

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 12/18/2025
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility did not ensure 3 (R159, R2, R170) of 14 residents reviewed received necessary care and treatment.</p> <p>* R159 did not have weekly skin assessments completed for three weeks, there was not a comprehensive assessment completed, treatment initiated, or care plan revision when R159 developed a gluteal fissure on 12/8/2025.</p> <p>* R2 did not have consistent monitoring of daily weights or fluid intakes to monitor for fluid overload.</p> <p>* R170's urinalysis was not processed for one week and required antibiotics for a urinary tract infection.</p> <p>Findings include:</p> <p>The facility policy titled: Specimen Collection last reviewed/ revised on 12/17/2024 documents: It is the guideline of this facility to collect residents' blood and body fluid specimens as per the physician's orders in accordance with current standards of practice and regulatory guidelines. Compliance Guidelines: . d. is labeled accurately and accordingly as per protocol for transport to the laboratory for testing.</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: 525730	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/18/2025
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The facility policy titled: Hydration (Food/ Fluid) Monitoring last reviewed/ revised on 10/30/2024 documents: The facility offers each resident sufficient fluid, including water and other liquids, consistent with resident needs and preferences to maintain proper hydration and health. Compliance Guideline: .a. Identify and assess each resident's hydration status and risk factors.d. Monitor the effectiveness of interventions and revising them as necessary.3. Evaluation/ Analysis: .a. The assessment shall clarify the resident's current hydration status and individual risk factors for dehydration or fluid imbalance.4. Care Plan Implementation a. The resident's goals and preferences regarding hydration will be reflected in the resident's plan of care.b. Interventions will be individualized to address the specific needs of the resident.5. Monitoring/ Revision:a. Monitoring of the resident's condition and care plan interventions will occur on an ongoing basis.c. The resident will be monitored for signs and symptoms of fluid overload.f. The resident will be monitored for complications associated with interventions.g. The care plan will be updated as needed, such as when a resident's condition changes, goals are met or the residents' changes goals, interventions are determined to be ineffective .6. Documentation:a. Record observations pertinent to resident's hydration status in the nurses' notes.b. Record beverage intake in designated locations.e. Document physician/family notifications and any responses.</p> <p>The facility policy titled Fluid Restriction last reviewed/ revised 3/26/2025 documents: It is the guideline of this facility to ensure that fluid restrictions will be followed in accordance with physician orders.Compliance Guidelines:1. The nurse will obtain and verify the physician's order for the fluid restriction and an order written to include the breakdown of the amount of fluid per 24 hours to be distributed between the food and nutrition department and the nursing department and will be recorded on the medication record or other format as per facility protocol. Physician order may include a parameter to call for when a change in weight is identified.4. Water will not be provided at the bedside unless calculated into the daily total fluid restriction.</p> <p>The facility policy titled: Weight Monitoring last reviewed/ revised 10/30/2024 documents: Based on the resident's comprehensive assessment, the facility will ensure that all residents maintain acceptable parameters of nutritional status such as body weight . 5. A weight monitoring schedule will be developed upon admission for all residents: .d. If clinically indicated- monitor weight daily .7. Documentation:a. The physician should be informed of a significant change in weight .f. Observations pertinent to the resident's weight status should be recorded in the medical record as appropriate.g. The interdisciplinary plan of care communicated care instructions to staff.</p> <p>1.) R159 was admitted to the facility on [DATE] and has diagnoses that include chronic kidney disease stage 3, chronic obstructive pulmonary disease (COPD), type 2 diabetes mellitus, muscle weakness, and congestive heart failure. R159's admission Minimum Data Set (MDS) dated [DATE] indicated R159 had intact cognition with a Brief Interview for Mental Status (BIMS) score of 15 and the facility assessed R159 needing maximal assistance with 1 staff member for toileting and personal hygiene, and repositioning. R159 required a Hoyer lift and 2 staff members for transfers and used a wheelchair to transportation. The facility assessed R159 on 11/8/2025 to be a moderate risk for skin injuries with a Braden score of 14, and R159 has a history of having pressure injuries at the sacral area. R159 had an activated power of attorney (POA).</p> <p>(continued on next page)</p>		

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 12/18/2025
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R159's potential/actual impairment to skin integrity related to decreased mobility care plan was initiated on 11/8/2024 with the following interventions:- Assist to turn and reposition every 2-3 hours.- Educate resident/family/ caregivers of causative factors and measures to prevent skin injury.- Encourage good nutrition and hydration in order to promote healthier skin.- Float heels if resident cannot turn and reposition themselves.- Keep skin clean and dry. Lotion with cares.- Monitor skin during cares. Report any changes to nursing.- Pressure reduction mattress.- (R159) needs pressure reducing cushion to protect skin while up in wheelchair. - Weekly licensed nurse skin evaluation.</p> <p>Surveyor noted R159 had skin assessments on 11/8/2025, 11/10/2025, and 11/15/2025, nursing documented skin intact, no concerns. There were no further weekly skin assessments completed until 12/8/2025 in which registered nurse (RN)-N filled out an initial wound assessment that documents:- Stage 2 pressure injury to sacrum- Small amount serosanguinous drainage- Placed on 24-hour board, area cleaned, zinc oxide applied with bordered foam.</p> <p>Surveyor noted there was not a comprehensive assessment completed for R159's skin impairment to the sacrum that describes the tissue type, or measurement. Surveyor reviewed R159's medication/treatment administration record (MAR/TAR) and noted there was not a treatment initiated on 12/8/2025 when R159's sacrum skin impairment was first noted. Surveyor noted R159's care plan was not revised to indicate a new skin area of concern to R159's sacrum.</p> <p>On 12/14/2025, at 6:13 AM, in the progress notes, nursing documented (R159) has a wound noted to the right buttock area. Clean area with normal saline wash, pat dry, apply triple paste to right buttock every shift and as needed for right buttock wound.</p> <p>Surveyor noted there was no documentation regarding R159's sacral area that was initially documented on 12/8/2025.</p> <p>On 12/16/2025, at 13:55 (1:55 PM), in the progress notes wound RN-C documented (R159) seen by wound care at request of nursing for report of new skin impairment to buttock. Upon assessment, right medical buttock with newly re-epithelialized pink area. Writer noted small fissure in gluteal cleft, no active bleeding but skin surrounding noted to be macerated. Order received for Triad paste and treatment explained to (R159) . Encouraged (R15) to leave brief open when in bed to allow air to the area. Wound care to follow for resolution of gluteal fissure.</p> <p>Surveyor noted Wound RN-C documented R159's sacrum concern as a gluteal cleft fissure and not classified as a stage 2 pressure injury.</p> <p>On 12/17/2025, at 10:32 AM, Surveyor interviewed RN-N who stated when a new skin concern is observed, staff are to complete a comprehensive assessment of the area, notify wound RN or physician for orders if applicable, document in the progress notes, and notify appropriate parties for the resident. Surveyor asked if RN-N reported R159's skin concern to anyone. RN-N stated R159's new skin impairment was observed during shift change, so RN-N documented what RN-N could and recalls reporting the observation to wound RN-C and RN unit manager-F. Surveyor asked RN-N regarding RN-N's documentation of R159's area of concern being a stage 2. RN-N stated RN-N put stage 2 because the area was open and bleeding. RN-N stated working only as needed and had not seen R159 since observing the area to R159's sacrum, so was not sure of what the outcome was. RN-N stated RN-N only reported to wound RN-C and RN unit manager-F and did not obtain an order or notify a physician or R159's POA of the new area.</p> <p>(continued on next page)</p>		

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 12/18/2025
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 12/17/2025, at 1:09 PM, Surveyor interviewed wound RN-C and RN unit manager-F. Surveyor asked wound RN-C to confirm what the area of concern to R159's gluteal cleft is. Wound RN-C stated R159 has a fissure in the gluteal cleft and is not a pressure injury. Wound-RN-C explained a fissure is a split in the skin, R159's gluteal area is moist due to incontinence and obesity as well as having scar tissue. Wound RN-C stated the risk factors made it possible for a fissure to develop in R159's gluteal crest and is not a pressure injury. Wound RN-C confirmed R159 has a history of having a stage 3 pressure injury however it was not located in the area of R159's gluteal fissure. Surveyor asked when wound RN-C was notified of the concern to R159's area of concern to the sacrum area. Wound RN-C documented an initial skin assessment to R159's gluteal cleft on 12/11/2025 and recalled being made aware of the area on 12/10/2025. Wound RN-C documented the following measurements on 12/11/2025 to R159's gluteal cleft: 0.6 cm X 0.2cm X 0.2cm (Length X Width C Depth). Wound RN-C stated not having access to R159's wound documents and was in contact with the program to gain access. Surveyor asked Wound RN-C if R159's gluteal cleft should have been documented anywhere else in R159's medical record, so staff was aware of R159's skin concern. Wound RN-C stated typically a progress note is documented as well as care plan revision and treatment initiated. Surveyor shared concern with wound RN-C and RN unit manager-F R159 did not have care plan revisions or treatment initiated on 12/8/2025 when R159's gluteal cleft fissure was first observed or on 12/11/2025 when wound RN-C initially assessed R159's gluteal cleft. Wound RN-C was not sure why the care plan or treatment were not initiated. Wound RN-C stated R159's care plan was revised and treatment initiated on 12/16/2025 in R159's medical record. Wound RN-C stated obtaining an assessment on R159's gluteal cleft fissure on 12/16/2025 with measurements: 0.5 cm X 0.2 cm X 0.1 cm.</p> <p>On 12/17/2025, at 1:38 PM, Surveyor shared concerns with director of nursing (DON)-B and nursing home administrator (NHA)-A regarding R159 having an area to the gluteal cleft on 12/8/2025 which was staged as a stage 2, was not comprehensively assessed until 12/11/2025 in which it was classified as a fissure and not a pressure injury, and no treatment initiated or care plan revision documented until 12/16/2025. Surveyor shared concerns that R159 did not have weekly skin assessments according to policy from 11/15/2025 until 12/8/2025 when R159's gluteal cleft fissure was first observed. Surveyor requested to view the facility policy regarding non-pressure injury skin concerns. DON-B stated would email the policy to Surveyor. On 12/18/2025 Surveyor received email from NHA-A with the pressure injury policy. Surveyor sent email back to NHA-A requesting the non-pressure injury skin concern policy. At the time of this write up, Surveyor has not yet received the facility policy for non-pressure injury skin concerns.</p> <p>2.) R2 was admitted to the facility on [DATE] with diagnoses which include, heart failure, and fluid overload.</p> <p>R2's most recent Minimum Data Set (MDS), dated [DATE], indicates R2 has a Brief Interview for Mental Status (BIMS) score of 15, indicating R2 is cognitively intact, does not exhibit refusals or rejection of care behaviors and receives diuretic medication.</p> <p>Surveyor reviewed the Facility provided document, titled Order Recap Report for R2. The document indicates, R2 has an order for:</p> <p>1,800 ml (milliliter) fluid restriction every evening shift= 240ml (dinner), Nursing= 320ml and every night shift Nursing= 200ml, every day shift= 720ml (breakfast and lunch), Nursing= 320ml and Add total fluid consumed for the day and record. start date 11/18/2025, end date 11/20/2025.</p> <p>(continued on next page)</p>		

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 12/18/2025
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>1,800 milliliter (ml) fluid restriction- 360ml all meals totaling 1080 ml and 240ml AM, PM and HS, start date 11/21/2025 end date 12/1/2025.</p> <p>1,800ml fluid restriction every shift, 360ml all meals (total 1080ml), Nursing= 240ml AM, PM, HS. Start date 12/1/2025, no end date.</p> <p>Daily weights in the morning, start date 11/27/2025, no end date.</p> <p>The Facility provided document, titled Care Plan Report for R2, indicates a focus area indicating R2 is resistive and non-compliant with fluid restrictions, with a start date of 10/7/2025, last revised 11/21/2025.</p> <p>R2 has a focus area of nutritional risk related to fluid restriction and a focus area of altered cardiovascular status related to heart failure. Interventions include monitor/report/document changes in lung sounds, edema and weight.</p> <p>Surveyor reviewed the Facility provided Kardex report for R2. Surveyor noted, the document indicates to weigh R2 as ordered or per Facility policy. Surveyor noted R2's Kardex does not indicate R2's dietary fluid restriction.</p> <p>The Facility provided Medication Administration Record for R2, dated 11/1/2025 &ndash; 11/30/2025, indicated 6 out of 10 days, R2 did not have fluid amounts documented.</p> <p>The Facility provided Medication Administration Record for R2, dated 12/1/2025 &ndash; 12/31/2025, shows 12/1/2025 through 12/15/2025, has only check marks for R2's fluid intake and does not document a numerical value.</p> <p>Surveyor reviewed the Facility provided document, titled Follow up Question Report for R2's fluid intake, dated 11/1/2025 &ndash; 11/30/2025. Between 11/1/2025 and 11/30/2025, R2 has 19 numerical intake amounts documented and 4 documented responses of Resident Not Available or Not Applicable. Surveyor noted, between 11/1/2025 and 11/30/2025, R2 should have 90 documented numerical intakes obtained, according to the physician order.</p> <p>Surveyor reviewed the Facility provided document, titled Follow up Question Report for R2's fluid intake, dated 12/1/2025 &ndash; 12/16/2025. Between 12/1/2025 and 12/14/2025, R2 has 12 numerical intakes documented, 6 Not Applicable or Resident Not Available and 1 Resident Refused. Surveyor noted, based on the physician order, R2 should have 42 numerical intakes documented between 12/1/2025 and 12/14/2025.</p> <p>On 12/16/2025, at 1:20 PM, Surveyor interviewed Licensed Practical Nurse (LPN)-P. Surveyor asked LPN-P if R2 is on any fluid restrictions and how that is monitored. LPN-P informed Surveyor that R2 is on fluid restrictions but does not believe it is being followed, due to R2 ordering outside food/drinks. Fluid intake is not documented due to R2's noncompliance and being unable to know what R2 is intaking. LPN-P indicates, she believes intakes should be documented in the Treatment Administration Record (TAR) but informed Surveyor LPN-P did not know for sure since LPN-P does not document it. LPN-P stated LPN-P would document what LPN-P gives R2 for intake during medication pass.</p> <p>(continued on next page)</p>		

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 12/18/2025
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Surveyor reviewed the Facility provided document, titled Weights and Vitals Summary for R2's order of daily weight monitoring, with a start date 11/27/2025. Surveyor noted between 11/27/2025 and 12/16/2025, 7 out of 20 days, R2 did not have a documented weight and/or refusal.</p> <p>On 12/17/2025, at 10:29 AM, Surveyor interviewed Director of Nursing (DON)-B. DON-B informed surveyor, the expectation is for R2's consumed fluid intake, provided by the Facility, to be documented, as well as any refusals, and should occur every shift. DON-B informed Surveyor that R2's weights were not being done daily and did not have documented refusals (if applicable). Re-education has begun to all relevant staff regarding proper monitoring of R2's fluid intake and R2's daily weight, per DON-B.</p> <p>The Facility was made aware of the concerns regarding R2's fluid intake and weight not being monitored. No further information was provided at time of write up.</p> <p>3.) R170 was admitted to the facility on [DATE] with a diagnosis including Urinary Tract Infection and pressure ulcer. The medical record documented an order from Nurse Practitioner (NP) &ndash; D to obtain a Urinalysis and reflex microscopy with culture if indicated, dated 11/10/25. This was ordered due to R170 having foul smelling urine with discomfort.</p> <p>The Urinalysis (UA) Result Report was dated as initiated on 11/18/25, and the Result of the test was on 11/19/25. The UA, with Culture, indicated a urinary tract infection. The NP-D ordered an antibiotic to treat the urinary infection on 11/20/25.</p> <p>Surveyor notes the UA order was not processed timely, which resulted in delayed treatment for R170 urinary tract infection.</p> <p>R170 self-discharged from the facility on 11/19/25. The antibiotic script was called to R170, and their pharmacy, for pick-up.</p> <p>On 12/16/25, at 10:40 AM, Surveyor interviewed NP-D with Registered Nurse Manager (RNM)-F. The NP-D stated they ordered the UA on 11/10/25 and the lab rejected it. They do not know why it was rejected so they re-ordered it. The antibiotic was called into the pharmacy. The RNM-F stated they did not know why the UA was rejected and Registered Nurse (RN) -E was working that day. The RNM-F stated they called R170's spouse and told them the UA results and called the prescription into their pharmacy.</p> <p>On 12/16/25, at 2:35 PM, Surveyor interviewed RN-E. RN-E showed Surveyor the labeling process for a UA specimen. RN-E stated the specimen cup from 11/10/25 did not have the additional labeling on it, the lab would not process it. RN-E was not made aware from the lab it was not processed. The RN-E was made aware on 11/18/25 to obtain a new UA specimen.</p> <p>Surveyor notes R170's UA specimen was not processed correctly, which delayed treatment for R170's urinary tract infection.</p> <p>On 12/16/25, at 2:43 PM, at the facility exit meeting with Nursing Home Administrator (NHA) -A and Director of Nurses (DON) -B. Surveyor shared the concerns with the delayed specimen process for R170 which resulted in a delay in treatment.</p>		

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 12/18/2025
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 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>(continued on next page)</p>

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 12/18/2025
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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility did not ensure a resident's skin was comprehensively assessed, to identify, and prevent, pressure injuries from developing. This was observed with 1 (R169) of 3 residents reviewed with pressure injuries. * R169 had a current pressure injury (PI) and experienced a decline in their health status. Their skin was not comprehensively assessed with the onset of additional risk factors. R169 was admitted to the hospital on [DATE] with 4 pressure injuries. The facility's policy and procedures titled Pressure Injury Prevention and Management dated 4/17/2025, documents, The Guideline: The facility is committed to the prevention of avoidable pressure injuries, unless clinically unavoidable, and to prove morning provide treatment and the services to yield the pressure ulcer or injury, prevent infection and the development of additional pressure ulcers or injuries.3. Assessment of pressure Injury Risk.3.a.) Licensed nurses will conduct a pressure injury risk assessment, using the Braden Risk Evaluation, on all residents upon admission/readmission, weekly x 4weeks, then quarterly or whenever the resident's condition changes significantly.3.b.) . Examples of risk factors include, but are not limited to:I. Impaired/decreased mobility and decreased functional mobility.II. Co-morbid conditions, such as end stage renal disease, thyroid disease, or diabetes mellitus.V.) Resident refusal of some aspects of care and treatment.VII.) Under nutrition, malnutrition, and hydration deficits.Findings include:1.) R169 was admitted to the facility on [DATE] with diagnoses including End Stage Renal Disease dependent on dialysis, Diabetes Mellitus and severe calorie malnutrition. R169 admission Minimum Data Set (MDS) assessment dated [DATE], has no cognitive impairments, minimal staff assist for activities of daily living, unplanned weight loss and at risk for pressure injuries. The 5-Day MDS assessment completed on 9/29/25, from a readmission on [DATE], documents no cognitive impairment and at risk for pressure injuries.A Weekly Skin Check Assessment was completed on 9/26/25. This documents R169's skin is intact.R169's Plan of Care (POC) for Impaired Skin Integrity, initiated 6/23/25 with a goal date of 10/23/25 identifies a right medial great toe abrasion 6/23/25. There are no revisions to this POC. The Interventions initiated on 6/23/25 are the following:-Address pain prior to treatment to improve resident tolerance/acceptance of wound care.-Nursing to monitor dressing integrity with each resident encounter and replace dressing if soiled loose or missing. Dressing location left anterior ankle. - Referral to registered dietitian for evaluation related to impaired nutrition impacting wound healing. Provide supplements per MD MP orders.-Studies labs to be performed as needed for diagnostics per MD/ NP orders. -wound assessment measurement performed weakly and as needed by wound care team if resident is unavailable assessment will be completed at earliest availability.- wound care treatment to be performed by wound care team nursing as ordered by MD /NP. There are no revisions to the POC with R169 refusing dialysis, medication and meals. This resulted in a decline in their health condition.The Progress Note (PN) :-On 10/11/25 refused to take medications. The risks and benefits were explained. - On 10/12/25 refused medication and refused all meals. The risks and benefits were explained.-10/13/25 refused to have dialysis. -10/14/25 refused medication and dialysis.- 10/13/25 the Nurse Practitioner (NP) ordered abdominal testing due to diarrhea and vomiting. -10/14/25 refused medication and dialysis. There were no findings from the abdominal tests. The NP is aware of medication and dialysis refusals.-On 10/15/25 the Director of Social Services (DSS) - M and Registered Nurse Manager (RNM)- F met with R169. This meeting discussed the risks and benefits for refusing dialysis, medication and meals. R169 voiced no changes in their decisions to refuse care and services.- 10/16/25 Is being monitored for dark brown emesis and refusing medications. -10/16/25 the DSS-M spoke with R169 family to discuss refusals with dialysis, medications and meals. R169 does not want hospice or to go to the hospital. -10/16/25 assessed by a medical doctor. Continues to refuse medications, dialysis and meals. Risks and benefits explained of refusing treatments. R169 does not want to go to the hospital.-10/17/25 refused dialysis and cares.-10/17/25 The DSS- M met with R169 and their family. The NP was also notified of R169 continued health decline. R169 Power of Attorney (POA) was activated today due to R169 cognitive decline related to health decline.- 10/20/25 refused dialysis and medications.- 10/21/25 R169 went out to a scheduled appointment with their Gastrointestinal (GI) Physician at the hospital. At the appointment R169 experienced an altered mental status and was transferred to the Emergency Department (ED). The ED documentation on 10/21/25, along with photographs, the following:-a unstageable pressure injury to the right hip.- a stage 1 pressure injury to the right ischium.- a deep tissue injury to the left heel - a unstageable pressure injury to the left back R169 did not return to the facility from</p>		

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 12/18/2025
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 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** Based on record review, interviews, and facility policy review, the facility did not ensure medication administration was timely for 1 of 1 resident (Resident (R)) 2, reviewed for late medications out of 14 sampled residents. This failure had the potential to interfere with the medication effectiveness.*R2 did not receive 9 doses of an ordered medication due to the medication being unavailable.Findings:R2 was admitted to the facility on [DATE] with diagnoses which include, heart failure, and fluid overload.R2's most recent Minimum Data Set (MDS), dated [DATE], indicates R2 has a Brief Interview for Mental Status (BIMS) score of 15, indicating R2 is cognitively intact and does not exhibit refusals or rejection of care behaviors.On 12/16/2025, at 10:11 AM, Surveyor interviewed R2. R2 informed Surveyor that R2 had concerns regarding an eye drop medication R2 was supposed to receive but it was not ordered and R2 did not get the eye drops for almost 1 week.Surveyor reviewed the facility provided document, titled Medication Administration Record for R2. The document indicates, R2 has an order for Tetrahydrozoline solution with a start date of 11/26/2025. Surveyor noted R2 did not receive a full day of the medication from 11/26/2025 to 11/30/2025. R2 missed 9 doses of R2's ordered eye drops.On 12/17/2025, at 10:29 AM, Surveyor informed the facility of the concern R2 did not receive R2's eye drops from 11/26/2025 to 11/30/2025. DON-B informed Surveyor that R2 did not receive the ordered medication due to waiting for re-order and no follow up was done. DON-B indicated reeducation has now been provided to unit managers that follow up needs to be completed after 48 hours of not receiving a medication from pharmacy.No additional information was provided.</p>