

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 04/03/2025
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 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** 28154</p> <p>Based on record review, interview, and review of the Infection Prevention and Control Program (IPCP), review of the McGreer's Infection Symptom Tracking criteria, and facility policy review, the facility failed to ensure one of two residents (Resident (R)8) reviewed for antibiotic use out of a sample of 31 residents received an antibiotic with justification for its use. This had the potential for the resident to receive an antibiotic unnecessarily and could potentially contribute to the development of antibiotic-resistant bacteria.</p> <p>Findings include:</p> <p>Review of R8's Admission Record from the electronic medical record (EMR) Profile tab showed a facility admitted [DATE], readmission on 10/18/24, with medical diagnoses that included immunodeficiency, type II diabetes, end stage renal disease with dialysis, and thrombocytopenia.</p> <p>Review of R8's EMR Progress Notes tab dated 10/30/24 revealed the resident said he started having diarrhea yesterday after dialysis which has continued into today. On 10/31/24 the resident continued to complain of diarrhea with eight episodes of diarrhea per the night.</p> <p>An order was given for Clostridium difficile (C-diff) PCR stat [polymerase chain reaction immediately] stool culture.</p> <p>On 11/01/24 the Nurses Note revealed they were still waiting on the results of the resident C-diff lab results.</p> <p>On 11/4/24 the Physician/Practitioner Progress Notes revealed the lab was called and they reported they had not received order or stool sample. The C-diff lab would need to be reordered/collected.</p> <p>On 11/7/24 the Physician/Practitioner Progress Notes revealed the lab was called again to find out the results of the C-diff and the lab reported again they had not received any stool samples for the resident. The resident reported he had large amount of diarrhea yesterday. An order was given for the resident to start oral vancomycin for presumptive C. diff since stool testing had not been completed.</p> <p>Review of the October and November 2024 Monthly Infection Surveillance Log revealed R8 was not listed for C-diff infection nor was the prescription / administration of Vancomycin identified.</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 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the facility printed McGreer's Infection Symptom Tracking from the EMR revealed:</p> <p>.2. Clostridium Difficile (Both of the following criteria must be met):</p> <p>a. Three or more liquid/watery stools above what is normal for the patient within 24 hr period -OR-</p> <p>b. Presence of toxic megacolon (abnormal dilatation of large bowel, documented radiologically) -AND -</p> <p>c. Stool specimen C-Diff positive .</p> <p>During an interview on 04/03/25 at 8:25 AM the Director of Nursing (DON) confirmed R8 was not on the October or November infection control line listings and that R8 did not meet the C-Diff McGreer's criteria for infection.</p> <p>During an interview on 04/03/25 at 6:45 PM the DON stated that the expectation was that McGreer's criteria was followed [for infection identification] and antibiotic use.</p> <p>Review of the facility policy Antibiotic Stewardship Program, implemented 12/23/22, revealed:</p> <p>Policy:</p> <p>It is the policy of this facility to implement an Antibiotic Stewardship Program as part of the facility's overall infection prevention and control program. The purpose of the program is to optimize the treatment of infections while reducing the adverse events associated with antibiotic use.Policy Explanation and Compliance Guidelines.4. The program includes antibiotic use protocols and a system to monitor antibiotic use. a. Antibiotic use protocols: .</p> <p>ii. Laboratory testing shall be in accordance with current standards of practice.</p> <p>iii. The facility uses the CDC's NHSN [Center for Disease Control National Healthcare Safety Network] Surveillance Definitions, updated McGreer criteria, or other surveillance tool) to define infections. iv. The Loeb Minimum Criteria may be used to determine whether to treat an infection with antibiotics.</p>		

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<p>F 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure medication error rates are not 5 percent or greater.</p> <p>30622</p> <p>Based on observation, interview, medication audit review, and policy review, the facility failed to ensure a medication administration error rate was less than 5 percent (%). There were eight errors out of 28 opportunities observed resulting in a medication error rate of 28.57% for two residents (Residents (R) 30 and R31) of three residents observed out of a total sample of 31. This had the potential for the residents to have unmet health needs.</p> <p>Findings include:</p> <p>1. During an observation on 04/03/25 at 10:28 AM, Nurse Manager (NM)2 administered the following medications to R30:</p> <p>Pregabalin (for nerve pain) 2 tablets by mouth,</p> <p>Folic acid (B vitamin) 1 tablet by mouth,</p> <p>Tamsulosin (to treat enlarged prostate) 0.4 milligrams (mg) 1 tablet by mouth; and</p> <p>Vitamin B1 (supplement) 1 tablet by mouth.</p> <p>Review of the April 2025 Medication Audit Report provided by the facility revealed the medications should be administered at 9:00 AM. They were documented as administered at 10:29 AM and 10:30 AM.</p> <p>Review of the scheduling details for each order did not indicate the medications could be administered using a liberalized medication pass schedule.</p> <p>2. Review of the scheduling details for each order did not indicate the medications could be administered using a liberalized medication pass schedule.</p> <p>During an observation on 04/03/25 at 10:44 AM NM2 administered the following medications to R31:</p> <p>Amlodipine (to treat high blood pressure) 10 mg 1 tablet by mouth</p> <p>Clopidogrel (blood thinner) 1 tablet by mouth</p> <p>Sucralfate (to prevent ulcers) 1 gram by mouth; and</p> <p>Pantoprazole (for GERD) 1 tablet by mouth.</p> <p>Review of the April 2025 Medication Audit Report provided by the facility revealed the medications should be administered at 9:00 AM. They were documented as administered at 10:38 AM.</p> <p>During an interview on 04/03/25 at 10:15 AM, Nurse Manager (NM)2 said you had an hour before and after the scheduled time to administer medications. She confirmed the above observed medications were administered late.</p> <p>(continued on next page)</p>		

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<p>F 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 04/03/25 at 12:42 PM, the DON stated if the order was not entered to be given per the liberalized schedule, the staff had one hour before or after the scheduled time to administer the medication.</p> <p>Review of the facility policy titled Medication Administration, revised 11/12/24, revealed:</p> <p>.10. Ensure that the six rights of medication administration are followed:</p> <ul style="list-style-type: none"> a. Right resident b. Right drug c. Right dosage d. Right route e. Right time f. Right documentation 		

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<p>F 0770</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide timely, quality laboratory services/tests to meet the needs of residents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 28154</p> <p>Based on interview and record review, the facility failed to provide physician ordered laboratory testing for one of two residents (Resident (R) 8) reviewed for antibiotic use from a sample of 31. This failure had the potential to affect the appropriate diagnosis and treatment of residents by practitioners.</p> <p>Findings include:</p> <p>Review of R8's Admission Record from the electronic medical record (EMR) Profile tab showed a facility admitted [DATE], readmission on 10/18/24, with medical diagnoses that included immunodeficiency, type II diabetes, end stage renal disease with dialysis, and thrombocytopenia.</p> <p>Review of R8's EMR Progress Notes tab revealed on 10/30/24 the resident stated he started having diarrhea yesterday after dialysis which has continued into today. On 10/31/24 the resident complained of diarrhea with eight episodes of diarrhea per the night. Orders were received to obtain a clostridium difficile (C-diff) PCR stat [polymerase chain reaction immediately] stool culture.</p> <p>On 11/01/24 the Nurses Note revealed they were waiting for the C-diff collection and results.</p> <p>On 11/04/24 the Physician/Practitioner Progress Notes revealed the lab was called and they had not received the order or stool sample. C. Diff will need to be reordered/collected.</p> <p>On 11/07/24 the Physician/Practitioner Progress Notes revealed the lab was called to find out about the C. Diff results and per the lab they have not received any stool samples for the resident.</p> <p>During an interview on 04/03/25 at 9:55 AM, the Director of Nursing (DON) confirmed that R8 never had a stool specimen sent to the laboratory.</p> <p>During an interview on 04/03/25 at 6:45 PM DON stated an expectation that lab testing would be completed as ordered.</p> <p>Review of the facility policy Antibiotic Stewardship Program, implemented 12/23/22, revealed:</p> <p>Policy:</p> <p>It is the policy of this facility to implement an Antibiotic Stewardship Program as part of the facility's overall infection prevention and control program. The purpose of the program is to optimize the treatment of infections while reducing the adverse events associated with antibiotic use.</p> <p>Policy Explanation and Compliance Guidelines.</p> <p>4. The program includes antibiotic use protocols and a system to monitor antibiotic use.</p> <p>a. Antibiotic use protocols:</p> <p>(continued on next page)</p>		

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<p>F 0770</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>.ii. Laboratory testing shall be in accordance with current standards of practice.</p>

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<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>28154</p> <p>Based on observation and interview, the facility failed to ensure trash was contained in the dumpsters and the yard was maintained in a sanitary condition with views from resident windows. This failure created a potential sanitation issue for residents, staff, and visitors that may go outside the facility.</p> <p>Findings include:</p> <p>During an observation of the exterior of the facility on 04/01/25 at 9:00 AM revealed a dumpster area surrounded by privacy fencing with building windows on both sides of the alleyway with staff rolling out two open bins of trash with boxes that were blowing off of the top of the bin. It was noted that both of the large green dumpsters had one of the two lids open. Trash (blue exam gloves, plastic bags, plastic bottles) were observed on the ground (cement, grassy area, and in shrubs) and around the dumpsters. At 5:20 PM observation of the area showed no changes in the uncontained trash or open dumpsters.</p> <p>During an observation of the exterior of the facility on 04/02/25 at 8:10 AM showed uncontained trash unchanged in the alleyway. At 6:30 PM, observation of the dumpsters, yard, and alleyway showed the uncontained trash remained and one green dumpster was open.</p> <p>During an observation of the exterior of the facility on 04/03/25 at 5:30 AM showed one of two green dumpsters open and the yard/shrubs appeared to have additional trash lying about.</p> <p>During an observation of the facility exterior with the Maintenance Director (MD) on 04/03/25 at 9:10 AM, the MD confirmed the presence of uncontained gloves, pop cans, Styrofoam cups, plastic clam shell, and plastic bags on ground under the 200 room windows in grass/shrubs from the building all the way along the alleyway to the end of building. When asked on the loose trash, the MD stated he tries to pick it up once a week but due to the cold he hasn't done it for a while.</p> <p>During an interview on 04/03/25 at 6:47 PM, the General Manager (GM) stated it was an expectation that trash cans remain closed and anything that falls out is picked up immediately and not left lying around.</p>		