

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 02/11/2026
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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation and interviews, the facility did not ensure each resident is treated with dignity and respect that promoted maintenance or enhancement of quality of life. This occurred for 2 (R1 and R2) of 3 Residents reviewed for dignity.*On 2/11/26, Surveyor observed Certified Nursing Assistants (CNA) C and D standing, while feeding R1 and R2 their meals. CNA-C was also observed feeding two residents interchangeably at the same time. Findings Include:The facility Meal Supervision and Assistance reviewed/ revised 10/29/24 documents:Guideline:.The resident will be prepared for a well-balanced meal in a calm environment, location of his/her preference and with adequate supervision and assistance to prevent accidents, provide adequate nutrition, and assure an enjoyable event. This includes: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. Compliance Guidelines:.14. Provide a relaxing, enjoyable environment during mealtime.1.) R1 was admitted to the facility on [DATE] with diagnoses of Spastic Hemiplegia Affecting Unspecified Side (one side of body experiences muscle stiffness and weakness), Paraplegia(paralysis of lower half of body), Aphasia (a language disorder caused by brain damage, typically from a stroke or injury, affecting speech production, comprehension, reading, and writing), Protein-Calorie Malnutrition Moderate (significant, but not severe, deficiency in nutrient intake),Colostomy Status (opening connecting large intestine (colon) to the skin), and Seizures (sudden, uncontrolled bursts of electrical activity in the brain that cause temporary, varying disturbances in awareness, sensation, behavior, and muscle control).R1's Quarterly Minimum Data Set (MDS) completed 1/5/26 assesses R1 has both short and long term memory impairment and demonstrates severely impaired skills for daily decision making. R1's MDS assesses R1 has range of motion (ROM) impairment on both sides of upper and lower extremities. R1's MDS assesses R1 as dependent for eating, hygiene, mobility, transfers, showers, and toileting.R1's care card instructing CNAs on how to care for R1 as of 2/11/26 documents:Eating/Nutrition*Eating: maximum assist times one, does well with finger foodsR1's comprehensive care plan documents the intervention: maximum assist times one for eating, does well with finger foodsInitiated 9/25/21 Revised 7/3/242.) R2 was admitted to the facility on [DATE] with diagnoses of Encephalopathy (group of conditions that cause brain dysfunction), Chronic Kidney Disease (progressive damage and loss of function in the kidneys), Type 2 Diabetes Mellitus (adult onset of trouble controlling blood sugar), Adult Failure to Thrive (decline in overall health in older adults), Alzheimer's (progressive disease that destroys memory and other important mental functions),Dementia(loss of memory, language, problem-solving and other thinking abilities severe enough to interfere with daily life), Depression (mood disorder that causes persistent feelings of sadness and loss of interest), and Anxiety Disorder (mental health disorder characterized by feelings of worry, fear that interfere with daily activities).R2's Quarterly Minimum Data Set (MDS) completed 12/4/25 assesses R2 has both short and</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: Facility ID: 525731	If continuation sheet Page 1 of 2

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<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>long term memory impairment and demonstrates severely impaired skills for daily decision making. R2's MDS assesses R2 does not have range of motion (ROM) impairment on both sides of upper and lower extremities. R2's MDS assesses R2 is dependent for eating, hygiene, mobility, transfers, showers, and toileting. R2's care card instructing CNAs on how to care for R2 as of 2/11/26 documents: Eating/Nutrition*Eating: R2 is totally dependent on one staff for eating. R2's comprehensive care plan documents, R2, is totally dependent on one member of staff for eating. Initiated 9/10/25 On 2/11/26, at 8:29 AM, Surveyor observed nine residents in the dining room. Per CNA-D, five of the nine residents require assistance with eating. On 2/11/26, at 8:35 AM, Surveyor observed CNA-D standing and feeding R1 breakfast. At 8:38 AM, CNA-D left R1. On 2/11/26, at 8:39 AM, CNA-C approached R1 and started feeding R1 breakfast while standing to the right of R1. Surveyor observed R2 on CNA-C's other side. R2 appeared to be sleeping, and small bowl of eggs was sitting in front of R2. At this time, CNA-C attempted to wake up R2. On 2/11/26, at 8:50 AM, Surveyor observed CNA-C standing feeding both R1 and R2 at the same time. On 2/11/26, at 9:00 AM, Surveyor observed CNA-C continued to feed breakfast to both R1 and R2 while standing. Surveyor also observed the lunch meal on 2/11/26, at 12:20 PM. During this meal, Surveyor observed CNA-C standing and feeding R2 protein pudding. At that time, CNA-C began to feed R1 lunch from R1's right side. Surveyor observed CNA-C is standing between R1 and R2. On 2/11/26, at 12:36 PM, Surveyor continued to observe CNA-C standing between R1 and R2; alternating feeding R1 and R2 at the same time. On 2/11/26, at 12:40 PM, Surveyor observed CNA-D approach R1 on the R1's left side. CNA-D started feeding R1 the rest of their lunch while standing over R1. CNA-C remained on R2's left side, feeding R2 the rest of R2's lunch while standing. On 2/11/26, at 1:45 PM, Surveyor interviewed CNA-D and asked why CNA-D was standing and feeding residents. CNA-D stated, I didn't see any seats. Surveyor then interviewed CNA-C and asked the same question. CNA-C informed Surveyor that the residents needed assistance. Sometimes not enough seats, I just didn't see one. On 2/11/26, at 1:51 PM, Surveyor interviewed Director of Nursing (DON)-B and asked what the expectation for CNAs are when feeding residents. DON-B stated to follow the resident care card and confirmed that CNAs should be sitting when feeding residents. Surveyor shared the observations of CNA-C and CNA-D feeding R1 and R2 breakfast and lunch and that they remained standing during the whole meal. DON-B understood the concerns.</p>		