended period of time doing anything with the resident, the staff needs to wear a gown and gloves. DON-B stated if staff is performing cares with a resident, they need to be wearing a gown and gloves while doing any of those things. Surveyor asked DON-B how staff knew when they should be wearing a gown and gloves for those residents. DON-B stated all residents in EBP should have a sign on the door and the gowns are located in the first closet inside the room. DON-B stated they are trying to keep the hallways clear to they use the closet right inside the door of the resident's room and the garbage can is in the room. Surveyor shared with DON-B the observation and interview with LPN-V; LPN-V was not aware R37 should have been in EBP and did not know there were gowns in the first closet inside the resident room door. DON-B stated R37 developed a wound yesterday so needed to be added to the EBP list. Surveyor shared with DON-B R37 had an indwelling urinary catheter so should already be in EBP. DON-B agreed R37 should have been in EBP.</p> <p>49845</p> <p>4.) R8 was admitted to the facility on [DATE] with diagnoses which include malnutrition, osteoporosis, peripheral vascular disease, vascular dementia, and major depressive disorder. R8 has a Legal Guardian. R8's Annual Minimum Data Set (MDS), dated [DATE], documents R8 has a Brief Interview for Mental Status (BIMS) score of 01, indicating severe cognitive impairment; did not exhibit behavior concerns; had range of motion impairment in upper and lower extremities, partial/moderate assistance with rolling left to right, and at risk for pressure ulcers.</p> <p>R8's most recent MDS is a Significant Change, dated 10/28/2024, and documents a BIMS score of 01, indicating severe cognitive impairment; no behavior concerns; on a scheduled pain medication regimen, prognosis of life expectancy less than 6 months, at risk for pressure ulcers, has one or more unhealed pressure ulcer, 1 slough and/or eschar pressure ulcer, 1 unstageable deep tissue injury, skin tears, receiving pressure ulcer care, surgical wound care, and is now on hospice.</p> <p>Surveyor reviewed the Facility's document titled, Resident Matrix, and noted R8 is documented to have a pressure ulcer that was not present on admission.</p> <p>On 01/22/2025, at 09:47 AM, Surveyor noted no Enhanced Barrier Precautions (EBP) sign on R8's door. Surveyor spoke with Hospice RN-K. Hospice RN-K indicated R8 has daily hospice visits, has 2 pressure ulcers that are treated by the Facility along with the wound care team, and has multiple other not opened pressure ulcers. Hospice RN-K indicated there are too many to count. Hospice RN-K indicated R8 is on scheduled end of life medications.</p> <p>On 01/23/2025, at 10:18 AM, Surveyor was waiting for nurse to observe wound care and noted R8 to now have an EBP sign on R8's door.</p> <p>(continued on next page)</p>		

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 01/27/2025
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On 01/23/2025, at 11:57 AM, Surveyor observed LPN-F provide wound care for R8, with Hospice CNA-I assisting. Surveyor observed LPN-F perform wound care on R8 only wearing gloves. Surveyor asked LPN-F if R8 is on any precautions. LPN-F indicated R8 is not on any precautions. Surveyor asked about the sign on R8's door. Hospice CNA-I went to look at R8's door, and asked when the sign was put there, indicating CNA-I has been here for 2 weeks and no one has said anything and there was only an oxygen sign on the door. LPN-F indicated LPN-F realizes R8 is on EBP for wounds. LPN-F indicated to Surveyor that LPN-F will ask the Facility where the isolation cart is and ask who the Infection Preventionist is.</p> <p>On 01/23/2025, at 03:37 PM, Surveyor informed Nursing Home Administrator (NHA)-A, Director of Nursing (DON)-B, and Director of Operations-E of above concerns.</p>

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 01/27/2025
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 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>38253</p> <p>Based on interviews and record reviews, the facility did not ensure residents received the influenza immunization and the pneumococcal immunization for 2 (R37 and R23) of 5 residents reviewed for immunizations.</p> <p>*R37 consented to the influenza immunization and did not receive it.</p> <p>*R23 consented to the pneumococcal immunization and did not receive it.</p> <p>Findings include:</p> <p>The facility policy and procedure titled, Infection Prevention and Control Program, dated 5/16/2023 documents:</p> <p>.7. Influenza and Pneumococcal Immunization:</p> <p>a. Residents will be offered the influenza vaccine each year between October 1 and March 31, unless contraindicated or received the vaccine elsewhere during that time.</p> <p>b. Residents will be offered the pneumococcal vaccines recommended by the CDC upon admission, unless contraindicated or received the vaccines elsewhere.</p> <p>c. Education will be provided to the residents and/or representatives regarding the benefits and potential side effects of the immunizations prior to offering the vaccines.</p> <p>d. Residents will have the opportunity to refuse the immunizations.</p> <p>e. Documentation will reflect the education provided and details regarding whether or not the resident received the immunizations.</p> <p>1.) R37 gave consent to have the influenza immunization administered but had not received it to date.</p> <p>In an interview on 1/23/2025, at 9:09 AM, Director of Nursing (DON)-B, also the facility Infection Preventionist, stated R37 needs to have the flu vaccine and DON-B thought they had the vaccine in stock but would have to check. Surveyor noted an order for the administration of the influenza immunization was not in R37's medical record.</p> <p>2.) R23 gave consent to have the pneumococcal immunization administered but had not received it to date.</p> <p>In an interview on 1/23/2025, at 9:09 AM, Director of Nursing (DON)-B, also the facility Infection Preventionist, stated R23 needs to have the pneumonia vaccine and DON-B stated they would have to order it from the pharmacy. Surveyor noted an order for the administration of the pneumococcal immunization was not in R23's medical record.</p> <p>(continued on next page)</p>		

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 01/27/2025
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 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 1/23/2025, at 3:32 PM, Surveyor shared with Nursing Home Administrator (NHA)-A the concern R37 had not received the influenza vaccine and R23 had not received the pneumococcal vaccine when both had provided consent to receive the vaccines.</p>