

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525731	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/17/2024
NAME OF PROVIDER OR SUPPLIER St Ann Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2020 S Muskego Ave Milwaukee, WI 53204	

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 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident.</p> <p>28154</p> <p>Based on observation, resident interview, staff interview, and record review, the facility failed to ensure menus were followed and served as posted and on the dietary tray cards. The failure placed any of the 45 facility residents receiving meals from the kitchen at risk of dissatisfaction with their meals.</p> <p>Findings include:</p> <p>During an interview on 10/17/24 at 12:40 PM, Resident (R) 6 complained that at least once a day the meal varies from what they are supposed to have. R6 pointed to a covered dish on her tray stating, That's not a chocolate peanut butter bar. The cover was lifted to reveal a confetti cake with a whipped type topping dollop. When asked what the menu tray card said, R6 showed the paper slip which showed Choc [Chocolate] Peanut Butter Bar.</p> <p>Review of R6's quarterly Minimum Data Set (MDS) with an assessment reference date (ARD) of 07/13/24 showed a Brief Interview for Mental Status (BIMS) score of 15 out of a possible 15, indicative of being cognitively intact.</p> <p>Review of the menu for 10/17/24 showed 1 [one] sq [square] Chocolate Peanut Butter Bar.</p> <p>During an interview on 10/17/24 at 2:45 PM regarding the difference in the posted menu versus the observation of the confetti cake served, the Food Service Director (FSD) stated, She [the cook] does not speak English. I give her the recipes, she uses her translator on her phone, I turn around and find she cooked something different. The FSD continued on to explain that when she does the ordering / receives the order if something is unavailable, she will substitute and change the posted menu.</p> <p>Review of the undated facility policy titled Menus and Adequate Nutrition revealed, Policy: The purpose of this policy is to ensure menus are developed and prepared to meet resident choices including their nutritional, religious, cultural, and ethnic needs, while using established guidelines. Policy Explanation and Compliance Guidelines: . 3. Menus will be followed as posted. Notification of any deviations from the menu shall be made as soon as practicable. Substitutions shall comprise of foods with comparable nutritive value.</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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