

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 08/18/2022
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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36253</p> <p>Based on interview and record review, the facility did not ensure that all alleged violations involving abuse were reported to the administrator for 1 of 18 residents reviewed for abuse (R3).</p> <p>R3 reported to staff that another resident exposed himself to him and staff did not report the incident for a week.</p> <p>Findings include</p> <p>The facility's policy titled Abuse, Neglect, Exploitation, Mistreatment and Misappropriation of Resident Property, effective 9/11/20, states, Employees must always report and abuse or suspicion of abuse immediately to the administrator. **Note: Failure to report can make employee just as responsible for the abuse in accordance with state law.</p> <p>R3 was admitted to the facility on [DATE]. His most recent Minimum Data Set (MDS), dated [DATE], shows a Brief Interview for Mental Status (BIMS) score of 15, indicating R3 is cognitively intact.</p> <p>R14 was admitted to the facility on [DATE] and has diagnoses of vascular dementia without behavioral disturbance. His most recent MDS, dated [DATE], shows a BIMS score of 6, indicating R14 is severely cognitively impaired.</p> <p>On 8/16/22 at 12:49 PM, R3 stated to Surveyor that he woke up one night and his roommate, R14, was standing next to his bed with his penis out. R6 stated that the incident was scary and disgusting. R3 stated that this happened on the night shift a week ago Sunday (8/7/22). R3 stated that he told CNA I (Certified Nursing Assistant) the next morning (8/8/22) and talked to the social worker a few days later about it. Additionally, R3 stated that in a previous incident, he woke up one night to someone covering his mouth and when he finally was able to see who it was, he noticed R14 walking away. R3 made a point of telling Surveyor that he was not afraid of R14, but the things he (R14) had been doing was weird.</p> <p>(continued on next page)</p>		

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: 525330	Facility ID: 525330 If continuation sheet Page 1 of 28

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 08/18/2022
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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 8/17/22 at 9:23 AM, Surveyor interviewed SW K (Social Worker), who stated that she had not heard anything about R14 exposing his penis to R3. At 10:56 AM, Surveyor interviewed CNA I who stated that on the morning of 8/8/22 R3 told her that R14 had shown him (R3) his (R14) penis. CNA, I stated that R3 told her that he had told the CNA on the night shift and that CNA told the nurse that was working that night. CNA, I stated that when she first heard about the incident from R3 she told RN J (Registered Nurse) that morning. CNA, I stated that she was not sure what RN J did about it. CNA, I went on to say that she could tell that R3 looked uncomfortable later that day when she was giving him a bed bath. CNA, I continued, stating, R14 usually is continuously walking the facility, but that day he just sat there on the other side of the curtain while I gave R3 the bed bath.</p> <p>It should be noted that CNA I was an agency CNA at the facility. Her contract ended and her last working shift, as documented by the facility, was 8/9/22.</p> <p>On 8/17/22 11:57 AM, Surveyor interviewed RN J who stated she was told by CNA I, but that it was hearsay. RN J stated, We don't know if he was just coming out of the bathroom or what he was doing. RN J stated that R14 has never done anything like that and that she did tell DON B (Director of Nursing). RN J also stated that R3 has an anxiety disorder and if he just woke up and saw R14, What did he even see?</p> <p>On 8/18/22 at 8:07 AM, Surveyor interviewed DON B, who stated that RN J told her about R14 exposing himself to R3 on Monday (8/15/22) and that she was just starting to work on getting details. DON B stated the incident just happened on the night shift of 8/14/22 into 8/15/22.</p> <p>R3 alleged R14 exposed himself on the night shift, which started on 8/7/22. R3 notified CNA I of the incident on the morning of 8/8/22. CNA I then notified RN J who did not report the alleged incident to administration for 1 week (8/15/22).</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 08/18/2022
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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36253</p> <p>Based on observation, interview, and record review, the facility did not ensure a resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene for 1 of 17 residents observed for activities of daily living (R3).</p> <p>R3 appeared disheveled and did not have his hair washed.</p> <p>Findings include</p> <p>R3 was admitted to the facility on [DATE]. The facility lists R3 diagnoses to include morbid obesity and need for assistance with personal care. His most recent Minimum Data Set (MDS), dated [DATE], states he needs physical assistance of 2 or more staff for bed mobility and transfers. This MDS also states R3 requires one person assist for personal hygiene and totally dependent on staff for bathing.</p> <p>On 8/16/22 at 12:52 PM, Surveyor observed R3 in bed. R3 appeared disheveled. His hair appeared greasy, uncombed and had clumps of skin throughout. When asked if the facility provides regular showers, R3 stated they often do bed baths and did one the previous day (8/15/22), but it was very brief, and they did not wash his hair. R3 stated he would like his hair shampooed as it had not been washed or cleaned for at least a couple weeks.</p> <p>Facility documentation shows R3 was provided a bed bath on 8/15/22.</p> <p>On 8/16/22 at 4:10 PM, Surveyor interviewed CNA H (Certified Nursing Assistant). CNA H stated that she believes R3 had a bed bath the previous day. CNA H went into R3's room to observe him and then returned to Surveyor and stated his hair appeared unclean and was not washed the previous day. CNA H stated that, due to staffing, at times CNAs will do a quick bed bath as a shower or more thorough cleaning is not possible. Surveyor observed R3 approximately an hour later and his hair was washed and combed.</p> <p>The facility did not provide the necessary and regular hair care and washing to maintain R3's appearance and personal hygiene.</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 08/18/2022
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 0686 Level of Harm - Actual harm Residents Affected - Few	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39849</p> <p>Based on observation, interview and record review, the facility did not ensure that a resident with pressure ulcers receives necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection, prevent new ulcers from developing, and a resident receives care, consistent with professional standards of practice, to prevent pressure ulcers and does not develop pressure ulcers unless the individual's clinical condition demonstrates that they were unavoidable in 1 of 3 residents reviewed for pressure injury concerns (R32) out of a total sample of 18.</p> <p>R32 was at risk for PI (Pressure Injury) development due to his diagnoses and health history. The facility failed to follow physician's orders and ensure interventions were in place to prevent the PI from developing or worsening.</p> <p>Evidenced by:</p> <p>According to the NPUAP's (National Pressure Ulcer Advisory Panel), Prevention and Treatment of Pressure Ulcers/Injuries Quick Reference Guide 2019:</p> <p>.Risk Factors and Risk Assessment</p> <p>1.1 Consider individuals with limited mobility, limited activity and a high potential for friction and shear to be at risk of pressure injuries .</p> <p>1.3 Consider the potential impact of an existing pressure injury of any Category/Stage on development of additional pressure injuries .</p> <p>1.7 Consider the impact of diabetes mellitus on the risk of pressure injuries.</p> <p>1.8 Consider the impact of perfusion and circulation deficits on the risk of pressure injuries .</p> <p>1.10 Consider at the impact of impaired nutritional status on the risk of pressure injuries .</p> <p>1.17 Consider the impact of time spent immobilized before surgery, the duration of surgery and the American Society of Anesthesiologists (ASA) Physical Status Classification on surgery-related pressure injury risk .</p> <p>1.24 When conducting a pressure injury risk assessment: o Use a structured approach o Include a comprehensive skin assessment o Supplement use of a risk assessment tool with assessment of additional risk factors o Interpret the assessment outcomes using clinical judgment .</p> <p>According to the www.npuap.org <http://www.npuap.org> the NPUAP (National Pressure Ulcer Advisory Panel):</p> <p>Pressure Injury:</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 08/18/2022
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 0686</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>A pressure injury is localized damage to the skin and underlying soft tissue usually over a bony prominence or related to a medical or other device. The injury can present as intact skin or an open ulcer and may be painful. The injury occurs as a result of intense and/or prolonged pressure or pressure in combination with shear. The tolerance of soft tissue for pressure and shear may also be affected by microclimate, nutrition, perfusion, co-morbidities and condition of the soft tissue.</p> <p>Stage 2 Pressure Injury: Partial-thickness skin loss with exposed dermis</p> <p>Partial-thickness loss of skin with exposed dermis. The wound bed is viable, pink, or red, moist, and may also present as an intact or ruptured serum-filled blister. Adipose (fat) is not visible and deeper tissues are not visible. Granulation tissue, slough and eschar are not present. These injuries commonly result from adverse microclimate and shear in the skin over the pelvis and shear in the heel. This stage should not be used to describe Moisture Associated Skin Damage (MASD) including Incontinence Associated Dermatitis (IAD), Intertriginous Dermatitis (ITD), Medical Adhesive Related Skin Injury (MARS), or traumatic wounds (skin tears, burns, abrasions).</p> <p>Stage 3 Pressure Injury: Full-thickness skin loss</p> <p>Full-thickness loss of skin, in which adipose is visible in the ulcer and granulation tissue and epibole are often present. Slough and/or eschar may be visible. The depth of tissue damage varies by anatomical location; areas of significant adiposity can develop deep wounds. Undermining and tunneling may occur. Fascia, muscle, tendon, ligament, cartilage and/or bone are not exposed. If slough or eschar obscures the extent of tissue loss this is an Unstageable Pressure Injury.</p> <p>Unstageable Pressure Injury: Obscured full-thickness skin and tissue loss</p> <p>Full-thickness skin and tissue loss in which the extent of tissue damage within the ulcer cannot be confirmed because it is obscured by slough or eschar. If slough or eschar is removed, a Stage 3 or Stage 4 pressure injury will be revealed. Stable eschar (i.e., dry, adherent, intact without erythema or fluctuance) on the heel or ischemic limb should not be softened or removed.</p> <p>The Facility's Policy and Procedure titled, Skin Management Guideline, with an effective date of 11/28/17, indicates, in part: Purpose: To ensure residents that are admitted to the facility are evaluated to determine appropriate measures to be taken by the interdisciplinary care team to determine appropriate measures and individualized interventions to prevent, reduce and treat skin breakdown. It is the practice of this facility to properly identify and evaluate residents whose clinical conditions increase the risk for impaired skin integrity, and pressure ulcers; to implement preventative measures; and to provide appropriate treatment modalities for wounds according to industry standards of care .Procedure: I. Prevention of Pressure Ulcers</p> <p>* All residents admitted to the facility will be evaluated for actual and potential skin integrity issues .</p> <p>An individualized plan of care will be developed upon admission, reviewed, and updated quarterly and with a change in condition as needed. The plan of care will identify impairment and predicting factors. Interventions for prevention, removing and reducing predicting factors and treatment for skin may include:</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 08/18/2022
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 0686 Level of Harm - Actual harm Residents Affected - Few	<p>* Pressure redistribution surface for bed and seating surfaces: Specified through clinical evaluation and determination</p> <p>* Adaptive equipment and seating to support and encourage correct anatomical alignment .</p> <p>*Specified turning and repositioning .</p> <p>*Pressure, friction, shear reduction .</p> <p>B. Monitoring of Skin Integrity .</p> <p>*The Care Plan for Skin Integrity is to be evaluated and revised based on response, outcomes, and needs of resident .</p> <p>II. Treatment of Pressure Ulcers .If a resident is admitted with or there is a new development of a pressure ulcer or lower extremity ulcer the following procedure is to be implemented:1. Review the wound formulary for guidance 2. Consult with the Physician/NP and Resident Representative .6. Re-evaluate turning and repositioning interventions 7. Initiate Braden Scale and initiate investigation process if new onset .10. Initiate the Wound Initial Documentation Observation in PCC (Point Click Care) .The Weekly Wound Documentation Observation in PCC should only have ONE WOUND per observation .</p> <p>The Facility's Policy and Procedure titled, Skin Protection Guideline, with an effective date of 7/7/21, indicates, in part: Purpose: To provide evidenced based practice standards for the care and treatment of skin. To ensure residents that admit and reside at our facility are evaluated and provided individualized interventions to prevent, reduce and treat skin breakdown .Evaluation .The process includes evaluating:</p> <p>*Specific risk factors and changes in the resident's condition that may impact the development and/or healing of a PU/PI (Pressure Ulcer/Pressure Injury)</p> <p>*Implementing, monitoring, and modifying interventions to stabilize, reduce or remove underlying risk factors</p> <p>*If a PU/PI is present, provide treatment to heal and prevent the development of additional PU/PIs .</p> <p>The NPIAP (National Pressure Injury Advisory Panel) outlines the following (this list is not all inclusive and each resident must be reviewed for potential, individualized risk factors). Some factors are modifiable [NAME] [sic] others are not:</p> <p>*Limited mobility and activity</p> <p>*Friction</p> <p>*Shearing</p> <p>*Presence of current injuries: Risk for worsening and / [sic] or additional development</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 08/18/2022
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 0686 Level of Harm - Actual harm Residents Affected - Few	<p>*Alterations in skin status over pressure points</p> <p>*Diabetes</p> <p>*Disease or condition that alters perfusion and create circulatory deficits .</p> <p>*Alterations in sensory perceptions</p> <p>*Immobilization before a surgery, the duration of surgery and related impacts on skin including:</p> <p>-Duration of crucial care stay</p> <p>-Mechanical ventilation</p> <p>-Use of vasopressors .</p> <p>An admission evaluation helps identify residents at risk of developing a PU/PI, and residents with existing PU/PIs. Because a resident at risk can develop PU/PI within hours of the onset of pressure, the at-risk resident needs to be identified and have interventions implemented promptly to attempt to prevent PU/PI .</p> <p>The admission evaluation helps define those initial care approaches. In addition, the admission evaluation may identify pre-existing signs suggesting that tissue damage has already occurred, and additional tissue loss may occur .</p> <p>Some situations, which may have contributed to this tissue damage prior to admission, include pressure resulting from immobility during hospitalization or surgical procedures, during prolonged ambulance transport, or while waiting to be assisted after a debilitating event, such as a fall or a cerebral vascular accident .</p> <p>Interventions</p> <p>Interventions for prevention, removing and reducing predicting factors and treatment for skin may include (This list is not all-inclusive):</p> <p>*Selection of an individualized support surfaces (A specialized device for pressure re-distribution designed for management of tissue loads, micro-climate and / or [sic] other therapeutic functions) for bed and seating to enhance pressure re-distribution</p> <p>*Specified through clinical evaluation and determination</p> <p>*Adaptive equipment and seating to support and encourage correct anatomical alignment .</p> <p>*Specified turning and repositioning .</p> <p>*Pressure, friction, shear reduction .</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 08/18/2022
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 0686</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>R32 was admitted to the facility on [DATE], with diagnoses that include, in part: Displaced intertrochanteric fracture of right femur; Acute embolism and thrombosis of unspecified deep veins of right lower extremity; Rhabdomyolysis; Wedge compression fracture of unspecified thoracic vertebra; Unspecified Fall; Moderate Protein-Calorie Malnutrition; and Type II Diabetes Mellitus . R32's most recent MDS (Minimum Data Set) with a target date of 6/12/22, documents a BIMS (Brief Interview of Mental Status) score of 7, which indicates, a severe cognitive impairment.</p> <p>R32's Adult Hospital Medicine Admission History and Physical Note, with a date of service of 5/24/22, indicates, Pt reports having fallen four days ago in his kitchen after losing his balance. He landed on his right hip, crawled back into bed and has been there since. He had some food and drink near his bed, but that is all he has had since then. He did take his medications. The pt. endorses that he was urinating into bottles because he was unable to get up due to the pain .</p> <p>R32's Physician Transfer Order Report, indicates, in part: Active Problems: Acute deep vein thrombosis (DVT) of right lower extremity .</p> <p>It is important to note R32's report of decreased mobility while in bed for a 4-day period, decreased perfusion due to an acute DVT of the right lower extremity, decrease nutrient intake and the potential for friction and shear while crawling back to bed would increase R32's risk for developing PIs.</p> <p>R32's Physician Transfer Order Report, indicates, in part.</p> <p>Discharge Orders: Admit to: Skilled Nursing Facility .</p> <p>Dressing and Wound Orders:</p> <p>-Minimize pressure with frequent repositioning, scheduled turning every 2 hours with a 30-degree tilt</p> <p>-Therapeutic support surface (low air loss mattress).</p> <p>-Minimize friction and shear by keeping skin clean and moisturized (use lift sheet or TAPS (Turning and positioning system) system.</p> <p>-Incontinence management</p> <p>Current wound care recommendations include:</p> <p>Location: Left posterior thigh</p> <p>Frequency: Every 3 days and as needed if soiled, saturated, or loose.</p> <p>Cleanse wound gently with normal saline and gauze</p> <p>- Apply a thin layer of the Medihoney directly to the wound bed (approximately a nickel thickness) or onto a dressing.</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 08/18/2022
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 0686</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Additional Dressing and Wound Instructions:</p> <ul style="list-style-type: none"> -Minimize pressure with frequent repositioning, scheduled turning every 2 hours with a 30-degree tilt. -Therapeutic support surface (low air loss mattress) -Minimize friction and shear by keeping skin clean and moisturized (use of lift sheet or TAPS system) <p>Expected Discharge & Plan (recommendations)</p> <p>Discharge cares as follows: Same as above.</p> <p>Manufacturer's recommendations were requested for R32's wheelchair cushion, mattress on admission, and current air mattress.</p> <p>On 8/17/22 at 2:49 PM Recommendations were provided for Direct Supply Panacea Immerse Mattress. The documentation does not note what stage PI the mattress is rated for. DOO R (Director of Operations) indicated she is still working on finding more information.</p> <p>The following information was provided to the Surveyor by the facility:</p> <ul style="list-style-type: none"> -R32's mattress, on admission to the facility, is noted to be a Direct Supply Panacea Immerse Mattress with the following information noted on the manufacturer documents provided to Surveyor: <p>*The mattress manufacturer has tested the technology used in the Panacea Immerse mattress to assess its comfort and pressure redistribution properties. A full study, entitled A prospective Study of a Unique Open-Cell Foam Mattress with a Modified Top Layer in hospitalized General Medical-Surgical Patients, is included for your convenience. The findings show that, when used properly as part of a comprehensive care program, the Panacea Immerse technology did not lead to skin breakdown in patients with intact skin at the time of admission, and improved existing skin integrity in over 75% of patients with existing decubitus ulcers .</p> <p>The facility also provided the Surveyor with information for Direct Supply Panacea ImmersaGel Mattress and highlighted the following information:</p> <p>These pressure redistribution support surfaces are appropriate for use as part of an overall care plan to prevent and treat decubitus ulcers. Resident-specific assessment could alter your usage of these mattresses.</p> <p>It is unclear based on the differing mattress information documents received from the facility, which mattress the resident was using on admission. The facility failed to implement physician admission orders for a low air loss mattress (LAL).</p> <p>Of note, there was no information regarding pressure injury prevention/treatment rating in the manufacturer's recommendations obtained from the facility. There is no evidence that the mattress R32 was using on admission was appropriate for his PI present on admission or to prevent future injury.</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 08/18/2022
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 0686</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Of note, R32's Hospital Physician Transfer Report indicates Dressing and Wound orders for Left Posterior Thigh Wound, indicating a wound was present on discharge from the hospital. R32's Facility wound evaluation, dated 6/7/22, denotes an area of 5.53 cm x 4.07 cm to Left Thigh Lateral, with the wound bed documented as 100% eschar.</p> <p>Of note, a wound described as 100% eschar under current standards of practice would be categorized as an unstageable PI.</p> <p>-R32's current mattress, implemented on 6/22/22, is noted to be an Integra Healthcare Equipment True LAL (Low Air Loss Mattress) System. Product Description: Our True Low Air Loss System with Pulsation offers an extraordinary therapeutic mattress system for the prevention and treatment of pressure ulcers .</p> <p>Of note, R32 did not receive the LAL until 6/22/22, 10 days after the first documentation, on 6/12/22, of the left and right buttock pressure ulcers starting and 7 days after the coccyx wound can be seen on the June 15, 2022, Wound Evaluation picture.</p> <p>According to the NPUAP's (National Pressure Ulcer Advisory Panel), Prevention and Treatment of Pressure Ulcers/Injuries Quick Reference Guide 2019:</p> <p>.Support Surfaces</p> <p>7.1 Select a support surface that meets the individual's need for pressure redistribution based on the following factors: o Level of immobility and inactivity o Need to influence microclimate control and shear reduction o Size and weight of the individual o Number, severity, and location of existing pressure injuries o Risk for developing new pressure injuries .</p> <p>7.4 Use a high specification reactive single layer foam mattress or overlay in preference to a foam mattress without high specification qualities for individuals at risk of developing pressure injuries.</p> <p>7.5 Consider using a reactive air mattress or overlay for individuals at risk for developing pressure injuries .</p> <p>7.7 Assess the relative benefits of using an alternating pressure air mattress or overlay for individuals at risk of pressure injuries .</p> <p>7.9 For individuals with a pressure injury, consider changing to a specialty support surface when the individual: o Cannot be positioned off the existing pressure injury o Has pressure injuries on two or more turning surfaces (e.g., the sacrum and trochanter) that limit repositioning options o Has a pressure injury that fails to heal or the pressure injury deteriorates despite appropriate comprehensive care o Is at high risk for additional pressure injuries o Has undergone flap or graft surgery o Is uncomfortable o 'Bottoms out' on the current support surface .</p> <p>R32's Skin and Wound Evaluation with an effective date of 6/7/22 indicates the following:</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 08/18/2022
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 0686</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>A. Describe 1. Type 5. Bruise .22. Location Right Antecubital Space 23. Acquired .2. Present on Admission 24. How long has the wound been present? 2. Exact Date .24a. Exact Date: 6/6/22 .I. Progress .3. Notes: Bruising noted to Right Antecubital Space. No open measurable areas noted. No concerns noted. Resolved on admission assessment .</p> <p>Of note: No other Skin or Wound areas are noted on this evaluation.</p> <p>R32's Braden scale evaluations (an evidenced-based tool that predicts the risk for developing a pressure injury) noted the following:</p> <p>*Effective date of 6/6/22, noted a score of 17 (at risk)</p> <p>*Effective date of 6/13/22, noted a score of 16 (at risk)</p> <p>*Effective date of 6/20/22, noted a score of 16 (at risk)</p> <p>R32's care plan documents the following, in part:</p> <p>Focus: The resident has an ADL (Activities of Daily Living) self-care performance deficit r/t (related to) fx. (fracture) of right femur, malnutrition, wedge compression fx. of thoracic spine, falls, malaise, alcohol abuse, heart disease and weakness. Date Initiated 6/6/22. Interventions/Tasks: Bed Mobility: Physical Assist x 2. Date Initiated 6/11/22. Transfers: Resident requires: 1 assist stand-pivot with 2wv (wheeled walker) to/from WC (wheelchair) to/from edge of bed .</p> <p>Focus: The resident has limited physical mobility r/t fx. of right femur, malnutrition, wedge compression fx. of thoracic spine, falls, malaise, alcohol abuse, heart disease and weakness. Date Initiated: 6/6/22.</p> <p>Interventions/Tasks: * Resident has a weight bearing restriction (NWB (non-weight bearing) to Right leg r/t hip fx.) Date Initiated: 6/6/22.</p> <p>*Uses Wheelchair (ensure foot pedals are in place).</p> <p>*Provide supportive care, assistance with mobility as needed. Document assistance as needed. Date Initiated: 6/6/22 .</p> <p>Focus: The resident has potential for impairment to skin integrity r/t limited mobility. Date Initiated: 6/6/22.</p> <p>Interventions/Tasks: *-Monitor skin when providing cares, notify nurse of any changes in skin appearance. Date Initiated: 6/6/22 .</p> <p>Focus: The resident has actual impairment to skin integrity to left and right buttocks and Right Thigh (Lateral) r/t abrasions and surgical incision. Date Initiated: 6/30/22.</p> <p>Interventions/Tasks: * Evaluate and treat per physicians' orders. Date Initiated: 6/6/22 .</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 08/18/2022
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 0686</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>* 6/22/22: The resident needs pressure relieving/reducing mattress i.e.: air mattress while in bed and continued use of cushion in wc. Date Initiated: 6/30/22 .</p> <p>* The resident needs assistance and reminding to reposition every 2-3 hours while in bed or in wheelchair. Date Initiated: 6/22/22 .</p> <p>Focus: The resident has bladder incontinence r/t limited mobility. Date Initiated: 6/6/22.</p> <p>Interventions/Tasks: * Clean peri-area with each incontinence episode. Date Initiated 6/6/22 .</p> <p>R32's CNA (Certified Nursing Assistant) care plan, documents the following in part: Skin: * 6/22/22: The resident needs pressure relieving/reducing mattress i.e.: air mattress while in bed, and continued use of cushion in the wc .Bed Mobility: * Bed Mobility: Physical Assist x 2 .Resident Care: *The resident needs assistance and reminding to reposition every 2-3 hours [NAME] in bed or in wheelchair .</p> <p>R32's Progress Notes document the following:</p> <p>6/6/22 3:52PM Nursing Evaluation: (Admit, Readmit, Qtly, Annual Sig Change) . Resident admitted from: (Hospital Name) Skin Integrity: The resident has skin integrity concerns. 0 .Musculoskeletal: Resident has weakness. Location: Left hand and legs Resident has weight bearing restriction. Location: Weight bearing as tolerated right lower extremity. No ROM (Range of Motion) impairment to upper extremities. ROM impairment to RLE (Right Lower Extremity). The resident needs assistance with ADL's. Resident uses assistive device/s: Wheelchair .</p> <p>6/12/22 5:55 PM (Created Date) Health Status Note (nurses note): Placed dressing to buttocks, pressure ulcers starting to bilateral buttocks, cleansed, and dressed with bordered gauze. Blanchable purple discoloration to buttocks/coccyx area. Educated resident to reposition q2hours (every), placed pillow under left side. Reported to oncoming nurse to reposition resident q2hours. Unstageable pressure ulcer to left gluteal fold noted, cleansed and Medahoney [sic] applied with bordered gauze.</p> <p>It is important to note the wound evaluation notes for the right and left buttock denote wound evaluation dates of 6/13/22 and note minutes old.</p> <p>6/23/22 1:01 PM Health Status Note (nurses note). Note Text: Roho cushion ordered today for resident to use while in wheelchair. New wound care orders were obtained per discussion with provider .Re-education given to resident on importance of repositioning every two-three hours to promote healing and prevent further breakdown, resident was able to verbalize and understanding and repeat back education .</p> <p>Of note, Information obtained from the facility regarding R32's wheelchair cushion notes it is a Direct Supply Foam Cushion, not a Roho. Surveyor also observed R32's wheelchair with staff and noted a Foam Cushion with Direct Supply Label.</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 08/18/2022
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 0686</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>6/27/22 3:25PM Health Status Note (nurses note) Note Text: During dressing change to left and right buttocks and coccyx, it was noted that wound continues to deteriorate. Slough noted to wound bed on coccyx with opening noted to center. Increased depth noted and tunneling at 12 o'clock of 3.8cm. Wound bed with foul smell. Moderate serosanguineous drainage. Provider, NP contacted. NP ordered to have resident sent out for further wound evaluation due to rapid deterioration .</p> <p>Of note, R32 declined to be interviewed or allow Surveyor to observe wound care.</p> <p>R32's Wound Evaluations documents include the following, in part:</p> <p>---Left Thigh Lateral</p> <p>Evaluated on 6/7/22</p> <p>#3 Abrasion</p> <p>Body Location: Left Thigh Lateral</p> <p>New - 1 day old</p> <p>Acquired: Present on Admission</p> <p>Dimensions: Length: 5.53cm Width 4.07cm Deepest Point 0cm</p> <p>Wound Bed: % Eschar 100% .</p> <p>Peri wound: Edges - Epithelialization; Surrounding Tissue - Intact; Induration - None Present; Edema - No swelling or edema; Change in Temperature (Degrees) - 0; Peri wound Temperature - Normal .</p> <p>Progress: New</p> <p>Notes: Wound noted to Left Thigh (Lateral) with complete eschar to wound bed. Small amount of old serosanguineous drainage noted to old dressing. No s/s of infection. Wound cleansed with wound cleanser, pat dried. Medihoney applied to eschar, covered with foam border, resident tolerated well. Provider updated .</p> <p>Of note, a wound described as 100% eschar, under current standards of practice, would be categorized as an unstageable PI.</p> <p>Evaluated on 6/8/22</p> <p>#3 Abrasion</p> <p>Body Location: Left Thigh Lateral</p> <p>Stable - 2 days old</p> <p>Acquired: Present on Admission</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 08/18/2022
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 0686</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Dimensions Length: 3.89cm Width 3.88cm Deepest Point 0cm</p> <p>Wound Bed: % Slough 10%; % Eschar 90%</p> <p>Peri wound: Edges - Epithelialization; Surrounding Tissue - Intact; Induration - None Present; Edema - No swelling or edema; Change in Temperature (Degrees) - 0; Peri wound Temperature - Normal .</p> <p>Progress: Stable</p> <p>Notes: Eschar noted to wound bed. Small amount of slough noted around the outer edges of wound bed. Small amount of serosanguineous drainage noted to old dressing. No s/s of infection. Wound care provided per order; resident tolerated it well.</p> <p>Evaluated on 6/15/22</p> <p>#3 Abrasion</p> <p>Body Location: Left Thigh Lateral</p> <p>Stable - 9 days old</p> <p>Acquired: Present on Admission</p> <p>Dimensions: Length: 4.88cm Width 3.39cm Deepest Point 0.2cm</p> <p>Wound Bed: % Slough 10%; % Eschar 90% .</p> <p>Peri wound: Edges - Epithelialization; Surrounding Tissue - Intact; Induration - None Present; Edema - No swelling or edema; Change in Temperature (Degrees) - 0; Peri wound Temperature - Normal .</p> <p>Progress: Stable</p> <p>Notes: Wound bed with eschar and slough. Small amount of drainage noted. No s/s of infection. Wound care provided per order. Resident tolerated it well.</p> <p>Evaluated on 6/22/22</p> <p>#3 Abrasion</p> <p>Body Location: Left Thigh Lateral</p> <p>Stable - 16 days old</p> <p>Acquired: Present on Admission</p> <p>Dimensions: Length: 4.2cm Width 3.84cm Deepest Point 0.4cm</p> <p>Wound Bed: %Granulation 10%; % Slough 60%; % Eschar 30% .</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 08/18/2022
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 0686 Level of Harm - Actual harm Residents Affected - Few	<p>Periound: Edges - Epithelialization; Surrounding Tissue - Erythema; Induration - None Present; Edema - No swelling or edema; Change in Temperature (Degrees) - 0; Periound Temperature - Normal .</p> <p>Progress: Stable</p> <p>Notes: Wound bed with eschar and slough. Heavy serosanguineous drainage noted. Foul smell noted to wound bed. Wound care provided per order; resident tolerated well. Provider updated.</p> <p>It is important to note the following:</p> <p>R32's Physician Transfer Order Report, which includes a picture of R32's left posterior thigh, indicates under the picture: Large open wound, appears as this may have been a caused by traumatic injury. This is a typical for a pressure related injury. Measures 7.5cm x 7.5cm partial thickness wound. Further documentation notes: .Appraisal:</p> <p>-R32 with anasarca.</p> <p>-Wound to the posterior left upper posterior thigh appears as a possible skin tear with full flap loss. There is no surrounding tissue erythema and is a typical for pressure related injury .</p> <p>-Low air loss mattress in place d/t R32's low mobility status .</p> <p>Based on Surveyor review of wound care documentation and pictures (Best seen on June 22, 2022, documentation) provided by the facility, along with review of The Physician Transfer Report documentation, the body location appears to be the same posterior aspect of the left thigh versus the lateral thigh description given in facility wound evaluations.</p> <p>R32's Physician order, dated 6/6/22, includes in part: Left Posterior thigh. Cleanse wound with normal saline and gauze. Apply thin layer of Medihoney directly to wound bed. Use Mepilex sacral dressing .</p> <p>---Left Buttock</p> <p>Evaluated on 6/13/22</p> <p>#5 Abrasion</p> <p>Body Location: Left Buttock</p> <p>New - Minutes old</p> <p>Acquired: In-House Acquired</p> <p>Dimensions: Length: 2.8cm Width 2.8cm</p> <p>Wound Bed: %Granulation 100% .</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 08/18/2022
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 0686 Level of Harm - Actual harm Residents Affected - Few	<p>Periound: Edges - Attached; Surrounding Tissue - Erythema Fragile; Induration - None Present; Edema - No swelling or edema; Change in Temperature (Degrees) - 0; Periound Temperature - Normal .</p> <p>Progress: New</p> <p>Notes: Abrasion noted to left buttock. Open area with granulation tissue. Peri-wound very fragile, erythema noted, area non-blanchable. Wound cleansed with wound cleanser, pat dried. Covered with foam border. Provider updated.</p> <p>Evaluated on 6/15/22</p> <p>#5 Abrasion</p> <p>Body Location: Left Buttock</p> <p>Stable - 2 days old</p> <p>Acquired: In-House Acquired</p> <p>Dimensions: Length: 3.74cm Width 3.91cm</p> <p>Wound Bed: %Granulation 100% .Other - Pink or red .</p> <p>Periound: Edges - Attached; Surrounding Tissue - Erythema; Induration - None Present; Edema - No swelling or edema; Change in Temperature (Degrees) - 0; Periound Temperature - Normal .</p> <p>Progress: Stable</p> <p>Notes: Wound bed with granulation tissue. Peri-wound with erythema. Moderate amount of drainage noted. No s/s of infection. Wound care provided per order; resident tolerated it well.</p> <p>Education: Educated resident on the importance of repositioning every 2-3 hours to promote healing, resident verbalized an understanding .</p> <p>Evaluated on 6/22/22</p> <p>#5 Abrasion</p> <p>Body Location: Left Buttock</p> <p>Stable - 9 days old</p> <p>Acquired: In-House Acquired</p> <p>Dimensions: Length: 3.5cm Width 3.23cm</p> <p>Wound Bed: %Epithelial 10% .%Granulation 10% .%Slough 80% .Other - Pink or red .</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 08/18/2022
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 0686</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Periound: Edges - Epithelialization; Surrounding Tissue - Erythema; Induration - None Present; Edema - No swelling or edema; Change in Temperature (Degrees) - 0; Periound Temperature - Normal .</p> <p>Progress: Stable</p> <p>Notes: Wound bed with slough, granulation tissue and epithelial tissue. Moderate amount of serosanguineous drainage noted. No s/s of infection. Wound care provided per order; resident tolerated it well. Provider contacted with update on wound .</p> <p>Of note, a wound described as 80% slough, 10% Epithelial, and 10% Granulation, under current standards of practice, would be categorized, at a minimum, as a stage III PI.</p> <p>This would be considered a deterioration in this wound.</p> <p>It is important to note that on Surveyor review of the different wound evaluation pictures provided of Left Buttock, there are areas of dark purple discoloration noted to right and left buttock.</p> <p>---Right Buttock</p> <p>Evaluated on 6/13/22</p> <p>#6 Abrasion</p> <p>Body Location: Right Buttock</p> <p>New - Minutes old</p> <p>Acquired: In-House Acquired</p> <p>Dimensions: Length: 1.49cm Width 1.79cm Deepest Point 0cm</p> <p>Wound Bed: %Granulation 100% .Other - Pink or red.</p> <p>Periound: Edges - Attached; Surrounding Tissue - Erythema Fragile; Induration - None Present; Edema - No swelling or edema; Change in Temperature (Degrees) - 0; Periound Temperature - Normal.</p> <p>Progress: New</p> <p>Notes: Abrasion noted to right buttock. Open area with granulation tissue. Peri-wound with erythema, blistering and fragile skin. Small amount of serosanguineous drainage noted. No s/s of infection. Wound cleansed with wound cleanser, pat dry. Covered with foam border dressing. Provider updated.</p> <p>Of note, a wound described as 100% Granulation, under current standards of practice, would be categorized as a stage III PI.</p> <p>It is important to note that on Surveyor review of the picture provided for the 6/13/22 wound evaluation documentation, it appears there is an area dark purple/red discoloration noted on right buttock, sacral/coccyx area, and left buttock.</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 08/18/2022
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 0686 Level of Harm - Actual harm Residents Affected - Few	<p>Evaluated on 6/15/22</p> <p>#6 Abrasion</p> <p>Body Location: Right Buttock</p> <p>Deteriorating - 2 days old</p> <p>Acquired: In-House Acquired</p> <p>Dimensions: Length: 6.5cm Width 3.44cm Deepest Point 0.1cm</p> <p>Wound Bed: %Epithelial 40% .%Granulation 50% .%Slough 10% .Other - Pink or red .</p> <p>Peri wound: Edges - Attached; Surrounding Tissue - Blister Fragile; Induration - None Present; Edema - No swelling or edema; Change in Temperature (Degrees) - 0; Peri wound Temperature - Normal .</p> <p>Progress: Deteriorating</p> <p>Notes: No dressing in place upon assessment. New open areas noted to coccyx area, granulation tissue noted. Epithelial and granulation tissue noted to other areas. Peri wound with erythema, blister, and fragile skin. Moderate amount of serosanguineous drainage noted. No s/s of infection. Wound care provided per order; resident tolerated it well. Provider updated.</p> <p>It is important to note that on Surveyor review of the picture provided for the 6/15/22 wound evaluation documentation, it appears there is an area of slough on the coccyx area. There is also dark purple/red/black discoloration noted on right buttock and coccyx area. It is not clear if the measurements are for the entire area or just the open right buttock wound.</p> <p><b[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 08/18/2022
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 - 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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37091</p> <p>Based on observation, interview and record review, the facility did not ensure each resident receives adequate supervision and assistive devices for 1 of 2 residents (R20) reviewed for supervision and accidents out of a total sample of 18.</p> <p>R20 fell 10 times from 3/2/22 to 8/17/22 and fractured her nose and shoulder during two separate falls. Root cause analysis was not complete for each fall and R20 was not assessed for possible bladder and bowel changes as a potential root cause to the falls.</p> <p>Evidenced by:</p> <p>The facility's Fall Evaluation Safety Guideline dated 11/28/2017, includes:</p> <p>-Multiple Falls:</p> <p>*Trend falls for the resident-time of day, reason for fall location of fall, etc;</p> <p>*Refer to Therapy;</p> <p>*Restorative Nursing Programming.</p> <p>R20 was admitted to the facility on [DATE] with diagnoses that include respiratory failure, general muscle weakness, encephalopathy, polyneuropathy, osteoarthritis, history of falls and difficulty walking.</p> <p>R20's Care Plan documents:</p> <p>- Difficult breathing due to history of COVID 19 and respiratory failure;</p> <p>- Impaired visual function;</p> <p>-Bladder incontinence;</p> <p>-Communication problem related to encephalopathy;</p> <p>-Requires physical assistance of two staff to transfer;</p> <p>-Potential for constipation;</p> <p>-Risk for falls includes ensure footwear fits properly, non skid socks/footwear, anticipate and meet resident's needs.</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 08/18/2022
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 - Actual harm</p> <p>Residents Affected - Few</p>	<p>R20's MDS (Minimum Data Set) dated 6/2/22 measures R20's BIMS (Brief Interview for Mental Status) as 3 which is cognitively severely impaired. R20 requires limited assistance for bed mobility and transfers. She requires extensive assistance with toileting and scores occasionally incontinent for bladder and bowel.</p> <p>R20's Post Fall Evaluations include:</p> <p>-3/2/22 6:20 AM (Fall with major injury) On 3/2/22 at 6:20 AM, R20 was found on the floor of her room with a bloody nose. The fall incident report indicated R20 was wearing gripper socks at the time of the fall. The Root Cause analysis indicated R20 has history of forgetfulness and did not ask for assistance to get out of bed. Resident was attempting to self transfer. The Intervention for the fall was leave the resident's door open, make sure the floor mat is on floor by her bed and keep bed in low position. Hospital radiology report dated 3/2/22, documents R20 has bilateral comminuted nasal bone fractures with slight displacement. There also seems to be a minimally displaced fracture of the ossified anterior cartilaginous nasal septum.</p> <p>On 8/18/22 at 1:00 PM, Surveyor spoke with LPN D (Licensed Practical Nurse). LPN D said he did not know what the root cause of the fall was; he found her on the floor with a bloody nose and sent her out. LPN D said the fall committee does the fall interventions.</p> <p>-4/3/22 6: 15 AM-fell on her buttocks-no injury. No Root Cause defined. The Intervention for the fall was keep wheelchair at bedside.</p> <p>-4/9/22-7:00 AM (Injury)-no description of how resident found-no Root Cause defined-R20 had a scalp laceration on left temporal side of head 1.5 centimeters-The Intervention for the fall was mat to floor, door open, wheelchair away from bed (out of reach), call bell within reach and educate on using call bell with every interaction.</p> <p>Note, R20 has cognitive impairment with a BIMS of 3; educating R20 would not be an effective intervention.</p> <p>-5/12/22 2:00 PM-Found resident on floor-wedged between the bed and her wheelchair-Root Cause -is resident may have attempted to transfer and slipped to the floor-and wheel chair may not have been locked-stated she hit the floor with her head but there was no bump or bruise-after neurological check she was lifted back to bed with a hooyer lift-The Intervention for the fall was mat, call bed instruction and keeping wheelchair out of sight initiated.</p> <p>-5/23/22-9:45 AM-Found resident lying on floor trying to get up-lying in her room between her bed and wheelchair-no injury-Root Cause- is it appears resident may have attempted to self transfer-the Intervention for the fall was discussed relocating resident closer to nurses station-all other fall interventions 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 08/18/2022
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 - Actual harm</p> <p>Residents Affected - Few</p>	<p>-6/5/22 4:00 AM-(Fall with major injury)-nurse heard noise-resident was sitting in bathroom floor leaning to the left holding her shoulder-unsupervised fall-skin tear to back upper deltoid-assisted resident to wheelchair-ice applied to (guarded area) left shoulder-Hospice, physician and son notified and sent to emergency room -interventions in place-Root Cause -is resident self ambulated to bathroom, did not call for assistance, may be used to getting up early or needed to use the restroom, poor safety awareness-no new Interventions put in place.The hospital radiology report dated 6/5/22 documents R20 had a comminuted fracture involving the surgical neck of the left proximal humerus with posterior angulation of the humeral head with respect to the humeral shaft.</p> <p>On 8/18/22 at 2:00 PM, Surveyor spoke with RN C (Registered Nurse). RN C said she thinks R20 was in the wheelchair and going to the bathroom. RN C did not know the root cause of the fall</p> <p>-7/6/22 5:00 PM-Found on floor on mat beside bed-resident said she was trying to get out of bed-small skin tear to lower leg-Root Cause -is resident attempted to self transfer-resident unable to state why she was trying to get out of bed-it was around dinner time, resident may have been hungry-bed remains in lowest position with fall mat-and call light in place;</p> <p>-7/25/22 8:05 AM-Found on floor at bedside-resident said she was trying to go to the bathroom, crawled/rolled out of bed-Root Cause - it appears resident rolled out of bed-resident stated she needed to use the restroom-resident unable to use call call related to dementia.</p> <p>-8/10/22 3:00 PM-(Injury)-Nurse summoned to resident's room-received report resident had fallen and head was bleeding-sent to emergency room for evaluation-Root Cause-resident appears to have dozed off in her chair and fallen forward-no new Interventions put in place;</p> <p>-8/17/22 4:49 PM-(Injury)-Found in front of her wheelchair lying on the floor on her left side-new laceration of scalp and opening of old laceration of scalp.</p> <p>It's important to note the facility did not have the resident on a toileting program, did not assess her bowel and bladder status with a bowel and bladder diary and did not have the resident on a restorative nursing program to help prevent falls.</p> <p>On 8/18/22 at 2:30 PM, Surveyor spoke to HA E (Hospice Aide). HA E said she always toilets R20 when she is here and does not resist to be toileted. HA E said R20 should be toileted regularly.</p> <p>On 8/18/22 at 2:45 PM, Surveyor spoke to CNA F (Certified Nurse Assistant). CNA F said she offers to toilet R20, but R20 will say no. Surveyor asked CNA F if R20 understands her when she verbally offers R20 to go to the bathroom. CNA F said she was not sure.</p> <p>On 8/18/22 at 3:00 PM, Surveyor spoke to DON B (Director of Nursing). DON B said R20 has many interventions in place and that R20 is very independent. DON B said they have not completed a bowel and bladder diary. DON B said she completes the root cause analysis of each fall. DON B said the root cause analysis and intervention for R20's fall on 8/17/22 has not been completed yet. DON B said they have tried the intervention of toileting R20 every two hours, and that intervention agitated her. Surveyor asked for documentation about R20 being toileted every two and how it agitated her. Surveyor has not received any documentation on the intervention of toileting R20 every two hours and that it agitated her.</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 08/18/2022
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 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36253</p> <p>Based on interview, and record review, the facility did not ensure residents with urinary catheters received appropriate treatment and services to prevent urinary tract infections for 1 of 2 residents reviewed for urinary catheters of a total sample of 17 (R69).</p> <p>R69 has an order for catheter change that does not follow current standards of practice.</p> <p>Findings include:</p> <p>The facility's Urinary Indwelling Catheter Management Guideline, dated 11/28/17 states, Changing indwelling catheters and drainage bags at routine or fixed intervals is not recommended. Rather, catheters and drainage bags should be changed based on clinical indications such as: infection, obstruction and when the closed system is compromised.</p> <p>According to the CDC (Centers for Disease Control), with a revision date of 10/24/16 includes, in part: Changing indwelling catheters or drainage bags at routine, fixed intervals is not recommended. Rather, it is suggested to change catheters and drainage bags based on clinical indications such as infection, obstruction, or when the closed system is compromised.</p> <p>R69 was admitted to the facility on [DATE] and has diagnoses that include benign prostatic hyperplasia without lower urinary tract symptoms and neuromuscular dysfunction of bladder. R69 was admitted to the hospital on 5/25/22 and discharged back to the facility on [DATE] with a discharge diagnosis of sepsis from a urinary source and Citrobacter urinary tract infection pseudomonas bacteremia.</p> <p>On 5/31/22, R69's physician placed an order for his catheter to be changed every 30 days. Hospital discharge records and facility records, including R69's TAR (Treatment Administration Record), indicate R69's catheter was changed on 5/25/22 in the ER (emergency room). R69's TAR shows his catheter was again changed on 6/1/22 and 7/1/22 as part of the orders for monthly catheter changes. Additionally, R69's catheter was changed on 7/11/22 as part of an order to collect urine as part of a urinalysis. R69 refused the catheter change on 7/31/22.</p> <p>On 8/18/22 at 3:33 PM, Surveyor interviewed DON B (Director of Nursing). DON B stated the doctor that wrote the order for R69's monthly catheter changes is not a urologist and that R69 had not wanted to see urology despite the hospital recommending he do so.</p> <p>The facility is not following current standards of practice for catheter changes which may put residents at greater risk for urinary tract infections.</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 08/18/2022
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 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident's drug regimen must be free from unnecessary drugs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36253</p> <p>Based on interview and record review, the facility did not ensure each resident's drug regimen was free from unnecessary drugs for 1 of 18 residents reviewed for medications (R69).</p> <p>R69 was prescribed an antibiotic that was susceptible to bacteria.</p> <p>Findings include</p> <p>R69 was admitted to the facility on [DATE] and has diagnoses that include benign prostatic hyperplasia without lower urinary tract symptoms and neuromuscular dysfunction of bladder. R69 was admitted to the hospital on 5/25/22 and discharged back to the facility on [DATE] with a discharge diagnosis of sepsis from a urinary source and Citrobacter urinary tract infection pseudomonas bacteremia. The hospital discharge includes lab results from a blood culture resulting in pseudomonas aeruginosa and the following susceptibility report shows Ciprofloxacin to be resistant.</p> <p>The physician wrote the following in R69's hospital discharge note:</p> <p>Urine culture speciated Citrobacter and blood cultures speciated Pseudomonas, Cefepime was continued to treat both infections and converted to Cipro on discharge to complete total of 10-day course.</p> <p>Facility documentation shows R69 took Ciprofloxacin in the facility twice on 6/1/22, twice on 6/2/22 and once on 6/3/22.</p> <p>On 8/18/22 at 4:02 PM, Surveyor interviewed DON B (Director of Nursing) who stated that R69 was started on Ciprofloxacin at the hospital and was not sure why he was still taking the antibiotic at the facility. DON B stated, I don't look through everyone's chart when they come back.</p> <p>The facility provided a urinalysis from R69's hospital stay, however, after repeated requests, did not provide the culture and sensitivity from that urinalysis.</p> <p>R69 received an antibiotic which was resistant to the cultured bacteria.</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 08/18/2022
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 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure medication error rates are not 5 percent or greater.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42038</p> <p>Based on observation, interview, and record review, the facility did not ensure it was free of medication error rates of 5% or greater. There were 3 errors in 26 opportunities that affected 1 resident (R28) out of a sample of 6 residents observed for medication administration. This results in an error rate of 11.54%.</p> <p>R28 received Brimonidine Tartrate Solution 0.2%, Prednisolone Acetate Suspension 1%, and Timolol Maleate Solution 0.5% after the bottle had been opened for greater than 28 days.</p> <p>This is evidenced by:</p> <p>The facility's policy titled, 5.3 Storage and Expiration Dating of Medications, Biologicals, Syringes, and Needles, last revised on 10/28/19 states in part, .5.4 When ophthalmic solutions and suspensions are opened the bottle should be dated and discarded within 28 days unless the manufacturer specifies a different (shorter or longer) date for that opened bottle .</p> <p>R28 was admitted to the facility on [DATE] with diagnose that include Chronic Obstructive Pulmonary Disease (COPD), Type 2 Diabetes Mellitus, Dry eye syndrome, and Glaucoma. R28 was admitted with orders for the following medications for Glaucoma: Brimonidine Tartrate Solution 0.2% instill 1 drop in left eye TID (three times per day), Prednisolone Acetate Suspension 1% instill 1 drop in left eye TID (three times per day), Timolol Maleate Solution 0.5% instill 1 drop in left eye TID (three times per day), and Dorzolamide HCl Solution 2% instill 1 drop in left eye TID (three times per day).</p> <p>On 8/15/22 at 11:38 AM, Surveyor observed RN G (Registered Nurse) administer medications to R28. RN G administered Brimonidine Tartrate Solution 0.2%, Prednisolone Acetate Suspension 1%, and Timolol Maleate Solution 0.5% per physician's orders. Upon review of the medication bottles, Surveyor notes that there is not an open date on any of the eye drop bottles, and that the date on the container from the pharmacy is 7/1/22.</p> <p>On 8/15/22 at 12:10 PM, Surveyor interviewed RN G. Surveyor asked RN G how long eye drops are good for after they have been opened, RN G stated that she was pretty sure they were good for 30 days. Surveyor asked RN G if she could find the open dates on the eye drop bottles, RN G stated that there was not a date written on the bottles. Surveyor asked RN G to look at the date from the pharmacy, RN G stated July 1, 2022. Surveyor asked RN G if July 1 is greater than 30 days, RN G stated yes.</p> <p>On 8/15/22 at 12:20 PM, Surveyor interviewed DON B (Director of Nursing). Surveyor requested the facility's policy for eye drops and asked DON B how long eye drops are good for once they are opened, DON B stated that their policy does not state how long eye drops are good for once opened and they go by the manufacturer's expiration date.</p> <p>On 8/17/22 at 1:35 PM, DON B brought in the policy for Storage and Expiration Dating . and reported to Surveyor that she had found the policy and it says that they are good for 28 days.</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 08/18/2022
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 - Minimal harm or potential for actual harm Residents Affected - Many	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>36253</p> <p>Based on observation and interview, the facility did not store, prepare, distribute and serve food in accordance with professional standards for food service safety. This has the potential to affect all 69 residents.</p> <p>The facility dishwasher was not being operated correctly.</p> <p>Dirty utensils were being employed during mealtime.</p> <p>Staff was observed serving food without a beard net.</p> <p>Food items were undated and improperly stored.</p> <p>Surveyor observed food items opened and being served to residents with no open dates.</p> <p>Findings include</p> <p>Example 1</p> <p>The facility uses the FDA (Food and Drug Administration) Food Code as general standards of practice.</p> <p>The 2017 FDA Food Code states, under 4-501.110 titled Mechanical Warewashing Equipment, Wash Solution Temperature, that (B) The temperature of the wash solution in spray-type ware washers that use chemicals to SANITIZE may not be less than</p> <p>49 degrees Celsius or 120 degrees Fahrenheit.</p> <p>The facility employs a low temperature, sanitizing dishwasher in the main kitchen. Posted on the wall near the dishwasher a sign states that staff must run the dishwasher until the temperature gauge reaches a temperature of 120 degrees Fahrenheit. The sign also states to notify the manager if the temperature is not reaching 120 degrees Fahrenheit.</p> <p>On 8/16/22 at 11:01 AM, Surveyor observed staff washing dishes using the facility kitchen's dishwasher. Surveyor observed DA L (Dietary Aide) put 4 separate loads of dishes through the dishwasher in a span of 15 minutes. None of the loads reached a temperature higher than 115 degrees Fahrenheit, as displayed by the temperature gauge on the dishwasher. DA L stated to Surveyor that he does not document the temperature of the dishwasher, and has never tested the PPM (Parts Per Million) of the sanitizing agent in the dishwasher. Surveyor then notified DM M (Dietary Manager). DM M returned with Surveyor while dishwashing was continuing and observed the temperature gauge on the dishwasher still not reading 120 degrees Fahrenheit. DM M, who is a manager-in-training, stated the facility was working to get all staff the training necessary to run the dishwasher.</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 08/18/2022
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 - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Example 2</p> <p>On 8/15/22 at 1:18 PM, Surveyor observed DM M using utensils from a bin that was meant to be clean. The bin sits near the three compartment sink. Staff take recently washed dishes and place them in the bin to dry. Surveyor observed the inside of the bin and found it to be full of water with numerous food particles, there was various chunks of food and grime on the bin, discolored liquid and a ripped piece of a blue latex glove. DM M stated that those bins were, in fact, clean bins. DM M also stated to Surveyor that they did not appear to be clean at this point.</p> <p>Example 3</p> <p>On 8/18/22 at 8:55 AM, Surveyor observed DM M in the kitchen plating food for breakfast. DM M was scooping numerous items of food from a steam table. DM M has a visibly long beard and was not wearing a beard net.</p> <p>Example 4</p> <p>On 8/15/22 at 10:43 AM, Surveyor observed, on initial tour of the kitchen, an opened bag of spaghetti with no date, 1 bag of penne with no date and a brown, shipping-like cardboard box of loose lasagna noodles, not in a bag. DM M stated the lasagna noodles should be in a bag and must have been removed. At 10:56 AM, Surveyor observed individual containers of Rice Krispies, corn flakes, frosted flakes and raisin bran with scoops sitting inside the containers. DM M stated the scoops should not be in the containers due to potential cross contamination.</p> <p>39849</p> <p>Example 5</p> <p>The Facility's policy titled, Quick Resource Tool QRT Food Storage, with an issued date of 9/1/21, that indicates, in part:</p> <p>Standard: All dry goods will be appropriately stored in accordance with the FDA Food Code. All Time/Temperature Control for Safety (TCS) foods, frozen and refrigerated, will be appropriately stored in accordance with guidelines of the FDA Food Code.</p> <p>Guidelines:</p> <p>5. All foods will be stored wrapped or in covered containers, labeled and dated, and arranged in a manner to prevent cross contamination .</p> <p>The FDA food code section 3-501.17 indicates, in part:</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 08/18/2022
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 - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Ready-to-Eat, Time/Temperature Control for Safety Food, Date Marking. (A) Except when PACKAGING FOOD using a REDUCED OXYGEN PACKAGING method as specified under S 3-502.12, and except as specified in (E) and (F) of this section, refrigerated, READY-TOEAT, TIME/TEMPERATURE CONTROL FOR SAFETY FOOD prepared and held in a FOOD ESTABLISHMENT for more than 24 hours shall be clearly marked to indicate the date or day by which the FOOD shall be consumed on the PREMISES, sold, or discarded when held at a temperature of 5 C (41 F) or less for a maximum of 7 days. The day of preparation shall be counted as Day 1 .</p> <p>On 8/15/22 at 12:41 PM, Surveyor interviewed CNA T and asked what the process was for the beverage carts that are in the halls. CNA T indicated; the kitchen brings the drink carts filled to the units. Surveyor observed beverages in different tubs filled with ice. A container of thickened orange juice with no lid and no open date was present on the cart and a gold cloth was covering the top touching the rim of the opening. A container of thickened lemon water and milk were also observed on the cart with no open dates. Surveyor asked CNA T what training she had been provided on dating of open containers. CNA T indicated she had not been trained to put dates on the containers once they are open. Surveyor asked CNA T how she knows how long the thickened liquids are good for if there is no open date. CNA T indicated she uses the manufacturer's expiration date. Surveyor asked CNA T how long milk is good for once it is opened. CNA T indicated, I think 3 or 4 days. Surveyor asked CNA T if there should be an open date on the milk. CNA T indicated, yes, probably. Surveyor asked CNA T if there is no open date on the milk, how do you know it is still good to use. CNA T indicated; the kitchen wouldn't put it on there if it wasn't good.</p> <p>On 8/15/22 at 1:03PM, Surveyor interviewed RN U regarding the beverage cart on the PC hall. Surveyor observed no open date on the milk and thickened orange juice. Surveyor asked RN U how long the thickened orange juice and milk are good for once opened. RN U noted the side of the thickened liquid box states good for 7 days after opening if refrigerated and that she was unsure how long the milk was good for once opened.</p> <p>On 8/15/22 at 1:08PM, Surveyor interviewed CNA V what the process is for dating items on the beverage cart. CNA V indicated; I do not know. Surveyor asked CNA V, how she knows if the beverages are ok to be served. CNA V indicated, because the kitchen put them on there and I trust that they put on good stuff. Surveyor asked CNA V what the expiration date was on the prune juice currently on the beverage cart. CNA V indicated, That it ain't no good and noted an expiration date of 6/23/22.</p> <p>On 8/16/22 at 1:13PM Surveyor interviewed CNA W about the beverage cart on the PC unit and asked if the thickened apple juice and thickened lemon water should have open dates. CNA W indicated, I can't say for sure, just use manufacturer's date. Surveyor asked CNA W if that is what he goes by to know if the product is ok to serve. CNA W indicated, yes, I think so.</p> <p>Surveyor asked CNA W if there should be an open date on the milk. CNA W indicated; the milk was opened this morning. Surveyor asked how he knew this. CNA W indicated; I think I did it. Surveyor asked CNA W if he has been given any training on writing open dates on containers. CNA D indicated, no.</p> <p>On 8/16/22 at 1:20PM, Surveyor interviewed DA X (Dietary Aide) and asked what the process is for filling the beverage carts that go out to the resident units. DA X indicated the following: they already have condiments on them. In the morning it is apple juice, orange juice, and cranberry juice in pitchers. Thickener, milk, prune juice, put two coffees on, one reg and one decaf, then go to the ice machine and fill the buckets they are in with ice and leave them covered in halls.</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 08/18/2022
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 - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Surveyor asked DA X what the process is for dating the containers on the beverage carts. DA X indicated, we've never been told to date, so I haven't been dating. Surveyor asked DA S; how do you know if they are good if there are no dates. DA X indicated; they have dates on them don't they. Surveyor asked DA X if he was referring to the manufacturer's date and asked if that is what he uses. DA X indicated, yes. Surveyor asked DA X if he knew how long the milk is good for once it is opened. DA X indicated, no, I don't.</p> <p>On 8/17/22 at 10:28AM Surveyor interviewed DM M (Dietary Manager) and asked what the expectation is for the beverage carts that go out to the units for meals. DM M indicated,</p> <p>they should all be full: thickened liquids, juices, condiments; and then in the nourishment room scoop the ice over juice and milk while it's on the unit; and place a cover over it.</p> <p>Surveyor asked DM M if all the beverages should be dated and what the facility dating policy is. DM M indicated, for the milk, the date it's open should be written on it. Surveyor asked DM M, how long the milk is good for once it is opened. DM M indicated, it is posted on all of the coolers, and he would have to look. Surveyor asked DM M if thickened should be dated. DM M indicated, yes, I will usually pull them out of the box and put the received on date; then they should be labeled when opened as well; they should be good for 5 days from opening.</p> <p>Surveyor asked DM M who should be dating the beverages. DM M indicated the Dietary Aide that opens them.</p> <p>DM M obtained information on how long milk is good for once opened and indicated to surveyor it is good until the manufacturer's expiration date. Surveyor asked DM M what standard of practice they use for dating. DM M indicated, I don't know, this is day 5 of employment.</p> <p>DM M indicated, his RCD Y (Regional Culinary Director) was in the facility and asked to have him join the interview.</p> <p>On 8/17/22 at 10:36AM RCD Y joined the interview. Surveyor asked RCD Y what standard they follow for dating. RCD Y indicated they follow state regulations and the US Food Code. Surveyor asked RCD Y how long milk is good for after opening. RCD Y indicated it is good until the manufacturer's expiration date. Surveyor asked RCD Y, who is responsible for training the staff on dating beverages. RCD Y indicated, both DM M and I. Reviewed observations of undated beverages on unit beverage carts and asked RCD Y if the items should have contained open dates. RCD Y indicated, yes. Surveyor reviewed observation of the thickened liquid with no lid and sitting open on the cart with cover touching rim and asked what should have happen with that item. RCD Y indicated, it should have been thrown and should not have gone out open.</p>		