

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  02/06/2025
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 0583</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Keep residents' personal and medical records private and confidential.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 51016</p> <p>Based on observation and interview, the facility failed to maintain 1 (R14) of 12 residents reviewed their right to personal privacy and confidentiality of his or her personal and medical records.</p> <p>* R14's protected health information was left on a computer screen unattended in a common area. R14's medication administration record was displayed on the computer screen in full view of residents and staff that were in and around the common area.</p> <p>Findings include:</p> <p>1.) R14 was admitted on [DATE] with diagnosis that included Cerebral Infarction, Chronic Obstructive Pulmonary Disease (COPD), Depression and Alzheimer's Disease.</p> <p>R14's Quarterly Minimum Daily Set (MDS) with an assessment reference date of 12/4/24, documents a Brief Interview for Mental Status (BIMS) score of 12, indicating that R14 has moderate cognitive impairment. Section GG documents that R14 uses wheelchair for mobility.</p> <p>On 02/05/25, at 09:28 AM, Surveyor observed Registered Nurse (RN)-D passing medication from the medication cart. RN-D was observed to walk away from the medication cart while R14's medication administration record remained open on the computer screen in view of a unit common area. Surveyor observed RN-D walk down the hall into a room to give medications. Surveyor noted that while RN-D was giving medications, the computer on the medication cart was out of RN-D's line of sight and displayed R14's medication administration record. Surveyor observed 4 people walk by in close proximity of the medication cart computer screen while R14's medication record was in plain view on the computer screen.</p> <p>On 02/06/25, at 09:27 AM, Surveyor interviewed R14 about privacy and resident rights in the facility.</p> <p>Surveyor asked R14 if R14's medical information was left open on a computer screen and someone could read it that shouldn't read it, would it bother R14. R14 informed Surveyor yes that would really bother me. R14 stated to Surveyor wouldn't it bother you. R14 informed Surveyor that R14 wouldn't like it at all.</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 0583</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 02/06/25, at 09:47 AM, Surveyor informed Nursing Home Administrator (NHA)-A the concern about RN-D leaving an unattended medication cart computer with R14's medication administration record open and visible to the unit common area. Surveyor informed NHA-A that Surveyor observed 4 people in close enough proximity to view R14's protected health information while the medication cart computer was unattended.</p> <p>No additional information was provided as to why the facility did not ensure that R14's medical record remained private and confidential.</p>		

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<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>20025</p> <p>Based on interview and record review the facility did not ensure 1 (R12) of 12 residents who were reviewed for a change of condition received a comprehensive assessment.</p> <p>* On 10/6/24, R12 experienced a change in condition and RN (registered nurse)-H did not complete a comprehensive assessment prior to sending R12 to the hospital via ambulance.</p> <p>Findings include:</p> <p>1.) R12 was admitted to the facility with diagnoses of atrial fibrillation, morbid obesity, hypertension and congestive heart failure.</p> <p>The nurses note dated 2/5/25 documents Resident initially c/o (complain of) stomach pain to CNA (certified nursing assistant) around 3am. Went into room to see resident--laying flat, and in the middle of having a bowel movement. Resident c/o stomach cramping and nausea. PRN (as needed) medication offered for GI discomfort-declined. Education provided. Water at bedside. Resident encouraged to push fluids and alter diet to prevent constipation. Basin retrieved by CNA in case of emesis. Resident then requested to see me again later during the shift, via CNA. CNA reports resident communicating at baseline. I told the CNA that I would be in to see resident shortly, and bringing down her scheduled medication which was due. Before I could retrieve medication, CNA came back to office and reported rapid change in condition. I immediately went in to see resident. Resident was foaming at the mouth, was not verbally responsive, pupils fixed and deep labored breathing. Pulse checked--intact. Bell ambulance contacted immediately. ADON (assistant director of nursing)/DON (director of nursing)/Husband updated while in room. MD notified when back to office.</p> <p>RN-H completed an SBAR (situation, background, assessment and recommendation) evaluation dated 2/5/25 documents: Hypotension, remained in room with resident during emergency-vitals not obtained. Paramedics report that resident was hypotensive. The SBAR did not have any vital signs documented from the moment of the change in condition.</p> <p>On 2/6/25 at 8:16 a.m. Surveyor interviewed RN-H. RN-H states around 3 a.m. the CNA told her R12 was complaining of stomach ache. RN-H stated R12 was laying flat and was having a bowel movement. RN-H stated she asked R12 if she wanted something for her nausea and R12 told her no. RN-H stated R12 is constantly eating snacks and is normal for R12 to complain of stomach ache. RN-H stated R12 remained at baseline. RN-H stated around 5 a.m. CNA told her R12 is complaining of stomach pain again. RN-H stated she was in the medication room and was getting ready to pass early morning medications. RN-H stated she told CNA that she would go see R12 with her early morning medications. RN-H stated CNA immediately came back and stated to RN-H that R12 was not looking good. RN-H stated she left the medication room and went to R12's room. RN-H stated she saw R12 with her eyes wide open and wasn't responding. RN-H stated she was having deep labored breathing and foaming from the mouth. RN-H stated she checked her pulse and R12 had a pulse so she pulled her phone out and called 911. Surveyor asked RN-H if she obtained vital signs from R12. RN-H stated she did not have any of her equipment with her. RN-H stated the equipment was down the hall in the medication room. RN-H stated she did not want to leave R12 alone so she stayed with R12 instead of getting the equipment she needed to obtain vital signs.</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 2/6/25 at 9:50 a.m. Surveyor interviewed DON-B. Surveyor asked if facility had a policy regarding the expectations of nurses when a resident has a change in condition. DON-B handed Surveyor a policy explaining circumstances requiring notification of change but nothing explaining expectations of nurses during a change in condition. DON-B stated the facility does not have a policy that explains nursing expectation regarding residents experiencing a change in condition.</p> <p>On 2/6/25 at 10:15 a.m. Surveyor interviewed DON-B, NHA-A and ADON-I. Surveyor explained the concern RN-H did not complete an accurate assessment when R12 experienced the change in condition. Surveyor explained RN-H did not obtain vital signs for a complete assessment. DON-B agreed this is concern and will be conducting education.</p> <p>No additional information was provided.</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>51016</p> <p>Based on observation and interview, the facility failed to store and serve food in accordance with professional standards for food service safety for 46 of 48 residents that receive food from the kitchen.</p> <p>* In the facility's main kitchen, observations of partially used and undated food were made in the walk-in and wall freezers/coolers. Several food items were observed in one of the facility's main kitchen wall coolers uncovered open to air and undated.</p> <p>* [NAME] restraints were not being utilized by a kitchen staff working in the main kitchen area.</p> <p>* Temperatures were not completed on all required food items prior to serving the food to residents.</p> <p>Findings include:</p> <p>The facility policy titled Food Safety Requirements, date reviewed 04/29/2024</p> <p>documents: Policy Explanation and Compliance Guidelines:</p> <p>3. Facility staff shall inspect all food, food products, and beverages for safe transport and quality upon delivery/receipt and ensure timely and proper storage. Subsection iv. Labeling, dating, and monitoring refrigerated food, including, but not limited to leftovers, so it is used by its use-by date, or frozen (where applicable)/discarded; and Subsection v. Keeping foods covered or in tight containers.</p> <p>4. When preparing food, staff shall take precautions in critical control points in the food preparation process to prevent, reduce, or eliminate potential hazards. Subsection d. Holding-staff shall monitor food temperatures while holding for delivery to ensure proper hot and cold temperatures are maintained. Staff shall refer to the current FDA Food Code and facility policy for food temperatures as needed.</p> <p>7. Staff shall adhere to safe hygienic practices to prevent contamination of foods from hands or physical objects. Subsection d. Dietary staff must wear hair restraints (e.g. hairnet, hat, and/or beard restraint) to prevent hair from contacting food.</p> <p>Food Storage Observations:</p> <p>On 02/04/25, at 08:55 AM, Surveyor observed in the main kitchen freezers labeled 1, 2, and C, the following items previously opened and partially used:</p> <p>1 bag of corn, 1 bag of hash browns, 1 bag of pepperoni, 1 bag of hamburger patties, 1 bag of shredded potatoes, 1 bag of peas, 2 bags of pizza crusts, and 1 package of buns in the walk-in freezer.</p> <p>(continued on next page)</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On 02/04/25, at 08:55 AM, Surveyor observed in the main kitchen coolers the following items that were opened and partly used: 1 large jar of mayonnaise, 2 cheese packages, 1 package of cheese slices, 1 gallon of milk, 1 carton of Lactaid milk, and 1 used whip cream squeeze bag with whip cream on outside of bag.</p> <p>Surveyor noted that all of these food items were not labeled or dated with an open or use by date.</p> <p>On 02/04/25, at 10:15 AM, Surveyor interview Food Service Director (FSD)-C and Cook-E about food storage and delivery.</p> <p>Surveyor asked FSD-C if they usually placed dates on food items after opening and placing the item in the refrigerator or freezer. FSD-C informed Surveyor that it is the facility's practice to place use by dates on food items when they are opened.</p> <p>On 02/05/25, at 03:21 PM, Surveyor observed in the main kitchen freezers labeled 1, 2, and C, the following items previously opened and partially used: 1 bag of hash browns, 1 bag of cookie dough, 1 loaf of bread, 1 bag of omelets, and 1 package of buns in the walk-in freezer.</p> <p>Surveyor observed in the main kitchen wall coolers: 1 large jar of mayonnaise, 1 package of cheese slices, 1 gallon of milk, 1 loaf of bread, 2 open to air uncovered Jell-O cups, and 1 used whip cream squeeze bag with whip cream on outside of bag.</p> <p>Surveyor noted that these items were not labeled or dated with an open or use by date.</p> <p>Food Temperature Observations:</p> <p>Surveyor asked FSD-C about the process of taking food from the main kitchen to the kitchenettes on the units. FSD-C informed Surveyor the food comes from the main kitchen and is then delivered to the kitchenette in covered pans and carts. Surveyor asked Cook-E when temperatures are taken on the food. Cook-E informed Surveyor temperatures are taken right away when the food comes out of the oven or heating source. Surveyor asked FSD-C when temperatures are taken on the food delivered to the kitchenettes on the unit. FSD-C told Surveyors that temperatures are taken after arrival to the unit warming station and prior to serving residents.</p> <p>On 02/04/25, at 12:18 PM, Surveyor observations of staff doing kitchenette point of service food temperatures prior to serving residents in the dining area.</p> <p>Surveyor observed Dietary Aide (DA)-G take temperatures on soup, vegetables, pureed meat, pureed vegetables. Surveyor observed DA-G did not take a temperature on the potatoes and gravy.</p> <p>Surveyor asked DA-G if a temperature should be taken on the potatoes and gravy. DA-G told Surveyor that DA-G only takes temperatures on the puree and regular items not the gravy and potatoes.</p> <p>On 02/04/25, at 12:25 PM, Surveyor observed DA-G serving a resident the gravy and potatoes without taking a temperature prior to serving the gravy and potatoes.</p> <p>Hair Restraint Observations:</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On 02/04/25, at 11:51 AM, Surveyors observed Dietary Aide (DA)-F had no beard restraint or cover on beard while working in the main kitchen.</p> <p>On 02/05/25, at 03:43 PM, Surveyors informed Nursing Home Administrator (NHA)-A of the above findings.</p> <p>No additional information was provided as to why the facility did not ensure that food was stored and served in accordance with professional standards for food service safety.</p>