

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525730	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/11/2024
NAME OF PROVIDER OR SUPPLIER  Medical Suites at Oak Creek (the)		STREET ADDRESS, CITY, STATE, ZIP CODE  2700 Honadel Boulevard Oak Creek, WI 53154	

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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 22692</p> <p>Based on interview and record review, the facility did not ensure that 2 (R402 and R404) of 4 residents reviewed for showers and who were unable to carry out activities of daily living (ADLs) received the necessary services to maintain good hygiene.</p> <p>* R402 and R404 did not receive showers according to their shower schedule.</p> <p>Findings include:</p> <p>The facility policy dated 10/24/22 and titled Activities of Daily Living (ADLs) documents:</p> <p>The facility will, based on the resident's comprehensive assessment and consistent with the resident's needs and choices, ensure a resident's abilities in ADLs do not deteriorate unless deterioration is unavoidable.</p> <p>Care and services will be provided for the following activities of daily living: Bathing, dressing, grooming and oral care. A resident who is unable to carry out activities of daily living will receive the necessary services to maintain good nutrition, grooming, and personal and oral hygiene.</p> <p>1.) R402 was admitted to the facility on [DATE] with diagnoses that included dependence on renal dialysis, type 2 diabetes mellitus, pleural drains, and heart disease.</p> <p>R402's Admission Minimum Data Set (MDS) dated [DATE] documents that R402 requires maximum assistance with bathing and has a Brief Interview for Mental Status score of 15, documenting that R402 has fully intact cognitive function.</p> <p>R402's current care plan titled ADL self-care performance dated 6/29/24 documents under the interventions section: Bathing/Showering: Assist of 1 with a start date of 6/29/24. No care plan was located for R402 refusing care or refusing showers.</p> <p>On 9/10/24 at 8:15 AM, R402 was interviewed in his room and reported to Surveyor he has not had a shower or bath in the last month. R402 indicated he never refused any care while at the facility. R402 indicated he would like his weekly shower.</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 9/10/24, R402's charting for Activities of Daily Living for the past 30 days was reviewed and documented: What type of bathing did resident receive? Surveyor noted a check mark under resident refused on 8/23/24.</p> <p>No other entries for the past 30 days were made for bathing. The record indicated a shower was to be given to R402 on Fridays.</p> <p>On 9/10/24 at 10:30 AM and at 11:30 AM, Director of Nursing (DON)-B was interviewed and asked for information on if R402 was offered/received showers. No information was provided.</p> <p>On 9/10/24 at 3:00 PM, NHA (Nursing Home Administrator)-A and DON-B were informed of the above concern regarding R402's showers. No additional information was provided as to why R402 was not provided showers.</p> <p>2.) R404 was admitted to the facility on [DATE] with diagnoses that included cellulitis, type 2 diabetes mellitus, and kidney disease stage 4.</p> <p>R404's Admission Minimum Data Set (MDS) dated [DATE] documents that R404 requires maximum assistance with bathing and has a Brief Interview for Mental Status score of 15, indicating that R404 has fully intact cognitive function.</p> <p>R404's current care plan titled ADL self-care performance dated 7/12/24 documents under the interventions section: Bathing/Showering: Assist of 1 with a start date of 7/12/24. No care plan was found for R404 refusing care or refusing showers.</p> <p>On 9/10/24 at 8:30 AM, R404 was interviewed in her room and reported to Surveyor she has not had a shower or bath in the last month. R404 indicated she never refused a shower at the facility and has never been offered a shower. R404 indicated she would like to have a shower weekly.</p> <p>On 9/10/24, R404's charting for Activities of Daily Living for the past 30 days was reviewed and documented: What type of bathing did resident receive? Surveyor noted a check mark under bed bath on 8/28/24 and 9/4/24 and resident not available on 9/5/24.</p> <p>No other entries for the past 30 days were made for bathing. The record indicated a shower was to be given to R404 on Wednesdays.</p> <p>On 9/10/24 at 10:30 AM and at 11:30 AM, Director of Nurses (DON)-B was interviewed and asked for information on if R404 was offered/received showers. No information was provided.</p> <p>On 9/10/24 at 3:00 PM, NHA-A and DON-B were informed of the above concern regarding R404's showers. No additional information was provided as to why R404 was not provided showers.</p> <p>No additional information was provided as to why the facility did not ensure that R402 and R404, who were unable to carry out Activities of Daily Living (ADLs) independently, received the necessary services to maintain good hygiene.</p>		

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49845</b></p> <p>Based on observation, interview, and record review, the facility did not provide the necessary care and services to prevent and/or promote healing of pressure injuries for 1 (R405) of 5 residents reviewed for pressure injury prevention and treatment.</p> <p>*R405 did not have off-loading boots in place per R405's care plan.</p> <p>Findings:</p> <p>1.) R405 admitted to the facility on [DATE] with diagnoses to include, paraplegia, severe protein-calorie malnutrition, end stage renal disease, and reliance on renal dialysis.</p> <p>R405's admission Minimum Data Set (MDS) dated [DATE], documents that R405 has a Brief Interview for Mental Status (BIMS) score of 13, indicating that R405 is cognitively intact. R405 did not have any behaviors or refusals of care, is dependent on staff with transfers in and out of bed/chair, and is at risk for developing pressure ulcers.</p> <p>R405's care plan documents that R405 has Activities of Daily Living (ADL) self-care performance deficits and limitations in physical mobility and requires assist of 2 people with transfers using a Hoyer lift. R405 is at risk for alteration in skin integrity with interventions that include, Encourage patient to use firm plastic boots on both lower extremities when in bed in the morning and Encourage patient to use gray prevlon soft boots when in bed during the night. R405 has the personal preference to have his off-loading boots schedule posted in the room so staff will know the right boot at the right time with an initiation date of 04/02/2024.</p> <p>On 09/09/2024 at 12:13 PM, Surveyor interviewed R405. Surveyor noted a sign on R405's wall, directly across from the bed, indicating R405's off-loading boot schedule. Surveyor noted R405 was in bed and did not have offloading boots on at this time.</p> <p>On 09/10/2024 at 08:35 AM, Surveyor observed R405 in bed and observed R405 not have off-loading boots on. R405 informed Surveyor that he fell asleep and forgot to ask the staff to put them on.</p> <p>On 09/11/2024 at 05:32 AM, Surveyor observed CNA (Certified Nursing Assistant)-F and CNA-G assisting R405 with ADLs and getting up for dialysis. Surveyor noted R405 did not have boots on in bed prior to CNAs entering the room. Surveyor observed R405 be transferred into his dialysis chair using a Hoyer lift and 2 person assist, with no concerns. CNA-G asked R405 if he would like his boots on, R405 stated yes. CNA-G put R405's prevlon boots on. Surveyor waited until CNA-G and CNA-F were about to leave the room with R405, Surveyor asked CNAs if R405 has another pair of boots, and how they know which boots are to be on at what time.</p> <p>CNA-G informed Surveyor she would have to look in R405's care plan for that information and left the room. CNA-F stayed in the room with Surveyor and R405, Surveyor stated If only there were a sign. CNA-F began looking around R405's room. At 05:57 AM, CNA-G returned to R405's room and informed Surveyor that the care plan does not specify about the boots. CNA-F pointed out the sign on the wall to CNA-G, then exchanged R405's boots for the current pair.</p> <p>(continued on next page)</p>		

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>No further information was provided as to why R405 was not wearing off-loading boots or why the CNAs were not aware of the sign in R405's room to ensure correct off-loading boots were applied to R405, per R405's plan of care.</p>		

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<p>F 0940</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Develop, implement, and/or maintain an effective training program for all new and existing staff members.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49845</b></p> <p>Based on interview and record review, the facility did not develop, implement, and maintain an effective training program for contracted staff, consistent with contracted staff's expected roles and types of training necessary for 6 of 6 agency staff interviewed.</p> <p>This deficient practice has the potential to affect all 112 residents residing in the facility.</p> <p>* The facility does not have an effective training program consistent with expected roles and did not determine the amount or types of training necessary for agency staff.</p> <p>Findings include:</p> <p>The facility did not provide a policy and procedure for required trainings of agency/contracted staff.</p> <p>Surveyor reviewed staff schedules from 08/16/2024 - 08/31/2024 relating to staffing complaint allegations. Surveyor noted 33 agency staff scheduled during that period.</p> <p>On 09/09/2024, at 12:13 PM, Surveyor interviewed R405. Surveyor noted a sign on R405's wall, directly across from the bed, indicating R405's offloading boot schedule. Surveyor noted R405 did not have boots on at this time. R405 informed Surveyor of concerns regarding staff. R405 stated no one ever writes their name on the white board while pointing to the facility provided white board hanging on the wall in R405's room. R405 informed Surveyor that R405 likes to get up for dialysis at 05:30 AM and needs to be down to dialysis at 06:00 AM. R405 indicated that his dialysis chair should be brought to his room so he would not have to be transferred twice. R405 expressed frustration with agency staff by stating, they are only here for a paycheck and agency staff need to be trained. R405 informed Surveyor that most issues with staff are on third shift. R405 was not able to provide names of staff that were of specific concern.</p> <p>On 09/10/2024, at 09:36 AM, Surveyor interviewed Agency LPN-D. Agency LPN-D informed Surveyor the orientation to the facility consisted of taking report from the third shift nurse who gave a tour of the unit. Agency LPN-D was shown where necessary information can be found, as well as the report board and blood pressure machine. Agency LPN-D informed Surveyor that if the facility requires orientation paperwork to be completed prior to starting the assignment, it will be completed in the Shift Key application. Agency LPN-D informed Surveyor that Agency LPN-D was not required to fill out paperwork prior to starting at the facility. Agency LPN-D informed Surveyor there was no check list for orientation and the nurse she is relieving provided the orientation. Agency LPN-D informed Surveyor she was given a report sheet with the residents on her assignment, and she will look in the computer for more information on residents.</p> <p>(continued on next page)</p>		

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<p>F 0940</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On 09/10/2024, at 12:28 PM, Surveyor interviewed Staffing Coordinator-E. Staffing Coordinator-E informed Surveyor there are 4 units in the facility, Kindle, Ember, Sparkle, and [NAME]. Staffing Coordinator-E informed Surveyor units Kindle, Ember, and Sparkle will usually have 2 nurses and 3 CNAs and unit [NAME] will have 1 nurse and 1 CNA, depending on census. Staffing Coordinator-E informed Surveyor he will attempt to fill gaps in the schedule with staff employees first and will then use Agency staff. Staffing Coordinator-E informed Surveyor he has been using Agency staff more the last few months. Staffing Coordinator-E informed Surveyor that there is an on-call nurse 24/7 who if needed, can be called in. Staffing Coordinator-E informed Surveyor there is no formal orientation for Agency staff at this time and that tours of the facility are done by the unit managers.</p> <p>On 09/10/2024, at 01:08 PM, Surveyor interviewed DON-B. DON-B Informed Surveyor that the supervisor on duty, or the unit manager on night shift, we'll go over the 24-hour board, binder, established logins, go over expectations and give a tour to Agency staff upon start of shift. DON-B informed Surveyor she would have to check on orientation forms because Human Resources may do them and confirm with NHA-A.</p> <p>On 09/10/2024, at 01:29 PM, DON-B provided a document titled Agency Staff Orientation Check List, with no date, and DON-B informed Surveyor they will now be implementing this.</p> <p>On 09/10/2024, at 01:32 PM, Surveyor asked DON-B for the policy on Agency staff orientation. DON-B informed Surveyor there is no policy, but one will be implemented in 30 minutes.</p> <p>On 09/10/2024, at 03:21 PM, Surveyor interviewed Agency CNA-L. Agency CNA-L informed Surveyor that it was her first time at the facility and indicated DON-B gave her a tour, went over the emergency plan, care cards, and went through a checklist with Agency CNA-L.</p> <p>On 09/10/2024, at 03:27 PM, Surveyor interviewed Agency CNA-M. Agency CNA-M informed Surveyor she has worked at the facility prior, with the first time working at the facility being on 07/07/2024. Agency CNA-M informed Surveyor she was provided a walk through and brief orientation at that time. Agency CNA-M informed Surveyor that today she was provided an orientation check list and was given a formal orientation to the facility's Policies and Procedures.</p> <p>On 09/11/2024, at 06:04 AM, Surveyor went to the Nurses station on unit Kindle and asked to speak with LPN-H. Surveyor was informed that LPN-H was at the end of the hall passing medications. Surveyor walked down the hall to where the medication cart was outside of resident rooms. Surveyor noted LPN-H was not at the medication cart, and the medication cart was unlocked. LPN-H then came out of a resident room and Surveyor interviewed Agency LPN-H. Agency LPN-H informed Surveyor that this is her second time at the facility and her first day was about 1 week ago. Agency LPN-H informed Surveyor that on her first day at the facility, she was not given a tour, was not shown care plans, and was only given report from the previous shift nurse. Agency LPN-H stated she was provided a paper checklist this morning for orientation.</p> <p>On 09/11/2024, at 06:12 AM, Surveyor interviewed Agency LPN- I. Agency LPN- I informed Surveyor her first shift at the facility was last week, that she did not receive any orientation at that time, but was given a checklist this morning for orientation.</p> <p>(continued on next page)</p>		

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<p>F 0940</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On 09/11/2024, at 06:16 AM, Surveyor interviewed Agency LPN-J. Agency LPN-J informed Surveyor that through the Shift Key application, it matches her with facilities based on things she checks off. Agency LPN-J informed Surveyor she did not fill out any requested paperwork prior to starting at the facility. Agency LPN-J informed Surveyor that she was provided an orientation checklist to sign last night and went over different things with the supervisor.</p> <p>On 09/11/2024, at 07:55 AM, Surveyor interviewed RN Manager-K. RN Manager-K informed Surveyor there are 2 RNs who rotate and will orientate Agency nurses during the night shift. RN Manager-K informed Surveyor that DON-B with himself and other unit managers are responsible for orientating agency staff during day shift. RN Manager-K informed Surveyor that the orientation checklist was implemented about 1 week ago and states prior to that agency staff were given verbal orientation.</p> <p>No additional information was provided as to why the facility did not develop, implement, and maintain an effective training program for contracted staff, consistent with contracted staff's expected roles and types of training necessary for 6 of 6 agency staff interviewed.</p>