

Department of Health & Human Services  
Centers for Medicare & Medicaid Services

Printed: 05/18/2024  
Form Approved OMB  
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525330	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/06/2021
NAME OF PROVIDER OR SUPPLIER  Middleton Village Nursing and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE  6201 Elmwood Ave Middleton, WI 53562	
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)		
F 0563  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	<p>Honor the resident's right to receive visitors of his or her choosing, at the time of his or her choosing.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 38725</p> <p>Based on interview and record review the facility did not ensure consistency with the residents' right to receive visitors of his or her choosing at the time of his or her choosing for 1 of 24 sampled residents (R70) and 1 supplemental resident (R229).</p> <p>R229 was not allowed a visit with daughter after she had one the previous Saturday.</p> <p>The facility did not consistently implement the visitation policy or communicate this to family.</p> <p>This is evidenced by:</p> <p>The Facility's Policy and Procedure entitled Skilled Nursing Facility Visitation Guideline COVID-19, revised 4/28/21, documents in part: .Indoor Visitation .Residents in quarantine: whether vaccinated or unvaccinated, visitors should be prohibited for residents in quarantine until they have met criteria for release from quarantine .</p> <p>R229 admitted to the facility 4/20/21 with the following diagnoses: Acute respiratory failure, morbid (severe) obesity with alveolar hypoventilation, Asthma, Fracture of one right rib, generalized anxiety disorder and Dyspnea. R229 is alert and orientated x4 (to person, place, time and situation).</p> <p>Resident roster lists R229 in quarantine with a date of 5/5/21. (The date on the Resident Room Roster indicates when their 14 day admission quarantine ends.)</p> <p>Visiting log validates that R229's FM JJ visited 4/24/21 at 2:24 PM indoor at the facility.</p> <p>On 5/2/21 at 3:13 PM, Surveyor interviewed R229. Surveyor asked R229 how things were going for her in the facility, R229 stated angrily my daughter wasn't allowed to visit me yesterday (5/1/21). Surveyor asked R229 what time of day was it, R229 said visit was scheduled for 2:30-3 PM. Surveyor asked R229 why her daughter was not allowed to visit, R229 stated the person at the front desk said she couldn't visit because they didn't have a gown for her to where, but later the CNA's told me that I had 2 packages of gowns in my isolation cart outside my room, very upsetting and I'm just going to go home.</p> <p>(continued on next page)</p>		

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER  
REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525330	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/06/2021
NAME OF PROVIDER OR SUPPLIER  Middleton Village Nursing and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE  6201 Elmwood Ave Middleton, WI 53562	
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 0563</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 5/4/21 at 9:12 AM, Surveyor interviewed R229's FM JJ (Family Member). Surveyor asked FM JJ if she could explain what happened on 5/1/21 when she attempted to visit, FM JJ explained that the lady at the desk said there weren't any gowns in the bin up front, so she went to look for a gown, when she came back 10 minutes later, she said there weren't any so I could not come in but if I wanted to visit with my Mom outside, they could bring her out; FM JJ said I had no idea if my Mom was even dressed to be able to come outside and by the time they would've done that, our visiting time would've been over, so I just called instead. Surveyor asked FM JJ what time was your visit scheduled for, FM JJ said 2:30-3 PM. Surveyor asked FM JJ if she knew why her Mom was so upset about this, FM JJ stated I believe Mom was more upset because they said there were no gowns available, and there were. Surveyor asked FM JJ if there was anything else she could think of related to visiting, FM JJ stated When I visited last Saturday (4/24/21), I had the same staff help me with no issues at all.</p> <p>On 5/4/21 at 12:24 PM, Surveyor interviewed RECP KK (Receptionist). Surveyor asked RECP KK if she worked Saturday 5/1/21, RECP KK said yes she did. Surveyor asked RECP KK if she recalled a situation where R229's FM JJ came to visit and was allowed to enter, RECP KK said yes. Surveyor asked RECP KK if she could explain what happened, RECP KK stated I do believe that was the situation where she wanted to come in, but I was told she couldn't come in because R229 was on isolation. Surveyor asked RECP KK if not having a gown was brought up, RECP KK said nothing mentioned about a gown.</p> <p>On 5/4/21 at 1:00 PM, Surveyor received a call from RECP KK. RECP KK stated I was thinking more about the situation and the cart didn't have gloves on it so I went to find a nurse, ran into ADON, IP V (Assistant Director of Nursing, Infection Preventionist) and she said R229 had to go outside to visit, that her visitor could not come in here to visit, that's where that came from.</p> <p>On 5/4/21 at 1:16 PM, Surveyor interviewed LPN U (Licensed Practical Nurse). Surveyor asked LPN U what the visiting policy is for residents that are in quarantine, LPN U said the residents that are in their 14 day admission quarantine are not allowed visitors until they are out of quarantine.</p> <p>On 5/4/21 at 1:48 PM, Surveyor interviewed ADON, IP V. Surveyor asked ADON, IP V what the visiting policy is for new admissions, ADON, IP V said the visiting policy for new admits are automatically in quarantine for 14 days unless they have been fully vaccinated, then there is no quarantine. Surveyor asked ADON, IP V for R229 who admitted [DATE], what should her visiting look like, ADON, IP V said indoor visiting is supposed to occur after the 14 day quarantine, no family is to come into the facility, but they can visit through window or on phone. Surveyor asked ADON, IP V if they could visit outdoors, ADON, IP V stated we discourage residents from going outside to visit while they are on quarantine. Surveyor asked ADON, IP V if she could explain why R229's FM was allowed to visit in the facility on 4/24/21 and not on 5/1/21, ADON, IP V stated I'm not aware of that situation but the RECP KK questioned me about that on Saturday 5/1/21 and I explained that policy hasn't changed. Surveyor asked ADON, IP V if all staff should be aware of the visitation policy, ADON, IP V said yes, we have educated on it.</p> <p>On 5/6/21 at 9:00 AM, Surveyor interviewed ADON, IP V. Surveyor asked ADON, IP V if R229's FM JJ should have been allowed to visit in facility 4/24/21 and not 5/1/21, ADON, IP V said no, she should not have been allowed to visit indoors on 4/24/21. Surveyor asked ADON, IP V if she could explain why this occurred, ADON, IP V said she unsure who was here that day but the manager on duty should know who is on isolation and should not have indoor visitation, as the team discusses this daily, and the visitation times/schedule is made by the receptionists and/or SS Y.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525330	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/06/2021
NAME OF PROVIDER OR SUPPLIER  Middleton Village Nursing and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE  6201 Elmwood Ave Middleton, WI 53562	
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 0563</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 5/6/21 at 1:34 PM, Surveyor interviewed DON B (Director of Nursing). Surveyor asked DON B if R229's FM JJ should have been allowed to visit in facility 4/24/21 and not 5/1/21, DON B stated no, we should be on the same page, I wasn't aware of this until now.</p> <p>Due to the facility staff were not following the visitation policy and were inconsistent in allowing visitation. This inconsistency caused confusion for R229 and FM JJ related to visitation.</p> <p>34400</p> <p>Example 2</p> <p>R70 was admitted to the facility on [DATE]. R70 is receiving hospice care and has an activated POA (Power of Attorney) for health care.</p> <p>R70's significant change MDS (Minimum Data Set) indicated a BIMS (Brief Interview for Mental Status) score of 3 indicating severe cognitive impairment.</p> <p>On 5/4/21 at 7:32 AM, Surveyor interviewed R70's FM M (Family Member)/ POA on the phone. FM M explained she had been able to visit R70 in January, but R70 was upset about visits in the conference room, FM M wanted to visit R70 in R70's room. FM M stated the former NHA (Nursing Home Administrator) had told her on 2/14/21 not all staff had received their second dose of COVID-19 vaccine yet and she could not visit R70 in her room until this was completed, and NHA would let FM M know when FM M could come to R70's room for a visit. FM M stated she did not receive any further information from the former NHA regarding this. FM M stated she had made several requests to visit R70 in her room which were denied and this was upsetting to FM M.</p> <p>On 5/4/21 at 11:05 AM, Surveyor observed FM M visiting with R70 in her room.</p> <p>On 5/5/21 at 3:00 PM, Surveyor interviewed NHA A to asking if the facility had information regarding R70's visitation or communication with the family between 2/14/21 and the end of March. NHA A provided proof of a written agreement from 1/11/21 with FM M which allowed for Compassionate Care visits in a visiting area with FM M and R70. Visitation log notes, FM M had visited R70 on 1/12/21, 1/14/21, 1/19/21, and 1/21/21, the next visit was on 3/27/21. NHA also provided emails between former NHA and FM M through 2/3/21, these did not address any notification to FM M as to when staff had been fully vaccinated in the facility or when FM M would be able to visit R70 in her room.</p> <p>The facility was inconsistent in implementing the visitation policy and failed to communicate and/or allow visitation for R70 after 2/14/21.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525330	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/06/2021
NAME OF PROVIDER OR SUPPLIER  Middleton Village Nursing and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE  6201 Elmwood Ave Middleton, WI 53562	
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 0580</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 39713</p> <p>Based on interview and record review, the facility did not ensure each resident received the necessary care and services in accordance with professional standards of practice to meet each resident's physical needs for 1 (R44) of 24 sampled residents. R44 had a change of condition on [DATE] and therapy requested an x-ray; the LPN (Licensed Practical Nurse) working did not consult R44's physician when alerted to the change in R44's condition and R44 did not get an x-ray until [DATE]. X-ray revealed an acute left femoral head dislocation. Resident went four days (,d+[DATE] to [DATE]) without consultation with a physician, during which time R44 had increased pain and altered mental status.</p> <p>This is evidenced by:</p> <p>The facility's policy and procedure entitled Notification of Change Guidelines, effective [DATE], states, in part: .Purpose: It is the practice of this facility that changes in a resident's condition or treatment are immediately shared with the resident and/or the resident representative, according to their authority, and reported to the attending physician or delegate. Nurses and other care staff are educated to identify changes in a resident's status and define changes that require notification of the resident and/or their representative, and the resident's physician, to ensure best outcomes of care for the resident. Objective of the Notification of Change Guideline: The objective of the notification is to ensure that the facility staff makes appropriate notification to the physician and delegated Non-Physician Practitioner and immediate notification to the resident and/or the resident representative when there is a change in the resident's condition. 3. Tool for contacting Physician regarding a change in condition (CIC). (i). SBAR Evaluation - Situation, Background, Assessment, Response/Recommendation. (ii). Prepare the Evaluation through SBAR sections. (iii). Make recommendations you may have to the Physician. (iv). Document in the Response/Recommendations section the approved recommendations as well as any Orders received from the Physician. Notification is provided to the physician to facilitate continuity of care and obtain input from the physician about changes, additions to or discontinuation of treatment. Procedure for Notification of Changes for Resident. Procedure: 1. The nurse will immediately notify the resident, resident's physician and the resident representative(s) for the following (list in not all inclusive). If the resident's physician is not available contact the Medical Director. b .A significant change in the resident's physical, mental, or psychosocial status that is a deterioration in the health, mental or psychosocial status in either life threatening conditions or clinical complication. d. A need to alter treatment significantly.</p> <p>Per AMDA (American Medical Directors Association) guidelines, it states, in part: .an ACOC (acute change of condition) is a sudden, clinically important deviation from a patient's baseline in physical, cognitive, behavioral, or functional domains. Clinically important means a deviation that, without intervention, may result in complications or death .When reporting information to a practitioner about a patient's condition, a nurse should not assume that the practitioner knows the patient well or can remember relevant details such as previous lab abnormalities or the patient's current medication regimen .Examples of Staff Roles and Responsibilities in Monitoring Patients With ACOCs .Staff nurse *Recognize condition change early, *Assess the patient's symptoms and physical function and document detailed descriptions of observations and symptoms, *Update the charge nurse or supervisor if patient's condition deteriorates or patient fails to improve within expected time frame, *Report patient status to practitioner as appropriate .</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525330	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/06/2021
NAME OF PROVIDER OR SUPPLIER  Middleton Village Nursing and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE  6201 Elmwood Ave Middleton, WI 53562	
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 0580</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Example 1</p> <p>R44 admitted to facility, on [DATE], following hospitalization for left hip fracture repair. R44 is a DNR (does not want CPR (cardio-pulmonary resuscitation). R44 had the following diagnoses: left hip pain, falls, dizziness and giddiness, cognitive communication deficit, presence of left artificial hip joint, and a history of hip dislocation on [DATE]. R44 has an AHCPOA (Activated Healthcare Power of Attorney) and is not his own decision maker.</p> <p>Per R44's care plan, notes the following:</p> <p>Initiated [DATE] . Focus: The resident has limited physical mobility r/t (related to) left hip replacement with chronic dislocations. Interventions: Resident has weight bearing restriction (specify). Self-Propels Wheel Chair (Does not use foot pedals, ask resident to lift feet if pushing w/c (wheelchair). Provide supportive care, assistance with mobility as needed .</p> <p>Initiated [DATE] . Focus: The resident has actual chronic pain r/t left hip fracture with surgical fixation and chronic dislocations of same. Interventions: Anticipate the resident's need for pain relief and respond immediately to any complaint of pain. Monitor/record/report to Nurse and s/sx (signs and symptoms) of non-verbal pain: Changes in breathing, Mood/behavior, etc. Notify physician if interventions are unsuccessful or if current complaint is a significant change from residents past experience of pain.</p> <p>R44's Admission MDS (Minimum Data Set) dated [DATE] states in part . R44 requires extensive assistance of two staff members for bed mobility, transfers, toileting and hygiene. R44 also requires extensive assistance of one staff member for locomotion on and off the unit. BIMS (Brief Interview of Mental Status) score of 10, indicating moderate cognitive impairment.</p> <p>Nurses Notes dated [DATE] at 6:36 PM, it document in part . Resident is able to feed self, transfer x1 (times) assist with reminders to use call light, dsg (dressing) and other adls (activities of daily living) is assist x (does not indicate number of people used for assist) with resident able to participate.</p> <p>Nurses Notes dated [DATE] at 8:53 AM document in part . Resident s/p (status post) hip fracture repair. Resident is calm and pleasant able to voice needs and concerns, denies pain, has call light in reach.</p> <p>R44 had orders for Tylenol 1000mg (milligrams) by mouth TID (three times a day) for pain. Oxycodone 2. 5mg by mouth every 8 hours as needed for acute pain. ASA (Aspirin) 81mg chew tab.</p> <p>Note: R44 had not used Oxycodone since [DATE], while hospitalized .</p> <p>R44's eMAR (electronic Medication Administration Record) pain evaluation every shift indicates the following: [DATE]: NOC (night) shift ,d+[DATE]. [DATE]: AM (morning) shift ,d+[DATE], PM (afternoon) shift , d+[DATE], and NOC shift ,d+[DATE]</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525330	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/06/2021
NAME OF PROVIDER OR SUPPLIER  Middleton Village Nursing and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE  6201 Elmwood Ave Middleton, WI 53562	
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 0580</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Nurses Notes dated [DATE] at 10:39 AM, it document in part . Cognition: Orientation: Person, place and time. The resident does not require supervision for safety. There has not been a change in the resident's baseline cognition. ADL Function: Resident requires partial/moderate assistance with walking, transferring, bed mobility, dressing, toileting and hygiene.</p> <p>R44's Physician's Note from [DATE] with APNP C (Advanced Practice Nurse Prescriber) states in part . Primary Discharge Diagnosis: Left Femoral Neck Fracture. Upon arrival to visit, patient sitting in chair outside of his room. States feels 'just fine.' He reports 'mild' pain to left femur/hip area. Pain is localized. Denies any numbness or tingling. Denies any calf pain. Just prior to visit he was independently ambulating down hallway, telling staff he wanted to leave facility. RN staff orientated. He was pleasant, cooperative and sat back in his chair without issues. Full ROS (review of systems) completed with patient and staff d/t (due to) cognition. Physical Exam: Extremities: LLE: Left hip abduction brace in place. LLE nonpitting edema 2+ (plus) from knee down to foot. DP (dorsalis pedis) pulse 2+. [NAME] sign negative. Neuro: Disoriented to situation. Moves all extremities spontaneously. Denies numbness and tingling. Assessment/Plan: Left cemented THA (total hip arthroplasty)-dislocated [DATE]. Last dose of oxycodone ,d+[DATE]. LLE 2+ nonpitting edema noted on exam today. LLE venous Doppler to r/o (rule out) DVT (deep vein thrombosis). Activity instructions per discharge summary: WBAT (weight bear as tolerated) TEDS (compression stockings used to reduce the risk of DVT) x2 weeks, hip abductor brace on at all times, maintain hip precautions. Pain thought to be contributing with behaviors at night while inpatient. No issues last night with pain.</p> <p>On [DATE] at 5:01 PM, it documents in part . New order taken for a venous Doppler study of LLE DX (diagnosis) edema on arrival to facility. Hx (history) of fx and dislocation to r/o DVT.</p> <p>Nurses Notes dated [DATE] at 10:31 AM document in part . Resident up in w/c, denied pain or discomfort, expressed to family he was in pain. Used PRN Oxycodone as ordered, when asking resident about pain he states, 'I don't know' but visual s/s (signs and symptoms) of pain present w/ (with) movement of LLE, working w/ therapy as well as transfers. L hip - surgical drsg (dressing) remains intact w/o striking present.</p> <p>R44's eMAR (electronic Medication Administration Record) pain evaluation every shift indicates the following: [DATE]: AM shift ,d+[DATE], PM shift ,d+[DATE], and NOC shift ,d+[DATE]</p> <p>Note: R44 had not used Oxycodone prior to this since [DATE] while still hospitalized . Pain was managed with TID Tylenol 1000mg. The physician was not consulted in regards to R44's increase in pain and nonverbal indicators of pain.</p> <p>Nurses Notes dated [DATE] at 3:30 PM document: Resident had Doppler completed on LLE.</p> <p>R44's Physical Therapy note dated [DATE] states in part . During transfer from WC (Wheelchair) to bed, pt (patient) was unable to stand, painful during weight shifting and need max A (maximum assist) for sit to stand and for stand pivot transfer. Pt was able to do all transfer and ambulation with CGA/min A (Contact Guard Assist with minimum assist) for safety yesterday during evaluation. Today, pt was unable to lift his Lt (left) leg and was complaining of pain and left leg was mildly internally rotated. Notified the same change to assigned nurse and recommended for Lt Hip x-ray to rule out dislocation. CNA (Certified Nursing Assistant) was educated on hip abduction brace and explained all hip precaution. Instructed to keep brace on all the time except during hygiene.</p> <p>(continued on next page)</p>		



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525330	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/06/2021
NAME OF PROVIDER OR SUPPLIER  Middleton Village Nursing and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE  6201 Elmwood Ave Middleton, WI 53562	
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 0580</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Note: The Nurse working did not follow through on contacting the physician per PT recommendations to rule out a dislocation in a resident with a known history of dislocation. The x-ray was not ordered as requested by the therapist resulting in a delay of treatment for R44.</p> <p>R44's Occupational Therapy note dated [DATE] states in part . OT (Occupational Therapy) noted patient was in WC and appeared stuck in the doorway; patient was asking for help. When OT asked what was the matter, patient indicated he 'couldn't move out of here because his L LE (left lower extremity) was 'stuck'. OT noted patient did not have foot pedals on WC or in room and patient was having difficulty picking up L LE to assist with propulsion (the action of driving or pushing forward). OT picked up patient's L LE to help him into the room, went to find elevating leg rests and fit to patient's L LE and had patient show her that he could propel in room with L LE slightly elevated.</p> <p>R44's eMAR (electronic Medication Administration Record) pain evaluation every shift indicates the following: [DATE]: AM shift ,d+[DATE], PM shift ,d+[DATE], and NOC shift ,d+[DATE]</p> <p>Nurse Notes dated [DATE] at 7:46 AM documents in part . Resident L hip-surgical, great bruising present to peri wound as expected, edema 2+ pitting, s/s of pain to LLE, resident denies pain verbally but shows pain w/movement, LLE r/o DVT [DATE], per radiology report good blood flow present w/o signs of DVT present, NP (Nurse Practitioner) notified.</p> <p>Note: During an interview with NP D she states that a message with Doppler results were left on her office voicemail and she did not receive it until [DATE]. This voicemail was left on a Saturday when the NP's was not in work status and the on call Physician was not notified of the results.</p> <p>Nurse Notes dated [DATE] at 4:23 PM document in part . Medication Administration Note: Oxycodone HCL Capsule 5mg give 0.5mg by mouth every 8 hours as needed for acute pain. Pain rating ,d+[DATE].</p> <p>R44's eMAR (electronic Medication Administration Record) pain evaluation every shift indicates the following: [DATE]: AM shift NA (not applicable), PM shift ,d+[DATE], and NOC shift ,d+[DATE]</p> <p>Nurses Notes dated [DATE] at 4:41 AM document in part . Medication Administration Note: Oxycodone HCL Capsule 5mg give 0.5mg by mouth every 8 hours as needed for acute pain. Pain rating ,d+[DATE].</p> <p>Nurses Notes dated ,d+[DATE] at 4:16 PM document in part . Medication Administration Note: Oxycodone HCL Capsule 5mg give 0.5mg by mouth every 8 hours as needed for acute pain. Pain rating ,d+[DATE].</p> <p>R44's Physical Therapy note dated [DATE] states in part . Attempted several times to initiate PT today. Pt displayed increased confusion and unable/refuses to follow directions. Abductor brace not on, provided pt education that he needs to be wearing it.</p> <p>R44's eMAR (electronic Medication Administration Record) pain evaluation every shift indicates the following: [DATE]: AM shift ,d+[DATE], PM shift ,d+[DATE], and NOC shift ,d+[DATE]</p> <p>R44's eMAR (electronic Medication Administration Record) pain evaluation every shift indicates the following: [DATE]: AM shift ,d+[DATE], PM shift ,d+[DATE], and NOC shift ,d+[DATE].</p> <p>Note: R44 received Oxycodone for pain on ,d+[DATE], ,d+[DATE] and twice on ,d+[DATE].</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525330	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/06/2021
NAME OF PROVIDER OR SUPPLIER  Middleton Village Nursing and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE  6201 Elmwood Ave Middleton, WI 53562	
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 0580</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Nurses Notes dated [DATE] at 2:01 AM document, Resident asleep in bed, no s/s of c/o pain, L Hip surgical, bruising continues, swelling noted as LLE is larger than RLE (right lower extremity), floating heels as resident will allow.</p> <p>R44's Physical Therapy note dated [DATE] states in part . Assisted pt with placing abductor brace on L hip. Pt instructed on transfers and bed mobility wheelchair to bed. Provided continued pt education on needing to wear his L brace at all times. Discussed with PT about possible hip dislocation. Nursing states they will be ordering x-rays.</p> <p>Nurse Notes dated [DATE] at 9:10 AM document in part . SBAR-General: Situation: STAT (immediately) x-ray, 2-view XR (x-ray) left hip. Dx (Diagnosis): Internal rotation S/P (status post) left hip surgery per NP D. Signs and Symptoms: Left leg inverted upon assessment. Assessment: Left leg inverted with non-pitting edema to left foot. Returned to bed per therapist. Left leg splinted utilizing two pillows. Educated resident and staff on the importance of keeping left leg splinted. Recommendation/Response: STAT x-ray, 2-view XR left hip. Dx: Internal rotation S/P left hip surgery per NP D. Educated resident on orders received from NP for STAT x-ray of left hip. Denies pain/discomfort.</p> <p>On [DATE] at 9:25 AM documents, Writer spoke w/ therapy, request for XRAY OF L Hip, resident unable to BWAT (bear weight as tolerated), and call placed to NP D, notified of therapy findings, request for XRAY.</p> <p>Note: On [DATE] therapy noted a change in condition in R44 as resident was unable to lift his left leg, was complaining of pain and left leg was mildly internally rotated. Therapy appropriately notified the nurse and requested left hip x-ray to rule out dislocation in a resident with a history of dislocation the nurse failed to notify the physician. R44's clinical presentation and known history of dislocation warranted an immediate physician notification. The nurse did not notify the physician which delayed R44's treatment. The physician was not notified of R44's change of condition for 4 days.</p> <p>Nurses Notes dated [DATE] at 12:58 PM, R44's x-ray report states in part . Results: Femoral hardware with superior dislocation. Soft tissue swelling. No fracture. Conclusion: Acute left femoral head dislocation.</p> <p>Nurse Notes dated [DATE] at 3:48 PM document in part . Left hip/pelvis x ray results received. Acute left femoral head dislocation. Orders per NP D to send to Hospital ER (emergency room ) for closed reduction. Resident denies pain or discomfort at this time. Rates pain ,d+[DATE] at present.</p> <p>Nurse Notes dated [DATE] at 4:37 PM document in part . Writer asked if resident had any falls recently. Resident stated, 'No.' Physical Therapy noted in the am (AM) that the resident was having difficulties with PT not able to bear weight on to left lower extremity. PT reported this to staff.</p> <p>R44's Ambulance Transport Notes dated [DATE] at 4:30 PM document in part . As the crew arrived, the patient's airway was patent, breathing was normal at room air, and the patient's hands were cold with oxygen saturation of 94%. The patient was oriented at A&amp;OX3 (Alert and oriented to person, place and time) but did not have trouble communicating with the crew and the staff. According to the staff, the patient has left femoral hip dislocation and the patient was having a bracelet (sic) on the left hip. The patient was stable, and the patient was administered with Tylenol 3 times a day and one other pain medication. Pain is ,d+[DATE] in pain scale.</p> <p>(continued on next page)</p>		



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525330	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/06/2021
NAME OF PROVIDER OR SUPPLIER  Middleton Village Nursing and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE  6201 Elmwood Ave Middleton, WI 53562	
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 0580</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>R44's Hospital Notes dated [DATE] document in part . Dislocation, Hip - W/ Procedural Sedation. Diagnosis: Closed dislocation of left hip, initial encounter. Medications given: Propofol 10mg/mL IV BOLUS last given at 8:36 PM. Activity: Weight bear as tolerated left lower extremity. Hip abduction brace on at all times restricting hip flexion to a maximum of 40 degrees. No rotation, adduction, or abduction. When in bed must have , d+[DATE] pillows between legs to prevent adduction.</p> <p>On [DATE], it is documented in part . Altered Mental Status, Resolved. Diagnosis: Agitation. Delirium. Medications Given: Oxycodone HCL tab 5mg, last given at 6:35 AM. You have been seen for 'Altered Mental Status.' Altered mental status has many causes. Come more common causes are: Reaction to medicine (this can happen if too much pain or sedative medicine is taken). Your symptoms have gotten better or gone away completely.</p> <p>Nurses Notes dated [DATE] at 1:25 AM document in part . Patient came back from the hospital via ambulance approx. (approximately) 2215 (10:15 PM). Patient denies pain. The patient and staff were reminded to use extra caution during transfers due to the anesthesia medication that was given during the procedure. He does have a full immobilizer cast that he is to wear until [DATE] at follow up apt (appointment).</p> <p>As a result of this incident the facility had the following nurse's statements:</p> <p>A statement was written by LPN F on [DATE] and states, On [DATE], post AM shift; writer was approached by therapy asked if resident was 'having' x-ray, at that time I stated he was in the process of having a Doppler completed, no further interaction on this day. On [DATE] AM shift same therapist approached and asked where x-ray report was, writer then stated he had a Doppler completed not an x-ray. Then the therapist began to speak of changes, I then spoke with NP whom we both went to therapy to get a full assessment. The therapist never expressed any changes to LLE to writer.</p> <p>A statement was written by LPN E, it was undated and states, PT approached me on Friday, [DATE]th, 2021 in regards to a patient. I started my shift and had not gotten report. PT stated that a patient who used to walk with both legs was unable to walk now and would like an x-ray order. PT did not specify which patient or any additional details pertaining to the order however PT mentioned it was LPN F's patient. I went to find LPN F and tell her the message that the PT relayed to me. LPN F told me she knew you (sic) which PT was talking about and that an X-ray was already ordered for that patient. After that I went back to doing my duties.</p> <p>Note: When therapy reported this to the Nurse she did not contact the physician, which resulted in a delay of treatment and increased pain for R44. R44 had not taken any pain medication prior to [DATE] since his hospitalization on [DATE]. R44 had a history of left hip dislocation and this should have alerted the nurse to notify the physician for treatment orders.</p> <p>Note: Though the facility did education with Therapy on updating Nurse Management with a resident change of condition on [DATE], and also completed education to nursing staff on [DATE] on change of condition, the facility failed to identify this particular resident as a concern and did not educate all nursing staff on the need to contact the MD with a change of condition.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525330	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/06/2021
NAME OF PROVIDER OR SUPPLIER  Middleton Village Nursing and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE  6201 Elmwood Ave Middleton, WI 53562	
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 0580</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>On [DATE] at 1:19 PM, Surveyor interviewed DON B. Surveyor asked DON B to describe what happened between [DATE] and [DATE] with R44. DON B stated, LPN E told me that something was said in passing from therapy. She thought they were talking about the Doppler when PT said x-ray because they were already here doing the Doppler. Education was done with therapy because an in-service was already completed with Nursing. We looked at this as a communication problem with therapy and staff. A QAPI Plan was completed in which we educated all therapy staff on bringing any concerns to a Nurse Manager. I did not educate Nursing because I thought it was a therapy communication issue. When I interviewed LPN E and LPN F they stated that therapy did not specify information and that it was provided in passing. R44 was seen by the NP that day and she didn't identify a concern so I thought the Doppler was what was wanted. Surveyor asked DON B if an RN assessed R44. DON B stated, No, I thought since he had been seen by the NP she would have noted any concerns.</p> <p>Note: R44 was not seen on [DATE] but on [DATE], the day prior to therapy reporting concerns and changes in R44's mobility.</p> <p>On [DATE] at 2:22 PM, Surveyor interviewed NP D. Surveyor asked NP D about Doppler. NP D stated, When R44 was admitted he was seen by NP C. She noted increased edema with abduction brace in place and ordered a Doppler. I was not notified until [DATE] about the therapist's concerns. The facility left me a message about the Doppler results on my office voicemail on Saturday and I didn't get them until Monday ([DATE]).</p> <p>On [DATE] at 2:32 PM, Surveyor interviewed LPN E. Surveyor asked LPN E about concerns brought to her by therapy on [DATE] regarding R44. LPN E stated, When they came they were looking for LPN F. I told LPN F he needed an x-ray. LPN F told me she knew which patient and that an x-ray was already ordered. I had just started on [DATE] and was new to the facility. I thought it was already getting done, LPN F told me that.</p> <p>Note: Surveyor attempted to contact LPN F who no longer works in the facility on [DATE]. No return call received.</p> <p>On [DATE] at 2:36 PM, Surveyor interviewed PT K (Physical Therapist). Surveyor asked PT K to tell her about [DATE] and R44. PT K stated, I signed my note at the end of the shift but it was written earlier in the day. I reported to the assigned Nurse. When I saw the changes around 2:00 PM, I couldn't find anyone but when I saw LPN E I told her what I saw and that R44 needed an x-ray. She asked me what to do because she was new. I told her I didn't know and she should ask another Nurse. LPN E said 'okay.' That was on Friday and I don't work on Saturday and Sunday. R44 was not on my schedule on Monday but on Tuesday when I saw him I asked the Nurse about the x-ray. That Nurse told me that they had done a Doppler. I then went and talked with DON B and asked her why an x-ray was not done. DON B said they got mixed up and did a Doppler. I then asked that they get an x-ray. The main thing with R44 was that he was not able to bear the weight that he had previously been able to do. The x-ray then showed a dislocation.</p> <p>R44 had a change of condition this was reported to Nursing by Therapy who requested an x-ray be completed. The physician was not notified of Therapy concerns and request for x-ray. R44 had a change of condition and the facility failed to immediately notify the physician with the concerns.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525330	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/06/2021
NAME OF PROVIDER OR SUPPLIER  Middleton Village Nursing and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE  6201 Elmwood Ave Middleton, WI 53562	
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 0625</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 34400</p> <p>Based on interview and record review, the facility did not, at the time of discharge provide to resident, family member, or legal representative written notice which specifies the duration of the bed-hold policy or associated costs for 3 of 22 sampled residents (R27, R65, and R68) and 1 supplemental resident (R44)</p> <p>R27, R44, R65 and R68 were discharged to the hospital without being provided with written notice of the duration of the bed-hold information and the associated costs at the time of discharge.</p> <p>This is evidenced by:</p> <p>The facility's Bed Hold and Return Guideline policy dated 4/25/2019 states in part: . B. The facility will provide the resident and resident representative a written notice which specifies the duration of the bed-hold policy at the time of transfer for hospitalization . Notice specifies the following information: The duration of the state bed-hold policy during which the resident is permitted to return. The reserve bed payment policy in accordance to the state plan . in cases of emergency transfer, notice at the time of transfer means the facility will send the notice along with the . paperwork to the receiving setting and the resident representative will receive notice upon transfer .Documentation of bed hold notice will be completed in the individual medical record .</p> <p>Example 1:</p> <p>Review of R27's record notes R27 transferred to the hospital on 1/8/21, returned to the facility on [DATE]. R27 transferred to the hospital on 2/12/21 and returned to the facility on [DATE]. R27 transferred to the hospital from the dialysis unit on 4/23/21 and returned to the facility on [DATE]. There was no evidence that bed hold information was provided to R27 or representative for these transfers to the hospital.</p> <p>On 5/5/21 at 11:05 AM, Surveyor interviewed R27 about receiving bed hold notices, R27 stated the facility did not give him any notices about bed-hold, but they did take him back.</p> <p>Example 2:</p> <p>R44 was transferred to the hospital on 4/20/21 and returned to the facility on [DATE]. R44 transferred to the hospital on 5/1/21, there was no evidence bed hold information was provided to R44 or representative for these transfers to the hospital.</p> <p>Example 3:</p> <p>R65 went to the hospital on 1/19/21 and returned to the facility on [DATE], there was no evidence that bed hold information was provided to R65 or representative for this transfer to the hospital.</p> <p>Example 4:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525330	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/06/2021
NAME OF PROVIDER OR SUPPLIER  Middleton Village Nursing and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE  6201 Elmwood Ave Middleton, WI 53562	
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 0625</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>R68 went to the hospital on 3/8/21 and returned to the facility on [DATE], there was no evidence that bed hold information was provided to R68 or R68's representative for this transfer to the hospital.</p> <p>Surveyor requested bed-hold information for R27, R44, R65, and R68 no further information was provided.</p> <p>On 5/5/21 at 4:55 PM, Surveyor interviewed NHA A (Nursing Home Administrator) about bed hold notices, NHA A stated nursing staff should be providing residents with a bed-hold notice when they leave, and this is not being done.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525330	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/06/2021
NAME OF PROVIDER OR SUPPLIER  Middleton Village Nursing and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE  6201 Elmwood Ave Middleton, WI 53562	
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>30992</p> <p>Based on record review, resident and staff interviews, the facility did not develop and implement a Comprehensive Resident-Centered Care Plan for 1 of 24 sampled residents reviewed (R50).</p> <p>R50 is moderately cognitively impaired and has a diagnoses including hemiparesis and hemiplegia following a stroke. When R50's Physical Therapy (PT) and Occupational Therapy ended, therapy provided R50 with exercises she should do on her own as the facility does not have a Restorative Program. These exercises were not added to R50's care plan to ensure staff provided verbal cues to perform her exercises.</p> <p>This evidenced by:</p> <p>R50 was admitted to the facility, on 12/18/20, with diagnoses including, but not limited to, cerebral infarction due to thrombosis of unspecified cerebral artery, hemiplegia and hemiparesis following cerebral infarction affecting right dominant side, chronic obstructive pulmonary disease, atrial fibrillation, cognitive communication deficit, osteoarthritis, major depressive disorder and muscle weakness.</p> <p>R50's Quarterly MDS (Minimum Data Set), dated 3/26/21, indicates R50 has clear speech, makes self-understood and usually is able to understand others. R50's BIMS (Brief Interview of Mental Status) is 8 out of 15, indicating she is moderately cognitively impaired. R50 requires 2+ person extensive assist for transfers, mobility, and toileting. R50 requires extensive assist of 2 for bed mobility and toileting and has no functional limitation/impairment in ROM on her upper extremities and impairment on one side of her lower body. Section O - O0500 Restorative Nursing Programs indicates R50 is not receiving any restorative care.</p> <p>R50's Care plan, R50 has actual for an ADL (Activities of Daily Living) self-care performance deficit r/t (related to) CVA (cardiovascular accident / stroke) with hemiplegia, Date Initiated: 12/18/20; Goal: The resident will maintain current level of function in transfer and mobility through the review date. The resident will demonstrate the appropriate use of enabler bars to increase ability in bed mobility through the review date, *Date Initiated: 5/3/21. Interventions: Bathing: Physical Assist, Date Initiated 4/3/21; Bed Mobility: Physical Assist, Date Initiated: 4/3/21; Dining: R50 is independent , Date Initiated 4/3/21; Dressing: Physical assist, Date Initiated 4/3/21; Toileting: R50 requires physical assistance with toileting, Date Initiated 4/3/21; *Bed Mobility: R50 uses enabler bars x2 to maximize independence with turning and repositioning in bed, Date Initiated: 5/3/21; Transfers: R50 requires physical assist with Hoyer lift transfer with a minimum of 2 staff assist, Date Initiated: 12/18/20; Encourage R50 to use bell to call for assistance, Date Initiated: 12/18/20; Monitor / document / report PRN any changes, any potential for improvement, reasons for self-care deficit, expected course, declines in function, Date initiated: 12/18/20; Praise all efforts at self-care, Date Initiated: 4/3/21; *PT/OT evaluation and treatment as per MD (Medical Doctor) orders, Date Initiated: 4/3/21</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525330	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/06/2021
NAME OF PROVIDER OR SUPPLIER  Middleton Village Nursing and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE  6201 Elmwood Ave Middleton, WI 53562	
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)		
F 0656  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	<p>R50 received OT (Occupational Therapy) from 12/20/20 - 3/4/21, PT (Physical Therapy) from 12/22/20 - 3/3/21 and ST (Speech Therapy) from 12/20/21 - 3/5/21. Therapy provided R50 with a sheet of exercises for her to do independently. These exercises were not added to her care plan so staff know to cue R50 to do the recommended exercises.</p> <p>On 5/06/21 at 10:36 AM, Surveyor spoke with R50. R50 stated that COTA NN told her to move her arms and shoulders but, it's painful to move my right shoulder. Surveyor asked R50 if she has specific exercises to do. R50 stated yes, but she cannot recall what they area. Note, Surveyor did not observe R50's theraband in the room. Surveyor asked R50 do CNA's help you to move your arms and legs. R50 Stated, No. Surveyor asked R50 do CNA's remind you to move your arms and legs. R50 stated, No.</p> <p>On 5/6/21 at 12:34 PM, Surveyor spoke with COTA NN (Certified Occupational Therapy Assistant). Surveyor asked COTA NN, when R50's therapy ended was she to get restorative care. COTA NN stated, unfortunately we don't have a true restorative program at the facility. COTA NN added, what we do at time of discharge from therapy if the residents stays in the facility is we provide them an exercise program for their upper and lower body. We use a theraband so they can do arm and leg exercises and always encourage them to get up and stay in wheelchair to keep their core and back engaged. Staff would go over exercise she could do on her own safely. Surveyor asked COTA NN do you think R50 would remember or understand to do these exercises. COTA NN stated, if she was given a theraband and it was in her line of sight she would remember otherwise she would need a cue to do exercising.</p> <p>On 5/6/21 at approximately 1:30 PM, Surveyor spoke with DON B (Director of Nursing). Surveyor asked DON B should exercises provided by therapy be carried over to the resident's care plan. DON B stated, Yes, I would expect that to be there.</p>		



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525330	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/06/2021
NAME OF PROVIDER OR SUPPLIER  Middleton Village Nursing and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE  6201 Elmwood Ave Middleton, WI 53562	
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 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide activities to meet all resident's needs.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 30992</p> <p>Based on observation, interview, and record review, the facility did not provide an on-going program of activities for 1 (R29) of 24 sampled residents and 1 (R14) of 9 supplemental residents.</p> <p>R29 and R14 are not provided with activities to enrich their life as identified in their MDS (Minimum Data Set) and care plans.</p> <p>R14 was not provided with activity services per R14's plan of care.</p> <p>R44's care plan did not reflect her activity preferences.</p> <p>Findings include:</p> <p>Example 1</p> <p>R14 was admitted to the facility on [DATE] with diagnoses including, but not limited to, cerebral infarction, intracerebral hemorrhage, hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side, morbid obesity, congestive heart failure, cognitive communication deficit, limitation of activities due to disability.</p> <p>R14's Annual Minimum Data Set (MDS) Assessment, dated 4/28/21, shows R14 has a BIMS of 15/15 indicating he is cognitively intact. Section F0400 - Interview for Daily Preferences is blank. F0500 - Interview for Activity Preferences is blank. F0700 - Should the Staff Assessment of Daily Activity Preferences be Conduct is blank. F0800 - Staff Assessment of Daily and Activity Preferences is blank.</p> <p>R14's Care Plan, Resident has little or no activity involvement r/t (related to) limited independent mobility. Goal initiated 11/25/20. Goal: Resident will attend appropriate activities of choice through review date, Date Initiated: 4/6/21. Interventions: Assist resident to register to vote if needed and provide absentee ballot as requested by resident, Date Initiated: 2/25/21. Provide activities with family and friends, Date Initiated 2/25/21. R14 enjoys playing bingo in the afternoon with others. Date Initiated 2/25/21. R14 has lived in [NAME] Co. mostly, Date Initiate: 11/25/20. R14 likes to do independent activities in his room, Date Initiated: 2/25/21. R14 really enjoys doing many different in room activities. Provide R14 with movies to watch, coloring supplies, crosswords, word search puzzles and more. He is willing to try new things, Date Initiated: 2/25/21</p> <p>R14's Care Plan, the Resident Leisure Preferences are, Date Initiated: 8/31/20. Goal: Resident will participate in their Leisure Activities as desired through the review period. Date Initiated: 4/6/21, Target Date: 6/27/21. Interventions: Discussion Groups, Date Initiated: 11/25/20. R14 enjoys doing the creative art activities here, Date Initiated: 11/25/20. Watching sports, brewers, and packers, Date Initiated: 8/31/20.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525330	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/06/2021
NAME OF PROVIDER OR SUPPLIER  Middleton Village Nursing and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE  6201 Elmwood Ave Middleton, WI 53562	
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 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 5/6/21 at 7:41 AM, Surveyor spoke with R14, a [AGE] year old male. R14 stated to Surveyor there are no activities going on at the facility. Surveyor asked R14 what activities he would like at the facility. R14 stated, happy hour, noodle ball, ice cream social, he would like it if the activity person to would go out to Walmart and pick up needed items, he enjoys library books, movies, leisure cart with books and videos, list of books or movies from library, gather (with social distancing) in the TV room for football and baseball games. R14 stated, the Activity person used to give us a DVD player to use for movies, room visits by activity person, we really enjoyed that. R14 added he would like any of these things to get his mind off this place. R14 added the activity person doesn't work on weekends. R14 stated, it makes me feel like we're in jail.</p> <p>R14's Activity Attendance Record for: April 2021 indicates R14 attended the following activities: 4/5/21: Current Events, 4/7/21: Bingo and Resident Council, 4/14/21: Bingo. R14's Activity Attendance Record for: May 2021 indicates he has not attended any activities. Based on the facility's documentation, R14 has not attended any activities in approximately three (3) weeks.</p> <p>Example 2</p> <p>R29 was admitted to the facility on [DATE] with diagnoses including, but not limited to, coronary artery disease, atrial fibrillation, abnormalities of gait and mobility, limitation of activities due to disability.</p> <p>R29's Annual Minimum Data Set (MDS) assessment, dated 4/26/21, shows R29 has a BIMS of 15/15 indicating he is cognitively intact. Section F0400 - Interview for Daily Preferences is blank. F0500 - Interview for Activity Preferences is blank. F0700 - Should the Staff Assessment of Daily Activity Preferences be Conduct is blank. F0800 - Staff Assessment of Daily and Activity Preferences is blank.</p> <p>R29's Care Plan, Resident has little or no activity involvement r/t (related to) disinterest Date Initiated: 9/28/20. Goal: R29 will participate in activities of choice one times per week by review date. Date Initiated: 7/24/20. Provide activities with family and friends, Date Initiated: 2/9/21. Establish and record the resident's prior level of activity involvement and interests by talking with the resident, caregivers, and family on admission and as necessary. Date Initiated: 7/24/20. R29 enjoys playing bingo with other residents, Date Initiated 2/9/21. R29 enjoys talking with staff, Date Initiated: 11/3/20. R29 enjoys watching movies with his roommate, Date Initiated: 2/9/21</p> <p>R29's Care Plan, the Resident Leisure Preferences are, Date Initiated: 9/29/20. Goal: Resident will participate in their Leisure Activities as desired through the review period. Date Initiated: 9/28/20, Target Date: 8/2/21. Interventions: Card/Games, Date Initiated: 8/18/20, Exercise/Sports, Date Initiated: 11/9/20, Looking out the window and watching TV, Date Initiated: 8/21/20, Music, Date Initiated: 11/9/20, Outdoor Activities, Date Initiated: 8/18/20.</p> <p>On 5/2/21 at 12:39 PM, Surveyor spoke with R29. R29 stated, We need more stuff to do around here. R29 stated he spoke with RN Unit Manager LL (RN Unit Mgr.) a couple weeks ago and stated, He's the head honcho. Note, RN Unit Mgr. LL does not recall this conversation and there is no grievance related to R29's concern.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525330	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/06/2021
NAME OF PROVIDER OR SUPPLIER  Middleton Village Nursing and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE  6201 Elmwood Ave Middleton, WI 53562	
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 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 5/6/21 at 7:39 AM, Surveyor spoke with R29, a [AGE] year old male. Surveyor asked R29 if there are enough activities going on at the facility. R29 stated, We need more stuff to do around here! R29 stated the facility has bingo now. Surveyor asked what other activities would you like at the facility. R29 stated he would like to play a card game and things for younger residents to do. R29 added, bingo was canceled yesterday on 5/5/21. Surveyor asked R29 was there ever a time you didn't want to participate in activities. R29 stated, No, no. R29 added, I miss visits with friends and relatives. R29 stated that Activity Assistant II (AA) is filling in. R29 stated, I met her one time and she's gone. R29 stated, it makes me feel like I'm in Prison, I would like to go out and have some fun. R29 added, we call this place a jail and a morgue.</p> <p>R29's Activity Attendance Record for: April 2021 indicates R29 attending the following activities: 4/5/21: Current Events, 4/7/21: Bingo, Resident Council, Family visit, Music, TV. 4/1 - 4/9 Music and watching TV. 4/10 Music</p> <p>R29's Activity Attendance Record for: May 2021 indicates he has not attended any activities. Based on the facility's documentation, R29 has not attended any activities in approximately one (1) month.</p> <p>On 5/6/21 at 7:45 AM, Surveyor observed the May activity calendar in R29's room and the activity room that shows the following activities:</p> <p>*Saturday 5/1 Weekend Puzzle Packets, 5:00 PM [NAME]</p> <p>*Sunday 5/2 10:00 AM Lutheran Services (TV)</p> <p>Monday 5/3 2:00 PM Manicures</p> <p>Tuesday 5/4 1:30 PM Hallway Bingo (PC Hall)</p> <p>Wednesday 5/5 1:30 PM Hallway Bingo (Depot Hall)</p> <p>Thursday 5/6 1:30 PM Hallway Bingo (St. [NAME])</p> <p>Friday 5/7 2:00 Ice Cream Sundae Cart</p> <p>*Saturday 5/8 Weekend Puzzle Packets, 5:00 PM [NAME]</p> <p>*Sunday 5/9 10:00 AM Lutheran Services (TV)</p> <p>Monday 5/10 2:00 PM Manicures</p> <p>Tuesday 5/11 1:30 PM Hallway Bingo (PC Hall)</p> <p>Wednesday 5/12 1:30 PM Hallway Bingo (Depot Hall)</p> <p>Thursday 5/13 1:30 PM Hallway Bingo (St. [NAME] Hall)</p> <p>Friday 5/14 2:00 PM Ice Cream Sundae Cart</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525330	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/06/2021
NAME OF PROVIDER OR SUPPLIER  Middleton Village Nursing and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE  6201 Elmwood Ave Middleton, WI 53562	
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 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>*Saturday 5/15 Weekend Puzzle Packets, 5:00 PM [NAME]</p> <p>*Sunday 5/16 Lutheran Services (TV)</p> <p>Monday 5/17 2:00 PM Manicures</p> <p>Tuesday 5/18 1:30 PM Hallway Bingo (PC Hall)</p> <p>Wednesday 5/19 1:30 PM Hallway Bingo (Depot Hall)</p> <p>Thursday 5/20 1:30 PM Hallway Bingo (St. [NAME])</p> <p>Friday 5/21 2:00 PM Ice Cream Sundae Cart</p> <p>*Saturday 5/22 Weekend Puzzle Packets, 5:00 PM [NAME]</p> <p>*Sunday 5/23 - Monday 5/31 - Blank</p> <p>* Note, there are no activities on the weekends.</p> <p>On 5/6/21 at 8:23 AM, Surveyor spoke with RN Unit Manager LL (RN Unit Mgr.). Surveyor asked RN Unit Mgr. LL if any residents have reported concerns with lack of activities. RN Unit Mgr. LL stated, not that he can recall. RN Unit Mgr. LL stated due to COVID the facility is looking into doing activities in the dining room.</p> <p>On 5/6/21 at 8:34 AM, Surveyor spoke with SS Y (Social Services). Surveyor requested Activity documentation for R14 and R29 for the months of April and May. SS Y provided Surveyor Activity documentation for R14 and R29 for the month of April. SS Y stated there is no activity documentation for the month of May 2021. SS Y stated, typically on Monday's we have somebody come in and assist with manicures. SS Y added, Tuesdays, Wednesdays, and Thursdays we have hall bingo on an individual hall each day. On Tuesday bingo is on (PC hall Wed (Depot Hall) and Thursday (St [NAME] Hall) and on Fridays at 2:00 PM we always do an ice cream cart. SS Y stated, bingo for both Tuesday and Wednesday this week (5/4 and 5/5/21) were canceled. SS Y stated, we will have bingo today &amp; Fri instead. Surveyor asked SS Y what was the reason for the cancellation. SS Y stated the part-time Activity Assistant had appointments.</p> <p>The only activity Surveyors observed throughout this 5 day survey was hallway bingo on Thursday 5/6/21.</p> <p>On 5/4/21 at 4:12 PM and 5:01 PM, Surveyor spoke with DON B (Director of Nursing). DON B stated the NHA A (Nursing Home Administrator) hired a new Activity Director that is scheduled to start 5/17/21. The previous Activity Director resigned on 4/11/21. Surveyor asked DON B what activities are going on at the facility. DON B stated staff take residents out for smoke breaks and on 4/22/21 we moved interviewable residents to one hall so they can mingle. DON B added, an Activity Assistant comes on a limited basis to help.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525330	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/06/2021
NAME OF PROVIDER OR SUPPLIER  Middleton Village Nursing and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE  6201 Elmwood Ave Middleton, WI 53562	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0684</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 39713</p> <p>Based on interview and record review, the facility did not ensure each resident received the necessary care and services in accordance with professional standards of practice to meet each resident's physical needs for 1 (R227) of 24 sampled residents and 1 (R44) of 9 supplemental residents.</p> <p>The facility failed to complete comprehensive assessment for R44 when R44 presented with changes in mobility and had a known past history of hip dislocation. A Physical Therapist reported changes in R44's mobility which were suspicious of hip dislocation. The nurse failed to report this to an RN thus a timely nursing assessment was not completed delaying treatment for R44. Nursing did not assess R44's increased use of oxycodone. R44 went four days before an x-ray was ordered, during which time R44 had increased pain and mental status changes.</p> <p>R227 has follow up appointment orders from admission that the facility was not aware of, and the facility failed to set up this appointment.</p> <p>Evidenced by:</p> <p>According to Chapter N6 of the Wisconsin Nurse Practice Act, An RN (Registered Nurse) shall utilize the nursing process in the execution of general nursing procedures in the maintenance of health, prevention of illness or care of the ill. The nursing process consists of the steps of assessment, planning, intervention and evaluation. This standard is met through performance of each of the following steps of the nursing process: (a) Assessment: Assessment is the systematic and continual collection and analysis of data about the health status of a patient culminating in the formulation of a nursing diagnosis. (b) Planning. Planning is developing a nursing plan of care for a patient, which includes goals and priorities derived from the nursing diagnosis .</p> <p>According to mayoclinic.com a dislocation is an injury to a joint - a place where two or more bones come together - in which the ends of your bones are forced from their normal position. This painful injury temporarily deforms and immobilizes the joint. Dislocation is most common in shoulders and fingers. Other sites include elbows, knees and hips. If you suspect a dislocation, seek prompt medical attention to return your bones to their proper positions. A dislocated joint can be: Visibly deformed or out of place; Swollen or discolored; intensely painful; immovable. It can be difficult to tell a broken bone from a dislocated bone. For either type of injury, get medical help right away. If possible, ice the joint and keep it immobile while you're waiting to be seen.</p> <p>According to an article in PubMed, late dislocations after total hip arthroplasty (THA) are challenging for the hip surgeon because the cause is often not evident and recurrence is common.</p> <p>Example 1</p> <p>R44 admitted to facility on [DATE] following hospitalization for left hip fracture repair. R44 is a DNR (does not want CPR (cardio-pulmonary resuscitation)). R44 had the following diagnoses: left hip pain, falls, dizziness and giddiness, cognitive communication deficit, presence of left artificial hip joint, and a history of hip dislocation on [DATE]. R44 has an AHCPOA (Activated Healthcare Power of Attorney) and is not his own decision maker.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525330	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/06/2021
NAME OF PROVIDER OR SUPPLIER  Middleton Village Nursing and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE  6201 Elmwood Ave Middleton, WI 53562	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0684</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Per R44's care plan, notes the following:</p> <p>Initiated [DATE] . Focus: The resident has limited physical mobility r/t (related to) left hip replacement with chronic dislocations. Interventions: Resident has weight bearing restriction (specify). Self-Propels Wheel Chair (Does not use foot pedals, ask resident to lift feet if pushing w/c (wheelchair). Provide supportive care, assistance with mobility as needed .</p> <p>Initiated [DATE] . Focus: The resident has actual chronic pain r/t left hip fracture with surgical fixation and chronic dislocations of same. Interventions: Anticipate the resident's need for pain relief and respond immediately to any complaint of pain. Monitor/record/report to Nurse and s/sx (signs and symptoms) of non-verbal pain: Changes in breathing, Mood/behavior, etc. Notify physician if interventions are unsuccessful or if current complaint is a significant change from residents past experience of pain.</p> <p>R44's Admission MDS (Minimum Data Set) dated [DATE] states in part . R44 requires extensive assistance of two staff members for bed mobility, transfers, toileting and hygiene. R44 also requires extensive assistance of one staff member for locomotion on and off the unit. BIMS (Brief Interview of Mental Status) score of 10, indicating moderate cognitive impairment.</p> <p>Nurses Notes dated [DATE] at 6:36 PM document in part . Resident is able to feed self, transfer x1 (times) assist with reminders to use call light, dsg (dressing) and other adls (activities of daily living) is assist x (does not indicate number of people used for assist) with resident able to participate.</p> <p>Nurses Notes dated [DATE] at 8:53 AM document in part . Resident s/p (status post) hip fracture repair. Resident is calm and pleasant able to voice needs and concerns, denies pain, has call light in reach.</p> <p>R44 had orders for Tylenol 1000mg (milligrams) by mouth TID (three times a day) for pain. Oxycodone 2.5mg by mouth every 8 hours as needed for acute pain. ASA (Aspirin) 81mg chew tab.</p> <p>Note: R44 had not used Oxycodone since [DATE], while hospitalized .</p> <p>R44's eMAR (electronic Medication Administration Record) pain evaluation every shift indicates the following: [DATE]: NOC (night) shift ,d+[DATE]. [DATE]: AM (morning) shift ,d+[DATE], PM (afternoon) shift , d+[DATE], and NOC shift ,d+[DATE]</p> <p>Nurses Notes dated [DATE] at 10:39 AM document in part . Cognition: Orientation: Person, place and time. The resident does not require supervision for safety. There has not been a change in the resident's baseline cognition. ADL Function: Resident requires partial/moderate assistance with walking, transferring, bed mobility, dressing, toileting and hygiene.</p> <p>(continued on next page)</p>		



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525330	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/06/2021
NAME OF PROVIDER OR SUPPLIER  Middleton Village Nursing and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE  6201 Elmwood Ave Middleton, WI 53562	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0684</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>R44's Physician's Note from [DATE] with APNP C (Advanced Practice Nurse Prescriber) states in part . Primary Discharge Diagnosis: Left Femoral Neck Fracture. Upon arrival to visit, patient sitting in chair outside of his room. States feels 'just fine.' He reports 'mild' pain to left femur/hip area. Pain is localized. Denies any numbness or tingling. Denies any calf pain. Just prior to visit he was independently ambulating down hallway, telling staff he wanted to leave facility. RN staff orientated. He was pleasant, cooperative and sat back in his chair without issues. Full ROS (review of systems) completed with patient and staff d/t (due to) cognition. Physical Exam: Extremities: LLE: Left hip abduction brace in place. LLE nonpitting edema 2+ (plus) from knee down to foot. DP (dorsalis pedis) pulse 2+. [NAME] sign negative. Neuro: Disoriented to situation. Moves all extremities spontaneously. Denies numbness and tingling. Assessment/Plan: Left cemented THA (total hip arthroplasty)-dislocated [DATE]. Last dose of oxycodone ,d+[DATE]. LLE 2+ nonpitting edema noted on exam today. LLE venous Doppler to r/o (rule out) DVT (deep vein thrombosis). Activity instructions per discharge summary: WBAT (weight bear as tolerated) TEDS (compression stockings used to reduce the risk of DVT) x2 weeks, hip abductor brace on at all times, maintain hip precautions. Pain thought to be contributing with behaviors at night while inpatient. No issues last night with pain.</p> <p>On [DATE] at 5:01 PM nurses note documents in part . New order taken for a venous Doppler study of LLE DX (diagnosis) edema on arrival to facility. Hx (history) of fx and dislocation to r/o DVT.</p> <p>Nurses Notes dated [DATE] at 10:31 AM document in part . Resident up in w/c, denied pain or discomfort, expressed to family he was in pain. Used PRN Oxycodone as ordered, when asking resident about pain he states, 'I don't know' but visual s/s (signs and symptoms) of pain present w/ (with) movement of LLE, working w/ therapy as well as transfers. L hip - surgical drsg (dressing) remains intact w/o striking present.</p> <p>R44's eMAR (electronic Medication Administration Record) pain evaluation every shift indicates the following: [DATE]: AM shift ,d+[DATE], PM shift ,d+[DATE], and NOC shift ,d+[DATE]</p> <p>Note: R44 had not used Oxycodone prior to this since [DATE] while still hospitalized . Pain was managed with TID Tylenol 1000mg. The Nurse did not identify the change in resident need for pain medication and did not physically observe the resident or contact an RN to do an assessment.</p> <p>Nurses Notes dated [DATE] at 3:30 PM document: Resident had Doppler completed on LLE.</p> <p>R44's Physical Therapy note dated [DATE] states in part . During transfer from WC (Wheelchair) to bed, pt (patient) was unable to stand, painful during weight shifting and need max A (maximum assist) for sit to stand and for stand pivot transfer. Pt was able to do all transfer and ambulation with CGA/min A (Contact Guard Assist with minimum assist) for safety yesterday during evaluation. Today, pt was unable to lift his Lt (left) leg and was complaining of pain and left leg was mildly internally rotated. Notified the same change to assigned nurse and recommended for Lt Hip x-ray to rule out dislocation. CNA (Certified Nursing Assistant) was educated on hip abduction brace and explained all hip precaution. Instructed to keep brace on all the time except during hygiene.</p> <p>Note: The Nurse working did not assess R44 or find an RN (Registered Nurse) to complete one.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525330	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/06/2021
NAME OF PROVIDER OR SUPPLIER  Middleton Village Nursing and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE  6201 Elmwood Ave Middleton, WI 53562	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0684</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>R44's Occupational Therapy note dated [DATE] states in part . OT (Occupational Therapy) noted patient was in WC and appeared stuck in the doorway; patient was asking for help. When OT asked what was the matter, patient indicated he 'couldn't move out of here because his L LE (left lower extremity) was 'stuck'. OT noted patient did not have foot pedals on WC or in room and patient was having difficulty picking up L LE to assist with propulsion (the action of driving or pushing forward). OT picked up patient's L LE to help him into the room, went to find elevating leg rests and fit to patient's L LE and had patient show her that he could propel in room with L LE slightly elevated.</p> <p>R44's eMAR (electronic Medication Administration Record) pain evaluation every shift indicates the following: [DATE]: AM shift ,d+[DATE], PM shift ,d+[DATE], and NOC shift ,d+[DATE]</p> <p>Nurse Notes dated [DATE] at 7:46 AM document in part . Resident L hip-surgical, great bruising present to peri wound as expected, edema 2+ pitting, s/s of pain to LLE, resident denies pain verbally but shows pain w/movement, LLE r/o DVT [DATE], per radiology report good blood flow present w/o signs of DVT present, NP (Nurse Practitioner) notified.</p> <p>Note: During an interview with NP D she states that a message with Doppler results were left on her office voicemail and she did not receive it until [DATE]. This voicemail was left on a Saturday when the NP's was not in work status and the on call Physician was not notified of the results.</p> <p>Nurse Notes dated [DATE] at 4:23 PM it documents in part . Medication Administration Note: Oxycodone HCL Capsule 5mg give 0.5mg by mouth every 8 hours as needed for acute pain. Pain rating ,d+[DATE].</p> <p>R44's eMAR (electronic Medication Administration Record) pain evaluation every shift indicates the following: [DATE]: AM shift NA (not applicable), PM shift ,d+[DATE], and NOC shift ,d+[DATE]</p> <p>Nurses Notes dated [DATE] at 4:41 AM document in part . Medication Administration Note: Oxycodone HCL Capsule 5mg give 0.5mg by mouth every 8 hours as needed for acute pain. Pain rating ,d+[DATE].</p> <p>Nurses Notes dated ,d+[DATE] at 4:16 PM document in part . Medication Administration Note: Oxycodone HCL Capsule 5mg give 0.5mg by mouth every 8 hours as needed for acute pain. Pain rating ,d+[DATE].</p> <p>R44's Physical Therapy note dated [DATE] states in part . Attempted several times to initiate PT today. Pt displayed increased confusion and unable/refuses to follow directions. Abductor brace not on, provided pt education that he needs to be wearing it.</p> <p>R44's eMAR (electronic Medication Administration Record) pain evaluation every shift indicates the following: [DATE]: AM shift ,d+[DATE], PM shift ,d+[DATE], and NOC shift ,d+[DATE]</p> <p>R44's eMAR (electronic Medication Administration Record) pain evaluation every shift indicates the following: [DATE]: AM shift ,d+[DATE], PM shift ,d+[DATE], and NOC shift ,d+[DATE].</p> <p>Note: R44 received Oxycodone for pain on ,d+[DATE], ,d+[DATE] and twice on ,d+[DATE].</p> <p>Nurses Notes dated [DATE] at 2:01 AM document, Resident asleep in bed, no s/s of c/o pain, L Hip surgical, bruising continues, swelling noted as LLE is larger than RLE (right lower extremity), floating heels as resident will allow.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525330	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/06/2021
NAME OF PROVIDER OR SUPPLIER  Middleton Village Nursing and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE  6201 Elmwood Ave Middleton, WI 53562	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0684</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>R44's Physical Therapy note dated [DATE] states in part . Assisted pt with placing abductor brace on L hip. Pt instructed on transfers and bed mobility wheelchair to bed. Provided continued pt education on needing to wear his L brace at all times. Discussed with PT about possible hip dislocation. Nursing states they will be ordering x-rays.</p> <p>Nurse Notes dated [DATE] at 9:10 AM document in part . SBAR-General: Situation: STAT (immediately) x-ray, 2-view XR (x-ray) left hip. Dx (Diagnosis): Internal rotation S/P (status post) left hip surgery per NP D. Signs and Symptoms: Left leg inverted upon assessment. Assessment: Left leg inverted with non-pitting edema to left foot. Returned to bed per therapist. Left leg splinted utilizing two pillows. Educated resident and staff on the importance of keeping left leg splinted. Recommendation/Response: STAT x-ray, 2-view XR left hip. Dx: Internal rotation S/P left hip surgery per NP D. Educated resident on orders received from NP for STAT x-ray of left hip. Denies pain/discomfort.</p> <p>On [DATE] at 9:25 AM, a nursing note documents, Writer spoke w/ therapy, request for XRAY OF L Hip, resident unable to BWAT (bear weight as tolerated), and call placed to NP D, notified of therapy findings, request for XRAY.</p> <p>Note: On [DATE] therapy noted a change in condition in R44 as resident was unable to lift his left leg, was complaining of pain and left leg was mildly internally rotated. Therapy appropriately notified the nurse and requested left hip x-ray to rule out dislocation in a resident with a history of dislocation. R44's clinical presentation warranted a physical assessment. The nurse did not complete data collection or notify a RN to complete an assessment this resulted in a delay in treatment for R44. Action was not taken until four 4 days later on [DATE].</p> <p>Nurses Notes dated [DATE] at 12:58 PM, R44's x-ray report states in part . Results: Femoral hardware with superior dislocation. Soft tissue swelling. No fracture. Conclusion: Acute left femoral head dislocation.</p> <p>Nurse Notes dated [DATE] at 3:48 PM document in part . Left hip/pelvis x ray results received. Acute left femoral head dislocation. Orders per NP D to send to Hospital ER (emergency room ) for closed reduction. Resident denies pain or discomfort at this time. Rates pain ,d+[DATE] at present.</p> <p>Nurse Note dated [DATE] at 4:37 PM documents in part . Writer asked if resident had any falls recently. Resident stated, 'No.' Physical Therapy noted in the am (AM) that the resident was having difficulties with PT not able to bear weight on to left lower extremity. PT reported this to staff.</p> <p>R44's Ambulance Transport Notes dated [DATE] at 4:30 PM document in part . As the crew arrived, the patient's airway was patent, breathing was normal at room air, and the patient's hands were cold with oxygen saturation of 94%. The patient was oriented at A&amp;OX3 (Alert and oriented to person, place and time) but did not have trouble communicating with the crew and the staff. According to the staff, the patient has left femoral hip dislocation and the patient was having a bracelet (sic) on the left hip. The patient was stable, and the patient was administered with Tylenol 3 times a day and one other pain medication. Pain is ,d+[DATE] in pain scale.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525330	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/06/2021
NAME OF PROVIDER OR SUPPLIER  Middleton Village Nursing and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE  6201 Elmwood Ave Middleton, WI 53562	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0684</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>R44's Hospital Notes dated [DATE] document in part . Dislocation, Hip - W/ Procedural Sedation. Diagnosis: Closed dislocation of left hip, initial encounter. Medications given: Propofol 10mg/mL IV BOLUS last given at 8:36 PM. Activity: Weight bear as tolerated left lower extremity. Hip abduction brace on at all times restricting hip flexion to a maximum of 40 degrees. No rotation, adduction, or abduction. When in bed must have , d+[DATE] pillows between legs to prevent adduction.</p> <p>On [DATE], it is documented in part . Altered Mental Status, Resolved. Diagnosis: Agitation. Delirium. Medications Given: Oxycodone HCL tab 5mg, last given at 6:35 AM. You have been seen for 'Altered Mental Status.' Altered mental status has many causes. Come more common causes are: Reaction to medicine (this can happen if too much pain or sedative medicine is taken). Your symptoms have gotten better or gone away completely.</p> <p>Nurses Notes dated [DATE] at 1:25 AM document in part . Patient came back from the hospital via ambulance approx. (approximately) 2215 (10:15 PM). Patient denies pain. The patient and staff were reminded to use extra caution during transfers due to the anesthesia medication that was given during the procedure. He does have a full immobilizer cast that he is to wear until [DATE] at follow up apt (appointment).</p> <p>As a result of this incident the facility had the following nurse's statements:</p> <p>A statement was written by LPN F on [DATE] and states, On [DATE], post AM shift; writer was approached by therapy asked if resident was 'having' x-ray, at that time I stated he was in the process of having a Doppler completed, no further interaction on this day. On [DATE] AM shift same therapist approached and asked where x-ray report was, writer then stated he had a Doppler completed not an x-ray. Then the therapist began to speak of changes, I then spoke with NP whom we both went to therapy to get a full assessment. The therapist never expressed any changes to LLE to writer.</p> <p>A statement was written by LPN E, it was undated and states, PT approached me on Friday, [DATE]th, 2021 in regards to a patient. I started my shift and had not gotten report. PT stated that a patient who used to walk with both legs was unable to walk now and would like an x-ray order. PT did not specify which patient or any additional details pertaining to the order however PT mentioned it was LPN F's patient. I went to find LPN F and tell her the message that the PT relayed to me. LPN F told me she knew you (sic) which PT was talking about and that an X-ray was already ordered for that patient. After that I went back to doing my duties.</p> <p>Note: When therapy reported this to the Nurse she did not complete any data collection of the resident or contact an RN to complete an assessment. The nurse did not contact the physician, which resulted in a delay of treatment and increased pain. R44 had not taken any pain medication prior to [DATE] since his hospitalization on [DATE]. R44 had a history of left hip dislocation and this should have alerted the nurse to complete an assessment and contact the physician.</p> <p>Note: Though the facility did education with Therapy on updating Nurse Management with a resident change of condition on [DATE], and also completed education to nursing staff on [DATE] on change of condition,. The facility failed to identify this particular resident as a concern and did not educate all nursing staff on the need to complete an RN assessment with a resident's change of condition.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525330	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/06/2021
NAME OF PROVIDER OR SUPPLIER  Middleton Village Nursing and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE  6201 Elmwood Ave Middleton, WI 53562	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0684</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>On [DATE] at 1:19 PM, Surveyor interviewed DON B. Surveyor asked DON B to describe what happened between [DATE] and [DATE] with R44. DON B stated, LPN E told me that something was said in passing from therapy. She thought they were talking about the Doppler when PT said x-ray because they were already here doing the Doppler. Education was done with therapy because an in-service was already completed with Nursing. We looked at this as a communication problem with therapy and staff. A QAPI Plan was completed in which we educated all therapy staff on bringing any concerns to a Nurse Manager. I did not educate Nursing because I thought it was a therapy communication issue. When I interviewed LPN E and LPN F they stated that therapy did not specify information and that it was provided in passing. R44 was seen by the NP that day and she didn't identify a concern so I thought the Doppler was what was wanted. Surveyor asked DON B if an RN assessed R44. DON B stated, No, I thought since he had been seen by the NP she would have noted any concerns.</p> <p>Note: R44 was not seen on [DATE] but on [DATE], the day prior to therapy reporting concerns and changes in R44's mobility.</p> <p>On [DATE] at 2:22 PM, Surveyor interviewed NP D. Surveyor asked NP D about Doppler. NP D stated, When R44 was admitted he was seen by NP C. She noted increased edema with abduction brace in place and ordered a Doppler. I was not notified until [DATE] about the therapists concerns. The facility left me a message about the Doppler results on my office voicemail on Saturday and I didn't get them until Monday ([DATE]).</p> <p>On [DATE] at 2:32 PM, Surveyor interviewed LPN E. Surveyor asked LPN E about concerns brought to her by therapy on [DATE] regarding R44. LPN E stated, When they came they were looking for LPN F. I told LPN F he needed an x-ray. LPN F told me she knew which patient and that an x-ray was already ordered. I had just started on [DATE] and was new to the facility. I thought it was already getting done, LPN F told me that.</p> <p>Note: Surveyor attempted to contact LPN F who no longer works in the facility on [DATE]. No return call received.</p> <p>On [DATE] at 2:36 PM, Surveyor interviewed PT K (Physical Therapist). Surveyor asked PT K to tell her about [DATE] and R44. PT K stated, I signed my note at the end of the shift but it was written earlier in the day. I reported to the assigned Nurse. When I saw the changes around 2:00 PM, I couldn't find anyone but when I saw LPN E I told her what I saw and that R44 needed an x-ray. She asked me what to do because she was new. I told her I didn't know and she should ask another Nurse. LPN E said 'okay.' That was on Friday and I don't work on Saturday and Sunday. R44 was not on my schedule on Monday but on Tuesday when I saw him I asked the Nurse about the x-ray. That Nurse told me that they had done a Doppler. I then went and talked with DON B and asked her why an x-ray was not done. DON B said they got mixed up and did a Doppler. I then asked that they get an x-ray. The main thing with R44 was that he was not able to bear the weight that he had previously been able to do. The x-ray then showed a dislocation.</p> <p>The facility failed to have a system in place that ensured care and treatment were sought when there was a noted change in R44's mobility reported to them by Therapy. An RN assessment was not completed and the physician was not notified of Therapy concerns and request for x-ray. The resident began using Oxycodone for pain on [DATE] and had not been using any pain medication other than Tylenol since he was in the hospital on [DATE]. The facility was aware of R44's history of dislocation and these changes should have been an indication for follow up and assessment.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525330	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/06/2021
NAME OF PROVIDER OR SUPPLIER  Middleton Village Nursing and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE  6201 Elmwood Ave Middleton, WI 53562	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0684</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>38725</p> <p>Example 2</p> <p>R227 was admitted to the facility [DATE] for skilled nursing care. R227 has the following diagnoses: Skin graft failure, Retention of urine, Benign prostatic hyperplasia with lower urinary tract symptoms, Candidal cystitis and urethritis, and Type 2 Diabetes mellitus without complications.</p> <p>The Facility did not have a policy for appointment set up.</p> <p>R227's Hospital Discharge Summary includes the following orders: follow up with plastics in 1 month, urology consult, Lidocaine Urethral/Mucosal Gel Prefilled Syringe 2%, Apply to Urethral topically every 6 hours for bladder relief Use before straight cath, and Straight cath q 6 hours (every), Use lidocaine 2% (UROJET) BEFORE each straight cath.</p> <p>R227's Hospital Discharge Summary includes the following notation, in part: urology consult ordered, unable to void without straight cath, await urology appointment for recommendations .</p> <p>Of note there is no urology appointment pending in R227's medical record.</p> <p>On [DATE] at 8:40 AM, Surveyor interviewed R227. Surveyor asked R227 if he had any concerns with the facility thus far, R227 said he's supposed to be straight cathed three times a day and they aren't always on top of that. Surveyor asked R227 if he could explain why the straight cathing was needed, R227 explained he had a catheter at the first hospital he was at, they removed it and he could pee for 2 days then it had to be re-inserted because he couldn't pee; same thing at second hospital he was at, this time they did not replace, instead they ordered the straight caths. Surveyor asked R227 if he had any concerns with the procedure itself of straight cathing, R227 stated sometimes this is painful, because of the frequency, it is tender, I tell them but it's hard to understand some of the staff here.</p> <p>On [DATE] at 10:05 AM, Surveyor interviewed RN, UM T, Registered Nurse, Unit Manager). Surveyor asked RN, UM T if R227 had any follow up orders for appointments in his Discharge paperwork, RN, UM T said there was for plastics. Surveyor asked RN, UM T how appointments get set up, RN, UM T said if we have documentation on admission we make a copy of it and give it to Medical Records to set up appointment and transportation. Surveyor asked RN, UM T if she recalled seeing a urology consult ordered for R227, RN, UM T said I don't remember urology consult in paperwork, just plastics.</p> <p>On [DATE] at 10:08 AM, Surveyor interviewed MR HH (Medical Records). Surveyor asked MR HH if she had any appointments to set up for R227, MR HH said I don't have any for R227. Surveyor asked MR HH how appointments get set up, MR HH explained if the admission nurse notes appointments then they make a copy and give to her; MR HH also goes through Discharge Summary to see if any appointments are needed, if they admit on a Friday, she will look on Monday.</p> <p>On [DATE] at 1:34 PM, Surveyor interviewed DON B (Director of Nursing). Surveyor asked DON B how the appointment process works, DON B explained if there are appointments set-up already or are seen on admission, the admission nurse will copy and give to MR HH; then 2 nurses check the orders so they should be looking then too, and the ADON (Assistant Director of Nursing) reviews all new admission charts, if they admit on a Friday, they are reviewed on Monday.</p> <p>(continued on next page)</p>		



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525330	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/06/2021
NAME OF PROVIDER OR SUPPLIER  Middleton Village Nursing and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE  6201 Elmwood Ave Middleton, WI 53562	
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)		
F 0684  Level of Harm - Actual harm  Residents Affected - Few	R227 has pain with the straight cath procedure due to its frequency. The facility was unaware of the urology consult ordered and did not set up the appointment, R227 continues to have pain with this procedure. The facility failed to note a needed urology consult and failed to set up the needed appointment for R227.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525330	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/06/2021
NAME OF PROVIDER OR SUPPLIER  Middleton Village Nursing and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE  6201 Elmwood Ave Middleton, WI 53562	
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 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 30992</p> <p>Based on interview and record review, the facility did not ensure resident's with limited range of motion (ROM) and mobility maintained or improved function unless reduced range of motion/mobility was unavoidable based on the residents clinical condition for 1 of 24 residents reviewed for ROM/mobility out of 24 total sampled residents (R50).</p> <p>R50 has diagnoses including hemiparesis and hemiplegia following a stroke. R50's Physical Therapy ended 3/3/21 and Occupational Therapy ended 3/4/21. The facility does not have a Restorative Program and did not provide range of motion (ROM) to R50 to maintain the function gained while receiving Physical Therapy and Occupational Therapy. Subsequently, R50 experienced increased pain and decreased range of motion in her right shoulder as a result. OT OO (Occupational Therapist) indicated R50's limited ROM is mainly due to pain, when she does active or assisted ROM she can get that arm to move more.</p> <p>This evidenced by:</p> <p>Facility policy Restorative Nursing Guidelines, dated 10/1/19, states, in part: .Purpose: To ensure that a resident with limited range of motion receives appropriate treatment and services to include range of motion and/or to prevent further decrease in range of motion.</p> <p>Assessment for Mobility: 1. Based upon the comprehensive assessment, the resident's care plan must include specific interventions, exercises and/or therapy to maintain or improve the ROM and mobility, or to prevent, to the extent possible, declines or further declines in the resident's ROM or mobility. The comprehensive assessment must identify the current status of the resident's ROM and mobility capabilities, which must be used to develop interventions. The decision on what type of treatments includes an evaluation of the cognitive ability of the resident to be able to independently participate, whether the resident requires assistance due to medical condition or cognitive impairments or loss of ability to follow treatment instructions. Care plan interventions may be delivered through the facility's restorative program, or as ordered by the attending practitioner, through specialize rehabilitative services.</p> <p>R50 was admitted to the facility, on 12/18/20, with diagnoses including, but not limited to, cerebral infarction due to thrombosis of unspecified cerebral artery, hemiplegia and hemiparesis following cerebral infarction affecting right dominant side, chronic obstructive pulmonary disease, atrial fibrillation, cognitive communication deficit, osteoarthritis, major depressive disorder and muscle weakness.</p> <p>R50's Admission MDS (Minimum Data Set), dated 12/24/20, indicates R50 has clear speech, makes self-understood and usually is able to understand others. R50's BIMS (Brief Interview of Mental Status) is 12 out of 15, indicating she is cognitively intact. Section G indicates R50 is totally dependent and requires 2+ person extensive assist for transfers. R50 requires extensive assist of 2 for bed mobility and toileting and has functional limitation/impairment in ROM on one side of her upper body and lower body. Section O - O0500 Restorative Nursing Programs indicates R50 started receiving Occupational Therapy (OT) on 12/20/20 and PT (Physical Therapy) on 12/22/20.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525330	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/06/2021
NAME OF PROVIDER OR SUPPLIER  Middleton Village Nursing and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE  6201 Elmwood Ave Middleton, WI 53562	
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 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R50's Quarterly MDS (Minimum Data Set), dated 3/26/21, indicates R50 has clear speech, makes self-understood and usually is able to understand others. R50's BIMS (Brief Interview of Mental Status) is 8 out of 15, indicating she is moderately cognitively impaired. R50 requires 2+ person extensive assist for transfers, mobility, and toileting. R50 requires extensive assist of 2 for bed mobility and toileting and has no functional limitation/impairment in ROM on her upper extremities and impairment on one side of her lower body. Section O - O0500 Restorative Nursing Programs indicates R50 is not receiving any restorative care.</p> <p>R50's Care plan, R50 has actual for an ADL (Activities of Daily Living) self-care performance deficit r/t (related to) CVA (cardiovascular accident / stroke) with hemiplegia, Date Initiated: 12/18/20; Goal: The resident will maintain current level of function in transfer and mobility through the review date. The resident will demonstrate the appropriate use of enabler bars to increase ability in bed mobility through the review date, *Date Initiated: 5/3/21. Interventions: Bathing: Physical Assist, Date Initiated 4/3/21; Bed Mobility: Physical Assist, Date Initiated: 4/3/21; Dining: R50 is independent , Date Initiated 4/3/21; Dressing: Physical assist, Date Initiated 4/3/21; Toileting: R50 requires physical assistance with toileting, Date Initiated 4/3/21; *Bed Mobility: R50 uses enabler bars x2 to maximize independence with turning and repositioning in bed, Date Initiated: 5/3/21; Transfers: R50 requires physical assist with Hoyer lift transfer with a minimum of 2 staff assist, Date Initiated: 12/18/20; Encourage R50 to use bell to call for assistance, Date Initiated: 12/18/20; Monitor / document / report PRN any changes, any potential for improvement, reasons for self-care deficit, expected course, declines in function, Date initiated: 12/18/20; Praise all efforts at self-care, Date Initiated: 4/3/21; *PT/OT evaluation and treatment as per MD (Medical Doctor) orders, Date Initiated: 4/3/21</p> <p>R50 does not have a comprehensive care plan for restorative care or any type of exercises recommended by therapy.</p> <p>R50 received OT (Occupational Therapy) from 12/20/20 - 3/4/21, PT (Physical Therapy) from 12/22/20 - 3/3/21 and ST (Speech Therapy) from 12/20/21 - 3/5/21. Note, from 3/6/21 - 4/28/21 R50 did not receive any restorative care.</p> <p>On 4/6/21, APNP D (Advanced Practice Nurse Practitioner) had an in person visit at the facility with R50 and documented the following note: Patient reports all therapies stopped a month ago and since then her strength/mobility and pain to R (right) shoulder have worsened. Reports staff don't get her up to wc (wheelchair) during the day, I just stay in bed all day. Reports frustration with not getting therapy. NP (APNP D) was NOT made aware of decline in mobility/function. Patient thought SNF staff were working to get her therapy again but hasn't heard anything. APNP D discussed with SS Y (Social Services) who reports patient reached her 100 days of covered therapy on 3/16/21 and hasn't received therapy since. Discussed restarting therapy under Part B but would need new orders. Discussed concern with patient decline and NP will be ordering PT/OT/ST (Physical Therapy/Occupational Therapy/Speech Therapy).</p> <p>On 4/29/21 R50's Occupational Therapy started. R50's assessments includes the following: Musculoskeletal System Assessment:</p> <p>*UE ROM (Upper Extremity Range of Motion) RUE (Right Upper Extremity) ROM = Impaired; LUE ROM = WFL (Within Functional Limits)</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525330	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/06/2021
NAME OF PROVIDER OR SUPPLIER  Middleton Village Nursing and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE  6201 Elmwood Ave Middleton, WI 53562	
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 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>*RUE ROM Shoulder = Impaired; Elbow /Forearm = WFL; Wrist=WFL; Hand=WFL</p> <p>AROM (R) Shoulder Flexion = 45 degrees; Extension = 10 degrees</p> <p>*RUE Strength = Impaired</p> <p>*RUE Strength Shoulder = Impaired; Elbow / Forearm = Impaired; Wrist = Impaired</p> <p>Contracture Functional Limitations due to contracture = No</p> <p>4/29/20 OT's Exercise Prescription states as follows: Purpose: Purpose of Exercise = Range of Motion ROM Exercise details to address patient's ROM limitations; Will start with non-weighted work on R (right) shoulder, increase as patient tolerates.</p> <p>On 5/2/21 and 5/06/21, Surveyor spoke with R50. Surveyor asked R50 where her pain is. R50 stated she has pain in her right shoulder. R50 stated she has had pain in her shoulder since 1998 when she had a stroke. Surveyor asked R50 has your pain changed over the last few months. R50 stated, her PT and OT ended in March. R50 stated when she was receiving therapy and diathermy her pain was a 6 or 7 and now her pain is 10 every day. R50 stated her pain fades away some with Tylenol or aspirin. R50 stated COTA NN told her to move her arms and shoulders but, it's painful to move my right shoulder. Surveyor asked R50 if she has specific exercises to do. R50 stated yes, but she cannot recall what they area. Note, Surveyor did not observe R50's theraband in the room. Surveyor asked R50 do CNA's come in to help you move your arms and legs. R50 stated, No.</p> <p>On 5/6/21 at 10:58 AM, Surveyor spoke with SS Y and MDS Coordinator MM (MDS). Surveyor asked SS Y to tell me about the information shared with her regarding R50's therapy. R50 would question us when she would be able to receive therapy. SS Y stated this was a daily and weekly thing for a while. SS Y stated, R50 was not grumpy or upset. SS Y stated she went over insurance issues with R50 several times but she did not understand. At some point in time she reported this to APNP D. It was probably her last visit with APNP D asked me to call R50's son and explain the insurance issue. SS Y stated, for Part B type therapy the therapy dept. makes those requests. At one point in time I think the insurance company gave them one day. SS Y stated R50 is currently getting 5 days of PT &amp; 5 days of OT per week. SS Y stated, the Therapy Department sent in a lot of information to get this therapy time for R50. Surveyor asked SS Y and MDS Coordinator if they have a Restorative CNA (Certified Nursing Assistant) at the facility that does range of motion with residents. SS Y stated, Not at the time, staffing was not allowing us to have a Restorative CNA. SS Y added, we have a lot more employees that are now employed directly by the facility and we will move forward with that program (Restorative). Surveyor asked is there any restorative care such as active or passive range of motion being done at the facility. SS Y stated, there are plans for a couple people but, the facility does not currently have a restorative program. MDS MM stated staff document any restorative type of activities that feeds through to the MDS. Note, R50's documentation indicates she is not receiving any restorative care / range of motion.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525330	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/06/2021
NAME OF PROVIDER OR SUPPLIER  Middleton Village Nursing and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE  6201 Elmwood Ave Middleton, WI 53562	
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 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 5/6/21 at 12:34 PM, Surveyor spoke with COTA NN (Certified Occupational Therapy Assistant) who is also the acting Director of Rehab. Surveyor asked COTA NN the dates that R50 received therapy. COTA NN stated, R50 received OT (Occupational Therapy) from 12/20/20 - 3/4/21, PT (Physical Therapy) from 12/22/20 - 3/3/21 and ST (Speech Therapy) from 12/20/21 - 3/5/21. COTA NN stated at the time R50's therapy benefit was exhausted, her AROM (active range of motion) in her right shoulder at the time of discharge was 45 degrees, she still complained of pain. At R50's time of discharge she was getting relief from diathermy and had a goal of ultrasound. Diathermy was most effective for R50. COTA NN stated in R50's note, the d/c summary doesn't state what she can do with PROM. Surveyor asked COTA NN, why did R50's therapies end. COTA NN stated, she exhausted her benefits &amp; there was a waiting period to get the second insurance to pick back up. Note, APNP D brought this to the attention of the facility on 4/8/21 that was taking a while so we went ahead &amp; got a Physicians Order and started treating her again. COTA NN stated, We didn't want her to decline any further than she already had, she had been making gains towards the end of therapy and didn't want to lose what she had gained and to decline from that point. After obtaining Physician Orders we submitted the request to insurance again. COTA NN stated, Therapy started again 4/29/21. Surveyor asked COTA NN, did insurance approve R50's therapy. COTA NN stated, it's still out in pending land, but the facility started therapy again. COTA NN stated, I'm hoping it won't be denied because she needs it. Surveyor asked COTA NN, what gains R50 made while in PT the first time. COTA NN stated, when it comes to her transfer status she was making gains, she was a Hoyer transfer and got to a stand pivot with therapy. Prior to her being hospitalized she was SBA (stand by assist) or modified independent for almost all of her ADL's (Activities of Daily Living) so she was quite high level. COTA NN stated, she was hospitalized, d+[DATE]-[DATE] due to COVID-19 and respiratory complications due to COVID-19. COTA NN stated, she was pretty high level functioning. COTA NN stated, after she was hospitalized she was totally dependent with bathing, toileting, lower body dressing, moderate assist for upper body dressing &amp; minimum assist for hygiene &amp; grooming. COTA NN added, she was pretty dependent when she returned from the hospital, COVID really took a toll on her. COTA NN stated, R50 was still a Hoyer upon discharge from therapy. She went from total dependency to max assist for bathing so she improved a little bit there. For lower body dressing she went from total dependency to max assist. For toileting she went from total dependent to max asst. Upper body went from moderate to min. assist.</p> <p>COTA NN reviewed R50's PT notes. R50 had a goal to transition from supine to edge of bed. When R50 came in she was a max assist and her goal was to get to min of mod assist. She met that goal in February 2021. R50 has another goal to increase dynamic sitting balance from fair minus. On admission it was poor plus (COTA NN clarified, that is very bad.) That was again in February 2021, so she was steadily making good gains. Another goal is R50 will complete sit to stand transfers with SBA (stand by assist). That probably would have been her bed or wheelchair height, which was started in February. Standing didn't start until mid-February it took her a while to get her legs strong enough and her core ready. She was able to stand at time of discharge at the parallel bars at mid-mod assist. Fifty (50) % of the work was done by the therapist. She was getting close but we don't like to change resident transfers status unless they are safe each and every time we work with them. R50 started transferring 2/20 &amp; was only working on sit to stand 2 weeks and that's not a lot of time in our opinion. COTA NN stated, that's not enough time to go from the Hoyer to the ez stand. PT was not comfortable with her doing ez stands transfers with nursing staff.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525330	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/06/2021
NAME OF PROVIDER OR SUPPLIER  Middleton Village Nursing and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE  6201 Elmwood Ave Middleton, WI 53562	
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 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Surveyor asked COTA NN, when R50's therapy ended was she to get restorative care. COTA NN stated, unfortunately we don't have a true restorative program at the facility. COTA NN added, what we do at time of discharge from therapy if the residents stays in the facility is we provide them an exercise program for their upper and lower body. We use a theraband so they can do arm and leg exercises and always encourage them to get up and stay in wheelchair to keep their core and back engaged. Staff would go over exercise she could do on her own safely. Surveyor asked COTA NN do you think R50 would remember or understand to do these exercises. COTA NN stated, if she was given a theraband and it was in her line of sight she would remember otherwise she would need a cue to do exercising.</p> <p>Surveyor asked COTA NN, should R50 have been on a restorative program when her therapy ended. COTA NN stated, Yeah, oh yeah, she would have definitely benefited from a restorative program. Surveyor asked COTA NN is R50's right shoulder contracted. COTA NN stated, when I've seen her it doesn't look like a contracture, she can put her arms up when in therapy. COTA NN added, I think it's a combination of weakness and pain from the CVA (stroke). COTA NN stated, a Restorative Program would prevent R50 from having a decline in function so whatever gains are made during therapy they wouldn't be lost. COTA NN stated, a restorative program would be beneficial for contracture prevention, monitoring splints, making sure splints are on correctly, donning and doffing correctly and making sure residents stay as mobile as possible. Surveyor asked COTA NN, could a restorative program have prevented R50's decline in mobility and shoulder pain. COTA NN stated, Yes, a restorative program is never a bad thing.</p> <p>On 5/6/21 at 1:17 PM, Surveyor spoke with COTA NN. COTA NN stated she spoke with OT OO and confirmed there's no diagnosis of contracture in R50's right arm. COTA NN stated OT OO determined R50's limited ROM is mainly due to pain; when R50 does active or assisted ROM (range of motion) she can get that arm to move more. Surveyor spoke with OT OO who confirmed this information.</p> <p>On 5/6/21 at approximately 1:30 PM, Surveyor spoke with DON B (Director of Nursing). Surveyor asked DON B if a resident is receiving PT and OT and their therapy ends, would you expect them to be on a restorative program. DON B stated, it depends on the patient and how improved they are and if they need restorative. Surveyor asked DON B does the facility have a restorative program. DON B stated that CNA's assist residents, however, the facility does not have a restorative program. Surveyor asked DON B should exercises provided by therapy be carried over to the resident's care plan. DON B stated, Yes, I would expect that to be there. Surveyor asked DON B, why is that important. DON B stated, to increase the resident's maximum independence and functional ability. Surveyor asked DON B should R50 have been receive restorative care.</p>		



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525330	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/06/2021
NAME OF PROVIDER OR SUPPLIER  Middleton Village Nursing and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE  6201 Elmwood Ave Middleton, WI 53562	
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>38725</p> <p>Based on observation and interview the facility did not ensure the resident environment remains as free of accident hazards as is possible for 1 of 24 sampled residents (R64).</p> <p>R64 was outside smoking with a paper isolation gown on.</p> <p>This is evidenced by:</p> <p>The Facility's Policy and Procedure entitled Smoking Guideline revised 4/20/21 does not address wearing isolation gowns while smoking.</p> <p>R64 admitted to the facility 4/2/21 with the following diagnoses: Severe persistent asthma, Tobacco use, Acidosis, Migraine, and Type 2 Diabetes mellitus with Diabetic neuropathy.</p> <p>On 5/3/21 at 8:35 AM, Surveyor interviewed R64. Surveyor asked R64 when she goes out to smoke, R64 said 10:30 AM, 2:30 PM, and 6:30 PM. Surveyor asked R64 if she could observe her smoking, R64 said yes.</p> <p>Surveyor observed the following on 5/3/21 at 10:50 AM, Staff propelled R64 outside to smoke to smoking area, R64 had isolation gown on, staff had her smoking materials and lit her cigarette for her, and extinguished cigarette for her.</p> <p>On 5/4/21 at 2:54 PM, Surveyor interviewed CNA EE (Certified Nursing Assistant). Surveyor asked CNA EE if PPE was to be worn when going out to smoke, CNA EE said they should have their mask on through building until outside to smoke and we have them 6 feet apart outside. Surveyor asked CNA EE if anyone wears an isolation gown outside to smoke, CNA EE said yes, I've seen R64 with isolation gown on. Surveyor asked CNA EE should an isolation gown be worn outside to smoke, CNA EE stated no, it could catch on fire from the cigarette.</p> <p>On 5/4/21 at 2:59 PM, Surveyor interviewed LPN FF (Licensed Practical Nurse). Surveyor asked LPN FF if PPE was to be worn when going out to smoke, LPN FF said I don't ever take them out to smoke, so I couldn't really say.</p> <p>Surveyor observed the following on 5/5/21 at 10:13 AM, R64 observed coming back from smoking with isolation gown on.</p> <p>Surveyor observed the following on 5/5/21 at 3:28 PM, R64 observed coming back in from smoking with isolation gown on.</p> <p>On 5/6/21 at 1:34 PM, Surveyor interviewed DON B (Director of Nursing). Surveyor asked DON B if residents should be outside with an isolation gown on while smoking, DON B stated possibly but there's always a staff member out there with them. Surveyor asked DON B is it possible for the isolation gown to catch on fire, DON B said yes, there is a possibility that it could start on fire.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525330	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/06/2021
NAME OF PROVIDER OR SUPPLIER  Middleton Village Nursing and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE  6201 Elmwood Ave Middleton, WI 53562	
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 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 39713</p> <p>Based on record review and interview, the facility did not ensure drug regimens are free from unnecessary psychotropic medications for 2 of 5 residents (R13 and R25) reviewed for unnecessary medications out of a total sample of 24.</p> <p>R13 has a diagnosis of vascular dementia without behavioral disturbance and is taking Risperidone.</p> <p>R25 has a diagnosis of Alzheimer's Dementia without behavioral disturbance and is taking Seroquel.</p> <p>This is evidence by:</p> <p>Facility policy entitled Psychotropic Medication Management, effective [DATE], states, in part . Purpose: It is the practice of this facility that a resident will not receive unnecessary medications including psychoactive medications, unless non-pharmacological interventions have failed to sufficiently modify a resident's targeted behavioral, mood, or sleep disturbance. Each psychoactive medication will be given to treat clearly defined targeted conditions and to promote or maintain highest practicable physical, functional, and psychosocial well-being. Residents prescribed psychoactive medications will receive adequate monitoring and will have gradual dose reductions attempted unless clinically contraindicated. Medication Classification: Antipsychotics: An antipsychotic (or neuroleptic) is a psychiatric medication primarily used to manage psychosis (including delusions and hallucinations, as well as disordered thought), particularly in schizophrenia and bipolar disorder. Psychoactive Medication Data Collection Procedure: 10. If medication is ordered, an appropriate diagnosis will be obtained. 16. Appropriate monitoring for mood/behavior/sleep.</p> <p>Example 1</p> <p>R13 was admitted to the facility on [DATE]. R13 is a full code (wanting CPR (Cardiopulmonary Resuscitation) in the event the heart stops). R13 has the following diagnoses: [NAME] Disease (disease in which certain arteries in the brain are constricted), Occlusion and Stenosis of bilateral carotid arteries, Cerebral Ischemia (insufficient blood flow to the brain the meet demand).</p> <p>R13's Physician Orders state, in part: Risperidone tablet 0.5mg (milligrams). Give 2 tablet by mouth at bedtime for adjunct therapy for Major Depression. Risperidone tablet. Give 0.25mg by mouth in the evening for adjunct therapy for Major Depression.</p> <p>R13's care plan states in part .</p> <p>Focus: The resident has a behavior problem to cry out and scream during cares. She will scream out You're hurting me or Stop trying to rape me. R23 has a diagnosis of dementia with behavioral disturbance; diagnosis of depression. Resident will also hallucinate and have delusions. Resident will occasionally spit out her medications or refuse. Resident will not wear/forget a mask at times due to her dementia. Goal: The resident will decrease episodes of crying-out/screaming during cares by next review date. Interventions/Tasks: Resident's hallucinations are not traumatic.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525330	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/06/2021
NAME OF PROVIDER OR SUPPLIER  Middleton Village Nursing and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE  6201 Elmwood Ave Middleton, WI 53562	
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 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Focus: R13 uses psychotropic medications r/t (related to) Behavior management, Vascular Dementia. Interventions: Consult with pharmacy, MD (Medical Doctor) to consider reduction when clinically appropriate at least quarterly. Discuss with MD, family re ongoing need for use of medication. Review behaviors/interventions and alternate therapies and their effectiveness as per facility policy.</p> <p>Focus: R13 has a potential for decreased mood r/t vascular dementia, anxiety and major depressive disorder. Uses Risperdal for adjunct therapy for Major Depression. Interventions: Evaluate for possible sleeping pattern changes and intervene as appropriate. Administer medications as ordered. Monitor/document for side effects and effectiveness. Provide area for decreased stimulation as needed.</p> <p>Note: R13's eMAR (Electronic Medical Record) does not have any documented behavior monitoring listed.</p> <p>R13's MDS (Minimum Data Set) dated [DATE] indicates the following .</p> <p>BIMS score of 9 which shows moderate cognitive deficit. Resident mood interview shows a mood score of 7, which indicates mild depression.</p> <p>On [DATE] at 8:07 AM, Surveyor interviewed R13. R13 stated she was happy in the facility and had no concerns. R13 showed no signs of depression or anxiety during the interview and was talkative and pleasant.</p> <p>On [DATE] at 3:42 PM, Surveyor interviewed LPN Q. Surveyor asked LPN Q if R13 had behaviors that were considered to be persistent or harmful to herself or others. LPN Q stated, I have never noticed any of that with her.</p> <p>On [DATE] at 3:49 PM, Surveyor interviewed CNA R. Surveyor asked CNA R if R13 had any behaviors. CNA R stated, She never has behaviors or acts up.</p> <p>On [DATE] at 3:52 PM, Surveyor interviewed CNA S. Surveyor asked CNA S if R13 had any behaviors that would be harmful. CNA S stated, No.</p> <p>On [DATE] at 4:01 PM, Surveyor interviewed DON B. Surveyor asked DON B about diagnosis used for R13's Risperdal. DON B stated, Not an appropriate diagnosis for Risperdal. Surveyor asked if the staff completed behavior monitoring for R13. DON B stated, I can't say to my knowledge I don't know. Surveyor requested a copy of R13's behavior monitoring.</p> <p>On [DATE] at 4:19 PM, DON B approached Surveyor to report the facility does not have any documentation of behavior monitoring.</p> <p>Example 2</p> <p>R25 was admitted to the facility on [DATE]. R25 is a DNR (does not want CPR (Cardiopulmonary Resuscitation) in the event the heart stops). R25 has the following diagnoses: Alzheimer's disease, unspecified, Dementia without behavioral disturbance and unspecified behavioral and emotional disorders with onset usually occurring in childhood and adolescence.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525330	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/06/2021
NAME OF PROVIDER OR SUPPLIER  Middleton Village Nursing and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE  6201 Elmwood Ave Middleton, WI 53562	
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 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R25's Physician Orders state, in part: Quetiapine Fumarate Tablet 100 mg. Five 1 tablet by mouth at bedtime related to unspecified behavioral and emotional disorders with onset usually occurring in childhood and adolescence.</p> <p>R13's care plan states in part .</p> <p>Focus: The resident is physically aggressive towards staff r/t Dementia. Interventions: Administer medications as ordered. Monitor/document for side effects and effectiveness. Analyze times of day, places, circumstances, triggers, and what de-escalates behavior and document. If resident strikes out, back away while speaking calmly to resident. Allow time for resident to calm down. Monitor daily. Document observed behavior and attempted interventions in behavior log.</p> <p>Focus: The resident is prescribed Seroquel and Paroxetine r/t agitation, physically aggression. Interventions: Evaluate for possible sleeping pattern changes and intervene as appropriate. Administer medications as ordered. Monitor/document for side effects and effectiveness. Evaluate for S/SX (signs and symptoms) of UTI (urinary tract infection), if appropriate request C&amp;S (culture and sensitivity) and treatment as indicated from Physician. Provide a calm and safe environment to allow resident to express feelings as needed.</p> <p>Focus: Resident uses psychotropic medications as ordered related to disease process and behaviors of Alzheimer's disease. Interventions: Administer Psychotropic medications as ordered by Physician. Monitor for side effects and effectiveness. Monitor/document/report PRN (as needed) any adverse reactions of psychotropic medications. Consult with pharmacy, MD to consider dosage reduction when clinically appropriate at least quarterly.</p> <p>R25's MDS dated [DATE] states in part . R25 has a BIMS score of 3, indicating severe cognitive impairment. Mood score of 13 showing moderate depression.</p> <p>R25's medication consent for Seroquel was last signed by the AHCPOA on [DATE]. The facility was unable to provide surveyor with a more recent signed consent for use of Seroquel.</p> <p>R25's Physician's orders and eMAR indicate to monitor for Agitation, Crying/Tearfulness and restlessness. The eMAR does not document if behaviors are present or not just initiated by staff.</p> <p>On [DATE] at 8:07 AM, Surveyor interviewed R13. R13 stated she was happy in the facility and had no concerns. R13 showed no signs of depression or anxiety during the interview and was talkative and pleasant.</p> <p>On [DATE] at 3:45 PM, Surveyor interviewed LPN Q. Surveyor asked LPN Q if R13 had behaviors that were considered to be persistent or harmful to herself or others. LPN Q stated, He doesn't have any behaviors, just falls but he never gets hurt.</p> <p>On [DATE] at 3:50 PM, Surveyor interviewed CNA R. Surveyor asked CNA R if R13 had any behaviors. CNA R stated, Whenever we change him he hits at you i don't think he would be upset with others and not harmful to self. He just hits at staff when cares are being done.</p> <p>On [DATE] at 3:53 PM, Surveyor interviewed CNA S. Surveyor asked CNA S if R13 had any behaviors that would be harmful. CNA S stated,</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525330	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/06/2021
NAME OF PROVIDER OR SUPPLIER  Middleton Village Nursing and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE  6201 Elmwood Ave Middleton, WI 53562	
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)		
F 0758  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	<p>On [DATE] at 4:04 PM, Surveyor interviewed DON B. Surveyor asked DON B about behaviors and diagnosis used for R25's Seroquel. DON B stated, He can get feisty with staff but nothing harmful. Not an appropriate diagnosis for Seroquel. Surveyor asked if the staff completed behavior monitoring for R25. DON B stated, I can't say to my knowledge I don't know. Surveyor requested a copy of R25's behavior monitoring.</p> <p>On [DATE] at 4:19 PM, DON B approached survey to report the facility does not have any documentation of behavior monitoring.</p> <p>On [DATE] at 9:22 AM, Surveyor interviewed DON B. Surveyor asked DON B is Dementia with Behavioral Disturbance was an appropriate diagnosis for the use of Seroquel. DON B stated, It depends, it can be. Surveyor asked DON B if R23 had persistent or harmful behaviors that would affect her or other residents. DON B states, R23 hits out at staff, yells, and screams with cares. Surveyor asked DON B if these behaviors are appropriate for the use of Seroquel. DON B stated, Yes.</p> <p>On [DATE] at 9:34 AM, Surveyor interviewed R23's AHCPOA (Activated Healthcare Power of Attorney) about R23's behaviors. AHCPOA stated, She wants control and staff just come in and don't explain things and she gets upset. She wasn't like this at home. Whenever they are barging in getting in her face is when she acts out, otherwise she is fine.</p> <p>The facility failed for complete behavior monitoring for residents taking psychotropic medication, did not update consents yearly and did not ensure residents had an appropriate diagnosis for psychotropic use.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525330	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/06/2021
NAME OF PROVIDER OR SUPPLIER  Middleton Village Nursing and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE  6201 Elmwood Ave Middleton, WI 53562	
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 0802</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide sufficient support personnel to safely and effectively carry out the functions of the food and nutrition service.</p> <p>38725</p> <p>Based on interview the facility did not employ and provide sufficient staff or support staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service. This has the potential to affect all 62 residents residing in the facility.</p> <p>The facility did not have dietary staff to complete meal service so the facility ordered out pizza for dinner.</p> <p>This is evidenced by:</p> <p>On 5/4/21 at 2:59 PM, Surveyor interviewed LPN FF (Licensed Practical Nurse). Surveyor asked LPN FF if there was ever a time recently when pizza was ordered for all the residents for supper, LPN FF said yes, about 3 weeks ago, there were stacks of pizza, all cheese on the meal cart. Surveyor asked LPN FF how the pizza got ordered and paid for, LPN FF said my guess is NHA A (Nursing Home Administrator) put it on a credit card. Surveyor asked LPN FF what did the residents that require altered consistency food like pureed eat, LPN FF said I think someone was in the kitchen making burgers for pureed people.</p> <p>On 5/4/21 at 3:15 PM, Surveyor interviewed CNA EE. Surveyor asked CNA EE if there was ever a time recently when pizza was ordered for all the residents for supper, CNA EE said yes we did have pizza one night that was delivered. Surveyor asked CNA EE if she knew why the pizza was ordered, CNA EE stated I don't know why we had pizza though. Surveyor asked CNA EE what did the residents that require altered consistency food like pureed eat, CNA EE said pureed pizza, and I fed R68 pureed pizza.</p> <p>On 5/5/21 at 8:09 AM, Surveyor interviewed KS G (Kitchen Supervisor). Surveyor asked KS G if it were possible one evening recently no kitchen staff was here to work, KS G said yes, it is possible no staff were here. Surveyor asked KS G if no kitchen staff were here, how would the residents have food to eat, KS G replied if no one was here, management and nursing should have covered. Surveyor asked KS G if he was aware of an evening recently where pizza was ordered for all the residents to eat, KS G stated I'm not sure if that actually happened, but I heard the staff ordered pizza to feed everyone because no one was here. Surveyor asked KS G if pizza is a food that is safe to puree and feed to those with altered consistency diet requirements, KS G said yes, pizza can be pureed.</p> <p>On 5/6/21 at 1:34 PM, Surveyor interviewed DON B (Director of Nursing). Surveyor asked DON B if she was aware of an evening recently where pizza was ordered for supper because there was not kitchen staff here, DON B said NHA A ordered pizza, but there was someone in the kitchen to puree food.</p> <p>On 5/6/21 at 2:16 PM, Surveyor interviewed NHA A. Surveyor asked NHA A if there was an evening recently where pizza was ordered for supper because there was not kitchen staff here, NHA A stated there was a dietary aide but no cook, the menu was for pizza so I just ordered pizza. Surveyor asked NHA A what did the residents that require altered consistency food like pureed eat, NHA A said the managers went into the kitchen and pureed for those that required pureed.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525330	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/06/2021
NAME OF PROVIDER OR SUPPLIER  Middleton Village Nursing and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE  6201 Elmwood Ave Middleton, WI 53562	
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 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 38725</p> <p>Based on observation and interview the facility failed to provide food that is palatable and at a safe and appetizing temperature for 3 of 24 sampled residents (R64, R67 and R22) and 1 supplemental residents (R224).</p> <p>R224, R64 and R67 reported food is not palatable.</p> <p>R22 reported his food was usually cold when delivered to his room and indicated meal trays were not delivered timely.</p> <p>This is evidenced by:</p> <p>Example 1</p> <p>Surveyor observed the following on 5/2/21 at 12:00 PM, a cart with four meal trays was delivered to Harbor hallway. All plates were covered but one. The uncovered plate belonged to R224, it had rice, broccoli and chicken teriyaki on it.</p> <p>On 5/2/21 at 12:03 PM, Surveyor interviewed R224. Surveyor asked R224 how the food is, R224 stated the food doesn't have any seasoning and it isn't always hot.</p> <p>Example 2</p> <p>On 5/2/21 at 3:52 PM, Surveyor interviewed R67. Surveyor asked R67 how the food is, R67 stated the food is of poor quality and is always cold. Surveyor asked R67 if there was a specific meal this pertained to, R67 said supper is the worst. Surveyor asked if there were any certain items, R67 said no, it's all items.</p> <p>Example 3</p> <p>On 5/3/21 at 8:29 AM, Surveyor interviewed R64. Surveyor asked R64 how the food is, R64 stated the food sucks, it's always cold.</p> <p>Example 4</p> <p>R22 was admitted to the facility on [DATE].</p> <p>R22 admission MDS notes a BIMS (Brief Interview for Mental Status) score of 15 indicating R22 is cognitively intact.</p> <p>On 5/2/21 at 4:01 PM, R22 reported to Surveyor that the food was usually cold when delivered to his room.</p> <p>On 5/4/21 at 9:06 AM, Surveyor asked if staff would heat up his food if he requested, R22 said staff would heat it up but he was tired of asking, as he gets cold food so frequently.</p> <p>(continued on next page)</p>		



Department of Health & Human Services  
Centers for Medicare & Medicaid Services

Printed: 05/18/2024  
Form Approved OMB  
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525330	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/06/2021
NAME OF PROVIDER OR SUPPLIER  Middleton Village Nursing and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE  6201 Elmwood Ave Middleton, WI 53562	
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)		
F 0804  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Some	On 5/6/21 at 1:34 PM, Surveyor interviewed DON B (Director of Nursing). Surveyor asked DON B if all plates should be covered prior to service, DON B said yes it should be covered. Surveyor asked DON B what her expectation is for meal delivery DON B stated meals should be delivered timely so residents receive a hot meal.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525330	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/06/2021
NAME OF PROVIDER OR SUPPLIER  Middleton Village Nursing and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE  6201 Elmwood Ave Middleton, WI 53562	
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 0812</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 30992</p> <p>Based on observation, interview and record review, the facility did not follow proper sanitation and food handling practices in accordance with professional standards for food service safety. This has the potential to affect all 62 residents.</p> <p>The facility failed to check surface temperatures of dishes and utensils in a high temperature ware dish machine and failed to take action when temperatures were below the established guidelines for wash and rinse temperatures. Additionally on [DATE], the external dishwasher temperature gauge indicated the dishwasher was not reaching the required wash or rinse temperature and (Agency) CNA I (Certified Nursing Assistant) continued to use the dish machine. (Agency) CNA I and (Agency) CNA H were pulled to work as Dietary Aides in the kitchen. CNA I and CNA H are not trained to monitor the external temperature gauge on the dish machine's wash and rinse cycles or to check the dish and utensil surface temperature with heat sensitive test strips or a non-regressing thermometer. Subsequently, dishware and utensils were not properly sanitized.</p> <p>Surveyor observed CNA I (Certified Nursing Assistant) repeatedly move from dirty to clean dishes without washing her hands. Note, even if dishes and utensils were being properly sanitized they could have been contaminated by a worker going back and forth between dirty and clean dishes.</p> <p>Surveyor observed CNA I wet stack plates, lids and cups.</p> <p>Surveyor observed a fan covered in dust and debris blowing directly on clean dishes.</p> <p>Failure to ensure systems were in place to ensure wash and rinse temperatures met the identified standard for properly sanitizing dishes and utensils created a finding of Immediate Jeopardy (IJ). The IJ began on [DATE] at the beginning of the facility's Sunday start survey.</p> <p>NHA A (Nursing Home Administrator) and Director of Operations J were notified of the IJ on [DATE] at 2:12 PM. The facility removed the IJ on [DATE]; however, the deficient practice continues at a scope/severity level F (potential for more than minimal harm/widespread) as the facility continues to implement its removal plan and as evidenced by the following:</p> <p>No one was monitoring the holding temperature of foods, which may have been infected in the kitchen, to ensure foods were held and served at a temperature where bacteria would not multiply.</p> <p>No one was monitoring the chilling temperatures and times of chilled food</p> <p>KS G (Kitchen Supervisor) was preparing food in a dirty kitchen.</p> <p>Food was served cold; There were multiple complaints from residents that food is cold when served. The Surveyor observed four food trays sitting on a cart for 49 minutes before being served. One of the trays was not covered, but staff brought it back to the kitchen and got a different tray.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525330	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/06/2021
NAME OF PROVIDER OR SUPPLIER  Middleton Village Nursing and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE  6201 Elmwood Ave Middleton, WI 53562	
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 0812</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>There are no logs indicating staff have monitored any food temperatures at any meal. Review of the facility's menu indicates the facility has served potentially hazardous foods. These include scrambled eggs, sausages, sausage patties, pork roast, beef roast, breaded fish sandwiches, egg salad, beef and macaroni casserole, and barbecue ribs.</p> <p>Surveyor observed two (2) garbage bins with 3 out of 4 lids open.</p> <p>Surveyor observed multiple open food items, with no open or thaw date including PHF (potentially hazardous foods).</p> <p>Findings include:</p> <p>Dish machine</p> <p>The facility uses the US Food Code as their kitchen's operational standards of practice.</p> <p>2017 Food and Drug Administration (FDA) Food Code states:</p> <p>,d+[DATE].13 Temperature Measuring Devices, Manual and Mechanical ware washing (B) in hot water mechanical ware washing operations, an irreversible registering temperature indicator shall be provided and readily accessible for measuring the UTENSIL, surface temperature.</p> <p>,d+[DATE].112 .When surface temperatures of utensils passing through ware washing machines using hot water for sanitizing do not reach the required 160 degrees (F) Fahrenheit, it is important to understand the factors affecting the decreased surface temperature. A comparison should be made between the machine manufacturer's operating instructions and the machine's actual wash and rinse temperatures and final rinse pressure. The actual temperatures and rinse pressure should be consistent with the machine manufacturer's operating instructions and within limits specified in sections ,d+[DATE].112 and ,d+[DATE].113. If either the temperature or pressure of the final rinse spray is higher than the specified upper limit, spray droplets may disperse and begin to vaporize resulting in less heat delivery to utensil surfaces. Temperatures below the specified limit will not convey the needed heat to surfaces.</p> <p>Ecolab's manufacturer guidelines for the ES-2000HT (high temperature) hot water sanitizing dish machine states, in part, as follows: Operating Temperatures: Wash (minimum) 150 degrees F. and Sanitizing Rinse (minimum) 180 degrees F. To effectively clean and sanitize dishes and utensils, the wash (minimum) temperature should reach 150 degrees F. and the rinse (minimum) temperature should reach 180 degrees F.</p> <p>The facility policy, Mechanical Cleaning and Sanitizing, dated 2010, states, in part, as follows: Dish machines will be operated in accordance with manufacturer's instructions. High Temperature Dishwasher: Dish machine's using hot water for sanitizing may be used if the temperature of the wash water is no less than that specified by the manufacturer, which may vary from 150 degrees F. to 165 degrees F., depending on the type of machine, and if the final rinse temperature is no less than 180 degrees F.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525330	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/06/2021
NAME OF PROVIDER OR SUPPLIER  Middleton Village Nursing and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE  6201 Elmwood Ave Middleton, WI 53562	
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 0812</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>According to Why a Dish Needs to Hit 160 Degrees to Really be Clean, Because most bacteria are killed at a temperatures between 140 -150 , 160 is considered a safe industry standard to assure a dish or utensil has been properly sanitized. Common bacteria that may be spread include:</p> <p>Norovirus is a common bacteria which is easy to contract and quite contagious .</p> <p>Salmonella is perhaps the best known of bacterial infections and is present on many raw foods. Although cooking removes the bacteria assuming the inner portion of the food reaches a temperature of 150 , any utensils or surfaces used to prep the food remains infected.</p> <p>Listeria can be a particularly dangerous bacteria as it is able to grow even in refrigeration. Poisoning via Listeria typically resembles a mild flu condition, but can be lethal for small children or the elderly.</p> <p>Staphylococcus aureus (S. aureus) is the typical bacterial variant in foods which are prepared after cooking, such as salads, especially the mayonnaise varieties such as potato or chicken salad. Preventing an outbreak requires diligent hand washing before and after handling each component of the recipe along with proper refrigeration of the food and of course, cleaning the dishes used during storage and serving.</p> <p>Clostridium botulinum, commonly known as botulism, is one of the rarer bacteria but is more likely to be a fatal infection rather than causing simple stomach problems for a few days. It's important to properly sanitize everything used for [NAME] foods, and boil the food well before serving after the seal is broken. <a href="https://paperthermometer.com/blogs/posts/why-a-dish-needs-to-hit-160-degrees-to-really-be-clean">https://paperthermometer.com/blogs/posts/why-a-dish-needs-to-hit-160-degrees-to-really-be-clean</a></p> <p>On [DATE] at 9:10 AM, Surveyor observed (Agency) CNA H and (Agency) CNA I doing dishes. CNA H and CNA I stated they are both agency CNA's that were pulled to work in the kitchen today and they have worked in the facility's kitchen on multiple occasions prior to today. Surveyor explained to CNA H and CNA I that Surveyor will be observing their process for washing dishes. Surveyor observed manufacturer guidelines for the dish machine printed on the external Wash (150 degrees) and Rinse (180 degrees) gauges. Surveyor observed an Ecolab poster to the right of the dish machine that also indicated the manufacture guidelines for the wash and rinse cycles. As the CNAs were running the dish machine, Surveyor made four (4) separate observations of the dish machine: Wash at 130 degrees F. and the Rinse at 160 degrees F., with a fifth rinse at 165. Surveyor observed CNA I repeatedly going from dirty to clean while doing dishes without washing her hands. CNA H left the dish room to collect dishes in the dining room. Surveyor observed CNA I pull 15 clean plates from the dish machine. CNA I pushed dirty plates into the dish machine. CNA I took the 15 clean plates and wet stacked them on top of one another. CNA I went to the sink of dirty dishes, pulled the sprayer down with her bare hands, sprayed 9 dirty bowls, loaded them onto the rack, and pushed them in the dish machine. CNA I grabbed clean bottoms (that hold plates during meals service) and put them on the drying rack. CNA I then pulled 9 clean bowls from the dishwasher. CNA I then grabbed the sprayer with bare hands and started spraying dirty breakfast plates. CNA I then pulled 11 clean lids from the dishwasher and went back to spraying dirty dishes. CNA I started the dish machine and started putting away clean lids. Agency CNA then pulled 16 clean plate warmers out of the dishwasher and stacked them on top of one another.</p> <p>On [DATE] at 9:12 AM, Surveyor observed a dusty and dirty fan blowing on the clean dishes.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525330	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/06/2021
NAME OF PROVIDER OR SUPPLIER  Middleton Village Nursing and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE  6201 Elmwood Ave Middleton, WI 53562	
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 0812</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>While observing CNA H and CNA I doing dishes, Surveyor made four (4) separate observations of the dish machine's wash and rinse cycle not meeting the minimum wash temp of 150 degrees F. and the minimum sanitizing rinse temperature of 180 degrees F. Surveyor observed 4 occasions where the dish machine Wash is 130 degrees F. and the Sanitizing Rinse is 160 degrees F, with a fifth rinse at 165 degrees F. Surveyor observed CNA H and CNA I did not check the temperature of the dish machine.</p> <p>On [DATE] at 9:25 AM, Surveyor asked CNA H and CNA I if they received training to monitor the temperature of the dish machine. Both CNA H and CNA I stated, No. CNA H stated, They didn't teach us anything in detail. Surveyor asked CNA H and CNA I were you trained to not go from dirty to clean. Both CNA H and CNA I stated, yes, they were trained to not go from dirty to clean. Surveyor asked CNA I if she should wash her hands when going from dirty to clean. CNA I stated, Yes. Surveyor asked CNA I if she washed her hands when going from dirty to clean. CNA I stated, No. CNA I added, You saw that I didn't wash my hands. Surveyor asked CNA I should you have washed your hands when going from dirty to clean. CNA I stated, Yes. Surveyor asked CNA H and CNA I do you know what temperature the dish machine is supposed to be at for the wash &amp; rinse cycles. Both CNA H and CNA I stated, no and they were not trained to monitor the temperature of the dish machine. Surveyor asked CNA H and CNA I do you check the internal temp of the dish machine. Both CNA H and CNA I stated no, they know nothing about a non-regressing thermometer or running a test strip through the dish machine. Note, even if dishes and utensils were being properly sanitized they could have been infected by a worker going back and forth between dirty and clean dishes.</p> <p>On [DATE] at 9:28 AM, Surveyor spoke with KS G. Surveyor asked KS G what the wash/rinse should be on the dish machine. KS G stated 155 wash &amp; 185 rinse. Surveyor shared the manufacturer guidelines on wall of 150 degrees F (minimum) &amp; 180 degrees F. (minimum). Surveyor asked KS G is that accurate. KS G stated, Yes. Surveyor asked KS G should the dish machine reach the required wash and sanitizing rinse temperatures. KS G stated, I would think so. Surveyor asked KS G, do staff check the temperature of the dish machine. KS G stated, Other than outside (external) temp not that I'm aware of. Surveyor asked KS G, do staff check the internal temperature of the dish machine. KS G stated, Not that I'm aware of. Surveyor asked KS G, do staff use any test strips to check the internal temperature of the dish machine. KS G stated, No. Surveyor asked KS G, do you know when Ecolab last serviced the dish machine. KS G stated, No. Surveyor asked KS G should the fan in the dish room be clean. KS G stated, I don't know. KS G stated when he started as a Cook at the facility he was trained for 2 days as a Cook and to do inventory. KS G added, I'm teaching myself, I don't have any training on dishes. KS G stated the kitchen is extremely short staffed and he has complained to the facility, however, they have job postings/ads to hire more Cooks, however, there are no applicants. KS G stated he quit complaining because the situation doesn't change. Surveyor informed KS G of Surveyor's observations that the dish machine running under the manufacturer guidelines for the Wash and Sanitizing Rinse cycles. Surveyor shared with KS G he will need to make an alternate plan for dishware for lunch as the dish machine is not working properly. Surveyor also shared observations with KS G of CNA I going from clean to dirty dishes repeatedly without washing her hands, therefore, the dishes are not clean and will need to be rewashed once the dish machine is repaired.</p> <p>On [DATE] at 10:33 AM, Surveyor observed CNA H and CNA I bringing beverage carts down multiple halls together with plastic cups and mugs that were not properly sanitized due to the dish machine not meeting temperature criteria.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525330	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/06/2021
NAME OF PROVIDER OR SUPPLIER  Middleton Village Nursing and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE  6201 Elmwood Ave Middleton, WI 53562	
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 0812</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>On [DATE] at 10:35 AM, Surveyor informed NHA A (Nursing Home Administrator) Surveyor shared observation of CNA H and CNA I bringing beverage carts down multiple halls with cups that were to not be used. NHA A stated, he will take care of this.</p> <p>On [DATE] at 12:35 PM, NHA A stated Ecolab checked out dish machine and found no issue with the wash or rinse temperatures. ER N (Ecolab Territory Representative) stated he just ran the dish machine and the Wash temp was 150 degrees F. and the Sanitizing Rinse temperatures were 180, 184, and 185. ER N stated, I found no issues, I ran it once and it hit 180. ER N added, the second time it hit 184 &amp; 185. Ecolab Territory Representative stated, I don't have a logical explanation. Surveyor suggested we go to kitchen &amp; run the dish machine together. Surveyor, NHA A, ER N, and DM O (Director of Maintenance) went to the kitchen's dish machine. Ecolab Territory Representative ran the dish machine. The first time the dish machine was run, the wash and rinse temperatures reached the manufacturer guidelines. Surveyor requested to run the dish machine multiple times and asked ER N to read the gauge as Surveyor observed the gauge. On the 2nd, 3rd and 4th attempts, ER N stated, The rinse was 175, 170 and 165. Surveyor observed a wash cycle at 140 degrees F. After these observations, ER N replaced the sensor on the dish machine.</p> <p>On [DATE] at 1:00 PM, DM O ran a Food Grade TStick that indicates 170 degrees for 10 seconds through the dish machine and stated there's some brown on the TStick which means it's reaching at least 170 degrees F.</p> <p>On [DATE] at 2:12 PM, Surveyors spoke with NHA A, NHA A stated the sensor doesn't affect anything but the gauge. NHA A stated, it was temping out right. NHA A added, there was nothing wrong with the machine. Director of Operations J stated, there was calcification on the tip (of the sensor) and it wouldn't pick up sensitivity of the temperature. Surveyor asked NHA A if the facility has a non-regressing thermometer. NHA A stated, he thinks DM O has one. Surveyor asked if he has started educating staff and has a sign in sheet to document staff training. NHA A stated, Not yet. NHA A stated, he gave KS G a log to document food temperatures. Surveyor requested KS G, CNA H and CNA I's training. Note, no further documentation was provided to Surveyor.</p> <p>On [DATE] at 11:59 AM, Ecolab's Extra Service Request indicates the following: Machine temp (temperature) off. Replaced gauges and got 185 on rinse and 151 on wash. Note, this was before Surveyor and staff returned to the dish machine at 12:35 PM for additional observations.</p> <p>On [DATE] at 3:23 PM, Surveyor spoke with NHA A. NHA A informed Surveyor since Ecolab came in [DATE] for the service call the dish machine has not been in use since as it's not reaching the minimum manufacturer guidelines for the wash and rinse temperature. NHA A stated, It's the element, so it's not producing the steam to sanitize the dishes. NHA A added, if the dish machine sits for a little bit (not being used) it reaches the required temperatures. If the dish machine is being run a lot it doesn't temp. Note, during Surveyor's observation the dish machine was being run many times. NHA A added, the dish machine is not currently in use and Ecolab is coming today or tomorrow. Surveyor asked NHA A when was the dish machine last used. NHA A stated it was last used yesterday [DATE], before the IJ (immediate jeopardy) call.</p> <p>On [DATE] at 11:57 AM, Ecolab's Extra Service Request indicates the following: Replaced element gasket thermostat and vacuum breaker float. Found a lot of scale buildup on element and thermostat and vacuum breaker float. Pictures on the report include the old element and sediment from the booster tank.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525330	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/06/2021
NAME OF PROVIDER OR SUPPLIER  Middleton Village Nursing and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE  6201 Elmwood Ave Middleton, WI 53562	
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 0812</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>Failure to ensure systems were in place to ensure wash and rinse temperatures met the identified standard for properly sanitizing dishes and utensils created a finding of Immediate Jeopardy (IJ). The facility removed the IJ on [DATE] when it implemented the following plan:</p> <p>All facility Dietary or staff working in the dietary department will be educated prior to their next working shift on:</p> <ul style="list-style-type: none"> <li>*The policies and procedures of completing internal temperature of the dishware machine</li> <li>*Monitoring and documentation of temperatures upon the start of dishwashing after each meal</li> <li>*Education will include corrective actions if temperatures are not within desired temp guidelines and immediate corrective actions will be implemented</li> </ul> <p>Education for all dietary staff or staff working in the dietary department will be prior to their next working shift and include the following:</p> <ul style="list-style-type: none"> <li>* No food shall be served on dishes that have not reached a surface temperature of wash: 150 degrees F - 170 degrees F wash cycle and ,d+[DATE] degrees rinse cycle. The facility will create a policy to ensure dishware service temperatures are completed at each meal and documented on an appropriate log all staff will receive education regarding the policy.</li> <li>* If desired temperature parameters are not met, staff will immediately switch to disposable products for all meals. The staff will immediately notify the Supervisor or Dietary Manager for further investigation. The Dietary manager will then immediately notify the Administrator. Staff will continue to use disposable dishes and utensils until notified by the Administrator to resume dishware.</li> <li>* If for any reason, staff believe the dishwasher is not reaching desired parameters for surface temperatures, they will switch to disposable dishes immediately and notify the Dietary Manager, who will then notify the Administrator.</li> <li>* Documentation of surface temperatures and/or rinsing range on logs for dishwasher at each meal will be audited for completion and accuracy by the Administrator / designee Staff will follow the process/procedure if temperatures are out of range. Temperature logs for dish machine and audits will begin immediately.</li> <li>* The cook/s will immediately begin completing temperature logs prior to meal service and periodically during meal service to prevent foodborne illness. Administrator / designee will audit logs to ensure completion and food temperatures remain in a safe service range.</li> <li>* The facility will develop a policy and procedure for completing food temperatures, holding temperatures and cooling of food to prevent foodborne illness. All dietary staff will be educated on the facility policy.</li> </ul> <p>(continued on next page)</p>		



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525330	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/06/2021
NAME OF PROVIDER OR SUPPLIER  Middleton Village Nursing and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE  6201 Elmwood Ave Middleton, WI 53562	
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 0812</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>* QAPI (Quality Assurance and Performance Improvement) Monitoring Plan: Auditing will be completed to ensure food temperatures are completed and within safe temperature range. Auditing will be completed to ensure dish surface temperatures are being completed and accurate. Auditing will occur daily for one month, 3 times/wk. for two weeks and then weekly and as needed by the DM (Dietary Manager), Maintenance Supervisor (or designees).</p> <p>* Routine audits will be completed randomly ongoing.</p> <p>On [DATE] at 1:40 PM, Surveyor spoke with CNA H. Surveyor asked CNA H did the facility provide education to you over the past day. CNA H stated, yes, yesterday after Surveyors left the building (note, this is after 5:,d+[DATE]:30 PM) and this morning. CNA H stated the facility educated him regarding dish machine temperatures, temperature logs, food temperatures, and cleaning the kitchen.</p> <p>On [DATE] at 1:41 PM, Surveyor spoke with KS G. Surveyor asked KS G if the facility provided any education to him. KS G stated, yes the facility started educating him yesterday and today regarding taking temperatures of foods and the dish machine and recording temp logs.</p> <p>On [DATE] at 3:57 PM, Surveyor spoke with Admissions Director BB and Cook CC who is Spanish speaking. Admissions Director BB assisted with translating the conversation for Cook CC. Cook CC, who is normally the Dietary Assistant is the Cook for the PM shift tonight. Surveyor asked Cook CC have you received training from the facility over the last day. Cook CC stated, yes, he received training last night regarding to check the check the food temperatures when he's cooking, when it's in the table, make sure the steam table is hot, and to check the temperature of the food when he puts it on the carts. Surveyor asked Cook CC, if food is left over from a meal what do you do with it. Cook CC stated, when he's done serving everything gets thrown away. Surveyor asked Cook CC if he has received education regarding the dish machine. Cook CC stated, yes. Surveyor asked Cook CC what education he received. Cook CC stated to make sure the temperature of the dish machine is correct first. Surveyor asked Cook CC how do you do this. Cook CC stated the dish machine has a thermostat on it tonight. Surveyor asked have you received any training regarding temperatures of the dish machine besides checking the outside temperature gauge. Cook CC stated, yes, they gave him temperature papers to put in the machine, take it out and see how warm it is. Surveyor asked Cook CC, what if it's not within the required temperatures. Cook CC stated, he will call the Supervisor. Surveyor asked Cook CC what temperature is the dish machine supposed to be at. Cook CC stated, Wash 150 degrees and Rinse 180 degrees.</p> <p>On [DATE] at 4:09 PM, Surveyor spoke with CNA DD. CNA DD stated she is a CNA (Certified Nursing Assistant) but she has been helping in out as a Dietary Aide; my role tonight is Dietary Aide. Surveyor asked CNA DD have you receive any education over the past day. CNA DD stated, yes, she was trained regarding the temperature gauge on dishwasher. CNA DD stated, they showed us how to read it; It should be at 150 for the wash &amp; 180 for the rinse. Surveyor asked CNA DD, did they talk to you about logging the temperatures? CNA DD stated, They did, there's a paper in there. CNA DD added, they also educated me on not going from dirty to clean while in the kitchen and doing dishes.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525330	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/06/2021
NAME OF PROVIDER OR SUPPLIER  Middleton Village Nursing and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE  6201 Elmwood Ave Middleton, WI 53562	
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)		
F 0812  Level of Harm - Immediate jeopardy to resident health or safety  Residents Affected - Many	<p>On [DATE] at 3:23 PM Surveyor spoke with NHA A. Surveyor asked NHA A, how staff should check the internal temperature of the dishwasher. NHA A showed Surveyor two (2) new thermometers, Temp Rite Dishwasher Plate Thermometer, still in the packaging. NHA A stated, that's a temporary solution for now. NHA A stated, we're going to move to something digital. Surveyor asked NHA A, how staff should do this. NHA A stated, staff are going to put the new thermometer in (FDA Food compliant for sanitization) through the dish machine; staff will be checking the internal temperature of the dish machine three times per day (breakfast, lunch and dinner). Surveyor asked NHA A, Should staff document that they are checking the internal temperature of the dish machine. NHA A stated, yes, we created log for staff to document this. Surveyor asked NHA A should staff wash their hands when going from dirty to clean. NHA A stated, Yes. Surveyor asked NHA A, should a dirty fan be blowing on the clean dishes. NHA A stated no, we're going to be doing a deep clean on the fan. Surveyor asked NHA A, should it be clean. NHA A stated, Yes</p> <p>The deficient practice continues at a scope/severity level F (potential for more than minimal harm/widespread) as the facility continues to implement its removal plan.</p> <p>Outdoor Garbage Bins</p> <p>On [DATE] at 9:40 AM, Surveyor completed the initial kitchen tour with KS G. KS G stated the Dietary Manager has been out for about 3 weeks due to a health condition. KS G stated the kitchen is intensely short staffed. There's no Cooks, just a Dietary Assistant on the PM shift tonight. KS G stated he is working from 5:00 AM - 1:30 PM and stated I get everything ready. Dietary Manager G added, I know there are things that are not being done appropriately due to short staffing. Surveyor and KS G walked outside to the dumpsters. Surveyor observed dumpster #1 (inside fence) with 1 lid open. Surveyor observed dumpster #2 (outside the fence) with both lids open. There were bags of garbage in each bin. Surveyor observed two (2) recliners next to dumpster #2. Surveyor observed a mauve recliner with a remote with grass and leaves on the seat and a tan broken tan recliner with no back.</p> <p>On [DATE] at 9:42 AM, Surveyor asked KS G, should the lids be closed on the dumpsters. KS G stated, Yes. Surveyor asked KS G should recliners be outside by the dumpsters. KS G stated, he doesn't know what the recliners are doing out here, they're not from the kitchen. Surveyor asked KS G should the recliners be left out by the dumpsters. KS G stated, No. Surveyor asked KS G how long the recliners have been outside. KS G stated he is unsure.</p> <p>Tuna fish in Dirty Food Prep Sink</p> <p>On [DATE] at 9:45 AM, Surveyor observed a large stainless tray of tuna fish sitting in the dirty food prep sink covered with food particles and debris. KS G stated he needs to cover the tuna and put it in the refrigerator as he was mixing up the tuna salad when Surveyor walked in the kitchen. KS G stated he drained the liquid from the can of tuna and set the stainless tray in the sink so he didn't spill tuna juice.</p> <p>On [DATE] at 9:45 AM, Surveyor asked KS G if the sink should be clean. KS G stated, yes.</p> <p>Undated open items</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525330	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/06/2021
NAME OF PROVIDER OR SUPPLIER  Middleton Village Nursing and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE  6201 Elmwood Ave Middleton, WI 53562	
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 0812</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>The facility policy, Labeling and Dating Foods, dated 2010, states, in part, as follows: Prepared and packaged food will be labeled and rotated to decrease the risk of foodborne illnesses, provide the highest quality product for the residents and minimize waster. Dry stores: Bagged or boxed food once removed from the original package will be placed in an ingredient bin that is labeled with the common name of the food and the date the item is placed in the bin. Examples of these items include oatmeal, cereals, flour sugar and thickeners. Refrigerated stores: Foods prepared on the premises to be held cold will be labeled with the date of preparation and time as required for cooling purposes. This food will also be labeled with the date to discard or use by. The discard/use by date will be a maximum of 6 days after preparation. For example, food prepared on [DATE]th will be labeled to discard on, or use by, [DATE]th. A manufacturer's expiration date will be honored first. On [DATE] at 9:46 AM, Surveyor observed eleven (11) bowls of diced peaches, covered and undated.</p> <p>On [DATE] at 9:46 AM, Surveyor asked KS G, should the peaches be dated. KS G stated, yes. KS G added, They need to be thrown away, they were not thrown out at the end of meal service yesterday.</p> <p>On [DATE] at 9:47 AM, Surveyor observed three (3) 2 gallon containers of Kool-aid (1) Fruit punch (1) Lemonade (1) Orange. On [DATE] at 9:47 AM, Surveyor asked KS G should the Kool-aid be labeled the date it was made. KS G stated, Probably yes, I would think so.</p> <p>On [DATE] at 9:48 AM, Surveyor observed Gordon's Choice small curd cottage cheese (open) with no open date. The Best by date is [DATE]. On [DATE] at 9:48 AM, KS G stated the cottage cheese was delivered on [DATE], with no open date, and a Best by date of [DATE]. Surveyor asked KS G should the cottage cheese be dated when it's opened? KS G stated, Yes, it should be.</p> <p>On [DATE] at 9:49 AM, Surveyor observed a red substance on the inside bottom of the cooler.</p> <p>On [DATE] at 9:49 AM, Surveyor asked KS G what is the red substance. KS G stated, he thinks it is Kool aid. Surveyor asked KS G when was the refrigerator last cleaned out. KS G stated the refrigerator is cleaned, As needed. Surveyor asked KS G is the refrigerator dirty. KS G stated, Yes. Surveyor asked KS G do you document when the refrigerator is cleaned. KS G stated, there is no cleaning schedule/documentation of cleaning.</p> <p>On [DATE] at 9:50 AM, Surveyor observed the outside of the refrigerator contained food particles and debris. On [DATE] at 9:50 AM, Surveyor asked KS G is there a schedule to clean the outside of the refrigerator. KS G stated, the refrigerator is cleaned As needed. KS G added, there is no cleaning schedule/documentation of cleaning.</p> <p>On [DATE] at 9:51 AM, Surveyor observed twelve (12) pitchers of Kool Aid - (4) lemonade, (4) fruit punch, (4) orange. On [DATE] at 9:51 AM, Surveyor asked KS G should these be dated when they were made. KS G stated, I believe so. KS G added he thinks they may have been mixed last night.</p> <p>On [DATE] at 9:52 AM, Surveyor observed a box of Hormel Thick &amp; Easy Clear Thick Apple Juice (open) with no open date- 46 oz. (ounces) - Expiration date [DATE]. On [DATE] at 9:52 AM, Surveyor asked KS G, should this apple juice be dated when opened? KS G stated, Yes.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525330	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/06/2021
NAME OF PROVIDER OR SUPPLIER  Middleton Village Nursing and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE  6201 Elmwood Ave Middleton, WI 53562	
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 0812</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>On [DATE] at 9:55 AM, Surveyor observed the juice machine with Apple Juice (manufactured date of [DATE]) and an Orange Blend Juice (manufactured [DATE]). There is no open date on the juices. On [DATE] at 9:55 AM, Surveyor asked KS G, should juices in the juice machine be dated when opened. KS G stated, I'm sure it should.</p> <p>On [DATE] at 9:51 AM, Surveyor observed Cheerios, Corn Flakes, Rice Krispies, and Raisin Bran in bins. A sticker on each bin indicates Prepared Open/Use by [DATE]. On [DATE] at 9:51 AM, Surveyor asked KS G is the cereal expired. KS G stated, we refill these about one time per week. KS G stated he thinks the labels were not changed out when the cereal was added. Surveyor asked KS G, should the cereals be dated when opened. KS G stated, Yes.</p> <p>On [DATE] at 10:01 AM, Surveyor observed the walk in cooler. Surveyor observed approximately 4 pounds of ground beef thawed with no open date/date pulled from the freezer. Surveyor observed 8 packages of chicken breasts thawed with no open date/date pulled from freezer. On [DATE] at 10:01 AM, Surveyor asked KS G when the ground beef and chicken was pulled from the freezer. KS G stated he pulled these items from the freezer on Thursday ([DATE]). Surveyor asked KS G should the meat be dated when it's pulled from the freezer to thaw in the refrigerator. KS G stated, Yes.</p> <p>Microwave/Countertops/Appliances</p> <p>The facility policy, undated, states as follows: General Sanitation: All users of the kitchen are expected to use good hygienic practices at all times and to follow all established cleaning and sanitation procedures.</p> <p>Cleaning and Sanitation: Cleaning is necessary to protect against microorganisms. Food-contact surfaces shall be cleaned in this sequence. Cleaning should be performed before, during and after food preparation. Each user must properly clean and sanitize the kitchen after their shift and ensure that the kitchen is read for the next user.</p> <p>Sanitizing Food Surfaces: Cleaning and sanitation should be performed as frequently as necessary before, during and after food preparation to prevent contamination.</p> <p>Cleaning &amp; Kitchen Equipment: .Remove food and soil from under and around the equipment; Remove any detachable parts; Manually wash, rinse and sanitize detachable parts, or run them through the dishwashing machine; Wash and rinse all other food-contact surfaces that you cannot remove and then w [TRUNCATED]</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525330	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/06/2021
NAME OF PROVIDER OR SUPPLIER  Middleton Village Nursing and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE  6201 Elmwood Ave Middleton, WI 53562	
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)		
F 0880  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Many	<p>Provide and implement an infection prevention and control program.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38725</b></p> <p>Based on observation, interview and record review, the facility did not establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. This has the potential to affect 62 of 62 residents.</p> <p>The Facility's line list does not include symptoms, organism, colony count, antibiotic, date placed on isolation, if placed in isolation and what type of isolation, or consistent well dates.</p> <p>The Facility is not tracking staff illness except for COVID related.</p> <p>The Facility is not calculating infection rates.</p> <p>The Facility is not reviewing their Infection Control Policies and Procedures annually.</p> <p>The Facility does not have conferred rights to DPH (Department of Public Health) and is not reporting to NHSN (National Healthcare Safety Network) monthly as required for CRE (carbapenem-resistant enterobacteriaceae).</p> <p>R57 was not put into isolation once diagnosed with VRE (vancomycin-resistant enterococci).</p> <p>R13 was not included on the line list for April.</p> <p>Observation of an omission of PPE (Personal Protective Equipment) by staff.</p> <p>Observation of an omission of PPE by a visitor.</p> <p>Observation of unsanitary meal delivery.</p> <p>Staff did not follow appropriate infection control practices when emptying R70's catheter, which could cause cross contamination.</p> <p>This is evidenced by:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525330	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/06/2021
NAME OF PROVIDER OR SUPPLIER  Middleton Village Nursing and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE  6201 Elmwood Ave Middleton, WI 53562	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>The Facility's Policy and Procedure entitled Infection Prevention and Control Guideline dated 11/28/17 documents, in part: Purpose: The objective of this guideline is to provide a comprehensive Infection Control Guideline that establishes a facility-wide system for the prevention, identification, investigation and control of infections of residents, staff and visitors .a. Surveillance: A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; b. Reporting: When and to whom possible incidents of communicable disease or infections should be reported. It is the policy that the facility will follow State reporting requirements on which communicable diseases will be reported to the local/state authorities c. Standard and transmission-based precautions to be followed to prevent the spread of infections .b. Selection and Use of PPE .d. When and how isolation should be used for a resident .f. Occupational Health procedures, including: a. circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food .c. Monitoring and evaluating for clusters or outbreaks of staff illness .5. An annual review will be conducted to review the Infection Prevention and Control Program and update the program as necessary including necessary updates as national standards change . [SIC]</p> <p>The Facility's Policy and Procedure entitled Infection Surveillance Guideline dated 11/28/17 documents, in part: .The intent of surveillance is to identify possible communicable diseases or infections before they can spread to other persons in the facility. In addition, surveillance is crucial in the identification of possible clusters, changes in prevalent organisms, or increases in the rate of infection promptly .DATA COLLECTION: 1. The unit charge nurses will identify residents with symptoms or identified infections and complete the Criteria for Infection Report Forms for the respective type of infection .The Infection Preventionist will utilize this information to document infection site, type of infection, pathogen if known, signs and symptoms, resident location, etc., in order to identify trends or clusters for action . [SIC]</p> <p>Example 1</p> <p>Surveyor reviewed IC (Infection Control) documentation from January 2021 through May 2021. There was no data at all for January 2021 or May 2021. The documentation for February 2021 through April 2021 did not include signs or symptoms of infection, organism grown or colony count, antibiotic received or consistent well dates.</p> <p>February 2021: There were 2 healthcare associated UTI's (Urinary Tract Infection) of 2 UTI's (R19 and R231) that did not have the necessary information on the line list to surveil, track or trend.</p> <p>March 2021: There was 1 healthcare associated UTI (R232) of 1 UTI and 2 healthcare associated eye infections (R49 and R7) of 2 eye infections that did not have the necessary information on the line list to surveil, track or trend.</p> <p>April 2021: There was 1 healthcare associated UTI (R57) of 2 UTI's and 1 healthcare associated cellulitis (skin infection) (R222) of 1 cellulitis that did not have the necessary information on the line list to surveil, track or trend. R13 had a UTI but was not included on the line list and should have been. R57 was not put into isolation once diagnosed with VRE.</p> <p>Example 2</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525330	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/06/2021
NAME OF PROVIDER OR SUPPLIER  Middleton Village Nursing and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE  6201 Elmwood Ave Middleton, WI 53562	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>The only documentation the facility could provide for staff line list was related to COVID symptom tracking.</p> <p>Example 3</p> <p>The Facility had no infection rates for January 2021 through April 2021.</p> <p>Example 4</p> <p>The following Policies and Procedures were not reviewed annually. They were dated as follows: Infection Prevention and Control Guideline dated 11/28/17, Infection Surveillance Guideline dated 11/28/17, Guideline for Influenza Vaccination dated 10/2/19, Guideline for Administering Pneumococcal Vaccination dated 10/15/18, and Guideline for Antibiotic Stewardship dated 10/2/19.</p> <p>Example 5</p> <p>The Facility has access to NHSN but has not conferred rights to DPH and is not completing monthly reporting of CRE.</p> <p>On 5/6/21 2:35 PM, Surveyor interviewed RN, UM T (Registered Nurse Unit Manager). Surveyor asked RN, UM T if we could bring up NHSN to review, RN, UM T did not know what was being referred to. Surveyor explained what was being asked and RN, UM T said she believed NHA A did that. Surveyor asked RN, UM T to alert NHA A that this needed to be observed.</p> <p>On 5/6/21 at 2:54 PM, DON B reported to Surveyor that NHA knows he's missed some reporting. It is important to note that the Facility did not perform observation into NHSN.</p> <p>On 5/6/21 at 4:53 PM, Surveyor requested information from ICC W (Infection Control Consultant). Surveyor asked ICC W if she could confirm the facility is reporting monthly for CRE and have conferred rights to DPH; ICC W responded the facility does not have conferred rights to DPH so she is unable to see any CRE reporting data. Surveyor asked ICC W who is listed as the contact with NHSN, ICC W confirmed it is NHA A.</p> <p>Example 6</p> <p>R57 was diagnosed with VRE on 4/7/21, there is no evidence that R57 was placed on enhanced contact precautions at the time of diagnosis.</p> <p>Example 7</p> <p>R13 was diagnosed with a UTI on 4/6/21 but was not included on April's Infection Control line list.</p> <p>Example 8</p> <p>(continued on next page)</p>		



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525330	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/06/2021
NAME OF PROVIDER OR SUPPLIER  Middleton Village Nursing and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE  6201 Elmwood Ave Middleton, WI 53562	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On 5/2/21 at 10:23 AM, Surveyor interviewed RN UM T. Surveyor asked RN UM T what the dates on the resident room roster meant, RN UM T stated those residents are newer admissions and are on 14 day quarantine. Surveyor asked RN UM T what PPE would be required to enter those rooms, RN UM T explained eye protection, 2 surgical masks and gown is to be worn into the room, there is a garbage just inside door for doffing PPE. Surveyor noted PPE cart outside each room with hand sanitizer on it and garbage can just inside door. Surveyor asked RN UM T what the (C) on the resident room roster meant for R67, RN UM T stated he is in contact isolation. Surveyor asked RN UM T what R67 was in contact isolation for, RN UM T said C. difficile (clostridium difficile- inflammation of the colon caused by the bacteria Clostridium difficile, which can be transmitted from person to person by spores). Surveyor asked RN UM T what PPE should be worn in R67's room, RN UM T said a surgical mask and a gown, as long as you don't touch anything, if you are going to touch things in his room, then gloves too.</p> <p>Surveyor observed the following on 5/2/21 at 3:56 PM, Surveyor entered R67's room. R67 was in bed and R67's FM AA (Family Member) was in a stationary chair next to bed. R67's FM AA asked Surveyor why she had gown on, Surveyor replied It is the PPE required to enter the room. Surveyor observed R67's FM AA with only mask on for PPE, no gown or gloves. Surveyor asked R67's FM AA what she was told about wearing PPE, R67's FM AA stated I've asked many staff and they all said I don't have to wear it anymore. Surveyor asked R67 if he was receiving an antibiotic for C. difficile, R67 said he was sure. Surveyor asked R67 what his BM's (bowel movements) look like, R67 said they are moderately formed. It is important to note that R67 was currently receiving antibiotic treatment for C. difficile.</p> <p>R67 has the following Physician Order, dated 4/5/21 Contact Isolation for C-diff. every shift for C-diff, isolation.</p> <p>On 5/4/21 at 1:54 PM, Surveyor interviewed ADON, IP V (Assistant Director of Nursing, Infection Preventionist). Surveyor asked ADON, IP V what type of quarantine R67 is in, ADON, IP V said R67 is not in quarantine, but he is in isolation for C. diff, which is contact precautions. Surveyor asked ADON, IP V about R67's stool and bathroom use, ADON, IP V said R67's stool is contained with use of incontinence product and he's not having loose stools. R67 does not use the bathroom. Surveyor asked ADON, IP V what PPE R67's FM AA should have on, ADON, IP V replied she should wear gloves and a gown when in R67's room.</p> <p>Example 9</p> <p>The Facility's sign for Contact Precautions documents the following: STOP CONTACT PRECAUTIONS STOP EVERYONE MUST: Clean their hands, including before entering and when leaving the room. PROVIDERS AND STAFF MUST ALSO: Put on gloves before room entry. Discard gloves before room exit. Put on gown before room entry. Discard gown before room exit. Do not wear the same gown and gloves for the care of more than one person. Use dedicated or disposable equipment. Clean and disinfect reusable equipment before use on another person. CDC (Centers for Disease Control and Prevention).</p> <p>The Facility's sign for Droplet Precautions documents the following: STOP DROPLET PRECAUTIONS STOP EVERYONE MUST: Clean their hands, including before entering and when leaving the room. Make sure their eyes, nose and mouth are fully covered before room entry. Remove face protection before room exit. CDC.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525330	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/06/2021
NAME OF PROVIDER OR SUPPLIER  Middleton Village Nursing and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE  6201 Elmwood Ave Middleton, WI 53562	
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)		
F 0880  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Many	<p>Surveyor observed the following on 5/2/21 at 12:17 PM, LPN U (Licensed Practical Nurse). R222's door had a sign for contact and droplet precautions on it. LPN U entered R222's room to answer call light. LPN U had on a surgical mask upon entering the room, no gown on or eye protection and not double masked. Upon exiting R222's room, LPN U used hand sanitizer, applied two new masks and disposed of mask he had on when he entered, then went back into room to turn off the call light.</p> <p>On 5/6/21 at 8:31 AM, Surveyor interviewed SS Y (Social Services). Surveyor asked SS Y how do you know what PPE to wear into what rooms, SS Y said it is listed on door for what PPE to wear, the cart outside the room has PPE in it, and Harbor and [NAME] are our isolation units.</p> <p>On 5/6/21 at 1:13 PM, Surveyor interviewed CNA X (Certified Nursing Assistant). Surveyor asked CNA X how do you know what PPE to wear into what rooms, CNA X stated it is posted on the door, and the cart outside the room has in it what you need.</p> <p>Example 10</p> <p>Surveyor observed the following on 5/2/21 at 12:00 PM, a cart with four meals trays was delivered to Harbor hallway. All plates but one were covered.</p> <p>On 5/2/21 at 12:49 PM, CNA Z entered the hall and began to pass drinks and meals. Surveyor asked CNA Z if all the plates should be covered, CNA Z said yes, all plates should be covered, I'll get her a new tray.</p> <p>On 5/6/21 at 1:34 PM, Surveyor interviewed DON B. Surveyor asked DON B if all plates should be covered prior to service, DON B said yes it should be covered.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525330	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/06/2021
NAME OF PROVIDER OR SUPPLIER  Middleton Village Nursing and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE  6201 Elmwood Ave Middleton, WI 53562	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On 5/6/21 at 9:07 AM, Surveyor interviewed ADON, IP V. Surveyor asked ADON, IP V how long she has had the IP role in the facility, ADON, IP V stated since she's been here, roughly since 2/15/21. Surveyor asked ADON, IP V who reports to NHSN, ADON, IP V said RN, UM T. Surveyor asked ADON, IP V what Standard of Practice they use for Infection Control, ADON, IP V said McGeer's. Surveyor asked ADON, IP V how the facility utilizes McGeer's in their Infection Control Program, ADON, IP V explained prior to her arrival it was non-existent, they have verbally educated on it since though. Surveyor asked ADON, IP V how the facility determines if an infection meets the criteria for their Standard of Practice, McGeer's; ADON, IP V said we have not emphasized on this yet, we were basically starting from scratch. Surveyor asked ADON, IP V if the facility ensures they are receiving the supporting documentation for UA (urinalysis), C/S, CxR (chest x-ray), wound C/S, etc. for all their residents, including on admission; ADON, IP V said she is accustomed to working with ID (Infectious Disease) for follow up, sometimes a C/S is ordered sometimes it is not. Surveyor asked ADON, IP V who is in charge of calling labs results to the provider, ADON, IP V stated the floor nurse calls labs in to the provider and then from there, it is up to the provider what is done. Surveyor asked ADON, IP V how often are the facilities IC policies are reviewed, ADON, IP V stated she reviewed when she came here, not reviewed in QA (Quality Assurance) since she's been here. Surveyor asked ADON, IP V if she tracks S/Sx (signs and symptoms) of infections somewhere else (it is important to note that none of the line lists had S/Sx on them); ADON, IP V said there is documentation in the medical record. Surveyor asked ADON, IP V if she has a system in place to track those S/Sx, ADON, IP V said no. Surveyor asked ADON, IP V who conducts surveillance for staff including symptoms, duration, return to work dates, etc.; ADON, IP V said the NHA (Nursing Home Administrator) does that. Surveyor asked ADON, IP V how the facility tracks MDRO's (multi-drug-resistant organisms), ADON, IP V said if we are aware of it, we put it in their admission note. Surveyor asked ADON, IP V how all staff would know if a resident had a MDRO that they potentially need to take precautions for in the event of a change in their status or a room change; ADON, IP V stated she hadn't thought of that but would get a system in place for it. Surveyor asked ADON, IP V if she had calculated monthly infection rates since taking this role, ADON, IP V said no. Surveyor asked ADON, IP V if someone with VRE should be in precautions, ADON, IP V said yes. Surveyor asked ADON, IP V if R57 was placed into precautions when her UA C/S came back positive for VRE, ADON, IP V said she would need to look into that. Surveyor asked ADON, IP V if R13 who was treated for a UTI in April, should be on the line list, ADON, IP V said yes.</p> <p>On 5/6/21 at 1:20 PM, ADON, IP V came to Surveyor and stated R57 was not placed into contact precautions after UA C/S revealed she had VRE but that her probability of transmission was low.</p> <p>On 5/6/21 at 1:34 PM, Surveyor interviewed DON B (Director of Nursing). Surveyor asked DON B if a resident that has VRE should be put into precautions, DON B said that is the Provider's decision. Surveyor asked DON B what PPE should be worn for a resident with C. difficile, DON B said gown and gloves for that and mask for everything inside facility. Surveyor asked DON B is she is aware that R67's FM AA is not wearing PPE while visiting, DON B stated I've told her to wear it, I've educated her and the staff, which must be why they asked about it on Sunday. Surveyor asked DON B if there was documentation of the education provided, DON B said no.</p> <p>34400</p> <p>Example 11</p> <p>R70 was admitted with diagnosis including atonal bladder with urinary retention. R70 had an indwelling foley catheter in place.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525330	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/06/2021
NAME OF PROVIDER OR SUPPLIER  Middleton Village Nursing and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE  6201 Elmwood Ave Middleton, WI 53562	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On 5/3/21 at 8:18 AM Surveyor observed CNA L empty R70's urinary catheter. CNA was wearing gloves, and set the urine collection container directly on the floor, CNA L opened the drainage port, drained urine into the collection container, clamped the drainage port without using alcohol wipes to clean the drainage port.</p> <p>On 5/3/21 at 8:40 AM Surveyor interviewed CNA L asking what she should have done when emptying R70's catheter, CNA L stated she should have placed a barrier under the container and should have used an alcohol wipe to clean the catheter drainage tube and did not.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525330	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/06/2021
NAME OF PROVIDER OR SUPPLIER  Middleton Village Nursing and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE  6201 Elmwood Ave Middleton, WI 53562	
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 0881</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Implement a program that monitors antibiotic use.</p> <p>38725</p> <p>Based on interview and record review, the facility's infection prevention and control program (IPCP) does not include an antibiotic stewardship program that includes antibiotic use protocols and a system to monitor antibiotic use for 2 of 24 sampled residents (R6 and R7) and 4 supplemental residents (R231, R49, R232 and R53).</p> <p>The facility is not utilizing their SOP (Standard of Practice), which is McGeer's, to aide in determining if S/Sx (signs and symptoms) meet the definition of an infection.</p> <p>The facility is utilizing prophylactic antibiotics without supporting documentation or risk versus benefit.</p> <p>The facility does not have a process in place to ensure necessary diagnostics are completed, reviewed and communicated to the Provider.</p> <p>This is evidenced by:</p> <p>The Facility's Policy and Procedure entitled Guideline for Antibiotic Stewardship dated 10/2/19, documents in part: .Antibiotic Stewardship Program (ASP): An overarching term used to describe the ongoing efforts of antibiotic stewardship to optimize antibiotic use and decrease resistance .iv. Performing reviews to ensure facility staff follows ASP workflow (i.e., minimum criteria for antibiotic use, nursing SBAR (situation, background, assessment, recommendation) communication, etc.) .Development of facility specific treatment guidelines, Establishment of use criteria for diagnostic tests, Implementation of communication tools with minimum criteria for infection for nurses to contact providers when they suspect an infectious etiology . Healthcare-acquired infections (i.e. Catheter-associated urinary tract infection, Clostridium difficile infections, etc.) will be measured on a monthly basis by the Infection Preventionist/designee, Prescriber specific compliance to provided clinical guidelines will be measured .1. The purpose of our Antibiotic Stewardship Program is to take actions that will improve antibiotic use in order to reduce adverse events, prevent emergence of resistance, while leading to better outcomes for our residents .When a culture and sensitivity (C&amp;S) is ordered: Lab results will be communicated to the prescriber as soon as available to determine if antibiotic therapy should be started, continued, modified, or discontinued .10. In the event antibiotics are ordered by a prescriber for asymptomatic bacteriuria or prophylactic prevention of a UTI (urinary tract infection), the provider will be required to provide a risk versus benefit to justify treatment course .</p> <p>Surveyor reviewed IC (Infection Control) documentation from January 2021 through May 2021. There was no data at all for January 2021 or May 2021. The documentation for February 2021 through April 2021 under the heading Infection Definition Met? (Y/N) all are documented No.</p> <p>February 2021:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525330	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/06/2021
NAME OF PROVIDER OR SUPPLIER  Middleton Village Nursing and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE  6201 Elmwood Ave Middleton, WI 53562	
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 0881</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>R6 admitted in January 2021 with a UTI, there was no confirmation of his C/S (culture and sensitivity) results to ensure he was receiving the correct antibiotic. Upon requesting this documentation, it is important to note R6's C/S grew out &gt;100,000 cfu/mL (colony-forming unit per milliter) Gram-Negative Rods (NOT P. aeruginosa), which is a bacteria that is resistant to multiple drugs. There was no sensitivity completed to be reviewed. R6 was admitted on an antibiotic for UTI. The facility does not have a process to obtain necessary supporting documentation.</p> <p>R231 admitted in December of 2020. R231 has no S/Sx documented on the line list. On 2/2/21, R231 had a UA C/S that grew 60,000 cfu/ml Aerococcus urinae, mixed with additional organisms consistent with normal skin and urethral flora. There was no sensitivity completed. The facility does not have a process to ensure lab orders are completed and include the C/S.</p> <p>March 2021:</p> <p>R49 has no S/Sx documented on the line list but was treated with an antibiotic for an eye infection.</p> <p>R232 has orders for an antibiotic daily for UTI prophylaxis. The facility does not have any supporting documentation the physician was consulted or risk versus benefit to support this treatment.</p> <p>R53 has orders for an antibiotic daily for skin prophylaxis. The facility does not have any supporting documentation the physician was consulted or risk versus benefit to support this treatment.</p> <p>R7 has no S/Sx documented on the line list but was treated with an antibiotic for an eye infection.</p> <p>On 5/6/21 at 9:07 AM, Surveyor interviewed ADON, IP V (Assistant Director of Nursing, Infection Preventionist). Surveyor asked ADON, IP V what Standard of Practice they use for Infection Control, ADON, IP V said McGeer's. Surveyor asked ADON, IP V how the facility utilizes McGeer's in their Infection Control Program, ADON, IP V explained prior to her arrival it was non-existent, they have verbally educated on it since though. Surveyor asked ADON, IP V how the facility determines if an infection meets the criteria for their Standard of Practice, McGeer's; ADON, IP V said we have not emphasized on this yet, we were basically starting from scratch. Surveyor asked ADON, IP V if the facility ensures they are receiving the supporting documentation for UA (urinalysis), C/S, CxR (chest x-ray), wound C/S, etc. for all their residents, including on admission; ADON, IP V said she is accustomed to working with ID (Infectious Disease) for follow up, sometimes a C/S is ordered sometimes it is not. Surveyor asked ADON, IP V who is in charge of calling labs results to the Provider, ADON, IP V stated the floor nurse calls labs in to the Provider and then from there, it is up to the Provider what is done. Surveyor asked ADON, IP V if they should have documentation to support prophylactic antibiotic use, ADON, IP V said yes and I've looked for it but it is not there.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525330	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/06/2021
NAME OF PROVIDER OR SUPPLIER  Middleton Village Nursing and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE  6201 Elmwood Ave Middleton, WI 53562	
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 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement policies and procedures for flu and pneumonia vaccinations.</p> <p>38725</p> <p>Based on record review the facility did not ensure that they followed through with the residents Medical Provider regarding their influenza vaccine for 2 of 5 residents (R19 and R57) reviewed for immunizations.</p> <p>The Facility failed to contact the residents' Medical Provider regarding their influenza vaccine.</p> <p>This is evidenced by:</p> <p>The Facility's Policy and Procedure entitled Guideline for Influenza Vaccination dated 10/2/19 does not address the Facility's form below.</p> <p>The Facility's Review of Resident Immunizations form has the following information documented in the Annual Flu Vaccine section: Documentation of Annual flu Vaccine (October through April), I am declining the Flu Vaccine at this time, Outside of Flu Season (check if April-&gt;September), I would like my Medical Provider to be contacted to receive the Flu Vaccine Vaccination at this time, VIS (Vaccine Information Sheet) sheet provided for resident and/or POA (Power of Attorney)</p> <p>R19's representative signed the facility's Review of Resident Immunizations on 12/21/20 by the line stating I would like my Medical Provider to be contacted to receive the Flu Vaccine Vaccination at this time. There is handwritten documentation on the bottom of form that says R19 has not had flu shot in 2020. There is no evidence the facility followed up with R19's Provider regarding his influenza vaccine.</p> <p>R57 signed the facility's Review of Resident Immunizations on 9/26/20 by the lines stating Documentation of Annual flu Vaccine (October through April) and I would like my Medical Provider to be contacted to receive the Flu Vaccine Vaccination at this time. There is no evidence of R57 receiving her influenza vaccine or the facility followed up with R57's Provider regarding her influenza vaccine.</p> <p>On 5/6/21 at 9:07 AM, Surveyor interviewed ADON, IP V (Assistant Director of Nursing, Infection Preventionist). Surveyor asked ADON, IP V if there was documentation of R19 or R57 either receiving their influenza vaccine or their Providers were contacted, ADON. IP V stated there is no other documentation for this.</p>		