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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525498 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 04/19/2022 |
| NAME OF PROVIDER OR SUPPLIER Waterfall Health of Brown Deer | | STREET ADDRESS, CITY, STATE, ZIP CODE 7500 W Dean Rd Milwaukee, WI 53223 | |

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) |
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| <p>F 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38253</p> <p>Based on interview and record review, the facility did not document the reason for transfer to the hospital in the resident's medical record including the reason for the transfer, the effective date of the transfer, the location to which the resident is transferred, a statement of the resident's appeal rights, and the Ombudsman information for 2 (R3 and R5) of 2 residents reviewed for discharges to the hospital.</p> <p>R3 was transferred to the hospital on 4/8/2022 with no transfer notice information.</p> <p>R5 was transferred to the hospital on 4/9/2022 with no transfer notice information.</p> <p>Findings:</p> <p>R3 was admitted to the facility on [DATE], with diagnoses of autonomic neuropathy, bronchitis, and anemia. R3 had a tracheostomy and was ventilator-supported during the night.</p> <p>On 4/8/2022 at 2:46 PM in the progress notes, Registered Nurse (RN)-D charted RN-D was called to R3's room at 2:28 PM by the respiratory therapist. When RN-D entered the room, R3 was in bed unresponsive. R3's oxygen saturation was 97% and the heart rate was 80. R3 was clenching their teeth with the tongue between the teeth. RN-D and the respiratory therapist were able to release the tongue and some oral bleeding was noted due to biting the tongue. 911 was called at 2:29 PM and emergency personnel arrived at 2:45 PM. R3's family member was contacted at that time. R3 was transferred to the hospital. In a following progress note at 3:19 PM, RN-D charted the Nurse Practitioner was notified of R3's status and transfer to the hospital.</p> <p>Surveyor reviewed R3's medical record. No documentation was found showing a transfer form had been completed and sent with R3 on 4/8/2022.</p> <p>R3 returned to the facility on [DATE].</p> <p>On 4/18/2022 at 1:00 PM, Surveyor interviewed R3 regarding the transfer to the hospital on 4/8/2022. R3 stated R3 went to the hospital at the beginning of April, 2022 with a seizure and came back to the facility to the same room.</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>In an interview on 4/18/2022 at 1:20 PM, Surveyor requested from Regional Nurse Consultant-C any documentation regarding R3's transfer to the hospital on 4/8/2022. Regional Nurse Consultant-C stated when a resident is sent out to the hospital, an e-Interact form (e-transfer summary form) is completed in the electronic medical record and sent with the resident along with a copy of the physician orders and a face sheet. Regional Nurse Consultant-C stated R3's transfer summary would be provided.</p> <p>In an interview on 4/18/2022 at 3:40 PM, Surveyor asked RN-D what paperwork is sent with a resident when they are transferred to the hospital. RN-D stated the face sheet, last hospital discharge summary, the physician orders, any recent lab work, Power of Attorney paperwork, and an e-transfer summary if the e-transfer summary had been completed prior to the resident leaving. If the e-transfer summary had not been completed before the transfer, RN-D would fax the completed e-transfer summary to the hospital. RN-D stated the computer charting system had been changed to a different program and a lot of the forms that were available previously were now no longer available. Surveyor asked RN-D if RN-D recalled completing an e-Interact form when R3 was sent out to the hospital on 4/8/2022. RN-D could not recall and stated if RN-D had completed one, it would be in R3's medical record.</p> <p>In an interview on 4/19/2022 at 10:10 AM, Nursing Home Administrator (NHA)-A stated Surveyor had requested a transfer summary for R3 on 4/8/2022 when R3 was transferred to the hospital and no e-Interact transfer form was completed.</p> <p>*)R5 was admitted to the facility on [DATE] with diagnoses of dementia, anxiety, anemia, congestive heart failure, and atrial fibrillation.</p> <p>On 4/9/2022 at 7:03 AM in the progress notes, nursing charted R5 was sent to the emergency room with complaints of pain and swollen testicles. At 12:38 PM in the progress notes, nursing charted R5 was admitted to the hospital with diagnoses of atrial fibrillation and edema.</p> <p>Surveyor reviewed R5's medical record. No documentation was found showing a transfer form had been completed and sent with R5 on 4/8/2022.</p> <p>The nurse that was on duty when R5 was sent to the emergency rodiagnom on [DATE] was not available for interview.</p> <p>R5 had not been readmitted to the facility at the time of the survey.</p> <p>In an interview on 4/18/2022 at 1:20 PM, Surveyor requested from Regional Nurse Consultant-C any documentation regarding R5's transfer to the hospital on 4/9/2022. Regional Nurse Consultant-C stated when a resident is sent out to the hospital, an e-Interact form (e-transfer summary form) is completed in the electronic medical record and sent with the resident along with a copy of the physician orders and a face sheet. Regional Nurse Consultant-C stated R5's transfer summary would be provided.</p> <p>In an interview on 4/19/2022 at 10:10 AM, Nursing Home Administrator (NHA)-A stated Surveyor had requested a transfer summary for R5 on 4/9/2022 when R5 was transferred to the hospital and no e-Interact transfer form was completed.</p> <p>(continued on next page)</p> | | |

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| <p>F 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>In an interview on 4/19/2022 at 10:30 AM, Surveyor reviewed with Regional Nurse Consultant-C the concerns with R3 and R5 being transferred to the hospital and no transfer summary information was sent with the resident. Regional Nurse Consultant-C reviewed R3 and R5 medical records for the e-transfer summary and agreed no e-transfer summaries had been completed for R3 and R5. No further information was provided at that time.</p> | | |

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| <p>F 0625</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Notify the resident or the resident's representative in writing how long the nursing home will hold the resident's bed in cases of transfer to a hospital or therapeutic leave.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38253</p> <p>Based on record review and interview, the facility did not provide a bed-hold notice documenting the duration of the state bed-hold policy and the facility's policies regarding bed-hold periods when a resident was transferred to the hospital for 2 (R3 and R5) of 2 residents reviewed for discharge to the hospital.</p> <p>R3 was transferred to the hospital on 4/8/2022 with no bed-hold notice provided.</p> <p>R5 was transferred to the hospital on 4/9/2022 with no bed-hold notice provided.</p> <p>Findings:</p> <p>1) R3 was admitted to the facility on [DATE] with diagnoses of autonomic neuropathy, bronchitis, and anemia. R3 had a tracheostomy and was ventilator-supported during the night.</p> <p>On 4/8/2022 at 2:46 PM in the progress notes, Registered Nurse (RN)-D charted RN-D was called to R3's room at 2:28 PM by the respiratory therapist. When RN-D entered the room, R3 was in bed unresponsive. R3's oxygen saturation was 97% and the heart rate was 80. R3 was clenching their teeth with the tongue between the teeth. RN-D and the respiratory therapist were able to release the tongue and some oral bleeding was noted due to biting the tongue. 911 was called at 2:29 PM and emergency personnel arrived at 2:45 PM. R3's family member was contacted at that time. R3 was transferred to the hospital. In a following progress note at 3:19 PM, RN-D charted the Nurse Practitioner was notified of R3's status and transfer to the hospital.</p> <p>Surveyor reviewed R3's medical record. No documentation was found showing a bed-hold notice had been completed and sent with R3 on 4/8/2022.</p> <p>R3 returned to the facility on [DATE].</p> <p>On 4/18/2022 at 1:00 PM, Surveyor interviewed R3 regarding the transfer to the hospital on 4/8/2022. R3 stated R3 went to the hospital at the beginning of April, 2022 with a seizure and came back to the facility to the same room.</p> <p>In an interview on 4/18/2022 at 1:20 PM, Surveyor requested from Regional Nurse Consultant-C any documentation regarding R3's transfer to the hospital on 4/8/2022. Regional Nurse Consultant-C stated when a resident is sent out to the hospital, an e-Interact form (e-transfer summary form) is completed in the electronic medical record and sent with the resident along with a copy of the physician orders and a face sheet. Regional Nurse Consultant-C stated R3's bed-hold notice would be provided to Surveyor.</p> <p>(continued on next page)</p> | | |

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| <p>F 0625</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>In an interview on 4/18/2022 at 3:40 PM, Surveyor asked RN-D what paperwork is sent with a resident when they are transferred to the hospital. RN-D stated the face sheet, last hospital discharge summary, the physician orders, any recent lab work, Power of Attorney paperwork, and an e-transfer summary if the e-transfer summary had been completed prior to the resident leaving. If the e-transfer summary had not been completed before the transfer, RN-D would fax the completed e-transfer summary to the hospital. RN-D stated the computer charting system had been changed to a different program and a lot of the forms that were available previously were now no longer available. Surveyor asked RN-D if RN-D recalled completing a bed-hold notice when R3 was sent out to the hospital on 4/8/2022. RN-D stated the bed-hold notice was included at the bottom of the e-transfer summary, but when the computer charting system was changed over, the bed-hold notice was no longer included. RN-D stated no bed-hold notice was provided to R3.</p> <p>In an interview on 4/19/2022 at 10:10 AM, Nursing Home Administrator (NHA)-A stated Surveyor had requested a bed-hold notice for R3 on 4/8/2022 when R3 was transferred to the hospital and no bed-hold notice had been completed.</p> <p>2) R5 was admitted to the facility on [DATE] with diagnoses of dementia, anxiety, anemia, congestive heart failure, and atrial fibrillation.</p> <p>On 4/9/2022 at 7:03 AM in the progress notes, nursing charted R5 was sent to the emergency room with complaints of pain and swollen testicles. At 12:38 PM in the progress notes, nursing charted R5 was admitted to the hospital with diagnoses of atrial fibrillation and edema.</p> <p>Surveyor reviewed R5's medical record. No documentation was found showing a bed-hold notice had been completed and sent with R5 on 4/8/2022.</p> <p>The nurse that was on duty when R5 was sent to the emergency roiaqnom on [DATE] was not available for interview.</p> <p>R5 had not been readmitted to the facility at the time of the survey.</p> <p>In an interview on 4/18/2022 at 1:20 PM, Surveyor requested from Regional Nurse Consultant-C any documentation regarding R5's transfer to the hospital on 4/9/2022. Regional Nurse Consultant-C stated when a resident is sent out to the hospital, an e-Interact form (e-transfer summary form) is completed in the electronic medical record and sent with the resident along with a copy of the physician orders and a face sheet. Regional Nurse Consultant-C stated R5's bed-hold notice would be provided to Surveyor.</p> <p>In an interview on 4/19/2022 at 10:10 AM, Nursing Home Administrator (NHA)-A stated Surveyor had requested a bed-hold notice for R5 on 4/9/2022 when R5 was transferred to the hospital and no bed-hold notice was completed.</p> <p>In an interview on 4/19/2022 at 10:30 AM, Surveyor reviewed with Regional Nurse Consultant-C the concerns with R3 and R5 being transferred to the hospital and no bed-hold notice was sent with the resident. Regional Nurse Consultant-C reviewed R3 and R5 medical records for the bed-hold notice and agreed no bed-hold notice had been completed for R3 and R5. No further information was provided at that time.</p> | | |

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| <p>F 0636</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Assess the resident completely in a timely manner when first admitted, and then periodically, at least every 12 months.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38253</p> <p>Based on record review and interview, the facility did not ensure comprehensive assessments were completed after admission or annually as required for 3 (R3, R5, and R26) of 7 residents reviewed for Minimum Data Set (MDS) assessments.</p> <p>R3 did not have an admission MDS assessment completed within fourteen days of admission.</p> <p>R5 did not have an annual MDS assessment completed within twelve months of the last comprehensive assessment.</p> <p>R26 did not have an admission MDS assessment completed within fourteen days of admission.</p> <p>Findings:</p> <p>The Long-Term Care Facility Resident Assessment Instrument 3.0 User's Manual, Version 1.17.1 dated October 2019 (the RAI Manual) states the comprehensive Admission MDS assessment must be completed within the first fourteen days of admission including the Care Area Assessments (CAAs) and must be submitted to the Centers for Medicare and Medicaid Services' (CMS') Quality Improvement and Evaluation System (QIES) Assessment Submission and Processing (ASAP) system. The Annual MDS assessment must be completed on an annual basis at least every 366 days and within 92 days since the last Quarterly MDS assessment.</p> <p>1) R3 was admitted to the facility on [DATE]. R3 was transferred out of the facility on 3/9/2022 and returned to the facility on [DATE]. The Assessment Reference Date (ARD) for the admission assessment was scheduled for 3/21/2022 due to R3 not being in the facility for an Admission Assessment to be completed.</p> <p>R3's Admission MDS assessment dated [DATE] was not completed by facility staff or submitted to CMS' QIES ASAP system.</p> <p>2) R5 was admitted to the facility on [DATE].</p> <p>R5's Annual MDS assessment dated [DATE] was not completed by facility staff or submitted to CMS' QIES ASAP system.</p> <p>3) R26 was admitted to the facility on [DATE]. R26 was transferred out of the facility on 3/25/2022 and returned to the facility on [DATE]. The ARD for the admission assessment was scheduled for 4/5/2022 due to R26 not being in the facility for an Admission Assessment to be completed.</p> <p>R26's Admission MDS assessment dated [DATE] was not completed by facility staff.</p> <p>(continued on next page)</p> |

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| <p>F 0636</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>In an interview on 4/13/2022 at 11:35 AM, Surveyor asked Director of Nursing (DON)-B who was responsible for scheduling and coordinating MDS assessments. DON-B stated a corporate nurse had been doing MDS assessments remotely and the facility was made aware on 4/4/2022 the corporate nurse had been ill and hospitalized so had not been completing the MDS assessments. DON-B stated a full-time and a part-time MDS nurse had been hired to start this past week and neither of the nurses reported to work and then informed the facility they would not be taking the position. DON-B stated they currently do not have anyone doing MDS assessments.</p> <p>In an interview on 4/18/2022 at 10:28 AM, Regional Nurse Consultant-C stated a new Corporate MDS nurse will be reviewing care plans to make sure they are comprehensive. Surveyor shared with Regional Nurse Consultant-C that Surveyor had been reviewing MDS assessments for multiple residents and no assessments had been completed since the beginning of March 2022. Regional Nurse Consultant-C was unaware MDS assessments had not been completed for residents in the facility.</p> <p>In an interview on 4/19/2022 at 10:30 AM, Regional Nurse Consultant-C stated Regional Nurse Consultant-C was the only one in the facility that can sign off on MDS assessments and does not know MDS that well. Regional Nurse Consultant-C stated corporate would be sending someone the following Monday to assist with MDS assessments and a new MDS nurse for the facility was hired but was unable to start employment for two weeks. Surveyor shared the concerns with Regional Nurse Consultant-C that R3 and R26 did not have admission MDS assessments completed and R5 did not have an annual MDS assessment completed. No further information was provided at that time.</p> | | |

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| <p>F 0638</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Assure that each resident's assessment is updated at least once every 3 months.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38253</p> <p>Based on record review and interview, the facility did not ensure quarterly assessments were completed as required for 2 (R1 and R2) of 7 residents reviewed for Minimum Data Set (MDS) assessments.</p> <p>R1 did not have a quarterly MDS assessment completed within 92 days of the last MDS assessment.</p> <p>R2 did not have a quarterly MDS assessment completed within 92 days of the last MDS assessment.</p> <p>Findings:</p> <p>The Long-Term Care Facility Resident Assessment Instrument 3.0 User's Manual, Version 1.17.1 dated October 2019 (the RAI Manual) states the quarterly MDS assessment must be completed at least every 92 days following the previous MDS assessment and must be submitted to the Centers for Medicare and Medicaid Services' (CMS') Quality Improvement and Evaluation System (QIES) Assessment Submission and Processing (ASAP) system.</p> <p>1) R1 was admitted to the facility on [DATE].</p> <p>R1's quarterly MDS assessment dated [DATE] was not completed by facility staff or submitted to CMS' QIES ASAP system.</p> <p>2) R2 was admitted to the facility on [DATE].</p> <p>R2's quarterly MDS assessment dated [DATE] was not completed by facility staff or submitted to CMS' QIES ASAP system.</p> <p>In an interview on 4/13/2022 at 11:35 AM, Surveyor asked Director of Nursing (DON)-B who was responsible for scheduling and coordinating MDS assessments. DON-B stated a corporate nurse had been doing MDS assessments remotely and the facility was made aware on 4/4/2022 the corporate nurse had been ill and hospitalized so had not been completing the MDS assessments. DON-B stated a full-time and a part-time MDS nurse had been hired to start this past week and neither of the nurses reported to work and then informed the facility they would not be taking the position. DON-B stated they currently do not have anyone doing MDS assessments.</p> <p>In an interview on 4/18/2022 at 10:28 AM, Regional Nurse Consultant-C stated a new Corporate MDS nurse will be reviewing care plans to make sure they are comprehensive. Surveyor shared with Regional Nurse Consultant-C that Surveyor had been reviewing MDS assessments for multiple residents and no assessments had been completed since the beginning of March 2022. Regional Nurse Consultant-C was unaware MDS assessments had not been completed for residents in the facility.</p> <p>(continued on next page)</p> | | |

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| <p>F 0638</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>In an interview on 4/19/2022 at 10:30 AM, Regional Nurse Consultant-C stated Regional Nurse Consultant-C was the only one in the facility that can sign off on MDS assessments and does not know MDS that well. Regional Nurse Consultant-C stated corporate would be sending someone the following Monday to assist with MDS assessments and a new MDS nurse for the facility was hired but was unable to start employment for two weeks. Surveyor shared the concerns with Regional Nurse Consultant-C that R1 and R2 did not have quarterly MDS assessments completed as scheduled. No further information was provided at that time.</p> | | |

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| <p>F 0640</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Encode each resident's assessment data and transmit these data to the State within 7 days of assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38253</p> <p>Based on record review and interview, the facility did not complete and transmit entry tracking, admission, annual, quarterly, or discharge assessments as required for 5 (R1, R2, R3, R5, and R26) of 7 residents reviewed for Minimum Data Set (MDS) assessments and transmission.</p> <p>R1 did not have a quarterly or a discharge assessment completed or transmitted.</p> <p>R2 did not have a quarterly assessment completed or transmitted.</p> <p>R3 did not have an entry tracking, a discharge assessment, or an admission assessment completed or transmitted.</p> <p>R5 did not have an annual assessment completed or transmitted.</p> <p>R26 did not have two entry tracking assessments, a discharge assessment, or an admission assessment completed or transmitted.</p> <p>Findings:</p> <p>The Long-Term Care Facility Resident Assessment Instrument 3.0 User's Manual, Version 1.17.1 dated October 2019 (the RAI Manual) states all Medicare and/or Medicaid-certified nursing homes must transmit required MDS data records to the Centers for Medicare and Medicaid Services' (CMS') Quality Improvement and Evaluation System (QIES) Assessment Submission and Processing (ASAP) system. Required MDS records include admission, quarterly, annual, and discharge assessments and entry tracking records.</p> <p>1) R1 was admitted to the facility on [DATE].</p> <p>R1's quarterly MDS assessment dated [DATE] was not completed by facility staff or transmitted to CMS' QIES ASAP system.</p> <p>R1 was transferred to the hospital on 3/30/2022. A discharge assessment was not completed by facility staff or transmitted to CMS' QIES ASAP system.</p> <p>2) R2 was admitted to the facility on [DATE].</p> <p>R2's quarterly MDS assessment dated [DATE] was not completed by facility staff or transmitted to CMS' QIES ASAP system.</p> <p>3) R3 was admitted to the facility on [DATE].</p> <p>R3 was transferred to the hospital on 3/9/2022. A discharge assessment was not completed by facility staff or transmitted to CMS' QIES ASAP system.</p> <p>(continued on next page)</p> | | |

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| NAME OF PROVIDER OR SUPPLIER Waterfall Health of Brown Deer | | STREET ADDRESS, CITY, STATE, ZIP CODE 7500 W Dean Rd Milwaukee, WI 53223 | |
| 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 0640</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>R3 returned to the facility on [DATE]. An entry tracking was not completed by facility staff or transmitted to CMS' QIES ASAP system.</p> <p>R3's admission MDS assessment dated [DATE] was not completed by facility staff or transmitted to CMS' QIES ASAP system.</p> <p>4) R5 was admitted to the facility on [DATE].</p> <p>R5's annual MDS assessment dated [DATE] was not completed by facility staff or transmitted to CMS' QIES ASAP system.</p> <p>5) R26 was admitted to the facility on [DATE].</p> <p>An entry tracking was not completed by facility staff or transmitted to CMS' QIES ASAP system.</p> <p>R26 was transferred to the hospital on 3/25/2022. A discharge assessment was not completed by facility staff or transmitted to CMS' QIES ASAP system.</p> <p>R26 returned to the facility on [DATE]. An entry tracking was not completed by facility staff or transmitted to CMS' QIES ASAP system.</p> <p>R26's admission MDS assessment dated [DATE] was not completed by facility staff or transmitted to CMS' QIES ASAP system.</p> <p>In an interview on 4/13/2022 at 11:35 AM, Surveyor asked Director of Nursing (DON)-B who was responsible for scheduling and coordinating MDS assessments. DON-B stated a corporate nurse had been doing MDS assessments remotely and the facility was made aware on 4/4/2022 the corporate nurse had been ill and hospitalized so had not been completing the MDS assessments. DON-B stated a full-time and a part-time MDS nurse had been hired to start this past week and neither of the nurses reported to work and then informed the facility they would not be taking the position. DON-B stated they currently do not have anyone doing MDS assessments.</p> <p>In an interview on 4/18/2022 at 10:28 AM, Regional Nurse Consultant-C stated a new Corporate MDS nurse will be reviewing care plans to make sure they are comprehensive. Surveyor shared with Regional Nurse Consultant-C that Surveyor had been reviewing MDS assessments for multiple residents and no assessments had been completed or transmitted since the beginning of March 2022. Regional Nurse Consultant-C was unaware MDS assessments had not been completed or transmitted for residents in the facility.</p> <p>In an interview on 4/19/2022 at 10:30 AM, Regional Nurse Consultant-C stated Regional Nurse Consultant-C was the only one in the facility that can sign off on MDS assessments and does not know MDS that well. Regional Nurse Consultant-C stated corporate would be sending someone the following Monday to assist with MDS assessments and a new MDS nurse for the facility was hired but was unable to start employment for two weeks. Surveyor shared the concerns with Regional Nurse Consultant-C that R1, R2, R3, R5, and R26 did not have entry tracking, admission, quarterly, annual, or discharge MDS assessments completed as scheduled or transmitted. No further information was provided at that time.</p> | | |

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| <p>F 0642</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Ensure a qualified health professional conducts resident assessments.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38253</p> <p>Based on record review and interview, the facility did not ensure a Registered Nurse was coordinating assessments with health professionals and signing and certifying the assessments were completed as required for 5 (R1, R2, R3, R5, and R26) of 7 residents reviewed for Minimum Data Set (MDS) assessments and transmission.</p> <p>R1 did not have a quarterly or a discharge assessment completed or transmitted.</p> <p>R2 did not have a quarterly assessment completed or transmitted. R2 did not have a discharge assessment scheduled for completion.</p> <p>R3 did not have an entry tracking, a discharge assessment, or an admission assessment completed or transmitted. R3 did not have a discharge assessment or entry tracking record scheduled for completion.</p> <p>R5 did not have an annual assessment completed or transmitted. R5 did not have a discharge assessment scheduled for completion.</p> <p>R26 did not have two entry trackings, a discharge assessment, or an admission assessment completed or transmitted.</p> <p>Findings:</p> <p>The Long-Term Care Facility Resident Assessment Instrument 3.0 User's Manual, Version 1.17.1 dated October 2019 (the RAI Manual) states: Given the requirements of participation of appropriate health professionals and direct care staff, completion of the RAI is best accomplished by an interdisciplinary team (IDT) that includes nursing home staff with varied clinical backgrounds, including nursing staff and the resident's physician. Such a team brings their combined experience and knowledge to the table in providing an understanding of the strengths, needs and preferences of a resident to ensure the best possible quality of care and quality of life. It is important to note that even nursing homes that have been granted an RN waiver under 42 CFR 483.35(e) must provide an RN to conduct or coordinate the assessment and sign off the assessment as complete.</p> <p>1)R1 was admitted to the facility on [DATE].</p> <p>R1's quarterly MDS assessment dated [DATE] was not completed by facility staff or transmitted to CMS' QIES ASAP system.</p> <p>R1 was transferred to the hospital on 3/30/2022. A discharge assessment was not completed by facility staff or transmitted to CMS' QIES ASAP system.</p> <p>2) R2 was admitted to the facility on [DATE].</p> <p>R2's quarterly MDS assessment dated [DATE] was not completed by facility staff or transmitted to CMS' QIES ASAP system.</p> <p>(continued on next page)</p> | | |

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| <p>F 0642</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>R2 was transferred to the hospital on 4/11/2022. The discharge assessment had not been initiated in the electronic charting system.</p> <p>3) R3 was admitted to the facility on [DATE].</p> <p>R3 was transferred to the hospital on 3/9/2022. A discharge assessment was not completed by facility staff or transmitted to CMS' QIES ASAP system.</p> <p>R3 returned to the facility on [DATE]. The entry tracking was not completed by facility staff or transmitted to CMS' QIES ASAP system.</p> <p>R3's admission MDS assessment dated [DATE] was not completed by facility staff or transmitted to CMS' QIES ASAP system.</p> <p>R3 was transferred to the hospital on 4/8/2022. The discharge assessment had not been initiated in the electronic charting system.</p> <p>R3 was readmitted to the facility on [DATE]. The entry tracking had not been initiated in the electronic charting system.</p> <p>4) R5 was admitted to the facility on [DATE].</p> <p>R5's annual MDS assessment dated [DATE] was not completed by facility staff or transmitted to CMS' QIES ASAP system.</p> <p>R5 was transferred to the hospital on 4/9/2022. The discharge assessment had not been initiated in the electronic charting system.</p> <p>5) R26 was admitted to the facility on [DATE].</p> <p>An entry tracking was not completed by facility staff or transmitted to CMS' QIES ASAP system.</p> <p>R26 was transferred to the hospital on 3/25/2022. A discharge assessment was not completed by facility staff or transmitted to CMS' QIES ASAP system.</p> <p>R26 returned to the facility on [DATE]. An entry tracking was not completed by facility staff or transmitted to CMS' QIES ASAP system.</p> <p>R26's admission MDS assessment dated [DATE] was not completed by facility staff or transmitted to CMS' QIES ASAP system.</p> <p>(continued on next page)</p> |

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| <p>F 0642</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>In an interview on 4/13/2022 at 11:35 AM, Surveyor asked Director of Nursing (DON)-B who was responsible for scheduling in the electronic charting system and coordinating MDS assessments. DON-B stated a corporate nurse had been doing MDS assessments remotely and the facility was made aware on 4/4/2022 the corporate nurse had been ill and hospitalized so had not been completing the MDS assessments. DON-B was unaware of how long the corporate nurse had been on medical leave and did not know what assessments had been done or not done for the residents in the facility. DON-B stated a full-time and a part-time MDS nurse had been hired to start this past week and neither of the nurses reported to work and then informed the facility they would not be taking the position. DON-B stated they currently do not have anyone doing MDS assessments.</p> <p>In an interview on 4/18/2022 at 10:28 AM, Regional Nurse Consultant-C stated a new Corporate MDS nurse will be reviewing care plans to make sure they are comprehensive. Surveyor shared with Regional Nurse Consultant-C that Surveyor had been reviewing MDS assessments for multiple residents and no assessments had been completed or transmitted since the beginning of March 2022. Regional Nurse Consultant-C was unaware MDS assessments had not been completed or transmitted for residents in the facility.</p> <p>In an interview on 4/19/2022 at 10:30 AM, Regional Nurse Consultant-C stated Regional Nurse Consultant-C was the only one in the facility that can sign off on MDS assessments and does not know MDS that well. Regional Nurse Consultant-C stated corporate would be sending someone the following Monday to assist with MDS assessments and a new MDS nurse for the facility was hired but was unable to start employment for two weeks. Surveyor shared the concerns with Regional Nurse Consultant-C that R1, R2, R3, R5, and R26 did not have entry tracking, admission, quarterly, annual, or discharge MDS assessments completed as scheduled or transmitted. Surveyor shared with Regional Nurse Consultant-C that entry trackings and discharge assessments had not been initiated in the electronic charting system for the month of April 2022 and the only way Surveyor could see when a resident had been in or out of the facility was by looking at the census section of the resident record. No further information was provided at that time.</p> | | |

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| <p>F 0676</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Ensure residents do not lose the ability to perform activities of daily living unless there is a medical reason.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36161</p> <p>Based on record review and interview, the facility did not ensure that 1 (R4) of 1 residents reviewed for ADL (Activities of Daily Living) assistance received the necessary services to maintain R4's ability to practice good grooming and personal hygiene.</p> <p>* R4 had no documented showers provided by facility staff since 3/9/22 per R84's plan of care.</p> <p>Findings include:</p> <p>R4 was admitted to the facility on [DATE] with a diagnosis that included Dementia without Behavioral Disturbance, Psoriasis and Diabetes Mellitus Type II.</p> <p>R84's Quarterly MDS (Minimum Data Set) dated 1/5/22, documents a BIMS (Brief Interview for Mental Status) score of 6, indicating that R4 is moderately cognitively impaired.</p> <p>Section G (Functional Status) documents that R4 is independent and requires only set up help from staff for his bed mobility needs. Section G also documents that R4 requires limited assistance and one person physical assist for his bathing needs.</p> <p>Section G0400 (Functional Limitation in Range of Motion) documents that R4 has no impairment to either side of her upper or lower extremities.</p> <p>R4's Admission MDS dated [DATE] documents in section F0400 (Interview for Daily Preferences): C. How important is it to you to choose between a tub bath, shower, bed bath, or sponge bath? Very Important.</p> <p>On 4/18/22, at 1:50 p.m., Surveyor asked R4 if he received showers or bathing while residing at the facility. R4 informed Surveyor that he would receive a shower only when he would ask for one.</p> <p>On 4/18/22, at approximately 2:20 p.m., Surveyor reviewed R4's medical record and noted R4 had no documented showers for the last 30 days. Surveyor was unable to locate any documentation R4 was provided showers or refused offered showers since 3/9/22.</p> <p>On 4/18/22, at 2:24 p.m., Surveyor informed DON (Director of Nursing) -M of the above findings. Surveyor asked DON-B if R4 had any additional bathing/shower documentation, as Surveyor was unable to locate any in R4's medical record.</p> <p>DON-B informed Surveyor she would review R4's shower documentation and R4's medical record and let Surveyor know.</p> <p>On 4/19/22, at 9:36 a.m., DON-B informed Surveyor she could not provide any additional shower documentation for R4 and informed Surveyor that R4 did not have any documented showers after 3/9/22.</p> <p>(continued on next page)</p> | | |

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| <p>F 0676</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>No additional information was provided as to why R4 did not receive showers to maintain good grooming and personal hygiene.</p> |

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| <p>F 0684</p> <p>Level of Harm - 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** 36161</p> <p>Based on observation, interview and record review, the facility did not ensure that 1 (R26) of 1 residents reviewed received treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the resident's choices.</p> <p>* R26 was admitted to the facility with a wound vac (vacuum) to the left knee. R26 was found to have no wound assessments, monitoring of the wound vac or wound care from 3/29/22 to 4/13/22. During this time, the size of R26's left knee surgical wound grew in size and depth.</p> <p>Findings include:</p> <p>The facility's policy dated January 2022, and titled, Skin Management: Monitoring of Wounds and Documentation documents under the General section, It is important that the facility have a system in place to ensure that the protocols for daily monitoring and for periodic documentation of measurements, terminology, frequency of assessment, and documentation are implemented consistently throughout the facility.</p> <p>Under the General Guidelines section it documents, An evaluation of the status of the dressing, if present (whether it is intact and whether drainage if pressing, is or is not leaking); the presence of complications, such as signs of increasing area of ulceration or soft tissue infection (for example: increase redness or swelling around the wound or increased drainage from the wound); The amount of observations possible will depend upon the type of dressing that is used, since some dressings are not meant to remain in place for several days, according to manufacturer's guidelines.</p> <p>Under the General Monitoring Guidelines section it documents, With each dressing change or at least weekly (and more often when indicated by wound complications or changes in wound characteristics), an evaluation of the wound should be documented. At a minimum, documentation should include the date observed and: Location and staging; Size (perpendicular measurements of the greatest extend of the wound), depth, and the presence, location and any extent of any undermining or tunneling/sinus tract; Exudate if present: type (such as purulent/serous), color, odor and approximate amounts; Wound bed: Color any type of tissue/character include evidence of healing (e.g., granular tissue), or necrosis (slough or eschar); and description of wound edgers and surrounding tissue as appropriate.</p> <p>1.) R26 admitted to the facility 3/23/22 with diagnoses that included Acute Osteomyelitis, Diabetes Mellitus Type II and Post Procedural Septic Shock.</p> <p>R26's Admission MDS (Minimum Data Set) dated 4/5/22, along with the CAA (Care Area Assessment), was not submitted and completed as of 4/18/22.</p> <p>(continued on next page)</p> | | |

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| <p>F 0684</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p> | <p>R26's Hospital Discharge summary dated 3/23/22 documents, Infected Left Femur: Pt (patient) is 9-month s/p (status post) distal femoral replacement for fx (fracture). Post op (operation) recovery complicated by poor wound healing and underwent excisional debridement 6 months after initial surgery .Ortho (Orthopedic Physician) deferred surgical treatment with .antibiotic spacer until patient's nutritional status improves to optimize her prior to surgery. Wound vac (vacuum) applied to L (left) knee 3/10 (3/10/22) and changed weekly until more nutritionally optimized. Wound vac last changed on 3/23 (3/23/22). Pt to remain NWB (non-weight bearing) to LLE (left lower extremity). Close f/u (follow up) with ortho pre-op (pre operation) and orthopedic clinic.</p> <p>Septic shock likely 2/2 (secondary to) infected left femur, resolved: Source of infection at this point is likely from L (left) femur and she (R26) clinically improved on broad spectrum abx (antibiotic).</p> <p>R26's Skin Integrity care plan dated 3/23/22 documents under the Focus, The resident has actual impairment to skin integrity of the Left Knee r/t (related to) Post Surgical repair infection.</p> <p>Under the Interventions section, dated 3/23/22, it documents, Monitor/document location, size and treatment of skin injury. Report abnormalities, failure to heal, s/sx (signs/symptoms) of infection, maceration etc. to MD (Medical Doctor); Follow facility protocols for treatment utilizing wound vac therapy.</p> <p>R26's nursing note dated 3/23/22 documents, Admission Summary Note Text: Admission to room .Dx (diagnosis) .Infection to Surgical site r/t (related to) fx (fracture) femur . A/O (alert and orientated) x 4 able to make needs known verbally, skin warm/dry, Has wound vac dressing to left Knee, Dr (doctor) updated to follow & ordered Wet to Moist dressing, Writer removed dressing to reveal area to left Knee of 4.0 x (by) 5.5 x 0.2 cm (centimeters) with significant slough, moderate exudate, area distal to original location reveals wound that measures 1.2 x 1.0 exudate wound bed pink, no slough, 3rd site medial to second area measures 0.5 x 1.5 with pink wound bed and small amount drainage, no odor, orders confirmed with Dr & sent to pharmacy for delivery. Resident is Full Code & weighs 96.0 lbs. (pounds).</p> <p>R26's admission physician orders dated 3/24/22 documents, Treatment to Left Knee Post Surgical Wound as follows. Clean area with S/W, apply Xeroform Gauze to all 3 areas and cover with Border Foam dressing, Change Daily & Prn (as needed).</p> <p>R26's March 2022 TAR (Treatment Administration Record) documents that R26 received the above treatment on 3/24/22 and 3/25/22.</p> <p>R26's nursing note dated 3/25/22 documents, Health Status Note Text: Writer contacting Doctor's office after assessing Left Knee d/t (due to) Bleeding from site, Writer removed dressing & cleaned area, placed Pressure dressing which immediately bled through. Also attempting to update sister with no success, Awaiting call back from Ortho. Resident appears comfortable & denies pain.</p> <p>R26's nursing note dated 3/25/22 documents, Health Status Note Text: Writer received communication while Resident out that she is being admitted thru ER (emergency room) post ortho (orthopedic) visit for abnormal magnesium, UTI & low BS (blood sugar) for ABX (antibiotic) therapy.</p> <p>(continued on next page)</p> | | |

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| <p>F 0684</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p> | <p>R26's Hospital Discharge summary dated 3/29/22 documents, Left Knee Wounds: She has a wound vac (vacuum) in place to left knee; maintain at 125 mm Hg (millimeters of mercury). NWB (non weight bearing) LLE (left lower extremity); follows with ortho (orthopedic clinic) for potential spacer placement once nutritional status improves.</p> <p>R26's nursing note dated 3/29/22 documents, Admission Summary Note Text: Returned to Facility after brief hospital stay, Alert/Oriented x 4 & able to make needs known, Wound vac to Left Knee functioning well at 125mm/pressure. Order to change weekly, Order verified with Np (nurse practitioner) and faxed to pharmacy.</p> <p>Surveyor was unable to locate any nurse practitioner notes or physician orders for R26's wound vacuum monitoring, assessment and treatment in R26's medical record.</p> <p>Surveyor was also unable to locate any documentation that R26's wound vacuum was being monitored daily for functionality or that R26's surgical wound was being monitored and assessed after R26 was readmitted to the facility on [DATE].</p> <p>Surveyor was also unable to locate any additional care plan interventions for the monitoring and assessment of R26's surgical wound or wound vacuum.</p> <p>Surveyor was unable to locate any RN (Registered Nurse) assessment in R26's medical record that documented that R26's left knee surgical wound was reassessed upon readmission to the facility on [DATE].</p> <p>Surveyor was also unable to locate any documentation that documented the condition, including the size and status of R26's wound vacuum, of R26's left knee surgical wound upon readmission to the facility on [DATE].</p> <p>Surveyor was unable to locate any documentation in R26's medical record, including in R26's MAR (Medication Administration Record), TAR (Treatment Administration Record), nursing notes or physician orders or consults, that documented an assessment for R26's left knee surgical wound or the status of R26's wound vacuum from 3/29/22 to 4/13/22.</p> <p>R26's Abuse/Concerns interview dated 4/13/22 documents, 4. Do you have any other concerns we haven't discussed: No one knows how to change my wound vac (vacuum).</p> <p>On 4/13/22 at approximately 12:52 p.m., Surveyor informed RN (Registered Nurse) Consultant-F of the above findings. Surveyor asked RN Consultant-F if R26 had any physician orders in place for the monitoring of her wound vacuum, any care plan interventions or any wound care orders in place, as Surveyor was unable to locate any in R26's medical record.</p> <p>RN Consultant-F informed Surveyor that she had become aware that R26 did not have any care plan interventions, wound treatment orders and wound vacuum monitoring orders in place but that she would add them.</p> <p>(continued on next page)</p> | | |

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| <p>F 0684</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p> | <p>On 4/13/22 at approximately 2:50 p.m., Surveyor observed the following physician orders in R26's medical record, Apply wound vac to left knee @ (at) 125mgHG continuous suction to left knee. Change q (every) 3 days; Change wound vac to left knee mon (Monday) /wed (Wednesday)/ fri (Friday) and prn (as needed).</p> <p>On 4/14/22 at approximately 12:30 p.m., Surveyor noted that R26 had the following interventions added to her Skin Integrity plan of care: Notify Licensed Nurse if wound vac becomes unplugged or vac area is compromised. Notify if there is any question of wound vac integrity; The resident needs a pressure relieving cushion to protect the skin while up IN CHAIR; The resident needs a pressure relieving/reducing mattress, to protect the skin while IN BED; Weekly treatment documentation to include measurement of each area of skin breakdown's width, length, depth, type of tissue and exudate and any other notable changes or observations. Date Initiated: 04/14/2022.</p> <p>On 4/14/22 at 12:57 p.m., Surveyor asked R26 if she had any concerns regarding her surgical left knee wound. R26 informed Surveyor that she was concerns that facility staff did not know how to care for her wound and wound vacuum. R26 informed Surveyor that her wound vacuum had been beeping since Tuesday (4/12/22) and that facility staff had not fixed it until yesterday (4/13/22). R26 informed Surveyor that no one had come in and assessed her wound and that she (R26) had not had a wound treatment done on her left knee surgical wound since she was readmitted to the facility on [DATE].</p> <p>On 4/14/22 at 1:08 p.m., Surveyor asked Wound LPN (Licensed Practical Nurse)-Q, whom oversaw assessing and monitoring all the wounds in the facility, if she had assessed, treated, or monitored R26's left knee surgical wound or vacuum since 3/29/22, since Surveyor could not locate any documentation in R26's medical record.</p> <p>Wound LPN-Q informed Surveyor that she had not assessed, treated, or monitored R26's wound vacuum until yesterday (4/13/22) where she went in and re-anchored R26's wound vacuum dressing. Wound LPN-Q informed Surveyor that she did not assess or treat R26's left knee surgical wound and that all she did was re-anchor the dressing. Wound LPN-Q informed Surveyor that she had never assessed or treated R26's left knee surgical wound since 3/29/22.</p> <p>On 4/14/22 at 1:29 p.m., Surveyor observed Wound LPN-Q remove R26's left knee wound vacuum dressing and apply a wet to dry bandage to the area. Surveyor noted that R26 did not have a physician order for a wet to dry dressing to be applied to R26's left knee wound vacuum when Wound LPN-Q applied it to R26.</p> <p>During this time Wound LPN-Q measured and assessed R26's left knee wound with Surveyor. As Wound LPN-Q removed the sponge dressing, she informed Surveyor that this was the first time she had observed R26's left knee surgical wound.</p> <p>During the dressing change, Surveyor observed 3 open areas to R26's left knee with the following measurements: Left Knee- 4.5 cm (centimeters) in length by 5.5 cm wide and 0.9 cm deep. Surveyor observed the wound bed to have exposed muscle, bone, and metal hardware along with a necrotic area in the middle of the wound measuring 0.5 cm by 0.5 cm in size; Left Knee Distal: 1.5 cm in length by 1 cm wide. Surveyor initially observed the presence of slough over the wound bed, however Surveyor observed Wound LPN-Q wipe off and remove all of the slough from the wound bed, exposing bone and metal hardware; Left Knee Inferior to Main Wound: 0.5 cm in length by 0.5 cm wide, with a red granulated wound base.</p> <p>(continued on next page)</p> | | |

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| NAME OF PROVIDER OR SUPPLIER Waterfall Health of Brown Deer | | STREET ADDRESS, CITY, STATE, ZIP CODE 7500 W Dean Rd Milwaukee, WI 53223 | |
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| <p>F 0684</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p> | <p>Apart from the necrotic area observed by Surveyor, Surveyor observed no signs of infection to the wounds.</p> <p>On 4/14/22 at 1:50 p.m., during the wound dressing change, Surveyor asked Wound LPN-Q if R26's Left Knee Distal wound was a pressure injury or surgical wound as the wound bed had previously been covered with slough. Wound LPN-Q informed Surveyor that she believed the Left Knee Distal wound was a stage 3 pressure injury as she could see bone at the base of the wound.</p> <p>On 4/14/22 at 2:57 p.m., Surveyor observed Wound LPN-Q remove the wet to dry dressing and apply a sponge for a new vacuum dressing on R26's left knee wound. During this observation, Surveyor observed Wound LPN-Q be unsuccessful in obtaining a functional wound vacuum seal on the dressing for R26's left knee wound.</p> <p>On 4/14/22 at 3:32 p.m., RN (Registered Nurse)-D assisted Wound LPN-Q with troubleshooting R26's wound vacuum. Wound LPN-Q informed Surveyor that due to the wound pump not being charged, she would be re-applying a wet to dry dressing to R26's left knee wound until she could get the wound pump to charge and obtain a successful wound vacuum seal on the dressing for R26's left knee wound.</p> <p>Surveyor noted that based on R26's initial wound measurements as documented on 3/23/22, R26's wound had increased in size and depth since being readmitted to the facility on [DATE].</p> <p>On 4/14/22 at 3:40 p.m., Surveyor informed NHA (Nursing Home Administrator)-A of the above findings. NHA-A informed Surveyor that she would have R26's left knee wound vacuum looked at, however no additional information was provided.</p> <p>On 4/18/22 at 8:49 a.m., DON (Director of Nursing)-B informed Surveyor that R26 was sent out to the orthopedic clinic on 4/15/22 and that R26 now had wound orders in place.</p> <p>R26's Order Summary Report from the orthopedic clinic dated 4/15/22 documents, If there is any malfunction with the wound vac (vacuum), please send to [name of hospital] ER (emergency room) after hours for wound vac (vacuum) placement. Monday through Friday however, call Doctor's office and we can arrange an office visit to replace the vac (vacuum). Extra canisters are provided for replacement if needed.</p> <p>Surveyor noted that R26's Order Summary Report from the orthopedic clinic dated 4/15/22 did not include an assessment with measurements of R26's left knee surgical wound.</p> <p>On 4/18/22 at 11:34 a.m., Surveyor unsuccessfully attempted to contact R26's orthopedic clinic via telephone to get additional information and an assessment of R26's left knee surgical wound.</p> <p>On 4/18/22 at 1:41 p.m., Regional RN (Registered Nurse) Consultant- C informed Surveyor that she was unsuccessful in getting additional information and an assessment of R26's left knee surgical wound.</p> <p>No additional information was provided as to why R26 did not receive treatment and care in accordance with professional standards of practice, for her left knee surgical wound.</p> <p>\\</p> | | |

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| <p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38253</p> <p>Based on interview and record review, the facility did not document the change of condition for 1 (R5) of 2 residents reviewed that were transferred to the hospital.</p> <p>R5 was transferred to the hospital on 4/9/2022 with no documentation of the change of condition or the events that occurred prior to R5 being transferred. No physician or Guardian notification was documented. No vital signs were documented.</p> <p>Findings:</p> <p>R5 was admitted to the facility on [DATE] with diagnoses of dementia, anxiety, anemia, congestive heart failure, and atrial fibrillation.</p> <p>On 3/24/2022, at 3:45 AM in the progress notes, nursing charted R5 was sleeping in a chair and being monitored for a new order as of 3/22/2022 for Olanzapine 2.5 mg daily.</p> <p>No progress notes were charted from 3/24/2022 until 4/9/2022.</p> <p>Vital signs were documented on 4/8/2022 at 4:23 PM.</p> <p>On 4/9/2022, at 7:03 AM in the progress notes, nursing charted R5 was sent to the emergency room with complaints of pain and swollen testicles. At 12:38 PM in the progress notes, nursing charted R5 was admitted to the hospital with diagnoses of atrial fibrillation and edema.</p> <p>Surveyor reviewed R5's medical record. No documentation was found showing what had occurred prior to R5 being sent to the hospital; no change of condition was documented, no vital signs were documented, and no physician or Guardian notification were documented.</p> <p>The nurse that was on duty when R5 was sent to the emergency roiaqnom on [DATE] was not available for interview.</p> <p>R5 had not been readmitted to the facility at the time of the survey.</p> <p>In an interview on 4/18/2022, at 1:20 PM, Surveyor requested from Regional Nurse Consultant-C all documentation regarding the change of condition that occurred prior to R5's transfer to the hospital on 4/9/2022. Regional Nurse Consultant-C stated when a resident is sent out to the hospital, an e-Interact form (e-transfer summary form) is completed in the electronic medical record and sent with the resident along with a copy of the physician orders and a face sheet. Regional Nurse Consultant-C stated any documentation regarding R5's change in condition on 4/9/2022 would be provided to Surveyor.</p> <p>(continued on next page)</p> | | |

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| <p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>In an interview on 4/19/2022, at 10:10 AM, Nursing Home Administrator (NHA)-A stated Surveyor had requested documentation showing the events that occurred on 4/9/2022 when R5 was transferred to the hospital and stated an e-Interact transfer form had not been completed on 4/9/2022. NHA-A stated the e-Interact transfer form would have had all the pertinent information surrounding the event that preceded R5 going to the hospital.</p> <p>In an interview on 4/19/2022, at 10:30 AM, Surveyor reviewed with Regional Nurse Consultant-C the concerns with R5 being transferred to the hospital on 4/9/2022 and no documentation showing what had transpired prior to R5 being transferred. Surveyor shared with Regional Nurse Consultant-C no progress notes were documented prior to R5 being transferred, no vital signs were recorded, and no transfer paperwork was completed which would have shown if the physician and Guardian had been notified of the change in condition and transfer. Regional Nurse Consultant-C reviewed R5's medical records and agreed no documentation could be found surrounding the event on 4/9/2022 that led to R5 being transferred and admitted to the hospital. No further information was provided at that time.</p> |

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| <p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36161</p> <p>Based on observation, interview, and record review the Facility did not have an effective infection control program for 1(R26) of 1 sampled Residents.</p> <p>* Facility staff was observed to not demonstrate appropriate hand hygiene or maintain a sanitary environment during R26's left knee surgical wound treatment.</p> <p>Findings include:</p> <p>R26 admitted to the facility on [DATE], with a diagnosis that included Acute Osteomyelitis, Diabetes Mellitus Type II and Post Procedural Septic Shock.</p> <p>R26's Admission MDS (Minimum Data Set) dated 4/5/22, along with the CAA (Care Area Assessment), was not submitted and completed as of 4/18/22.</p> <p>R26's Hospital Discharge summary, dated 3/23/22 documents, Infected Left Femur: Pt (patient) is 9-month s/p (status post) distal femoral replacement for fx (fracture). Post op (operation) recovery complicated by poor wound healing and underwent excisional debridement 6 months after initial surgery .Ortho deferred surgical treatment with .antibiotic spacer until patient's nutritional status improves to optimize her prior to surgery. Wound vac (vacuum) applied to L (left) knee 3/10 (3/10/22) and changed weekly until more nutritionally optimized. Wound vac last changed on 3/23 (3/23/22). Pt to remained NWB (non-weight bearing) to LLE (left lower extremity). Close f/u (follow up) with ortho pre-op (pre operation) and orthopedic clinic.</p> <p>On 4/14/22 at 1:52 p.m., during the wound dressing change, Surveyor observed Wound LPN-Q place a gauze over R26's open and exposed left knee surgical wound. As Wound LPN-Q prepared to exit the room, she moved R26's soiled bed sheet and placed it over R26's left knee wound. Surveyor observed that as she did this, R26's soiled bed sheet rubbed over the exposed wound bed of R26's left knee surgical wound.</p> <p>On 4/14/22 at 1:58 p.m., Surveyor observed Wound LPN-Q grab a piece of gauze with gloved hands and proceed to soak it in saline. As Wound LPN-Q squeezed the saline soaked gauze, Surveyor observed Wound LPN-Q's right hand index finger's purple acrylic nail break through the glove and touch the saline soaked gauze.</p> <p>Surveyor then observed Wound LPN-Q pack the saline soaked gauze into the wound bed of R26's left knee surgical wound. As Wound LPN-Q maneuvered the gauze into the wound, Surveyor observed Wound LPN-Q's right-hand index finger purple acrylic nail touch R26's exposed wound bed.</p> <p>Surveyor noted that Wound LPN-Q did not remove her gloves or wash her hands after her right index acrylic fingernail broke through her glove.</p> <p>On 4/14/22 at 2:01 p.m., Surveyor observed Wound LPN-Q touch, with both gloved hands, the outside of her face mask to place it over her nose. Surveyor then observed Wound LPN-Q grab a sterile dressing with both gloved hands and place it over R26's left knee surgical wound.</p> <p>(continued on next page)</p> | | |

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| <p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Surveyor noted that Wound LPN-Q did not wash her hands or change her gloves after touching her face mask and before handling a sterile dressing that was placed over R26's left knee surgical wound.</p> <p>On 4/14/22 at 2:57 p.m., Surveyor observed Wound LPN-Q remove the wet to dry dressing and apply a sponge for a new vacuum dressing on R26's left knee wound.</p> <p>Surveyor observed Wound LPN-Q store the sterile sponge dressing used for R26's wound vacuum between two non-sterile bath towels. Surveyor noted that Wound LPN-Q did not keep the sponge dressing in its sterile packaging.</p> <p>Surveyor asked Wound LPN-Q why she kept the sterile sponge dressing used for R26's wound vacuum between two bath towels and not in the packaging. Wound LPN-Q informed Surveyor that she was attempting to keep the sponge as clean as possible.</p> <p>On 4/14/22 at 2:59 p.m., as Wound LPN-Q placed the sponge over R26's left knee surgical wound, Surveyor observed Wound LPN-Q remove her gloves and then with her bare hands, place the sponge and gauze of R26's surgical wound.</p> <p>Surveyor noted that R26 did not wash her hands or re-glove before placing the sponge over R26's exposed left knee surgical wound.</p> <p>On 4/14/22 at 3:05 p.m., Surveyor observed the sponge fall off R26's left knee surgical wound onto R26's bed. Surveyor observed the wound side of the sponge to fall on R26's soiled bed sheet. Surveyor then observed Wound LPN-Q place the sponge back on top of R26's exposed left knee surgical wound.</p> <p>Surveyor noted that Wound LPN-Q did not get a new sponge or wash R26's left knee surgical wound prior to replacing the soiled/contaminated sponge back onto R26's exposed left knee wound bed.</p> <p>During this observation, Surveyor observed Wound LPN-Q be unsuccessful in obtaining a functional wound vacuum seal on the dressing for R26's left knee wound.</p> <p>On 4/14/22 at 3:32 p.m., RN (Registered Nurse)-D assisted Wound LPN-Q with troubleshooting R26's wound vacuum. Wound LPN-Q informed Surveyor that due to the wound pump not being charged, she would be re-applying a wet to dry dressing to R26's left knee wound until she could get the wound pump to charge and obtain a successful wound vacuum seal on the dressing for R26's left knee wound.</p> <p>On 4/14/22 at 3:40 p.m., Surveyor informed NHA (Nursing Home Administrator)-A of the above findings. NHA-A informed Surveyor that she would have R26's left knee wound vacuum looked at, however no additional information was provided.</p> |