

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525498	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/25/2022
NAME OF PROVIDER OR SUPPLIER Waterfall Health of Brown Deer		STREET ADDRESS, CITY, STATE, ZIP CODE 7500 W Dean Rd Milwaukee, WI 53223	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0563</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Honor the resident's right to receive visitors of his or her choosing, at the time of his or her choosing.</p> <p>36161</p> <p>Based on interview and record review, the facility did not ensure the resident's right to receive visitors of his or her choosing at the time of his or her choosing, and in a manner that does not impose on the rights of another resident. This deficient practice has the potential to affect all 72 residents residing in the facility at the time of this survey.</p> <p>The facility did not expand their visitation guidelines to allow private and uninterrupted visits according to current standards of practice and visit recommendations outlined in the Centers for Medicare & Medicaid Services (CMS) QSO-20-39-NH memo Nursing Home Visitation-COVID revised on 11/12/21.</p> <p>This is evidenced by:</p> <p>The CMS QSO-20-39-NH memo (dated 9/17/20 and revised 11/12/21) states, in part: .Facilities must allow indoor visitation at all times and for all residents as permitted under the regulations. While previously acceptable during the PHE (public health emergency), facilities can no longer limit the frequency and length of visits for residents, the number of visitors, or require advance scheduling of visits Facilities shall not restrict visitation without a reasonable clinical or safety cause, consistent with 42 CFR S 483.10(f)(4)(v). In previous nursing home visitation guidance during the PHE, CMS outlined some scenarios related to COVID-19 (Coronavirus 2019) that would constitute a clinical or safety reason for limited visitation. However, there are no longer scenarios related to COVID-19 where visitation should be limited, except for certain situations when the visit is limited to being conducted in the resident's room or the rare event that visitation is limited to compassionate care. Therefore, a nursing home must facilitate in-person visitation consistent with the applicable CMS regulations, which can be done by applying the guidance stated above.</p> <p>The facility's policy, dated as last revised on 10/20/21 and titled Visitation, documents: 6. Visitation may occur in the following locations: a. Resident room (no roommates); b. Multipurpose rooms; c. Designated visitation rooms; d. Outdoors.</p> <p>On 1/10/22, the facility's visitation policy only allowing visitation with residents in multipurpose rooms and not in residents' rooms was brought to surveyor's attention.</p> <p>(continued on next page)</p>

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0563</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On 1/11/22 at 2:29 p.m., Surveyor asked Assistant Administrator-C if the facility was allowing visitation of residents in their room. Assistant Administrator-C informed Surveyor that the facility was allowing visitation of residents but only in the common areas or multipurpose rooms. Assistant Administrator-C informed Surveyor that the receptionist is in charge of screening visitors into the facility and that the facility had trained everyone on 11/8/21 regarding the facility's visitation policy.</p> <p>Surveyor asked Assistant Administrator-C if she was aware of Centers for Medicare & Medicaid Services (CMS) QSO-20-39-NH memo Nursing Home Visitation-COVID revised on 11/12/21, which stated that resident visitation was now allowed in residents' rooms. Assistant Administrator-C informed Surveyor that she was not aware but that she would review the memo and let NHA (Nursing Home Administrator)-A know.</p> <p>On 1/11/22 at 3:03 p.m., Surveyor interviewed Receptionist-CC regarding the facility's visitation policy. Surveyor asked Receptionist-CC if the facility allowed visitors to visit residents in the room. Receptionist-CC informed Surveyor that she was in charge of screening all facility visitors and that she was directed to allow visits only in the common or multipurpose room and not resident rooms. Surveyor asked Receptionist-CC if she had been updated on any changes to the visitation policy recently. Receptionist-CC informed Surveyor that she had not been updated on any changes to the facility's visitation policy recently.</p> <p>On 1/12/22 at 3:03 p.m., during the daily exit conference, Surveyor informed NHA-A and DON (Director of Nursing)-B of the above findings.</p> <p>On 1/13/22 at 2:38 p.m., Surveyor asked NHA-A if the facility had changed their visitation policy to now allow visitation in resident rooms. NHA-A informed Surveyor that the facility had not made any changes to their visitation policy yet and that she (NHA-A) was still in the process of reviewing the CMS memo listed above.</p> <p>No additional information was provided as to why the facility did not ensure the resident's right to receive visitors in their room.</p>		

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<p>F 0580</p> <p>Level of Harm - Minimal harm or potential for 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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 20483</p> <p>Based on interview and record review the Facility did not ensure 1 (R42) of 3 Residents reviewed for notification, that the Physician/NP (nurse practitioner) & resident's representatives were notified of changes.</p> <p>R42 sustained two falls on the evening of 1/11/22. The second fall on 1/11/22 (time unknown) was not assessed until the next day on 1/12/22 when it was noted R42's knee was swollen.</p> <p>There is no evidence R42's guardian was notified & R42's Physician/NP was consulted with for second fall where injury was noted the following day. The Facility did not consult with R42's nurse practitioner until 1/12/22 when R42's left knee was swollen, painful, and R42 was transferred to the ER (emergency room) for evaluation. R42's guardian was not notified of one of the falls on 1/11/22 until 1/12/22.</p> <p>Findings include:</p> <p>The Fall Management Specific Responsibilities policy not dated under the section Fall Occurrence at the Facility for staff nurse documents;</p> <ol style="list-style-type: none"> Once the resident is secure and stable, begin notifications and investigation. and Notify the resident's physician, family, and nurse supervisor. <p>R42 was admitted to the facility on [DATE]. Diagnoses includes fracture of left femur, hypertension, schizophrenia, anxiety disorder, and depressive disorder. R42 has a court appointed guardian.</p> <p>The nurses note dated 1/11/22 at 7:30 a.m. documents Resident sustained fall from bed r/t (related to) unassisted transfer, Assisted to bed with Hoyer, VSS (vital signs stable), No apparent injury.</p> <p>The incident report dated 1/12/22 at 7:30 p.m. under incident description for Nursing Description documents CNA alerted nurse that she was walking down hall past [R42] room, she heard [R42] call out. On entering the room, it was noted that [R42] was sitting on the floor next to bed, with bedding entangled around lower body. Nurse & other CNA entered room, Physical assessment completed with no apparent injuries noted, Resident was assisted from floor with Hoyer lift and returned to bed w/o incident. For resident description documents I slid out of bed. Under the section Agencies/People Notified indicates R42's guardian was notified on 1/12/22 at 8:01 a.m. and the physician was notified on 1/12/22 at 8:30 a.m.</p> <p>(continued on next page)</p>		

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<p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The nurses note dated 1/12/22 documents Writer was just notified at 0813 (8:13 a.m.) by CNA staff on duty that [R42] had 2 falls yesterday on evening shift. Facility administrator present for conversation and updated facility Director of Nursing (DON). Per recommendation DON wants Resident to be sent out to ER immediately. Upon writers assessment, Resident left knee is visibly swollen in comparison to the right knee. It is warm to touch. Resident c/o pain to the area a 5/10 on numerical pain scale. Writer will complete proper paperwork, contact the family and MD/NP and send Resident to [name of hospital] ER.</p> <p>The NP (nurse practitioner) note dated 1/12/22 documents This morning RN notified that patient had 2 falls yesterday on the evening shift. Patient is complaining of pain in the left knee. Unable to x-ray in facility thus facility wants to send resident to ER for evaluation. Patient is sitting in her wheelchair rubbing her left knee She reports tenderness at the 3 o'clock position. She denies chest pain shortness of breath nausea vomiting fever chills.</p> <p>On 1/25/22 at 11:03 a.m. Surveyor informed DON-B according to the nurses note dated 1/12/22 R42 sustained two falls on 1/11/22 during the evening shift. Surveyor informed DON-B there is an incident report dated 1/12/22 and inquired if this date is correct. DON-B informed Surveyor the incident report has the wrong date and should have been dated 1/11. Surveyor noted R42's guardian and physician were notified of a fall on 1/12/22. Surveyor informed DON-B there is no evidence R42's physician/NP was consulted with for the second fall she sustained during the evening shift on 1/11/22. There is no evidence R42's guardian was notified of the second fall on 1/11/22. DON-B informed Surveyor she can't say whether they were or were not contacted as LPN-GG did not document. DON-B informed Surveyor she attempted to contact LPN (Licensed Practical Nurse)-GG, who was on duty during the evening shift on 1/11/22, multiple times but LPN-GG did not respond until 1/13/22. DON-B informed Surveyor she did not receive a telephone call regarding R42's fall and found out by Restorative Nurse/LPN-D who was informed by a CNA (Certified Nursing Assistant). DON-B informed Surveyor R42's knees are always swollen, has a history of self transfer with injury and stated with [name of resident] I always want her to go out.</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>03359</p> <p>Based on observation, record review and interview the facility did not provide an orderly environment for 2 (R1 and R3) of 8 sampled residents.</p> <p>Findings include:</p> <p>1. According to R3's quarterly Minimum Data Set, completed on 10/12/21, R3 is cognitively intact.</p> <p>On 1/12/22, R3 asked the surveyor to look at her outlet on the wall. R3 said that she was concerned because there was a hole immediately below/adjacent to the bottom of the outlet. R3 said that it appeared the outlet was unsafe. R3 said that she had informed the facility that the area needed to be repaired.</p> <p>Upon observation, it was confirmed that there was a hole beneath the outlet. It appeared that a repair had been attempted with some type of mesh; but a hole remained. The wall also contained multiple gouges that exposed the dry wall. The room did not look orderly.</p> <p>2. According to R1's quarterly Minimum Data Set, completed on 12/29/21, R1 is cognitively intact.</p> <p>On 1/11/22 R1's room was observed. The wall beneath the TV is badly damaged at the corner. The corner is not covered by drywall and a 3-foot metal corner piece is exposed and twisted. The baseboard is falling off of the wall where the two corners meet. This wall had multiple gouges, exposing the drywall.</p> <p>The wall adjacent to the door has a 3 foot gouge exposing the dry wall. R1's electric wheelchair is parked next to the wall and appears to be causing the gouges.</p> <p>On 11/12/22 R1 was interviewed at 9:15 am and indicated that the walls in her room should be repaired.</p> <p>On 11/12/22 at 3 PM, the preceding information was shared with Nursing Home Administrator - A and Director of Nursing - B. No additional information was provided to the survey team.</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<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** 03359</p> <p>Based on interview and record review, 6 of 8 sampled residents (R1, R3, R5, R2, R6, and R8) who were dependent on staff for ADLs (Activities of Daily Living) were not provided the necessary services to maintain good grooming and personal hygiene.</p> <p>R1 was not provided with showers and was not assisted out of bed.</p> <p>R3 was not changed when incontinent.</p> <p>R5, R2 and R6 were not provided with showers.</p> <p>R8 was not provided with showers and was not toileted.</p> <p>Findings include:</p> <p>1. R1 has a diagnosis of Multiple Sclerosis. An Admission Minimum Data Set was completed on 7/13/21 and contained the following information; R1 is cognitively intact. R1 requires extensive assistance from 2 staff persons for both her bed mobility and transfers. R1 requires physical help from 1 staff person for bathing. When asked her preference to choose between a tub bath, shower, bed bath, or sponge bath; R1 noted this was very important.</p> <p>R1 has an ADL (Activities of Daily Living) care plan, dated 7/9/21 that indicates she requires a Hoyer Lift and the assistance of two staff for transfers. R1's current care plan (reviewed 1/12/22) does not address R1's bathing needs.</p> <p>On 1/12/22 at 9:15 am, R1 was interviewed and said that she was not always gotten out of bed and did not receive her showers. On 12/26/21, 1/1/22, 1/2/22, staff told R1 that there was insufficient staff and so she could not be transferred out of bed. R1 was told by staff that there was a problem with the Hoyer Lift and that was why she was not transferred out of bed from 1/4 - 1/9/22. R1 said that she was gotten out of bed on 1/10/22 when the state agency was at the facility. R1 said that she was frustrated that she could not get out of bed on those days, because she was unable to access her personal snacks and water.</p> <p>R1 also reported that her regular shower days are on Monday and Thursday. R1 said that she did not receive a shower the week of 1/2 - 1/8/21. R1 said that she received only a bed bath on Thursday January 6th, which was her scheduled shower day.</p> <p>R1's transfer record, which documented the level of assistance required by R1, was not completed on: 12/26/21, 1/2/22, and 1/4 - 1/8/22. The transfer record indicated that R1 required limited assistance on 1/1/22. On 1/9/22, Not Applicable was checked.</p> <p>R1's bathing record was reviewed. The last documentation was completed on 12/31/21. There was no record of R1 receiving a shower from 1/1 - 1/8/21.</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 1/12/22 at 1:15 PM, Director of Facilities (DOF) - DD was interviewed. DOF - DD said that he was unaware of any problems with the Hoyer lift the week of 1/4 - 1/9/22. DOF - DD said that Maintenance Tech (MT) - EE might have additional information.</p> <p>On 1/12/22 at 1:25 PM, MT - EE was interviewed and said that on 1/7/22 he had been made aware of a problem with the Hoyer Lifts. MT - EE said that 2 of the Hoyer Lifts had not been charged by staff. MT - EE was not informed that residents could not get out of bed that day; nor had he been told that there was a problem with the Hoyer Lifts earlier that week.</p> <p>On 1/12/22 at 3 PM, the preceding information was shared with Nursing Home Administrator (NHA) - A and Director of Nursing (DON) - B. NHA - A and DON - B were asked to provide information to show that R1 had been transferred out of bed and provided with showers. No additional information was provided as to why R1 was not transferred out of bed and did not receive showers in order to maintain good grooming and personal hygiene on the above dates.</p> <p>2. R3 has a diagnosis of Sickle Cell Anemia. An Annual Minimum Data Set was completed on 1/11/21 and contained the following information; R3 is cognitively intact. R3 requires extensive assistance from 2 staff persons for her bed mobility, transfers and toileting. R3 is noted to always be incontinent of bowel and bladder.</p> <p>R3 has an incontinence care plan, dated 4/28/19 that indicates she requires total assistance of 1 staff person for incontinence care. The intervention is to provide incontinence care after each incontinent episode.</p> <p>On 1/12/22 at 8:15 am, R3 was interviewed. R3 said that on 1/11/22 she was incontinent of urine at 3:30 PM. Although she had put on her call light; R3 reported that she was not changed until after 7 PM and that her bottom was burning at the time. R3 said that there was only 1 CNA on the unit on the PM Shift and that is why she had to wait to get changed. R3 said that there are times on the Night Shift when she is incontinent of urine and the Night Shift staff do not change her.</p> <p>On 1/12/22 at 8:20, CNA - FF was interviewed. CNA - FF said that she regularly provides care to R3 on the Day Shift. CNA - FF said that some days when she comes to work it appears that R3 had not been changed on the Night Shift. R3 will be wet, the bed will be wet, and at times she is incontinent of stool. CNA - FF said that she did not complain to the facility that R3 was not being changed on the Night Shift because she knew there was a staffing problem on the Night Shift.</p> <p>On 1/12/22 at 3 PM, the preceding information was shared with Nursing Home Administrator (NHA) - A and Director of Nursing (DON) - B. NHA - A and DON - B were asked to provide information to show that R3 had been provided timely care when she was incontinent. No additional information was provided as to why R3 was not provided care in order to maintain good grooming and personal hygiene on the above date.</p> <p>20483</p> <p>3. R5's diagnoses includes paraplegia, depressive disorder, and anxiety disorder.</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>The annual MDS (minimum data set) with an assessment reference date of 12/1/21 documents a BIMS (brief interview mental status) score of 15 which indicates cognitively intact. R5 requires extensive assistance with two plus person physical assist for bathing. R5 is not coded as having any behaviors including refusal of care. Very important is coded for the question how important is it to you to choose between a tub bath, shower, bed bath, or sponge bath.</p> <p>On 1/10/22 at 11:34 a.m. Surveyor spoke with R5 who was in bed on her left side, wearing a hospital gown. R5 informed Surveyor she doesn't get showers and it has been three weeks since she received a shower. R5 stated I have to go for a heart catheterization tomorrow how embarrassing is that. Surveyor asked R5 what time her appointment is tomorrow. R5 informed Surveyor 2:25 p.m. R5 informed Surveyor she doesn't like a bed bath because she has eczema and if staff does not wash off the soap she is itchy. R5 stated how much can you rinse in bed? R5 informed Surveyor this has been going on for a long time and no one cares.</p> <p>On 1/10/22 at 3:10 p.m. Surveyor asked R5 if there is anyone she can speak to regarding getting a shower. R5 informed Surveyor that would be the DON (Director of Nursing) and she will say if they have someone. R5 stated I would love to get cleaned up. I'm going to have a heart cath how embarrassing is this. Surveyor asked R5 if it would be alright with her if Surveyor spoke to the nurse about her getting a shower. R5 replied yes.</p> <p>On 1/10/22 at 3:13 p.m. Surveyor asked Med Tech-Y if R5 could get a shower this evening as she has an appointment tomorrow. Med Tech-Y informed Surveyor she is the only one on the unit and she has 60 Residents to pass medication to. Med Tech-Y informed Surveyor currently she doesn't have a CNA (Certified Nursing Assistant) on the [NAME] or North unit. Med Tech-Y informed Surveyor they will try their best when a CNA comes in as R5 is a two person transfer with a Hoyer lift.</p> <p>On 1/11/22 at 8:29 a.m. Surveyor asked R5 if she received a shower last evening. R5 replied yes I did.</p> <p>On 1/11/22 at 3:43 p.m. Surveyor asked SSD (Social Service Director)-I if she has a grievance for R5 not receiving showers. SSD-I replied actually, yes. SSD-I explained she believes it was last week when she was off for [name of illness]. Surveyor asked SSD-I if she has written grievance. SSD-I replied probably not and explained when she was out she checked her voice messages and R5 had left her a voice message. SSD-I informed Surveyor R5 received a shower after SSD-I spoke with the Administrator.</p> <p>R5's CNA (Certified Nursing Assistant) kardex printed on 1/12/22 does not address R5's showers.</p> <p>On 1/12/22 at 10:31 a.m. Surveyor asked Administrator-A for a print out of R5 showers from 11/1/21 to present.</p> <p>On 1/12/22 at 3:29 p.m. Surveyor informed Administrator-A and DON-B Surveyor has still not received any shower information for R5.</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 1/13/22 Surveyor reviewed a 2 page task report. For task documents Showers/Bathing Monday PM (evening)/Friday AM (morning). Surveyor noted question 1 is Bathing: Self Performance How resident takes full-body bath/shower, sponge, and transfers in/out of tub/shower (excludes washing of back and hair). The only date documented for this questions is 12/27/21. Question 2 Bathing: Support provided: How resident takes full-body bath/shower, sponge, and transfers in/out of tub/shower (excludes washing of back and hair). The only date documented for this questions is 12/27/21. Surveyor was not provided with any documentation of R5 receiving a shower/bath or sponge bath other than on 12/27/21.</p> <p>4.) R2's diagnoses includes epilepsy, schizophrenia, bipolar disorder, and anxiety disorder.</p> <p>The admission MDS (minimum data set) with an assessment reference date of 12/1/21 has a BIMS (brief interview mental status) score of 13 which indicates cognitively intact. R2 requires extensive assistance with one person physical assist for bathing. R2 is coded as having refusing care 1 to 3 days during the assessment period. Very important is coded for the question how important is it to you to choose between a tub bath, shower, bed bath, or sponge bath.</p> <p>On 1/11/22 at 3:23 p.m. Surveyor asked SSD (Social Service Director)-I if there are any grievances for R2. SSD-I informed Surveyor there is a grievance for clothing missing and recently complained of not getting showers. Surveyor informed SSD-I Surveyor did not see a shower grievance. SSD-I informed Surveyor she thinks the grievance is in her office. SSD-I informed Surveyor R2 complained of not receiving a shower but she refuses. SSD-I informed Surveyor she thinks she spoke with R2's sister the week before Christmas and she complained R2 wasn't receiving showers but it's documented in PCC (pointclickcare) of her refusing cares. Surveyor asked SSD-I for R2's grievances.</p> <p>On 1/11/22 at 3:38 p.m. SSD-I provided Surveyor with two grievances dated 12/16/21 for clothing. SSD-I informed she thinks it was the day R2's sister called she verified with staff R2 had refused shower and R2 agreed to have a shower on that Thursday. SSD-I informed Surveyor at this time she was in room [room number] and on 12/16/21 was moved to [room number]. Surveyor informed SSD-I Surveyor was unable to locate any documentation of R2's refusals of a shower and asked where she saw the refusals. SSD-I looked at R2's electronic medical record. Surveyor asked SSD-I if she found any refusals. SSD-I replied no, I don't see anything.</p> <p>On 1/11/22 at 3:53 p.m. Surveyor asked R2 if she receives showers. R2 replied I'm suppose to. I feel all sticky and dirty. R2 explained she used to do her own showers on the other unit. Surveyor asked R2 when she last received a shower. R2 informed Surveyor last week sometime. Surveyor asked how often R2 is suppose to receive a shower. R2 replied twice a week. R2 informed Surveyor staff has one excuse or another as to why she doesn't get a shower.</p> <p>On 1/12/22 at 7:58 a.m. Surveyor observed R2 sitting on the edge of her bed with a walker in front of her. R2 informed Surveyor she asked staff and was told she will have a shower today.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525498	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/25/2022
NAME OF PROVIDER OR SUPPLIER Waterfall Health of Brown Deer		STREET ADDRESS, CITY, STATE, ZIP CODE 7500 W Dean Rd Milwaukee, WI 53223	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 1/12/22 at 8:02 a.m. Surveyor asked CNA-F where Residents are showered. CNA-F showed Surveyor there are two showers on the north unit. CNA-F explained today is monthly weights so they will only use one of the showers. Surveyor asked CNA-F when R2 receives a shower. CNA-F replied today. Surveyor asked day or evening shift. CNA-F informed Surveyor day shift. Surveyor asked if there is a shower aide. CNA-F informed Surveyor there is a CNA who is on light duty and this CNA is the shower aide. Surveyor asked if the shower aide was on duty today. CNA-F replied no. CNA-F informed Surveyor if there is an extra staff they will be the shower aide. Surveyor asked if there was extra staff today. CNA-F replied no.</p> <p>On 1/12/22 at 8:13 a.m. Surveyor informed R2 Surveyor had spoken to staff and today is her shower day. R2 replied great.</p> <p>On 1/12/22 at 1:19 p.m. Surveyor asked R2 if she's received a shower yet. R2 replied no.</p> <p>On 1/13/22 at 8:54 a.m. Surveyor observed R2 sitting on the edge of her bed. Surveyor asked R2 if she received a shower yesterday. R2 replied yes, thank you so much.</p> <p>R2's CNA (Certified Nursing Assistant) kardex printed on 1/12/22 does not address R2's showers.</p> <p>On 1/12/22 at 10:31 a.m. Surveyor asked Administrator-A for a print out of R2 showers from 11/1/21 to present.</p> <p>On 1/12/22 at 3:29 p.m. Surveyor informed Administrator-A and DON-B Surveyor has still not received any shower information for R2.</p> <p>On 1/13/22 Surveyor reviewed a 2 page task report for R2. For task documents Showers/Bathing Surveyor noted question 1 is Bathing: Self Performance How resident takes full-body bath/shower, sponge, and transfers in/out of tub/shower (excludes washing of back and hair). For 12/14/21 & 12/15/21 independent is checked. For 12/23/21, 12/27/21, 12/28/21, 12/29/21, 12/30/21, & 1/11/22 non applicable is checked.</p> <p>Question 2 Bathing: Support provided: How resident takes full-body bath/shower, sponge, and transfers in/out of tub/shower (excludes washing of back and hair). For 12/14/21 set up help only is checked, 12/15/21 no set up or physical help is checked, and on 12/23/21, 12/27/21, 12/28/21, 12/29/21, 12/30/21 & 1/11/22 not applicable is checked.</p> <p>Surveyor was not provided with any further documentation regarding when R2 received a shower.</p> <p>36161</p> <p>5. R6 was admitted to the facility on [DATE] with a diagnosis that included Myocardial Infarction, Diabetes Mellitus Type II and Dementia without Behavioral Disturbance.</p> <p>R6's Quarterly MDS (Minimum Data Set) documents a BIMS (Brief Interview for Mental Status) score of 6, indicating that R6 is severely cognitively impaired. Due to R6's confused mental status, Surveyor was unable to interview R6 regarding the quality of life at the facility.</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Section G (Functional Status) documents that R6 requires physical help and a one person physical assist for his bathing needs.</p> <p>Section G0400 (Functional Limitation in Range of Motion) documents impairment to both sides of his lower extremities.</p> <p>R6's Admission MDS dated [DATE] documents in section F0400 (Interview for Daily Preferences): C. How important is it to you to choose between a tub bath, shower, bed bath, or sponge bath? Very Important.</p> <p>R6's ADL (Activities of Daily Living) CAA (Care Area Assessment) dated 8/8/21 documents under the Analysis of Findings section, Resident was noted with decreased ADL function / ability, needs assist with ADLs</p> <p>Under the Care Plan Considerations section, Resident needs assist with ADLs .see restorative assessments / care plan regarding ADL function / abilities for resident.</p> <p>R6's ADL care plan dated as initiated on 8/12/21 documents under the Focus section, Requires total assist with daily care needs r/t (related to) impaired mobility, transfer ability and activity intolerance w (with)/weakness secondary to right femoral fx (fracture).</p> <p>On 1/10/22, Surveyor became aware of a concern alleging R6 was not being showered on a regular basis.</p> <p>On 1/11/22 at 10:27 a.m., Surveyor reviewed R6's bathing records at the facility for the last 30 days.</p> <p>R6's bathing record documented that R6 was supposed to take a shower at least once weekly and documented that the last time R6 was provided with a bath or shower was on 12/31/21. Surveyor noted that R6 had not received a shower or a bath from facility staff from 1/1/22 to 1/13/22</p> <p>On 1/12/22 at 1:30 p.m., Surveyor informed DON (Director of Nursing)-B of the above findings.</p> <p>Surveyor asked DON-B if she had any evidence or documentation that R6 received a shower at least once a week on the above dates.</p> <p>DON-B informed Surveyor that she could not provide any documentation or evidence that documented R6 received a shower on the above dates. DON-B informed Surveyor that she could not provide Surveyor with any additional information about R6's showers.</p> <p>No additional information was provided as to why R6 did not receive a shower on a weekly basis on the above dates in order to maintain good grooming and personal hygiene.</p> <p>6. R8 was admitted to the facility on [DATE] with a diagnosis that included Sleep Related Hypoventilation, Dependence on Respiratory Ventilator, Muscular Dystrophy and Cardiomyopathy.</p> <p>R8's Quarterly MDS (Minimum Data Set) dated 12/27/21 documents a BIMS (Brief Interview for Mental Status) score of 13, indicating that R8 is cognitively intact.</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Section G (Functional Status) documents that R8 has total dependence on staff and requires a two person physical assist for her bed mobility, transfer and toileting needs.</p> <p>R8's Admission MDS dated [DATE] documents in section F0400 (Interview for Daily Preferences): C. How important is it to you to choose between a tub bath, shower, bed bath, or sponge bath? Somewhat Important.</p> <p>R8's ADL CAA dated 7/2/21 documents under the Analysis of Findings section, R8 has an ADL Self Care Performance Deficit r/t (related to) acute/chronic respiratory failure, vent/trach dependent and myotonic dystrophy, resident is max assist for transfers(hoyer), bed mobility and toileting needs. Resident is NPO (nothing by mouth) and tube fed continuously R/T (related to) dysphagia, all needs anticipated by staff, repositioned Q (every) 2 hours, air mattress in us, at risk for pressure related skin alteration, impaired mobility, impaired self-care ability R/T above, no discharge plans @ this time, all needs are anticipated by staff.</p> <p>R8's ADL care plan dated as initiated on 6/30/21 documents under the Focus section, R8 has an ADL Self Care Performance Deficit r/t acute/chronic respiratory failure, vent/trach dependent and myotonic dystrophy, resident is max assist for transfers(hoyer), bed mobility and toileting needs. Resident is NPO and tube fed continuously R/T dysphagia, all needs anticipated by staff, repositioned Q 2 hours, and air mattress in use.</p> <p>On 1/11/22 at 1:14 p.m., Surveyor interviewed R8 regarding the quality of life at the facility. R8 informed Surveyor that she was not being toileted regularly and had not been given weekly showers. R8 informed Surveyor that at times she does not get check and changed is force to sit in a wet incontinence product.</p> <p>On 1/11/22 at 10:37 a.m., Surveyor reviewed R8's bathing and toileting records at the facility for the last 30 days.</p> <p>Surveyor noted that R8's bathing record documented that R8 had not been provided with a bath/shower from 12/31/21 to 1/11/22.</p> <p>R8's toileting record documented that R8 had no documented toileting/incontinence care provided on 12/19/21, 12/20/21, 1/2/22, 1/8/22 and 1/9/22.</p> <p>On 1/12/22 at 1:32 p.m., Surveyor informed DON (Director of Nursing)-B of the above findings.</p> <p>Surveyor asked DON-B if she had any evidence or documentation that R8 received a shower at least once a week on the above dates.</p> <p>DON-B informed Surveyor that she could not provide any documentation or evidence that documented R8 received a shower on the above dates. DON-B informed Surveyor that she could not provide Surveyor with any additional information about R8's showers.</p> <p>Surveyor asked DON-B if she could provide any documentation or evidence that R8 received incontinence care on the above dates. DON-B informed Surveyor that she could not provide Surveyor with any additional information about R8's incontinence care on the above dates.</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>No additional information was provided as to why R6 did not receive a showers or toileting/incontinence care in order to maintain good grooming and personal hygiene on the above dates.</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 20483</p> <p>Based on interview and record review the Facility did not ensure that 1 (R42) of 9 Residents reviewed received treatment and care in accordance with professional standards of practice.</p> <p>On 1/11/22, R42 sustained 2 falls during the evening shift. There is no evidence R42 was assessed following the second fall on 1/11/22.</p> <p>Findings include:</p> <p>The Fall Management Specific Responsibilities not dated under the section Fall Occurrence at the Facility for staff nurse documents</p> <p>1. Assess the resident prior to moving them. and</p> <p>6. Complete the fall incident report in the PCC (pointclickcare) Risk Management portal, along with the required fall risk evaluation, pain evaluation, and linked progress note with brief description of fall event. (See sample progress note).</p> <p>R42 was admitted to the facility on [DATE]. Diagnoses includes fracture of left femur, hypertension, schizophrenia, anxiety disorder, and depressive disorder.</p> <p>R42 has a history of falls including falls on 5/16/21, 6/4/21, 7/27/21, 8/16/21, & 8/28/21. R42 sustained Left hip fracture, Left radius fracture, and Left pubic fracture following the 7/27/21 fall.</p> <p>The nurses note dated 1/11/22 at 7:30 a.m. documents Resident sustained fall from bed r/t (related to) unassisted transfer, Assisted to bed with Hoyer, VSS (vital signs stable), No apparent injury.</p> <p>The incident report dated 1/12/22 at 7:30 p.m. under incident description for Nursing Description documents CNA alerted nurse that she was walking down hall past [R42] room, she heard [R42] call out. On entering the room, it was noted that [R42] was sitting on the floor next to bed, with bedding entangled around lower body. Nurse & other CNA entered room, Physical assessment completed with no apparent injuries noted, Resident was assisted from floor with Hoyer lift and returned to bed w/o incident. For resident description documents I slid out of bed. Under immediate action taken for description documents Physical assessment, VSS, assisted to bed, boundaries provided using pillows when in bed.</p> <p>The nurses note dated 1/12/22 documents Writer was just notified at 0813 (8:13 a.m.) by CNA staff on duty that [R42] had 2 falls yesterday (1/11/21) on evening shift. Facility administrator present for conversation and updated facility DON (Director of Nursing). Per recommendation DON wants Resident to be sent out to ER (emergency room) immediately. Upon writers assessment, Resident left knee is visibly swollen in comparison to the right knee. It is warm to touch. Resident c/o pain to the area a 5/10 on numerical pain scale. Writer will complete proper paperwork, contact the family and MD/NP and send Resident to [name of hospital] ER.</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>There is no documentation in R42's medical record regarding a second fall and there is no evidence R42 was assessed for the second falls R42 sustained during the evening shift on 1/11/22.</p> <p>On 1/25/22 at 11:03 a.m. Surveyor informed DON-B according to the nurses note dated 1/12/22 R42 sustained two falls on 1/11/22 during the evening shift. Surveyor informed DON-B there is an incident report dated 1/12/22 and inquired if this date is correct. DON-B informed Surveyor the incident report has the wrong date and should have been dated 1/11/22. Surveyor informed DON-B there is no evidence R42 was assessed for one of the two falls as there is no documentation in the record. DON-B informed Surveyor she attempted to contact LPN (Licensed Practical Nurse)-GG, who was on duty during the evening shift on 1/11/22, multiple times but LPN-GG did not respond until 1/13/22. DON-B informed Surveyor she did not receive a telephone call regarding R42's fall and found out by Restorative Nurse/LPN-D who was informed by a CNA (Certified Nursing Assistant). DON-B informed Surveyor R42's knees are always swollen, has a history of self transfer with injury and stated with [name of resident] I always want her to go out.</p>		

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<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** 20483</p> <p>Based on observation, record review and interview, the facility did not ensure that 1 (R42) of 5 Residents reviewed for accidents had adequate assistance devices and interventions in place to prevent accidents.</p> <p>R42 experienced falls on 5/16/21, 6/4/21, 7/27/21, 8/16/21, 8/28/21, and two falls on 1/11/22. The Facility did not thoroughly investigate, did not conduct a root cause analysis to prevent further falls and did not revise or timely revise the care plan. The lack of conducting thorough investigations after each fall, determining whether prior fall interventions were in place at the time of the fall to evaluate the effectiveness of these interventions and not determining a root cause analysis contributed to R42 having ongoing falls with fractures on 7/27/21 (left hip, left radius and left pubic) and on 8/16/21 (spiral fracture to left femur).</p> <p>On 1/24 and 1/25/22, interventions of mat on floor, pillows to outer perimeter of the mattress, and call light within reach were observed not implemented when R42 was in bed.</p> <p>Findings include:</p> <p>The Fall Prevention and Management guideline with a review date of 9/2021 under Facility Guideline following a fall incident documents</p> <ol style="list-style-type: none"> 1. Evaluate the resident for any injury and notify the physician and emergency contact. 2. Complete a fall incident report in the PCC (pointclickcare) risk management portal. 3. A fall risk evaluation is completed by the Nurse. A score of 10 or greater indicates the resident is at high risk for falls; a score of less than 10 indicates at risk for fall. 4. Care plan to be updated with a new intervention based on root cause analysis after each all occurrence. 5. Complete the follow-up monitoring form every shift for 72 hours. 6. All incident and accident with SERIOUS PHYSICAL INJURY will be reported to IDPH (Illinois Department Public Health) within 24 hours. A full written investigative report is required by IDPH within five (5) days of the incident. Please refer to your state specific guidelines. <p>R42 was admitted to the facility on [DATE]. Diagnoses includes fracture of left femur, hypertension, schizophrenia, anxiety disorder, and depressive disorder.</p> <p>The nurses note dated 5/12/21 documents admitted to room [number] female from [name of hospital] after mechanical fall resulting in ORIF (open reduction and internal fixation) left hip.</p> <p>The Fall Interim baseline care plan dated 5/12/21 is checked for the following interventions:</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<ul style="list-style-type: none"> * Call light within reach. * Provide clutter-free environment. * Encourage use of assistive device. * Provide proper, well maintained footwear. <p>The admission MDS (minimum data set) with an assessment reference date of 5/19/21 has a BIMS (brief interview mental status) score of 00 which indicates severe impairment. R42 requires extensive assistance with two plus person physical assist for bed mobility, transfers & toilet use. R42 does not ambulate. R42 is occasionally incontinent of urine and frequently incontinent of bowel. Yes is coded as having fallen in the month prior to admission and 2 to 6 months prior to admission. R42 has fallen since admission with one fall & no injury.</p> <p>The fall CAA (care area assessment) dated 5/20/21 under analysis of findings documents [R42] is at high risk for falls r/t (related to) functional deficits & s/p (status post) LLE (left lower extremity) ORIF (open reduction and internal fixation). She is non ambulatory and w/c (wheelchair) bound at this time, requires staff assist with hoyer lift for surface to surface transfers.</p> <p>The Fall care plan created on 6/21/21 & revised on 10/7/21 documents the following interventions:</p> <ul style="list-style-type: none"> * Document s/sx (signs/symptoms) of adverse effects of medication on resident. Created 6/21/21 & revised 10/7/21. * Educate resident on the importance of complying with safety measures. Document residents understanding of education and instances of non compliance. Created 6/21/21 & revised 10/7/21. * Encourage appropriate use of wheelchair (Broda). Created 6/21/21 & revised 10/7/21. * Evaluate multiple falls to determine commonalities or patterns. Created 6/21/21 & revised 10/7/21. * Fall risk assessment quarterly and as needed. Created 6/21/21 & revised 10/7/21. * Keep bed in lowest position. Created 6/21/21 & revised 10/7/21. * Keep frequently used items within reach. Created 6/21/21 & revised 10/7/21. * Monitor for changes in gait or ability to ambulate. Created 6/21/21 & revised 10/7/21. * Monitor labs/notify MD (medical doctor) of abnormal findings. Created 6/21/21 & revised 10/7/21. * Notify MD and family of any new fall. Created 6/21/21 & revised 10/7/21. * Promote placement of call light within reach and assess residents ability to use. Created 6/21/21 & revised 10/7/21. <p>(continued on next page)</p>

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<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>* Remove items from line of sight that trigger thoughts of leaving/getting up without assist. Created 6/21/21 & revised 10/7/21.</p> <p>* Restorative care as appropriate. Created 6/21/21 & revised 10/7/21.</p> <p>* Skilled therapy as ordered. Created 6/21/21 & revised 10/7/21.</p> <p>* Fall 8/16/21: On return to Facility, Staff will keep all desired and personal items with in reach. Created 8/16/21.</p> <p>* Fall 8/16/21: Provide pillows to outer perimeter of mattress to provide boundaries. Check frequently. Created 8/17/21.</p> <p>* Assisted lowering to floor 8/28/21: Encourage Resident to be up in reclined Broda when she appears restless in bed. Created 8/28/21.</p> <p>* Fall Star Program. Created 10/25/21.</p> <p>The CNA (Certified Nursing Assistant) kardex printed on 1/24/22 under the safety section documents;</p> <p>*Assisted lowering to floor 8/28/21: Encourage Resident to be up in reclined Broda when she appears restless in bed.</p> <p>* Encourage appropriate use of wheelchair (Broda).</p> <p>* Encourage use of prescribed assistive devices. Encourage use of device (bed rails) for bed mobility.</p> <p>* Fall 8/16/21: Provide pillows to outer perimeter of mattress to provide boundaries. Check frequently.</p> <p>* FALL STAR PROGRAM.</p> <p>5/16/21 Fall</p> <p>The nurses note dated 5/17/21 at 5:15 a.m. documents 2200 (10:00 p.m.) Resident found lying supine on floor next to bed when staff at change of shift yelling out, bed was in low position, call light not on, resident was not incontinent at time of fall, When asked by writer, resident stated I don't know how it happened resident has impaired memory, judgement dx (diagnoses) schizophrenia, delirium, anxiety, and hx (history) of falls, no injury observed, moving all extremities w/o (without) pain, denied hitting head, assisted back to bed w/ (with) Hoyer lift, floor mat placed on right side of bed, NP (nurse practitioner) [name of], notified of fall and guardian [name of] made aware.</p> <p>The incident report dated 5/16/21 at 10:00 p.m. under incident description for Nursing description documents Resident found lying supine on floor next to bed when staff at change of shift yelling out, bed was in low position, call light not on, resident was not incontinent at time of fall. Under Resident description documents When asked by writer, resident stated I don't know how it happened. Under notes documents No notes found.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525498	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/25/2022
NAME OF PROVIDER OR SUPPLIER Waterfall Health of Brown Deer		STREET ADDRESS, CITY, STATE, ZIP CODE 7500 W Dean Rd Milwaukee, WI 53223	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>The Facility did not conduct a thorough investigation as there are no staff statements as to who or when R42 was last seen, whether prior interventions were in place at time of fall, and the Facility did not include a root cause of R42's fall. The care plan was not created until 6/21/21.</p> <p>The fall risk evaluation dated 5/16/21 has a score of 26. A score of 10 or higher makes resident a high risk for falls.</p> <p>6/4/21 Fall</p> <p>The incident report dated 6/4/21 at 12:00 p.m. under incident description for Nursing Description documents Writer called to patient room: patient found on the floor next to bed soiled. Writer assessed movement of all extremities, performed skin check and obtained vital signs, then transferred in bed with the assistance of therapy. For Resident description documents I was trying to go to the bathroom. Under notes documents No notes found.</p> <p>Surveyor noted there is no nurses note on 6/4/21 in R42's medical record regarding this fall.</p> <p>The Facility did not conduct a thorough investigation as there are no staff statements as to who or when R42 was last seen, when was R42 last toileted, whether prior interventions were in place at time of fall, and the Facility did not include a root cause of R42's fall. The care plan was not created until 6/21/21.</p> <p>The fall risk evaluation dated 6/4/21 has a score of 19. A score of 10 or higher makes resident a high risk for falls.</p> <p>7/27/21 Fall resulting in left hip fracture, left radius fracture, and left pubic fracture.</p> <p>The nurses note dated 7/27/21 documents At 0430 (4:30 a.m.) Cna (Certified Nursing Assistant) found resident on floor in room laying on her back next to roommate bed. Resident state she fell from w/c (wheelchair) returning from bathroom.</p> <p>The nurses note dated 7/27/21 documents Writer in with NP (nurse practitioner) to assess resident after fall, some swelling & bruising noted to left wrist & swelling to left knee, Resident was seen ambulating with Therapy on yesterday, receiving praiseful remarks for making such progress. On interview Resident stated she thought she could do it without calling for staff, was able to make it to BR (bathroom), toilet self & on returning to bed, slid off wheelchair seat and in attempt to catch herself injured her left wrist & knee, XR (x-ray) was ordered but due to extensive delay in ETA (estimated time arrival), NOR (new order) was received to transport to ER (emergency room) for further evaluation & treatment. Guardian updated and stated she would like [name of hospital] but if resident is comfortable & requests [name of hospital], that is agreeable with her. [name of ambulance company] contacted & Resident prepared for transport, VS (vital signs) 134/67 97.9 69 17 POX 98% on RA (room air) Pain level 1/10.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>The incident report dated 7/27/21 at 4:20 a.m. under incident description for nursing description documents At 0430 (4:30 a.m.) CNA found resident in her room laying on floor on her back next to roommate bed. For Resident description documents Resident stated the following. I took myself to the bathroom. On the way back from bathroom I fell from w/c. Under notes documents 7/27/21 IDT (interdisciplinary team) note: Resident admitted post fall w/ Fx (fracture) right hip. Resident is mobile using wheelchair but recently ambulating successfully with Therapy. Resident states she self transferred to wheelchair to toilet self as she did not want to bother staff. Made it to BR and on return to bed, somehow fell off wheelchair, using left side to balance self, injury left wrist and left knee, Initially XRs ordered but NP saw and chose to send out to ER. On return intervention will be placed on toileting program per restorative.</p> <p>The Facility did not conduct a thorough investigation as there are no staff statements as to who or when R42 was last seen, when was R42 last toileted, whether prior interventions were in place at time of fall, and the Facility did not include a root cause of R42's fall. The care plan was not revised when R42 returned from the hospital on 8/7/21.</p> <p>The Fall risk evaluation dated 7/27/21 has a score of 9. A score of 10 or higher makes resident high risk for falls. Surveyor noted this evaluation is not accurate as none is checked for falls, accident, fractures and R42 fell on [DATE] & 6/4/21.</p> <p>The nurses note dated 7/28/21 documents Resident admitted to [name of hospital] on 7/27/21 2/2 (secondary to) fall. Sustained Left hip fracture, Left radius fracture, and Left pubic fracture. Surgery for left hip scheduled for today.</p> <p>The nurses note dated 8/7/21 documents readmitted to unit post hospital stay for fall w/(with) injury. Surgical incisions dry & intact w/no sx (symptoms) of infection, dressing dry intact. Incontinent of urine. NWB (non weight bearing) status, able to make needs known verbally. Pain level 4/10 at this time, orders verified and prepared for delivery.</p> <p>The quarterly MDS with an assessment reference date of 8/14/21 has a BIMS score of 5 which indicates severe impairment. R42 requires extensive assistance with two plus person physical assist for bed mobility, transfers, & toilet use. R42 ambulates in the room & corridor with extensive assistance and one person physical assist. R42 is always incontinent of bowel and bladder and has not fallen since admission.</p> <p>8/16/21 Fall resulted in spiral fracture to left femur.</p> <p>The nurses note dated 8/16/21 documents Writer called to residents room by CNA staff at 1845 (6:45 p.m.). Resident had an unwitnessed fall attempting to self transfer. Writer observed staff come from resident room on a check and change 10 minutes prior. Resident was dry. Resident verbalized not needing anything at that time. Resident position post fall is laying supine on the floor next to her bed, feet at footboard head at the headboard. Resident verbalizes, I just tried to get up. Resident's skin was assessed no new skin concerns appear at this time, Resident denies hitting her head; Neuro check is negative, Mentation per norm. Resident does c/o (complain of) pain 10/10 on numerical scale to left leg Resident other VSS (vital signs stable) Facility administrator, Family, and MD (medical doctor) updated; [name of] ambulance called for lift assist and Resident to be taken to ER for evaluation/treat. Bed hold sent with hospital paperwork.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>The nurses note dated 8/16/21 documents Writer in Facility after report of fall. On arrival to room, noted resident to be lying in supine position head resting on pillow, right LE (lower extremity) flexed at knee & left LE in good alignment. No external or internal rotation noted. Resident was reaching for snacks at bedside, bed was in lowest position, denies pain or striking head, alert orientated to baseline. Staff was already in contact with On Call & NOR (new order received) to send out to ER for XR (x-ray) since recent injury with subsequent surgery 7/27-7/28. Writer then spoke to [name of hospital] Update given & also spoke with Guardian whom staff had already been in contact with as well. Clinical Administrator updated also. Awaiting EMS (emergency medical services). Observation of Surgical site reveals no anomalies.</p> <p>The incident report dated 8/16/21 at 6:50 p.m. under incident description for nursing description documents Unwitnessed fall. For Resident description documents I just tried to get up. Under notes documents 8/17/21 Resident is a [AGE] year old female with past medical history that includes: COPD (chronic obstructive pulmonary disease), Cognitive communication deficit, Osteoarthritis, recent hip fracture, delirium, schizophrenia, anxiety, and major depressive disorder. Resident had an unwitnessed fall that resulted in spiral fracture to left femur. Resident was seen 10 minutes prior to fall after cares were provided to resident. Resident was not incontinent when found. She stated that she was trying to get up. Call light was on the bed within her reach. Call light was not on when staff entered the room. Resident does not follow guidance for calling for staff assist with transfer or ambulation. Resident has a history of falls prior to admission. Care plan reviewed and intervention put in place to have items within reach of resident.</p> <p>The fall risk evaluation dated 8/16/21 documents a score of 21. A score of 10 or higher makes resident high risk for falls.</p> <p>The nurses note dated 8/17/21 documents Spoke with [name of] RN (registered nurse), who said that patient was discharged at 0024 (12:24 a.m.) and was on her way back. The ER nurse stated that patient has a spiral fracture of her left femur. When asked if patient wanted surgical interventions she told ER staff she was her own person and refused. ER staff then consulted orthopedics whom told them they were comfortable sending her back to the Facility. Patient on her way back.</p> <p>The nurses note dated 8/17/21 documents Writer spoke with Guardian who requests Resident be taken to [name of hospital] for further follow up from ER visit last night post fall, [name of hospital] contacted and update given, also [name of ambulance company] contacted for transport. Resident is resting comfortably, not complaining of pain. No abnormal rotation of LLE (left lower extremity). [name of] NP here and agreeable.</p> <p>The nurses note dated 8/17/21 documents Resident back from Hosp. (hospital) approximately 2015 (8:15 p.m.) with no NNO (no new orders). Can make her needs known to staff. No changes in conditions. No acute distress or discomfort noted. Can make her needs known to staff. Surgical incision to left hip staples removed. Drsg (dressing) remain dry intact. No drainage noted. Left arm cast dry intact elevated on pillow. Floor mat placed on floor for safety precautions. Encourage resident to call for assistance. Call light and items within reach. Will Cont. (continue) to monitor.</p> <p>8/28/21 Fall</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>The nurses note dated 8/28/21 documents Writer witness Resident scooting to the edge of her bed while writer was coming in to get vitals. Writer assisted resident down to the safety mat by the side of her bed to sit on her bottom. No injury noted. Head to toe assessment with a 2 staff assist via Hoyer lift into her broda chair. Writer contact Guardian [name of] & [name of physician] who is aware of witness fall, no injury. Facility DON (Director of Nursing) [name of] RN (Registered Nurse) is also aware. VSS (vital signs stable).</p> <p>The incident report dated 8/28/21 at 3:42 p.m. under incident description for Nursing Description documents Writer witness Resident scooting to the edge of her bed while writer was coming in to get vitals. Writer assessed resident down to the safety mat by the side of her bed to sit on her bottom. No injury noted. Vss. For Resident Description documents Unable to explain. Under notes documents 8/30/21 IDT Note: Resident was initially admitted in April for STR (short term rehab) post fall at group home with fracture, Resident recovered and eventually weight bearing status was obtained. Resident was recently working with Therapy and ambulating well. Resident then sustained fall after transferring and fractured left wrist & left femur. Shortly after readmission, Staff entered room and noted her to be attempting self transfer again, She was then assisted to floor w/o (without) any further injury. Intervention: Keep resident up in reclining chair during wake hrs (hours) & attempt to engage in activities.</p> <p>Although R42 was assisted to the floor by a staff member, the Facility did not thoroughly investigate this change of plane as the Facility did not obtain staff statements as to when R42 was seen prior to this incident or when cares were provided. The Facility did not determine a root cause. The Facility did revise R42's care plan.</p> <p>The quarterly MDS with an assessment reference date of 11/12/21 has a BIMS score of 3 which indicates severe impairment. R42 requires extensive assistance with one person physical assist for bed mobility & transfers, ambulates in the room & corridor with extensive assistance and one person physical assist, and requires extensive assistance with two plus person physical assist for toilet use. R42 is frequently incontinent of bowel and bladder and has not fallen since prior assessment.</p> <p>1/11/22 Two Falls</p> <p>The nurses note dated 1/11/22 at 7:30 a.m. documents Resident sustained fall from bed r/t (related to) unassisted transfer, Assisted to bed with Hoyer, VSS (vital signs stable), No apparent injury.</p> <p>The incident report dated 1/12/22 at 7:30 p.m. under incident description for Nursing Description documents CNA alerted nurse that she was walking down hall past [R42] room, she heard [R42] call out. On entering the room, it was noted that [R42] was sitting on the floor next to bed, with bedding entangled around lower body. Nurse & other CNA entered room, Physical assessment completed with no apparent injuries noted, Resident was assisted from floor with Hoyer lift and returned to bed w/o incident. For resident description documents I slid out of bed. Under immediate action taken for description documents Physical assessment, VSS, assisted to bed, boundaries provided using pillows when in bed.</p> <p>Surveyor noted the intervention of pillows to provide boundaries was an intervention implemented 8/16/21. Surveyor noted there are no notes. Per interview with DON-B on 1/25/22 this incident report should of been dated 1/11/22.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>The Facility did not conduct a thorough investigation of R42's fall as there are no other staff statements as to when R42 was last seen prior to the fall, when she was last provided cares, etc. The Facility did not determine the root cause of R42's fall and did not determine if previous care plan interventions were in place. There were no revisions in R42's fall care plan.</p> <p>The nurses note dated 1/12/22 documents Writer was just notified at 0813 (8:13 a.m.) by CNA staff on duty that [R42] had 2 falls yesterday on evening shift (1/11/22). Facility administrator present for conversation and updated facility DON. Per recommendation DON wants Resident to be sent out to ER immediately. Upon writers assessment, Resident left knee is visibly swollen in comparison to the right knee. It is warm to touch. Resident c/o pain to the area a 5/10 on numerical pain scale. Writer will complete proper paperwork, contact the family and MD/NP and send Resident to [name of hospital] ER.</p> <p>The NP (nurse practitioner) note dated 1/12/22 documents This morning RN notified that patient had 2 falls yesterday on the evening shift (1/11/22). Patient is complaining of pain in the left knee. Unable to x-ray in facility thus facility wants to send resident to ER for evaluation. Patient is sitting in her wheelchair rubbing her left knee She reports tenderness at the 3 o'clock position. She denies chest pain shortness of breath nausea vomiting fever chills.</p> <p>The nurses note dated 1/12/22 documents Writer called [name of hospital] on resident status. ER visit due to fall and possible injury this am (morning). Per [name of] RN ct scan, x-ray, labs was completed with all results negative. Resident await in ER for ambulance to transport back to facility. No new orders prescribed.</p> <p>The nurses note dated 1/13/22 at 2:57 a.m. documents Resident returned to the facility at the above time via [name of] ambulance from [name of hospital]. Alert in no distress. Placed in bed and currently resting.</p> <p>Surveyor noted there is no documentation of R42's second fall on 1/11/22 in the electronic medical record. There is no incident report or investigation for this second fall.</p> <p>On 1/24/22 at 9:06 a.m. Surveyor observed R42 awake in bed on her back with the head of the bed elevated. Surveyor observed R42's call pad on the bed side dresser and not within reach of R42. Surveyor asked R42 if she uses her call light. R42 replied yes. Surveyor observed there is not a floor mat on the right side of R42's bed and there are no pillows to the outer perimeter of the mattress. Surveyor observed the floor mat is propped up against the wall on the left side of R42's bed between the bed and wall.</p> <p>On 1/24/22 at 10:02 a.m. Surveyor observed R42 sitting in a wheelchair in her room. The call pad is on the bed within R42's reach.</p> <p>On 1/25/22 at 7:21 a.m. Surveyor observed R42 in bed with the blanket covering her head. Surveyor observed there isn't a mat on the floor on the right side of the bed and there aren't any pillows along the perimeter of the mattress.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>On 1/25/22 at 8:02 a.m. Surveyor observed DON (Director of Nursing)-B state is [R42] up, enter R42's room and shut off the water running in the bathroom. DON-B came out of R42's room stating she's knocked out, she is not a morning person. Surveyor then went into R42's room and observed there is still not a mat on right side of R42's bed and there are no pillows along the perimeter of the mattress.</p> <p>On 1/25/22 at 8:14 a.m. Surveyor observed CNA (Certified Nursing Assistant)-F enter R42's room. Surveyor asked CNA-F if R42 is suppose to have a floor mat on the right side of her bed. CNA-F replied I don't know about the mat to be honest. Surveyor then asked if there should be pillows along the perimeter of the mattress. CNA-F informed Surveyor she doesn't know about pillows and to her she's not a fall risk. Surveyor then showed CNA-F the floor mat which was partially standing up between the bed and the wall. CNA-F moved R42's bed and removed the floor mat.</p> <p>On 1/25/22 at 10:55 a.m. Surveyor met with DON (Director of Nursing)-B to discuss R42's falls. Surveyor asked DON-B if R42 is suppose to have a mat on the right side of the bed. DON-B replied yes, because left side is against wall, suppose to have a fall mat. Surveyor informed DON-B of the observations of R42 not having the floor mat or pillows along the perimeter of the mattress according to the plan of care. Surveyor also informed DON-B CNA-F was unaware of these interventions. Surveyor informed DON-B the mat on the right side of the floor is not on R42's care plan and asked if it should be on the care plan. DON-B informed Surveyor she didn't do the fall care plan and updated the care plan for the falls she did. Surveyor asked DON-B what the falling star program is. DON-B informed Surveyor she didn't know what it involves and Restorative Nurse/LPN-D is not working today. Surveyor then showed DON-B the information Surveyor was provided for R42's 5/16/21 fall, informing DON-B this is the same information Surveyor received for R42's other falls, 6/4/21, 7/27/21, & 8/28/21. Surveyor informed DON-B the information provided to Surveyor for R42's falls does not include staff statements as to who last saw R42, what was R42 doing, cares provided prior to fall, were prior interventions in place at time of the fall, and what is the root cause. Surveyor informed DON-B R42's care plan was not revised timely or not revised. DON-B informed Surveyor this is not the process. DON-B informed Surveyor Resident's falls are reviewed in clinical and the IDT (interdisciplinary team) reviews previous interventions to see if they are still appropriate and a root cause analysis is completed. DON-B informed Surveyor R42 is impulsive and has cognitive impairment. Surveyor informed DON-B there is a nurses note dated 1/12/22 which documents R42 had two falls the evening of 1/11/22. Surveyor showed DON-B R42's incident report dated 1/12/22. DON-B informed Surveyor 1/12/22 is the wrong date and should be dated 1/11/22. Surveyor informed DON-B there is no information regarding R42's second fall in the medical record. DON-B informed Surveyor she contacted LPN-GG multiple times to complete the paperwork and she did not respond until 1/13/22. DON-B informed Surveyor she educated LPN-GG on the process with falls and change of condition. DON-B informed Surveyor she did not receive a telephone call regarding R42's fall and found out by Restorative Nurse/LPN-D who was informed by a CNA (Certified Nursing Assistant). DON-B informed Surveyor R42's knees are always swollen, has a history of self transfer with injury and stated with [name of resident] I always want her to go out. DON-B informed Surveyor she is to be notified when a Resident has a fall whether they have had an injury or not as she may have an intervention to prevent further falls.</p>		

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0695</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 20483</p> <p>Based on observation, interview and record review the Facility did not ensure Residents who require respiratory care are provided with ventilator (Vent) and tracheostomy (Trach) care consistent with professional standards of practice, the comprehensive person centered care plan and Resident's goals for the 14 Residents residing on the ventilator unit.</p> <p>Out of the 31 staffing days reviewed for December 2021, the facility was short staffed 1 respiratory therapist on 20 out of 31 days reviewed. On four of these days (12/12, 12/16, 12/23, 12/25) the facility had no respiratory therapist working for at least 24 hours. Surveyor noted that out of the 12 staffing days reviewed for January 2022, the facility was short staffed 1 respiratory therapist on 9 out of the 12 days reviewed, including 1 day (1/1) where no respiratory therapist worked for at least 24 hours.</p> <p>(Cross reference F725)</p> <p>* On 1/7/22, R7 was having shortness of breath and required suctioning. There was no licensed nurse or respiratory therapist (RT) working on the ventilator unit when R7 was experiencing this change of condition. The facility called 911. When the paramedics arrived, R7 was suctioned and a mucus plug was removed.</p> <p>*Ventilator/Aerosol Flowsheets which are completed by the RT's were not completed twice a day, once per shift, on 12/8/21, 12/23/21, 12/25/21, 12/26/21, 1/1/22, 1/2/22, 1/6/22, 1/9/22, & 1/11/22. Surveyor noted that on several of the above dates, the Facility was short staffed respiratory therapists.</p> <p>* R8, R17, and R18 had physician's orders for removing R8, R17, and R18 from their ventilators and placing on tracheostomy (trach) mask and vice versa on a daily basis. The physician's orders were not followed due to lack of either having a respiratory therapist (RT) in the building and/or due to the lack of nurse competency and comfort in providing trach and vent care.</p> <p>R8 who is ventilator dependent has physician's orders which include to place R8 on oxygen at 28% (2 L) via trach mask from 8:30 a.m. to 8:30 p.m. R8's physician orders were not followed on 12/13/21, 12/19/21, 12/21/21, 12/23/21, 12/25/21, 12/26/21, 12/27/21, 12/29/21, 12/30/21, 1/1/22, 1/2/22, & 1/6/22.</p> <p>R8 has a physician order stating: Ventilator Settings: Mode: SIMV, P.S.10 Rate: __7 Tidal Volume: __350 PEEP: __5 FIO2: .28 Continuous: No If not continuous: Time on the Ventilator: 20:30 (8:30 p.m.) every day and night shift for tidal volume. R8's physician orders were not followed on 12/18/21, 12/25/21, 1/1/22, & 1/12/22. The Facility was short staffed respiratory therapists on several of the above dates.</p> <p>(continued on next page)</p>

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NAME OF PROVIDER OR SUPPLIER Waterfall Health of Brown Deer		STREET ADDRESS, CITY, STATE, ZIP CODE 7500 W Dean Rd Milwaukee, WI 53223	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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<p>F 0695</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>R17 who is ventilator dependent has a physician order that documents Oxygen via Trach mask at .30 FIO2 from 0800-2400 (8:00 a.m.-12:00 a.m.) two times a day related to CHRONIC RESPIRATORY FAILURE WITH HYPERCAPNIA. R17's physician orders were not followed on 12/8/21, 12/13/21, 12/18/21, 12/19/21, 12/23/21, 12/25/21, 12/26/21, 12/27/21, 12/29/21, 12/30/21, 1/1/22, 1/2/22, 1/6/22, 1/9/22, 1/11/22, & 1/12/22.</p> <p>R17 has a physician order that documents Ventilator Settings: Mode: A/ 12 Tidal Volume: 500 PEEP: 8 FIO2: .30 Continuous: No If not continuous: Time on the Ventilator: 2400 (12:00 a.m.) Time off the ventilator: 0800 (8:00 a.m.) two times a day. R17's physician orders were not followed on 12/8/21, 12/13/21, 12/18/21, 12/19/21, 12/21/21, 12/25/21, 12/26/21, 12/27/21, 12/29/21, 12/30/21, 1/1/22, 1/2/22, 1/6/22, 1/8/22, 1/11/22, & 1/12/22.</p> <p>The Facility was short staffed respiratory therapists on several of the above dates.</p> <p>R18 is ventilator dependent and has a physician order that documents Oxygen via trach mask at .35 (4 LPM liters per minute) during the day from 0900-2000 (9:00 a.m.-8:00 p.m.) two times a day. R18's physician orders were not followed on 12/13/21, 12/18/21, 12/19/21, 12/21/21, 12/23/21, 12/25/21, 12/26/21, 12/27/21, 12/29/21, 12/30/21, 1/1/22, 1/2/22, 1/6/22, 1/9/22, 1/11/22, & 1/12/22.</p> <p>R18's physician orders also document Ventilator Settings: Mode: A/C, Rate: 12, Tidal Volume: 450 PEEP: +5, FIO2: 35% Continuous: No If not continuous, Time ON the Ventilator: 2200 (10:00 p.m.) Time OFF the ventilator: 0900 (9:00 a.m.) two times a day. R18's physician orders were not followed on 12/13/21, 12/18/21, 12/19/21, 12/21/21, 12/23/21, 12/25/21, 12/26/21, 12/27/21, 12/29/21, 12/30/21, 1/1/22, 1/6/22, 1/11/22, & 1/12/22. The Facility was short staffed respiratory therapists on several of the above dates.</p> <p>* R10 has diagnoses that include chronic respiratory failure, ventilator dependence, quadriplegia, chronic obstructive pulmonary disease and dementia.</p> <p>On 12/29/21 R10 was transferred to the emergency department for coffee ground emesis. R10 returned the same day with instructions for further monitoring and recommended follow up labs with R10's primary physician. R10 was experiencing a significant change in condition. Physician order dated 12/30/21 for a Chest X-ray was not done and staff never followed up to get the results from the Sputum Culture, the CBC (Complete Blood Count) and the BMP (Basic Metabolic Panel). There were no MD orders put in place for NP-L's order for duoneb treatments or to keep saturation above 92%. There were no MD orders put in place for aggressive pulmonary toilet and trach care. There were no progress notes monitoring NP-L's observations of R10 or increased heart rate on 12/30/21, 12/31/21, 1/1/22, 1/2/22 or 1/3/22. R10's O2 sats were 88% and were below NP-L's recommended saturation rate of 92%. R10 ended up in the emergency rodiagnom on [DATE] and was admitted into the hospital with septic shock and ventilator-associated pneumonia.</p> <p>* On 1/19/22 R7 complained of shortness of breath. There was no RT scheduled and the nurse on the unit did not know how to adjust the setting to the vent. The ambulance was called and R7 was transferred to the hospital.</p> <p>(continued on next page)</p>		

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<p>F 0695</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>On 1/24/22 Surveyor observed R7 over breathing the ventilator to overcome the secretions with respiration rates of 28-30 per minute. (R7 was set for 20 respiration rates per minute on the ventilator.) R7 was observed with green bubbling secretions seeping out of the stoma and bubbling into the ventilator tubing. The canister for the secretions was full. The surveyor notified the unit nurse R7 needed suction. There was no RT on the unit or in the building at this time. R7's care plan does not match the MD orders for oxygenation. There was no availability of an ambu bag or obturator (which is used in an emergency for trach reinsertion).</p> <p>* R8 had a physician order dated 7/27/21 to wear Passy Muir valve up to 1 hour/day in the afternoon but nurses were not trained so R8 would not be able to wear one safely without an RT in the facility. DON-B stated they (Nursing) were not trained on the use of Passy Muir valves (speaking valve-cap over trach).</p> <p>* Director of Nursing -B listed emergency equipment with the obturator are taped to the wall and an AMBU bag in the resident's room. Surveyor did not observe R7 have an AMBU bag or an obturator taped to the wall in the resident's room.</p> <p>* Nurses were not trained on administering physician ordered nebulizer treatments in the absence of an RT. R7 had physician orders dated 2/26/21 for albuterol nebulizer treatments every 6 hours as needed but none were documented. R8 had physician orders dated 1/13/22 (previous order 6/25/21 to 1/13/22) for albuterol nebulizer treatments via trach three times a day for respiratory failure. Treatments were not provided on 1/14, 1/15, 1/16, only 2 times 1/18, only once at night 1/19, only once at night 1/20, only once at night 1/24/22.</p> <p>* When a respiratory therapist is not on duty, the ventilator unit is supervised by a nurse. None of the nurses who work on the ventilator unit are certified to work with vent residents and none had competency training.</p> <p>The failure to staff the ventilator unit to meet the needs of the 14 Residents residing on this unit, the failure to ensure the nurses working on the ventilator unit are competent to care for Residents on ventilators and with tracheostomy and the failure to ensure physician's orders are implemented &/or followed and assessments are completed when a RT is not working led to the finding of immediate jeopardy.</p> <p>On 1/13/22 at 12:34 p.m. Administrator-A and DON (Director of Nursing)-B were informed of the immediate jeopardy.</p> <p>The immediate jeopardy was not removed at the conclusion of the survey.</p> <p>Findings include:</p> <p>Surveyors were investigating staffing on the vent unit as Surveyors became aware of allegations there were no nurses in the Facility on 1/7/22, with multiple alarms sounding on the ventilator unit and there was no Respiratory Therapist to provide cares. Residents required suctioning and 911 had to be called.</p> <p>(continued on next page)</p>		

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<p>F 0695</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Surveyors noted that out of the 31 staffing days reviewed for December 2021, the facility was short staffed 1 respiratory therapist on 20 out of 31 days reviewed (12/2, 12/3, 12/4, 12/5, 12/6, 12/7, 12/8, 12/11, 12/12, 12/13, 12/16, 12/17, 12/19, 12/21, 12/22, 12/23, 12/25, 12/26, 12/30, 12/31/21). On 4 of these days (12/12, 12/16, 12/23, 12/25) the facility had no respiratory therapist working for at least 24 hours. Surveyor noted that out of the 12 staffing days reviewed for January 2022, the facility was short staffed 1 respiratory therapist on 9 out of the 12 days reviewed, including 1 day (1/1) where no respiratory therapist worked for at least 24 hours (1/1, 1/2, 1/3, 1/4, 1/5, 1/6, 1/7, 1/8, 1/11/22).</p> <p>(Cross reference F725 for specific shifts)</p> <p>1. R7 was admitted to the facility on [DATE] with diagnoses that include chronic respiratory failure with hypoxia, dependence on ventilator, tracheostomy, chronic obstructive pulmonary disease, anoxic brain damage, epilepsy, and anxiety disorder. R7 is a full code.</p> <p>On 1/10/22 at 1:07 p.m. Anonymous-X spoke with Surveyor. Anonymous-X informed Surveyor on 1/7/22 there was only a CNA (Certified Nursing Assistant) on the vent unit. Anonymous-X indicated the night nurse stayed over a little & then left and there was no RT (respiratory therapist) on the ventilator unit. R7 became short of breath, no one knew how to suction, and 911 was called. Anonymous-X indicated a mucus plug was removed from R7, and while the paramedics were on the unit R44's alarm was going off. The paramedics went into R44's room and discovered R44's vent was disconnected.</p> <p>On 1/13/22 at 7:53 a.m. Surveyor spoke with a representative at the Milwaukee Fire Department Administration to inquire if paramedics were dispatched to the facility on [DATE]. Surveyor was informed they were dispatched at approximately 10:54 a.m. and again at 6:30-6:45 p.m. Surveyor asked if Surveyor provided the name of the Resident could they verify the paramedics were dispatched for this Resident. Surveyor was informed they don't have names only room numbers. Surveyor provided the representative at the Milwaukee Fire Department R7's room number and was informed the paramedics were dispatched at 10:54 a.m. for this room number which is R7's room.</p> <p>The NP (nurse practitioner) note dated 1/7/22 documents Asked to see patient secondary to Respiratory distress. Patient reporting shortness of breath and requesting suctioning however no staff available on vent unit thus 911 called. 911 personnel suctioned a mucous plug and patient denies shortness of breath afterwards. He denies wanting to go to the hospital. He appears to be stable at this time.</p> <p>On 1/10/22 at 3:33 p.m. Surveyor asked RT-N if she worked on 1/7/22. RT-N replied no. RT-N looked at the RT schedule and informed Surveyor RT-QQ worked until 10:00 a.m. and RT-M came in at 6:30 p.m. (No RT worked from 10 a.m. to 6:30 p.m.) RT-N informed Surveyor RT-T & RT-M are the only full time respiratory therapists. There are a couple other respiratory therapist that fill in when they can. RT-N informed Surveyor the Facility used to pay them a bonus to pick up extra shifts but they stopped this. RT-N informed Surveyor she used to pick up a lot of extra shifts but didn't feel appreciated so she's not picking up extra shifts. Surveyor verified with RT-QQ punch card RT-QQ punched out at 10:00 a.m. on 1/7/22.</p> <p>(continued on next page)</p>		

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<p>F 0695</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>On 1/14/22 at 9:04 a.m. Surveyor spoke with CNA (Certified Nursing Assistant)-OO on the telephone. CNA-OO was the CNA working the vent unit on 1/7/22. CNA-OO informed Surveyor for part of the day on 1/7/22 she was the only one working the vent unit, there wasn't a nurse or RT. CNA-OO informed Surveyor there were nurses on the unit doing Covid testing on 1/7/22. Surveyor asked if she informed anyone R7 was short of breath. CNA-OO replied no. CNA-OO informed Surveyor she heard the fire department was there for R7, that R7 was short of breath, but she couldn't recall who told her.</p> <p>On 1/13/22 at 7:33 a.m. Administrator-A informed Surveyor she was told there were no nurses in the building on 1/7/22. Administrator-A informed Surveyor she found out Former IP (Infection Preventionist)-T was in the building. Administrator-A indicated she told Former IP-T she need to go out on the floor and work. Former IP-T told her no and left. Administrator-A informed Surveyor MDS (Minimum Data Set) Nurse-RR was in her office and she had MDS Nurse-RR go and work the floor. Administrator-A informed Surveyor she called AL DON (Assisted Living) DON (Director of Nursing)/LPN (Licensed Practical Nurse)-PP and asked her to go to the vent unit but she was in the middle of something. Administrator-A informed Surveyor when AL DON/LPN-PP was finished in the Assisted Living area, she came to the vent unit. Administrator-A indicated she also called DON-B even though she knew that DON-B was sick, but was desperate. Surveyor asked what time DON-B came to the Facility. Administrator-A informed Surveyor DON-B was at the Facility from 11:30 a.m. to 1:00 p.m.</p> <p>On 1/12/22 at 10:48 a.m. Surveyor spoke with AL DON (Assisted Living Director of Nursing)/LPN (Licensed Practical Nurse)-PP on the telephone. Surveyor inquired if she worked on the vent unit on 1/7/22. AL DON/LPN-PP explained she got a call from Administrator-A asking her to go to the vent unit in the health center. AL DON/LPN-PP explained she had to finish a call with a doctor & help with a resident so she probably didn't get over to the vent unit until 10:30-11:00 a.m. Surveyor asked how long she worked on the vent unit. AL DON/LPN-PP informed Surveyor until about 3:00 to 3:15 p.m. Surveyor asked if she has worked the vent unit prior. AL DON/LPN-PP replied yes and explained when she was a nurse manager at the nursing home she had to work the vent unit at times. AL DON/LPN-PP also informed Surveyor she did private duty for a ventilator patient and, at one time, had a certification but she didn't keep the certification up. Surveyor asked on 1/7/22 if there was a RT on the vent unit. AL DON/LPN-PP replied no. Surveyor asked if she saw DON-B on the vent unit. AL DON/LPN-PP informed Surveyor DON-B came in after she was there and they both worked the unit for a little while. Surveyor asked if DON-B appeared sick. AL DON/LPN-PP replied yes she was sick. Surveyor asked AL DON/LPN-PP while she was working on 1/7/22 did any residents have to be transferred to the hospital. AL DON/LPN-PP replied no. Surveyor asked what she would do if a Resident had a change in condition. AL DON/LPN-PP informed Surveyor she would call 911.</p> <p>On 1/13/22 at 11:05 a.m. Surveyor spoke with AL DON/LPN-PP and asked when she worked the vent unit on 1/7/22 did anyone make her aware 911 had been called, the paramedics removed a mucous plug and R7 needed to be monitored. AL DON/LPN-PP informed Surveyor no one told her R7 had a mucous plug removed.</p> <p>On 1/12/22 at 1:02 p.m. Surveyor asked DON-B on 1/7/22 when she came into work if she was still sick with Covid and did she have any symptoms. DON-B informed Surveyor she was still sick. Surveyor inquired why she came into the Facility if she was sick. DON-B informed Surveyor she wasn't sure, felt obligated, and didn't want to see her staff struggle. DON-B indicated she told Administrator-A she didn't feel good but would do her best to come in. DON-B explained when she came in the vent unit needed someone so she went to the unit. DON-B informed Surveyor one of the NP's saw her and told her to leave the building.</p> <p>(continued on next page)</p>		

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<p>F 0695</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>On 1/11/22 at 11:43 a.m. Surveyor asked Administrator-A if the respiratory therapists are employed by the Facility. Administrator-A replied yes. Surveyor inquired if there is a Respiratory Director. Administrator-A replied no and explained they had a Respiratory Director, but they had to let her go because she refused to get vaccinated. Surveyor asked how many respiratory therapists there are. Administrator-A explained there are two respiratory therapists who are full time and PRN (as needed) therapists who pick up when they can. Surveyor asked what happens if there isn't a respiratory therapist scheduled. Administrator-A informed Surveyor they have been offering bonuses to work extra and they have nurses trained in respiratory therapy. Administrator-A informed Surveyor DON (Director of Nursing)-B and RN (Registered Nurse)-E have been trained. Surveyor asked who trained DON-B & RN-E. Administrator-A replied that I don't know and indicated they are working on getting all the nurses trained on vents. Surveyor asked if the training had started. Administrator-A informed Surveyor the Respiratory Director is no longer employed so they haven't started the training. Surveyor asked Administrator-A if Surveyor could be provided with the training RN-E and DON-B received. Administrator-A informed Surveyor she's not going to be able to provide anything on RN-E and doubt she can for DON-B but she came from a vent unit at another facility. Administrator-A informed Surveyor when she came to the Facility there was no HR (human resource) person and the files were a mess.</p> <p>On 1/11/22 at 2:53 p.m. Surveyor asked DON-B what vent training she has received. DON-B explained she managed a trach unit at another Facility right before she came to this Facility. DON-B informed Surveyor she doesn't have any formal written out training but did shadow RT-QQ and the prior Respiratory Director. DON-B informed Surveyor she would be really excited if the facility found a vent class she could take.</p> <p>On 1/11/22 at 2:25 p.m. Surveyor observed R7 on an air mattress on his back with the head of the bed elevated with music playing in R7's room. Surveyor observed secretions coming out of R7's tracheostomy. Surveyor asked R7 if he needed to be suctioned. R7 indicated he did. Surveyor then went and informed RN (Registered Nurse)-E R7 needed to be suctioned.</p> <p>On 1/12/22 at 8:09 a.m. Surveyor asked RT-M how long he is working on the ventilator unit today. RT-M replied 10:00(a.m.). RT-M informed Surveyor RN-E is working along with a CNA (Certified Nursing Assistant).</p> <p>On 1/12/22 at 9:57 a.m. Surveyor asked RT-M how often the Ventilator/Aerosol Flowsheet is completed. RT-M explained the RT completes this form once in the day and once in the evening. Surveyor asked who completes this form when there is no RT on the unit. RT-M replied I don't think it's done. Surveyor noted the Ventilator/Aerosol Flowsheet documents the Resident's ventilator settings including mode, PEEP (positive end expiratory pressure), respiration rate set & respiration rate actual, peak pressure, inspiratory/expiratory ratio, FIO2 (fraction of inspired oxygen), and fixed tidal volume set & actual.</p> <p>The alarm section on the Ventilator/Aerosol Flow sheet documents low pressure, high pressure, low pressure, low minute ventilation & high respiratory rate. The trach care section includes if the inner cannula was changed, trach care performed, trach ties changed, the trach integrity, and left & right breath sounds. Under the miscellaneous section includes the total number of respiratory treatment minutes, HME (heat & moisture exchange), ambu bag, O2 (oxygen) tank or source, red outlet & vent alarm connected. There is also a section for Resident's vital signs.</p> <p>(continued on next page)</p>		

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<p>F 0695</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>On 1/12/22 Surveyor reviewed R7's December 2021 & January 2022 Ventilator/Aerosol Flowsheets and noted on 12/8/21 none were completed, 12/23/21 completed 1 time, 12/25/21 none were completed, 12/26/21 completed one time, 1/1/22 none completed, 1/2/22 completed one time, 1/6/22 completed one time, 1/9/22 completed one time, & 1/11/22 completed one time.</p> <p>Surveyor noted that on several of the above dates the Facility was short staffed respiratory therapists.</p> <p>On 1/12/22 at 1:43 p.m. Surveyor spoke with MD (Medical Doctor)-J, who is also the Facility's medical director on the telephone. Surveyor inquired what MD-J's expectation is for staffing the ventilator unit. MD-J informed Surveyor the vent unit should have a RT (respiratory therapist) at all times and good to have an RN (Registered Nurse) on the unit. MD-J informed Surveyor there should be a nurse in the building at least 12 hours available, ideally an RN. MD-J informed Surveyor NP (Nurse Practitioner)-O knows all the Residents on the vent unit. Surveyor asked MD-J if the Facility should have a RT at all times. MD-J replied correct. Surveyor asked MD-J if he was aware on 1/7/22 there wasn't a RT or unit nurse on the vent unit when 911 had to be called for R7. MD-J informed he was not aware until he found out yesterday (1/11/22) when a colleague informed him.</p> <p>On 1/12/22 at 2:00 p.m. MD-J telephoned Surveyor back and informed Surveyor he wanted to clarify what he said. MD-J informed Surveyor he was thinking about from a regulatory point don't need a RT 24/7 but need one available. MD-J stated I could be wrong.</p> <p>36161</p> <p>2. R8, R17, and R18 had physician's orders for removing R8, R17, and R18 from their ventilators and placing them on tracheostomy (trach) mask and vice versa on a daily basis. The physician's orders were not followed due to lack of either having a respiratory therapist (RT) in the building and/or due to the lack of nurse competency and comfort in providing trach and vent care.</p> <p>2a. R8 was admitted to the facility on [DATE] with diagnoses that included Sleep Related Hypoventilation, Dependence on Respiratory Ventilator, Muscular Dystrophy and Cardiomyopathy.</p> <p>R8's Quarterly MDS (Minimum Data Set) dated 12/27/21 documents a BIMS (Brief Interview for Mental Status) score of 13, indicating that R8 is cognitively intact.</p> <p>Section G (Functional Status) documents that R8 has total dependence on staff and requires a two person physical assist for her bed mobility, transfer and toileting needs.</p> <p>Section O (Special Treatments and Programs) documents that R8 requires oxygen, suctioning, tracheostomy and respiratory ventilator/respirator care while at the facility.</p> <p>R8's respiratory care plan dated as initiated on 6/25/21 documents under the Focus section, R8 is vent dependent at night due to admitting diagnosis of Acute respiratory failure with hypoxia.</p> <p>(continued on next page)</p>		

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<p>F 0695</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>On 1/11/22 at 9:16 a.m., Surveyor interviewed RN (Registered Nurse)-E, who was working on the ventilator unit, if residents were receiving respiratory care when there was not RT present in the facility. RN-E informed Surveyor that when an RT is not working on the ventilator unit, residents being weaned off the ventilator remain on the ventilator and those on a mask remain on a mask despite physician orders. RN-E informed Surveyor that the facility is short staffed respiratory therapists and that some nurses at the facility do not feel comfortable switching ventilator residents from the ventilator to a mask and vice versa.</p> <p>On 1/11/22 at 1:14 p.m., Surveyor interviewed R8 regarding the respiratory care at the facility. R8 informed Surveyor that she was concerned regarding the lack of respiratory therapists working at the facility. R8 informed Surveyor that when there is no respiratory therapist (RT) she is forced to either stay on the ventilator or on her tracheostomy mask, as no one is available to switch her over from the vent to the mask or vice versa.</p> <p>R8's physician order documents, Place resident on oxygen at 28% (2L) via trach (tracheostomy) mask from 0830 to 2030. One time a day.</p> <p>Surveyor reviewed R8's December 2021 and January TAR (Treatment Administration Record) which documents that the above order was not completed on 12/13/21, 12/19/21, 12/21/21, 12/23/21, 12/25/21, 12/26/21, 12/27/21, 12/29/21, 12/30/21, 1/1/22, 1/2/22 & 1/6/22.</p> <p>Surveyor noted that on several of the above dates, the facility was short staffed respiratory therapists.</p> <p>R8's physician order documents, VENTILATOR SETTINGS: Mode: SIMV, P.S.10 Rate: __7 Tidal Volume: __350 PEEP: __5 FIO2: .28 Continuous: No If not continuous: Time on the Ventilator: 20:30 Time off the ventilator: 08:30 every day and night shift for tidal volume.</p> <p>Surveyor reviewed R8's December 2021 and January TAR (Treatment Administration Record) which documents that the above order was not completed on 12/18/21, 12/25/21, 1/1/22 & 1/12/22.</p> <p>Surveyor noted that on several of the above dates, the facility was short staffed respiratory therapists.</p> <p>On 1/12/22 at 8:32 a.m., Surveyor interviewed RT (Respiratory Therapist)-M regarding the amount of respiratory care needed on the ventilator unit.</p> <p>Surveyor asked RT-M if residents on the ventilator unit receive respiratory treatments, such as putting residents on and off the ventilators, when there is not RT working. RT-M informed Surveyor that residents do not get respiratory treatments when there is no RT present as most nurses on the ventilator unit do not feel comfortable taking residents on and off the ventilators. RT-M informed Surveyor that the residents that were ventilator dependent were stable and that he attempted to leave them with all their treatments done until another RT would arrive.</p> <p>On 1/12/22 at 1:30 p.m., Surveyor informed DON (Director of Nursing)-B of the above findings. Surveyor asked DON-B if the facility had a staffing shortages of respiratory therapists on the above dates, as Surveyor found that respiratory care was not being completed on the above dates for R8.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER Waterfall Health of Brown Deer		STREET ADDRESS, CITY, STATE, ZIP CODE 7500 W Dean Rd Milwaukee, WI 53223	
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<p>F 0695</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>DON-B informed Surveyor that she was aware of the staffing shortage of respiratory therapists on the ventilator unit, but that she (DON-B) could not provide any additional information.</p> <p>2b. R17 was admitted to the facility on [DATE] with diagnoses that included Chronic Respiratory Failure with Hypercapnia, Tracheostomy Status and Dependence on Respirator [Ventilator].</p> <p>R17's Quarterly MDS (Minimum Data Set) dated 11/26/21 documents a BIMS (Brief Interview for Mental Status) score of 15, indicating that R17 is cognitively intact.</p> <p>Section G (Functional Status) documents that R17 requires extensive assistance and a two person physical assist for his bed mobility and transfer needs.</p> <p>Section O (Special Treatments and Programs) documents that R17 requires oxygen, suctioning, tracheostomy and respiratory ventilator/respirator care while at the facility.</p> <p>R17's respiratory care plan dated as initiated on 9/8/20 documents under the Interventions section, RESPIRATORY: Resident has potential for difficulty in breathing r/t (related to): Vent (ventilator) dependent.</p> <p>Under the Interventions section it documents, Administer medications/treatments as ordered.</p> <p>R17's physician order documents, Oxygen via Trach mask at .30 FIO2 from 0800-2400 two times a day related to CHRONIC RESPIRATORY FAILURE WITH HYPERCAPNIA.</p> <p>Surveyor reviewed R17's December 2021 and January TAR (Treatment Administration Record) which documents that the above order was not completed on 12/8/21, 12/13/21, 12/18/21, 12/19/21, 12/23/21, 12/25/21, 12/26/21, 12/27/21, 12/29/21, 12/30/21, 1/1/22, 1/2/22, 1/6/22, 1/9/22, 1/11/22 & 1/12/22.</p> <p>Surveyor noted that on several of the above dates the facility was short staffed respiratory therapists.</p> <p>R17's physician order documents, VENTILATOR SETTINGS: Mode:A/C Rate: 12 Tidal Volume:500 PEEP: 8 FIO2:.30 Continuous? No If not continuous: Time on the Ventilator: 2400 Time off the ventilator: 0800 two times a day.</p> <p>Surveyor reviewed R17's December 2021 and January TAR (Treatment Administration Record) which documents that the above order was not completed on 12/8/21, 12/13/21, 12/18/21, 12/19/21, 12/21/21, 12/25/21, 12/26/21, 12/27/21, 12/29/21, 12/30/21, 1/1/22, 1/2/22, 1/6/22, 1/8/22, 1/11/22 & 1/12/22.</p> <p>Surveyor noted that on several of the above dates the facility was short staffed respiratory therapists.</p> <p>2c. R18 was admitted to the facility on [DATE] with diagnoses that included Acute Respiratory Failure with Hypoxia, Chronic Respiratory Failure, Tracheostomy Status and Dependence on Respirator [Ventilator].</p> <p>R18's Annual MDS (Minimum Data Set) dated 11/1/21 documents a BIMS (Brief Interview for Mental Status) score of 13, indicating that R18 is cognitively intact.</p> <p>(continued on next page)</p>		

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<p>F 0695</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Section G (Functional Status) documents that R18 requires extensive assistance and two person physical assist for her bed mobility needs. Section G also documents that R18 requires extensive assistance and a one person physical assist for her transfer needs.</p> <p>Section O (Special Treatments and Programs) documents that R18 requires oxygen, suctioning, tracheostomy and respiratory ventilator/respirator care while at the facility.</p> <p>R18's respiratory care plan dated as initiated on 2/22/21 documents under the Focus section, R18 is vent dependent due to admitting diagnosis of Acute Respiratory failure with hypoxia.</p> <p>R18's physician order documents, Oxygen via trach mask at .35(4 LPM liters per minute) during the day from 0900-2200 two times a day.</p> <p>R18's December 2021 and January 2022 TAR documents that the above orders were not completed on 12/13/21, 12/18/21, 12/19/21, 12/21/21, 12/23/21, 12/25/21, 12/26/21, 12/27/21, 12/29/21, 12/30/21, 1/1/22, 1/2/22, 1/6/22, 1/9/22, 1/11/22 & 1/12/22.</p> <p>Surveyor noted that on several of the above dates the facility was short staffed respiratory therapists.</p> <p>R18's physician order documents, VENTILATOR SETTINGS: Mode: A/C, Rate: 12, Tidal Volume: 450 PEEP: +5, FIO2: 35% Continuous: No If not continuous, Time ON the Ventilator: 2200 Time OFF the ventilator: 0900 two times a day.</p> <p>R18's December 2021 and January 2022 TAR documents that the above orders were not completed on 12/13/21, 12/18/21, 12/19/21, 12/21/21, 12/23/21, 12/25/21, 12/26/21, 12/27/21, 12/29/21, 12/30/21, 1/1/22, 1/2/22, 1/6/22, 1/11/22 & 1/12/22.</p> <p>Surveyor noted that on several of the above dates the facility was short staffed respiratory therapists.</p> <p>40533</p> <p>3. R10 was admitted to the facility with diagnoses that included Chronic Respiratory Failure, Ventilator Dependence, Quadriplegia, Chronic Obstructive Pulmonary Disease and Dementia.</p> <p>Surveyor reviewed R10's MDS (Minimum Data Set) Quarterly Assessment with an assessment reference date of 12/7/21. Documented under Cognition was a BIMS (brief interview mental status) score of 08 which indicated moderately impaired for daily decision making skills.</p> <p>R10 was sent to the Emergency Department (ED) on 12/29/21 with coffee ground emesis. Documented in hospital paperwork was .do not feel this patient needs ICU (Intensive Care Unit) management emergently for an overall normal exam. Rather, will discharge back to his facility for further monitoring and recommended follow up labs with his primary care. Can return to the ED for any acute worsening. The patient was readmitted to the facility on [DATE] at 9:20 PM.</p> <p>(continued on next page)</p>		

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<p>F 0695</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Surveyor reviewed R10's Progress Notes. Documented on 12/30/21 at 11:07 AM was [MD-J] in Facility. Resident assessed at Nursing request post ER visit. [New order (NOR)] to increase Water Flushes by 20% of volume administered, obtain Sputum Culture today, STAT [chest x-ray (CXR)] 2 View, [complete blood count lab draw (CBC)], [basic metabolic panel lab draw (BMP)] today, So noted & carried out.</p> <p>Surveyor reviewed R10's Electronic Medical Record (EMR). There were no test results for a Sputum Culture, CXR, CBC or BMP in R10's chart.</p> <p>Surveyor reviewed Respiratory Therapist (RT) Ventilator/Aerosol Flowsheet dated 12/30/21 at 7:00 AM. Documented by Former RT-K under C [TRUNCATED]</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36161</p> <p>Based on observation, interview and a review of staffing hours, the facility did not ensure that sufficient nursing staff was provided to attain or maintain the highest practicable physical, mental and psychosocial well-being of each resident.</p> <p>The facility was short staffed to provide respiratory care according to the physician's order for 14 residents residing on the vent unit including R8, R17, and R18.</p> <p>R3 indicated she was incontinent of urine on 1/11/22 at 3:30 PM and although she put her call light on was not changed until 7 PM as there was only 1 CNA on the unit on PM shift and that is why she had to wait to get changed.</p> <p>R5 and R2 reported they have not been receiving showers.</p> <p>On 1/11/22 R19 had to wait 2.5 hours to get out of bed.</p> <p>R2 received her 8:00 AM medication at 10:10 AM.</p> <p>Registered Nurse (RN) E who is assigned to the vent unit was observed passing medications on the [NAME] unit. RN E indicated she is the nurse on the vent unit but is also required to float throughout the facility and does wound care because they are so short of nurses.</p> <p>Findings include:</p> <p>1. Staffing Hours</p> <p>The facility is composed of five units (East, West, North, Rehab and the Vent unit) and had a census of 72 residents on 1/20/22.</p> <p>According to the Resident Censure and Condition Report (Centers for Medicare and Medicaid- Form 672) for the facility, the facility's residents have the following personal care needs:</p> <p>Bathing: Assist of 1 or 2 staff-60 residents</p> <p>Dependent- 12 residents</p> <p>Dressing: Assist of 1 or 2 staff-57 residents</p> <p>Dependent-12 resident</p> <p>Transferring: Assist of 1 or 2 staff-46 residents</p> <p>Dependent-19 residents</p> <p>(continued on next page)</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Toilet use: Assist of 1 or 2 staff-50 residents</p> <p>Dependent-15 residents</p> <p>Eating: Assist of 1 or 6 staff- 31 residents</p> <p>Dependent- 10 residents</p> <p>1. Staffing Hours</p> <p>On 1/11/22 at 3:37 p.m., Surveyor interviewed Scheduler-V regarding the facility's staffing levels. Surveyor asked Scheduler-V how the facility determines the amount of staffing needed to meet resident's needs.</p> <p>Scheduler-V informed Surveyor that the facility determines the amount of staffing needed to meet resident's needs primarily on the census of the facility and that at times will add staff if the acuity care needs of residents currently living at the facility increase.</p> <p>Surveyor asked Scheduler-V what the minimum staffing levels of CNAs (Certified Nursing Assistant) are needed per shift to ensure that residents get care. Scheduler-V informed Surveyor that based on the current census of 72, the facility needs to minimally staff the following amount of CNAs per shift:</p> <p>AM (1st shift): 3 total CNAs</p> <p>PM (2nd shift): 3 total CNAs</p> <p>NOC (3rd shift): 2 total CNAs</p> <p>Surveyor asked Scheduler-V how many respiratory therapist were scheduled each day as the facility had a ventilator unit. Scheduler-V informed Surveyor that she did not do the scheduling for the respiratory therapists at the facility but that she believed that there was 1 respiratory therapist per every 12 hour shift.</p> <p>On 1/13/22 at 8:07 a.m., Surveyor reviewed the actual facility staffing from 12/1/21 to 1/12/22.</p> <p>Based on the minimum staffing levels provided by Scheduler-V, Surveyor noted that the facility was short of the minimum amount of CNAs staff required on the following days:</p> <p>12/21/21- Facility short staffed 1 CNA in the night shift, when there should have been 2 CNAs.</p> <p>Based on the minimum staffing levels provided by Scheduler-V, Surveyor noted that the facility was short of the minimum amount of respiratory therapists on the following days:</p> <p>12/2/21- Facility short staffed 1 respiratory therapist on night shift</p> <p>12/3/21- Facility short staffed 1 respiratory therapist on night shift</p> <p>(continued on next page)</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>12/4/21- Facility short staffed 1 respiratory therapist on day shift</p> <p>12/5/21- Facility short staffed 1 respiratory therapist on day shift</p> <p>12/6/21- Facility short staffed 1 respiratory therapist on night shift</p> <p>12/7/21- Facility short staffed 1 respiratory therapist on night shift</p> <p>12/8/21- Facility short staffed 1 respiratory therapist on day shift</p> <p>12/11/21- Facility short staffed 1 respiratory therapist on night shift</p> <p>12/12/21- Facility short staffed 2 respiratory therapist on both day and night shift</p> <p>12/13/21- Facility short staffed 1 respiratory therapist on day shift</p> <p>12/16/21- Facility short staffed 2 respiratory therapist on both day and night shift</p> <p>12/17/21- Facility short staffed 1 respiratory therapist on night shift</p> <p>12/19/21- Facility short staffed 1 respiratory therapist on night shift</p> <p>12/21/21- Facility short staffed 1 respiratory therapist on day shift</p> <p>12/22/21- Facility short staffed 1 respiratory therapist on night shift</p> <p>12/23/21- Facility short staffed 2 respiratory therapist on both day and night shift</p> <p>12/25/21- Facility short staffed 2 respiratory therapist on both day and night shift</p> <p>12/26/21- Facility short staffed 1 respiratory therapist on day shift</p> <p>12/30/21- Facility short staffed 1 respiratory therapist on night shift</p> <p>12/31/21- Facility short staffed 1 respiratory therapist on night shift</p> <p>Surveyor noted that out of the 31 staffing days reviewed for December 2021, the facility was short staffed 1 respiratory therapist on 20 out of 31 days reviewed. Out of the 20 days where the facility was found to have no respiratory therapist working for at least 12 hours, Surveyor noted that on 4 days (12/12, 12/16, 12/23, 12/25) the facility had no respiratory therapist working for at least 24 hours.</p> <p>For the month of January 2022, based on the minimum staffing levels provided by Scheduler-V, Surveyor noted that the facility was short of the minimum amount of respiratory therapist on the following days:</p> <p>1/1/22- Facility short staffed 2 respiratory therapist on both day and night shift</p> <p>(continued on next page)</p>

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>1/2/22- Facility short staffed 1 respiratory therapist on night shift</p> <p>1/3/22- Facility short staffed 1 respiratory therapist on night shift</p> <p>1/4/22- Facility short staffed 1 respiratory therapist on day shift</p> <p>1/5/22- Facility short staffed 1 respiratory therapist on day shift</p> <p>1/6/22- Facility short staffed 1 respiratory therapist on night shift</p> <p>1/7/22- Facility short staffed 1 respiratory therapist on night shift</p> <p>1/8/22- Facility short staffed 1 respiratory therapist on night shift</p> <p>1/11/22- Facility short staffed 1 respiratory therapist on night shift</p> <p>Surveyor noted that out of the 12 staffing days reviewed for January 2022, the facility was short staffed 1 respiratory therapist on 9 out of the 12 days reviewed, including 1 day (1/1) where no respiratory therapist worked for at least 24 hours.</p> <p>On 1/13/22 at 10:30 a.m., Surveyor informed Scheduler-V of the above findings.</p> <p>Surveyor reviewed the above dates with Scheduler-V and reviewed the actual staffing schedules and included any additional staff that provided direct care to residents who were not listed on the staffing schedules.</p> <p>Surveyor also asked Scheduler-V if the facility had experienced any dramatic changes in the resident census on the above dates. Scheduler-V informed Surveyor that the resident census had not changed dramatically on any of the above dates and that the census had been consistently between 70 and 80 residents on the above dates.</p> <p>Surveyor reviewed the above dates with Scheduler-V with all additional direct care staff included and Scheduler-V confirmed the accuracy of the above staffing levels and informed Surveyor that the facility was short staffed on the above dates.</p> <p>No additional information was provided.</p> <p>2. Respiratory Care Not Provided Due to Short Staffing</p> <p>On 1/11/22 at 9:16 a.m., Surveyor interviewed RN (Registered Nurse)-E, who was working on the ventilator unit, if residents were receiving respiratory care when there was no RT present in the facility. RN-E informed Surveyor that when an RT is not working on the ventilator unit, residents being weaned off the ventilator remain on the ventilator and those on a mask remain on a mask despite physician orders. RN-E informed Surveyor that the facility is short staffed respiratory therapists and that some nurses at the facility do not feel comfortable switching ventilator residents from the ventilator to the mask and vice versa.</p> <p>(continued on next page)</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 1/12/22 at 8:07 a.m., Surveyor reviewed the following residents for respiratory cares due to the short staffing of respiratory therapist on the ventilator unit (cross reference F695):</p> <p>2.1 R8's physician order documents, Place resident on oxygen at 28% (2L) via trach mask from 0830 to 2030. One time a day.</p> <p>Surveyor reviewed R8's December 2021 and January TAR (Treatment Administration Record) which documents that the above order was not completed on 12/13/21, 12/19/21, 12/21/21, 12/23/21, 12/25/21, 12/26/21, 12/27/21, 12/29/21, 12/30/21, 1/1/22, 1/2/22 & 1/6/22.</p> <p>Surveyor noted that on several of the above dates, the facility was short staffed respiratory therapists.</p> <p>R8's physician order documents, VENTILATOR SETTINGS: Mode: SIMV, P.S.10 Rate: __7 Tidal Volume: __350 PEEP: _5 FIO2: .28 Continuous: No If not continuous: Time on the Ventilator: 20:30 Time off the ventilator: 08:30 every day and night shift for tidal volume.</p> <p>Surveyor reviewed R8's December 2021 and January TAR (Treatment Administration Record) which documents that the above order was not completed on 12/18/21, 12/25/21, 1/1/22 & 1/12/22. Surveyor noted that on several of the above dates, the facility was short staffed respiratory therapists.</p> <p>2.2 R17's physician order documents, Oxygen via Trach mask at .30 FIO2 from 0800-2400 two times a day related to CHRONIC RESPIRATORY FAILURE WITH HYPERCAPNIA.</p> <p>Surveyor reviewed R17's December 2021 and January TAR (Treatment Administration Record) which documents that the above order was not completed on 12/8/21, 12/13/21, 12/18/21, 12/19/21, 12/23/21, 12/25/21, 12/26/21, 12/27/21, 12/29/21, 12/30/21, 1/1/22, 1/2/22, 1/6/22, 1/9/22, 1/11/22 & 1/12/22.</p> <p>Surveyor noted that on several of the above dates, the facility was short staffed respiratory therapists.</p> <p>R17's physician order documents, VENTILATOR SETTINGS: Mode:A/C Rate: 12 Tidal Volume:500 PEEP: 8 FIO2:.30 Continuous? No If not continuous: Time on the Ventilator: 2400 Time off the ventilator: 0800 two times a day.</p> <p>Surveyor reviewed R17's December 2021 and January TAR (Treatment Administration Record) which documents that the above order was not completed on 12/8/21, 12/13/21, 12/18/21, 12/19/21, 12/21/21, 12/25/21, 12/26/21, 12/27/21, 12/29/21, 12/30/21, 1/1/22, 1/2/22, 1/6/22, 1/8/22, 1/11/22 & 1/12/22.</p> <p>Surveyor noted that on several of the above dates, the facility was short staffed respiratory therapists.</p> <p>2.3 R18's physician order documents, Oxygen via trach mask at .35(4 LPM) during the day from 0900-2200 two times a day.</p> <p>R18's December 2021 and January 2022 TAR documents that the above orders were not completed on 12/13/21, 12/18/21, 12/19/21, 12/21/21, 12/23/21, 12/25/21, 12/26/21, 12/27/21, 12/29/21, 12/30/21, 1/1/22, 1/2/22, 1/6/22, 1/9/22, 1/11/22 & 1/12/22.</p> <p>(continued on next page)</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Surveyor noted that on several of the above dates, the facility was short staffed respiratory therapists.</p> <p>R18's physician order documents, VENTILATOR SETTINGS: Mode: A/C, Rate: 12, Tidal Volume: 450 PEEP: +5, FIO2: 35% Continuous: No If not continuous, Time ON the Ventilator: 2200 Time OFF the ventilator: 0900 two times a day.</p> <p>R18's December 2021 and January 2022 TAR documents that the above orders were not completed on 12/13/21, 12/18/21, 12/19/21, 12/21/21, 12/23/21, 12/25/21, 12/26/21, 12/27/21, 12/29/21, 12/30/21, 1/1/22, 1/2/22, 1/6/22, 1/11/22 & 1/12/22.</p> <p>Surveyor noted that on several of the above dates, the facility was short staffed respiratory therapists.</p> <p>On 1/12/22 at 8:32 a.m., Surveyor interviewed RT (Respiratory Therapist)-M regarding the amount of respiratory care needed on the ventilator unit. RT-M informed Surveyor that he currently had 14 ventilator dependent residents, 2 tracheostomy dependent resident and 3 residents who required weaning from the respirator.</p> <p>2.4 Surveyor asked RT-M if residents on the ventilator unit receive respiratory treatments, such as putting residents on and off the ventilators, when there is no RT working. RT-M informed Surveyor that residents do not get respiratory treatments when there is no RT present as most nurses on the ventilator unit do not feel comfortable taking residents on and off the ventilators. RT-M informed Surveyor that the residents that were ventilator dependent were stable and that he attempted to leave them with all their treatments done until another RT would arrive.</p> <p>On 1/12/22 at 1:30 p.m., Surveyor informed DON (Director of Nursing)-B of the above findings. Surveyor asked DON-B if the facility had a staffing shortages of respiratory therapists on the above dates, as Surveyor found that respiratory care was not being completed on the above dates for R8, R17 and R18.</p> <p>DON-B informed Surveyor that she was aware of the staffing shortage of respiratory therapists on the ventilator unit, but that she (DON-B) could not provide any additional information.</p> <p>On 1/12/22 at 3:03 p.m., during the daily exit conference, Surveyor informed NHA-A and DON -B of the above findings.</p> <p>No additional information was provided as to why the facility did not ensure that sufficient nursing staff and RT staff was provided to attain or maintain the highest practicable physical, mental and psychosocial well-being of each resident.</p> <p>03359</p> <p>3. R3 resides on the East unit. R3 has a diagnosis of Sick Cell Anemia. An Annual Minimum Data Set was completed on 1/11/21 and contained the following information; R3 is cognitively intact. R3 requires extensive assistance from 2 staff persons for her bed mobility, transfers and toileting. R3 is noted to always be incontinent of bowel and bladder.</p> <p>(continued on next page)</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>R3 has an incontinence care plan, dated 4/28/19, that indicates she requires total assistance of 1 staff person for incontinence care. The intervention is to provide incontinence care after each incontinent episode.</p> <p>On 1/12/22 at 8:15 am, R3 was interviewed. R3 said that on 1/11/22 she was incontinent of urine at 3:30 PM. Although she had put on her call light, R3 reported that she was not changed until after 7 PM and that her bottom was burning at the time. R3 said that there was only 1 CNA on the unit on the PM Shift and that is why she had to wait to get changed. R3 said that there are times on the Night Shift when she is incontinent of urine and the Night Shift staff do not change her.</p> <p>On 1/12/22 at 8:20, CNA - FF was interviewed. CNA - FF said that she regularly provides care to R3 on the Day Shift. CNA - FF said that some days when she comes to work it appears that R3 had not been changed on the Night Shift. R3 will be wet, the bed will be wet, and at times she is incontinent of stool. CNA - FF said that she did not complain to the facility that R3 was not being changed on the Night Shift because she knew there was a staffing problem on the Night Shift.</p> <p>On 1/12/22 at 3 PM, the preceding information was shared with Nursing Home Administrator (NHA) - A and Director of Nursing (DON) - B. No additional information was provided to indicate that there were sufficient staff to provide care to R3 on 1/11/22 during the PM Shift.</p> <p>20483</p> <p>4. R5 resides on the [NAME] Unit of the facility. R5's diagnoses include paraplegia, depressive disorder, and anxiety disorder.</p> <p>The annual MDS (minimum data set) with an assessment reference date of 12/1/21 documents a BIMS (brief interview mental status) score of 15 which indicates cognitively intact. R5 requires extensive assistance with two plus person physical assist for bathing. R5 is not coded as having any behaviors including refusal of care. Very important is coded for the question how important is it to you to choose between a tub bath, shower, bed bath, or sponge bath.</p> <p>On 1/10/22 at 11:34 a.m. Surveyor spoke with R5 who was in bed on her left side, wearing a hospital gown. R5 informed Surveyor she doesn't get showers and it has been three weeks since she received a shower. R5 stated I have to go for a heart catheterization tomorrow how embarrassing is that. Surveyor asked R5 what time her appointment is tomorrow. R5 informed Surveyor 2:25 p.m. R5 informed Surveyor she doesn't like a bed bath because she has eczema and if staff does not wash off the soap she is itchy. R5 stated how much can you rinse in bed? R5 informed Surveyor this has been going on for a long time and no one cares.</p> <p>On 1/10/22 at 3:10 p.m. Surveyor asked R5 if there is anyone she can speak to regarding getting a shower. R5 informed Surveyor that would be the DON (Director of Nursing) and she will say if they have someone. R5 stated I would love to get cleaned up. I'm going to have a heart cath how embarrassing is this. Surveyor asked R5 if it would be alright with her if Surveyor spoke to the nurse about her getting a shower. R5 replied yes.</p> <p>(continued on next page)</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 1/10/22 at 3:13 p.m. Surveyor asked Med Tech-Y if R5 could get a shower this evening as she has an appointment tomorrow. Med Tech-Y informed Surveyor she is the only one on the unit and she has 60 Residents to pass medication to. Med Tech-Y informed Surveyor currently she doesn't have a CNA (Certified Nursing Assistant) on the [NAME] or North unit. Med Tech-Y informed Surveyor they will try their best when a CNA comes in as R5 is a two person transfer with a Hoyer lift.</p> <p>On 1/10/22 at 3:20 p.m. Surveyor informed Administrator-A Surveyor had spoken to Med Tech-Y who is the only staff on [NAME] & North units and Med Tech-Y informed Surveyor there are no CNAs on the [NAME] & North unit.</p> <p>On 1/10/22 at 3:40 p.m. DON-B informed Surveyor there is an agency CNA working on the north unit, CNA-Z is on East, CNA-AA is going to help on West, and when CNA-BB comes in she is going to work West. DON-B informed Surveyor Administrator-A is calling CNA-BB to see where she is. DON-B informed Surveyor they are still trying to get help for the Rehab unit.</p> <p>On 1/10/22 at 3:44 p.m. DON-B informed Surveyor Scheduler-V, who is also a CNA is going to Rehab and CNA-BB will be here in 10 minutes.</p> <p>On 1/11/22 at 8:29 a.m. Surveyor asked R5 if she received a shower last evening. R5 replied, Yes I did.</p> <p>On 1/11/22 at 3:43 p.m. Surveyor asked SSD (Social Service Director)-I if she has a grievance for R5 not receiving showers. SSD-I replied actually, yes. SSD-I explained she believes it was last week when she was off for [name of illness]. Surveyor asked SSD-I if she has written grievance. SSD-I replied probably not and explained when she was out she checked her voice messages and R5 had left her a voice message. SSD-I informed Surveyor R5 received a shower after SSD-I spoke with the Administrator.</p> <p>R5's CNA (Certified Nursing Assistant) kardex printed on 1/12/22 does not address R5's showers.</p> <p>On 1/12/22 at 10:31 a.m. Surveyor asked Administrator-A for a print out of R5 showers from 11/1/21 to present.</p> <p>On 1/12/22 at 3:29 p.m. Surveyor informed Administrator-A and DON-B Surveyor has still not received any shower information for R5.</p> <p>On 1/13/22 Surveyor reviewed a 2 page task report. For task documents Showers/Bathing Monday PM (evening)/Friday AM (morning). Surveyor noted question 1 is Bathing: Self Performance How resident takes full-body bath/shower, sponge, and transfers in/out of tub/shower (excludes washing of back and hair). The only date documented for this question is 12/27/21. Question 2 Bathing: Support provided: How resident takes full-body bath/shower, sponge, and transfers in/out of tub/shower (excludes washing of back and hair). The only date documented for this questions is 12/27/21. Surveyor was not provided with any documentation of R5 receiving a shower/bath or sponge bath other than on 12/27/21.</p> <p>5. R2 resides on the North unit. R2's diagnoses include epilepsy, schizophrenia, bipolar disorder, and anxiety disorder.</p> <p>(continued on next page)</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>The admission MDS (minimum data set) with an assessment reference date of 12/1/21 has a BIMS (brief interview mental status) score of 13 which indicates cognitively intact. R2 requires extensive assistance with one person physical assist for bathing. R2 is coded as having refusing care 1 to 3 days during the assessment period. Very important is coded for the question how important is it to you to choose between a tub bath, shower, bed bath, or sponge bath.</p> <p>On 1/11/22 at 3:23 p.m. Surveyor asked SSD (Social Service Director)-I if there are any grievances for R2. SSD-I informed Surveyor there is a grievance for clothing missing and recently complained of not getting showers. Surveyor informed SSD-I Surveyor did not see a shower grievance. SSD-I informed Surveyor she thinks the grievance is in her office. SSD-I informed Surveyor R2 complained of not receiving a shower but she refuses. SSD-I informed Surveyor she thinks she spoke with R2's sister the week before Christmas and she complained R2 wasn't receiving showers but it's documented in PCC (pointclickcare) of her refusing cares. Surveyor asked SSD-I for R2's grievances.</p> <p>On 1/11/22 at 3:38 p.m. SSD-I provided Surveyor with two grievances dated 12/16/21 for clothing. SSD-I informed she thinks it was the day R2's sister called she verified with staff R2 had refused shower and R2 agreed to have a shower on that Thursday. SSD-I informed Surveyor at this time she was in room [room number] and on 12/16/21 was moved to [room number]. Surveyor informed SSD-I Surveyor was unable to locate any documentation of R2's refusals of a shower and asked where she saw the refusals. SSD-I looked at R2's electronic medical record. Surveyor asked SSD-I if she found any refusals. SSD-I replied no, I don't see anything.</p> <p>On 1/11/22 at 3:53 p.m. Surveyor asked R2 if she receives showers. R2 replied I'm suppose to. I feel all sticky and dirty. R2 explained she used to do her own showers on the other unit. Surveyor asked R2 when she last received a shower. R2 informed Surveyor last week sometime. Surveyor asked how often R2 is suppose to receive a shower. R2 replied twice a week. R2 informed Surveyor staff has one excuse or another as to why she doesn't get a shower.</p> <p>On 1/12/22 at 7:58 a.m. Surveyor observed R2 sitting on the edge of her bed with a walker in front of her. R2 informed Surveyor she asked staff and was told she will have a shower today.</p> <p>On 1/12/22 at 8:02 a.m. Surveyor asked CNA-F where Residents are showered. CNA-F showed Surveyor there are two showers on the north unit. CNA-F explained today is monthly weights so they will only use one of the showers. Surveyor asked CNA-F when R2 receives a shower. CNA-F replied today. Surveyor asked day or evening shift. CNA-F informed Surveyor day shift. Surveyor asked if there is a shower aide. CNA-F informed Surveyor there is a CNA who is on light duty and this CNA is the shower aide. Surveyor asked if the shower aide was on duty today. CNA-F replied no. CNA-F informed Surveyor if there is an extra staff they will be the shower aide. Surveyor asked if there was extra staff today. CNA-F replied no.</p> <p>On 1/12/22 at 8:13 a.m. Surveyor informed R2 Surveyor had spoken to staff and today is her shower day. R2 replied great.</p> <p>On 1/12/22 at 1:19 p.m. Surveyor asked R2 if she's received a shower yet. R2 replied no.</p> <p>On 1/13/22 at 8:54 a.m. Surveyor observed R2 sitting on the edge of her bed. Surveyor asked R2 if she received a shower yesterday. R2 replied yes, thank you so much.</p> <p>(continued on next page)</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>R2's CNA (Certified Nursing Assistant) kardex printed on 1/12/22 does not address R2's showers.</p> <p>On 1/12/22 at 10:31 a.m. Surveyor asked Administrator-A for a print out of R2 showers from 11/1/21 to present.</p> <p>On 1/12/22 at 3:29 p.m. Surveyor informed Administrator-A and DON-B Surveyor has still not received any shower information for R2.</p> <p>On 1/13/22 Surveyor reviewed a 2 page task report for R2. For task documents Showers/Bathing Surveyor noted question 1 is Bathing: Self Performance How resident takes full-body bath/shower, sponge, and transfers in/out of tub/shower (excludes washing of back and hair). For 12/14/21 & 12/15/21 independent is checked. For 12/23/21, 12/27/21, 12/28/21, 12/29/21, 12/30/21, & 1/11/22 non applicable is checked.</p> <p>Question 2 Bathing: Support provided: How resident takes full-body bath/shower, sponge, and transfers in/out of tub/shower (excludes washing of back and hair). For 12/14/21 set up help only is checked, 12/15/21 no set up or physical help is checked, and on 12/23/21, 12/27/21, 12/28/21, 12/29/21, 12/30/21 & 1/11/22 not applicable is checked.</p> <p>Surveyor was not provided with any further documentation regarding when R2 received a shower.</p> <p>6. R19 resides on the North unit. R19's quarterly MDS (minimum data set) with an assessment reference date of 12/1/21 documents a BIMS (brief interview mental status) score of 15 which indicates cognitively intact. R19 requires extensive assistance with two plus person physical assist for bed mobility & transfer.</p> <p>On 1/11/22 at 7:33 a.m. Surveyor observed R19's call light on. At 7:37 a.m. Surveyor observed R19's call light is off.</p> <p>On 1/11/22 at 7:59 a.m. Surveyor observed R19's call light on.</p> <p>On 1/11/22 at 8:01 a.m. Surveyor observed Admission-Q & Admission-R enter R19's room. When Admission-Q & Admission-R came out of R19's room Surveyor asked what R19 wanted. Surveyor was informed R19 wanted to get up. Surveyor observed R19's call light continues to be on.</p> <p>On 1/11/22 at 8:07 a.m. Surveyor observed R19's call light continues to be on.</p> <p>On 1/11/22 at 8:08 a.m. Surveyor observed Nurse Consultant-S enter R19's room and turn off the call light.</p> <p>On 1/11/22 at 8:12 a.m. Surveyor observed R19's call light on. Surveyor observed Administrator-A knock on R19's room, ask if there is something she could help with and indicate she would get someone. Surveyor observed R19's call light continues to be on.</p> <p>On 1/11/22 at 8:13 a.m. Surveyor observed Nurse Consultant-S inform R19 someone would be there in 20 to 30 minutes. Nurse Consultant-S then informed CNA (Certified Nursing Assistant)-F she told [R19] 20 to 30 minutes.</p> <p>(continued on next page)</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 1/11/22 at 8:36 a.m. Surveyor observed R19's call light is on.</p> <p>On 1/11/22 at 8:48 a.m. Surveyor observed R19's call light is still on. Surveyor went into R19's room and spoke with R19. R19 informed Surveyor he wants to get out of bed and they keep coming in his room saying someone will be in shortly. R19 informed Surveyor he missed his doctors appointment about knee surgery yesterday because he didn't get dressed and out of bed in time. Surveyor asked R19 how long has he been waiting to get out of bed. R19 replied since about 7:00.</p> <p>On 1/11/22 at 8:52 a.m. Surveyor observed Assistant Administrator-C enter R19's room and shut off the call light.</p> <p>On 1/11/22 at 9:10 a.m. Surveyor observed R19 call light on. R19 continues to be in bed wearing a gown.</p> <p>On 1/11/22 at 9:16 a.m. Surveyor observed DON (Director of Nursing)-B enter R19's room and inform R19 she would let them know.</p> <p>On 1/11/22 at 9:27 a.m. Surveyor observed R19 continues to be in bed. Surveyor asked R19 if he is having any luck getting anyone to help get him up. R19 replied no luck [name of Surveyor], same story they will be here in a minute.</p> <p>On 1/11/22 at 9:40 a.m. Surveyor observed R19's call light on. Surveyor observed CNA-U enter R19's room and shut off the call light. At 9:42 a.m. Surveyor asked CNA-U what R19 wanted. CNA-U informed R19 is ready to get up.</p> <p>On 1/11/22 at 9:49 a.m. Surveyor observed CNA-U enter R19's room and close the door.</p> <p>On 1/11/22 at 9:58 a.m. Surveyor observed R19 continues to be in bed. Surveyor asked R19 if CNA-U was in the room. R19 replied yes and explained CNA-U stated she has to wait for CNA-F.</p> <p>On 1/11/22 at approximately 11:00 a.m. Surveyor observed R19 dressed for the day sitting in a wheelchair in his room.</p> <p>Surveyor observed R19 waited over 2.5 hours to get out of bed per his request.</p> <p>On 1/13/22 at 2:00 p.m. Surveyor informed Administrator-A and Assistant Administrator-C of R19 waiting over 2.5 hours to get out of bed on 1/11/22.</p> <p>7. R2 resides on the North unit. R2's diagnoses includes epilepsy, schizophrenia, bipolar disorder, and anxiety disorder.</p> <p>The admission MDS (minimum data set) with an assessment reference date of 12/1/21 has a BIMS (brief interview mental status) score of 13 which indicates cognitively intact.</p> <p>On 1/11/22 at 9:06 a.m. Surveyor entered R2's room and asked R2 why she has her call light on. R2 informed Surveyor her medication and that her medications are an hour late.</p> <p>(continued on next page)</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 1/11/22 at 9:28 a.m. Surveyor observed SSD (Social Service Director)-I exit R2' room. Surveyor asked SSD-I what R2 wanted. SSD-I informed Surveyor R2 is waiting for her medications.</p> <p>On 1/11/22 at 9:36 a.m. Surveyor observed R2's call light is on and R2 is yelling Nurse I need my pills I've been waiting an hour.</p> <p>On 1/11/22 at 9:37 a.m. Surveyor observed CNA (Certified Nursing Assistant)-F enter R2 room. R2 informed CNA-F I'm still waiting on my nurse.</p> <p>On 1/11/22 at 9:50 a.m. Surveyor observed R2 call light on. R2 is yelling Can I get my medication? It's 10 to 10. RN-E informed R2 she just got here.</p> <p>On 1/11/22 at 9:56 a.m. R2 yelled from her room Nurse are you still working on it?</p> <p>On 1/11/22 at 9:59 a.m. Surveyor informed RN-E Surveyor noted R2's light has been on frequently this morning. RN-E informed Surveyor R2 is attention seeking.</p> <p>On 1/11/22 at 10:00 a.m. Surveyor observed RN (Registered Nurse)-E prepare R2's medication and at 10:10 a.m. R2 received her 8:00 a.m. medication.</p> <p>8. On 1/11/22 at 10:13 a.m. Surveyor asked RN (Registered Nurse)-E, who is assigned to the vent unit, why she came to the [NAME] unit to pass medication. RN-E informed Surveyor DON (Director of Nursing)-B came & got her. RN-E informed Surveyor she's the vent nurse, also floats and does wound care but because they are so short the nurses on the floor do wound care. RN-E informed Surveyor on the vent unit there is no respiratory therapist, has a CNA and this is not safe.</p>

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>20483</p> <p>Based on observation, interview, and record review the Facility did not ensure pharmaceutical services including accurate acquiring and administering of medications to meet the needs of each Resident for 28 (R2, R19, R5, R1, R22, R23, R24, R26, R27, R28, R12, R25, R30, R16, R15, R33, R20, R29, R31, R32, R11, R35, R26, R6, R13, R37, R38, & R21) of 28 Residents reviewed.</p> <p>* R2 missed 6 days of her Alprazolam and on 1/11/22 R2's 8:00 a.m. medication was administered until 10:10 a.m.</p> <p>* On 1/11/22 R19, R5, R1, R22, R23, R24, R26, R27, R28, R12, & R25 did not receive any of their 8:00 a.m. medications.</p> <p>* On 1/11/22 R30, R16, R15, R33, R20, R29, R31, R32, R11, R35, R26, R6, R13, R37, R38, & R21 received their 8:00 a.m. medication late.</p> <p>Findings include:</p> <p>1. R2's diagnoses includes epilepsy, schizophrenia, bipolar disorder, and anxiety disorder.</p> <p>The physician's order dated 12/2/21 documents Alprazolam tablet 0.5 mg (milligrams). Give 0.5 mg by mouth three times a day for anxiety disorder.</p> <p>The medication administration note dated 12/23/21 at 2:12 p.m. documents Alprazolam tablet 0.5 mg Give 0.5 mg by mouth three times a day for Anxiety Disorder. NO STOCK.</p> <p>The medication administration note dated 12/23/21 at 7:04 p.m. documents Alprazolam tablet 0.5 mg Give 0.5 mg by mouth three times a day for Anxiety Disorder. NOT STOCK.</p> <p>The medication administration note dated 12/24/21 at 8:12 a.m. documents Alprazolam tablet 0.5 mg Give 0.5 mg by mouth three times a day for Anxiety Disorder. reordered.</p> <p>The medication administration note dated 12/24/21 at 12:29 p.m. documents Alprazolam tablet 0.5 mg Give 0.5 mg by mouth three times a day for Anxiety Disorder. reordered.</p> <p>The medication administration note dated 12/24/21 at 8:24 p.m. documents Alprazolam tablet 0.5 mg Give 0.5 mg by mouth three times a day for Anxiety Disorder. Waiting to be delivered from pharmacy.</p> <p>The medication administration note dated 12/25/21 at 11:11 a.m. documents Alprazolam tablet 0.5 mg Give 0.5 mg by mouth three times a day for Anxiety Disorder. waiting on pharmacy.</p> <p>The medication administration note dated 12/26/21 at 2:28 p.m. documents Alprazolam tablet 0.5 mg Give 0.5 mg by mouth three times a day for Anxiety Disorder. re-ordered.</p> <p>(continued on next page)</p>		

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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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>The medication administration note dated 12/27/21 at 8:08 p.m. documents Alprazolam tablet 0.5 mg Give 0.5 mg by mouth three times a day for Anxiety Disorder. Waiting to be delivered from pharmacy.</p> <p>The medication administration note dated 12/28/21 at 11:26 a.m. documents Alprazolam tablet 0.5 mg Give 0.5 mg by mouth three times a day for Anxiety Disorder. New Rx (prescription) sent to pharmacy today.</p> <p>Surveyor noted R2 missed 6 days of her Alprazolam a controlled substance.</p> <p>On 1/11/22 at 3:04 p.m. Surveyor asked DON (Director of Nursing)-B how Resident's medications are reordered. DON-B informed Surveyor they should automatically repopulate unless it's a narcotic. If it's a narcotic common courtesy is to reorder when it gets down to a certain amount. DON-B informed Surveyor medication comes in on a two week cycle and is delivered on Friday. Surveyor asked about reordering Alprazolam (Xanax). DON-B explained PCC prints out a script which is faxed to the NP (nurse practitioner) to sign and fax to the pharmacy. Surveyor informed DON-B R2's starting 12/23/21 until 12/28/21 R2 did not receive Alprazolam. DON-B informed Surveyor NP-O was on vacation during this time and no one called the on call NP. Surveyor asked if the on call NP should have been called. DON-B replied yes.</p> <p>On 1/11/22 at 9:30 a.m. Surveyor observed Restorative Nurse/LPN (Licensed Practical Nurse)-D at the North medication cart. Surveyor asked Restorative Nurse/LPN-D if she was going to pass medication. Restorative Nurse/LPN-D informed Surveyor she is going to pass medication on the back half of the North unit and explained she had been passing medication on the East unit. Surveyor inquired which rooms she would be passing medication for. Restorative Nurse/LPN-D replied 166 to 172 and explained DON-B is going to pass medication for the front portion of the unit. Restorative Nurse/LPN-D informed Surveyor DON-B was on the rehab unit.</p> <p>On 1/11/22 at 9:45 a.m. Surveyor observed DON (Director of Nursing)-B approach the [NAME] medication cart. Surveyor asked DON-B if she was going to pass medication. DON-B informed Surveyor she thinks she is passing medication past the double doors but she wasn't here when they split the assignment.</p> <p>At 9:46 a.m. DON-B stated she needs to get RN (Registered Nurse)-E and walked away from the medication cart. Surveyor observed DON-B walking towards the vent unit.</p> <p>At 9:47 a.m. Surveyor observed DON-B back at the [NAME] medication cart. Surveyor asked DON-B if any of the Resident's medication has been administered yet. DON-B replied not that I know of. Had to do rehab first.</p> <p>At 9:48 a.m. RN-E approached DON-B at the [NAME] medication cart and ask what she could do to help. DON-B indicated to RN-E to pass medication. Surveyor asked RN-E if she was going to pass medication on the [NAME] unit. RN-E replied Yes but to be honest I don't know any of these people. I don't know what she (referring to DON-B) did and didn't do.</p> <p>2.) On 1/12/22 Surveyor reviewed R19's January 2022 MAR (medication administration record). Surveyor noted the following medications are not initialed on 1/11/22 at 0800 (8:00 a.m.) as being administered:</p> <p>(continued on next page)</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Aspirin 81 mg, Bumex 1 mg, Lidocaine Patch 4%, Lipitor 40 mg, Loratadine 10 mg, Norvasc 5 mg, Proscar 5 mg, Vitamin B Complex, Coreg 25 mg, Eliquis 5 mg, Isosorbide Mononitrate ER 30 mg, Acetaminophen 650 mg, and Hydralazine HCL 100 mg.</p> <p>Acetaminophen 650 mg and Hydralazine HCL 100 mg are not initialed on 1/11/22 at 12:00 p.m. as being administered.</p> <p>3.) On 1/12/22 at 7:29 a.m. R5 informed Surveyor she did not receive her morning medication yesterday (1/11/22) before going to her doctors appointment. R5 explained she told a CNA who said they told [DON-B]. R5 indicated she takes about 15 pills including Lyrica and an antibiotic. R5 stated I was irritated that I had nothing. R5 informed Surveyor when she came back from her doctor's appointment she told the nurses she didn't get any of her medication but they couldn't give her anything because those were her morning medications. R5 informed Surveyor she received her 8:00 p.m. pills but nothing else she was suppose to get during the day.</p> <p>On 1/12/22 Surveyor reviewed R5's January 2022 MAR (medication administration record). Surveyor noted the following medications are not initialed on 1/11/22 at 0800 (8:00 a.m.) as being administered:</p> <p>Cetirizine HCL 5 mg, Cozaar 12.5 mg, Furosemide 40 mg, Glipizide XL 10 mg, Metoprolol Succinate ER 50 mg, Multivitamins Plus Iron Child chewable 18 mg, Protonix 40 mg, Sertraline HCL 100 mg, Spiroolactone 25 mg, Cefdinir 300 mg, Enoxaparine Sodium 0.3 ml (milliliter), Baclofen 5 mg, Lyrica 100 mg, & Magnesium 400 mg.</p> <p>Baclofen 5 mg & Magnesium 400 mg are not initialed on 1/11/22 at 12:00 p.m. as being administered.</p> <p>4.) On 1/12/22 Surveyor reviewed R1's January 2022 MAR (medication administration record). Surveyor noted the following medications are not initialed on 1/11/22 at 0800 (8:00 a.m.) as being administered:</p> <p>Ascorbic acid 500mg, Biotin 3 mg, Folic Acid 1 mg, Phenytek 300 mg, Calcium-Vitamin D5-125 mg, & Guaifenesin 10 ml.</p> <p>5.) On 1/12/22 Surveyor reviewed R22's January 2022 MAR (medication administration record). Surveyor noted the following medications are not initialed on 1/11/22 at 0800 (8:00 a.m.) as being administered:</p> <p>Amlodipine Besylate 10 mg, Aspirin 81 mg, Cholecalciferol 2000 unit, Protonix 40 mg, Ropinirol HCL 0.25 mg, Senna S 8.6-50 mg, Sitagliptin Phosphate 25 mg, Hydralazine HCL 25 mg, Lispro per sliding scale, & Ipratropium-Albuterol 20-100 mcg/act.</p> <p>Lispro insulin per sliding scale is not initialed as being administered at 11:30 a.m. and Hydralazine HCL 25 mg is not initialed on 1/11/22 at 12:00 p.m. as being administered.</p> <p>6.) On 1/12/22 Surveyor reviewed R23's January 2022 MAR (medication administration record). Surveyor noted the following medications are not initialed on 1/11/22 at 0800 (8:00 a.m.) as being administered:</p> <p>(continued on next page)</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>B Complex-C-Folic Acid, Metoprolol Succinate ER 200 mg, Patiromer Sorbitex Calcium 8.4 gm (gram), Cetirizine HCL 10 mg, and Calcium Acetate 667 mg.</p> <p>Calcium Acetate 667 mg is not initialed as being administered at 12:00 p.m. on 1/11/22.</p> <p>7.) On 1/12/22 Surveyor reviewed R24's January 2022 MAR (medication administration record). Surveyor noted the following medications are not initialed on 1/11/22 at 0800 (8:00 a.m.) as being administered:</p> <p>Aspirin 81 mg, Cetirizine HCL 10 mg, Meclizine HCL 25 mg, Methotrexate Sodium 2.5 mg, Omeprazole 20 mg, Novolog per sliding scale</p> <p>Advair Diskus 250-50 mcg/dose, Flonase Suspension 50 mcg/act, Neurontin 200 mg, & Spironolactone 25 mg are not initialed as being administered at 9:00 a.m. and Novolog per sliding scale at 12:00 p.m. on 1/11/22.</p> <p>8.) On 1/12/22 Surveyor reviewed R26's January 2022 MAR (medication administration record). Surveyor noted the following medications are not initialed on 1/11/22 at 0800 (8:00 a.m.) as being administered:</p> <p>Fluconazole 100 mg, Metoprolol Succinate ER 25 mg, Multivitamin, Potassium Chloride 40 meq, Vitamin D 2000 unit, Apixaban 5 mg, Flonase Suspension 50 mcg/act Ketotifen Fumarate 0.025% eye drops, Requip 0.25 mg, Senexon-S 8/6-50 mg, Midodrine HCL 5 mg, and Carbidopa-Levodopa 37.5 -150 mg.</p> <p>Midodrine HCL 5 mg & Carbidopa-Levodopa 37.5-150 mg are not initialed as being administered at 12:00 p.m. on 1/11/22.</p> <p>9.) On 1/12/22 Surveyor reviewed R27's January 2022 MAR (medication administration record). Surveyor noted the following medications are not initialed on 1/11/22 at 0800 (8:00 a.m.) as being administered:</p> <p>Aspirin 81 mg, Lasix 40 mg, Norvasc 5 mg, Sertraline HCL 50 mg, Zolof 100 mg, Potassium Chloride ER 10 meq, Catapres 0.2 mg, Gabapentin 300 mg, Humalog 10 units, & Humalog per sliding scale.</p> <p>Catapres 0.2 mg, Gabapentin 300 mg, Humalog 10 units, & Humalog per sliding scale are not initialed as being administered at 12:00 p.m. on 1/11/22.</p> <p>10.) On 1/12/22 Surveyor reviewed R28's January 2022 MAR (medication administration record). Surveyor noted the following medications are not initialed on 1/11/22 at 0800 (8:00 a.m.) as being administered:</p> <p>Aspirin 1 mg, Cozaar 25 mg, GlycoLax powder 17 grams, Lasix 20 mg, Multi Vitamins/Minerals, Namenda 10 mg, Potassium Chloride ER 10 meq, Vitamin D 25 mcg, & Tylenol Extended Release 650 mg.</p> <p>Tylenol Extended Release 650 mg is not initialed as being administered at 12:00 p.m. on 1/11/22.</p> <p>(continued on next page)</p>

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>11.) On 1/12/22 Surveyor reviewed R12's January 2022 MAR (medication administration record). Surveyor noted the following medications are not initialed on 1/11/22 at 0800 (8:00 a.m.) as being administered:</p> <p>Glycolax Powder 17 grams, Multi Vitamins-Minerals, Sennosides-Docusate 8.6-50 mg, Carbidopa-Levodopa 10-100 mg, & Carbidopa-Levodopa 25-100 mg.</p> <p>Carbidopa-Levodopa 10-100 mg & Carbidopa-Levodopa 25-100 mg are not initialed as being administered at 12:00 p.m. on 1/11/22.</p> <p>12.) On 1/12/22 Surveyor reviewed R25's January 2022 MAR (medication administration record). Surveyor noted the following medications are not initialed on 1/11/22 at 0800 (8:00 a.m.) as being administered:</p> <p>Allopurinol 100 mg, Aspirin 81 mg, Flomax 0.4 mg, Folic Acid 1 mg, Loratadine 10 mg, Metoprolol Succinate ER 25 mg, Multi Vitamin, Vitamin B-1 100 mg, Vitamin D3 50 mcg, Eliquis 2.5 mg, and Prednisolone Acetate 1% eye drops.</p> <p>Acetaminophen 1000 mg & Prednisolone Acetate 1% eye drops are not initialed as being administered at 12:00 p.m. on 1/11/22.</p> <p>13.) On 1/12/22 Surveyor reviewed R30's January 2022 MAR (medication administration record). Surveyor noted the following medications were administered late as Restorative Nurse/LPN (Licensed Practical Nurse)-D did not arrive to the North unit until 9:30 a.m. to pass the 8:00 a.m. medication:</p> <p>Aspirin 81 mg, Cozaar 25 mg, Flomax 0.4 mg, Furosemide 40 mg, Isosorbide Mononitrate ER 30 mg, Metflormin HCL 500 mg, Multi Vitamin, & Senna-Docusate 8.6-50 mg.</p> <p>14.) On 1/12/22 Surveyor reviewed R16's January 2022 MAR (medication administration record). Surveyor noted the following medications were administered late as Restorative Nurse/LPN (Licensed Practical Nurse)-D did not arrive to the North unit until 9:30 a.m. to pass the 8:00 a.m. medication:</p> <p>Miralax 17 grams, Multi Vitamin, Depakote ER 500 mg, Buspirone HCL 10 mg, Dry Eye Relief Drops 0.2-0.2-1%,</p> <p>15.) On 1/12/22 Surveyor reviewed R15's January 2022 MAR (medication administration record). Surveyor noted the following medications were administered late as Restorative Nurse/LPN (Licensed Practical Nurse)-D did not arrive to the North unit until 9:30 a.m. to pass the 8:00 a.m. medication:</p> <p>Miralax 17 grams, Multi-Vitamins/Minerals , Bumex 1 mg, Eliquis 5 mg, Metoprolol Tartrate 25 mg, Buspirone HCL 7.5 mg, and Diltiazem HCL 30 mg.</p> <p>16.) On 1/12/22 Surveyor reviewed R33's January 2022 MAR (medication administration record). Surveyor noted the following medications were administered late as Restorative Nurse/LPN (Licensed Practical Nurse)-D did not arrive to the North unit until 9:30 a.m. to pass the 8:00 a.m. medication:</p> <p>Amlodipine Besylate 5 mg, Aspirin EC 81 mg, Furosemide 20 mg, Cyclosporine Emulsion 0.05% eye drops, Keppra Solution 7.5 ml, & Gabapentin 100 mg.</p> <p>(continued on next page)</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>17.) On 1/11/22 at 10:00 a.m. Surveyor observed RN (Registered Nurse)-E prepare R2's medication which consisted of Alprazolam 0.5 mg (milligram), Aspirin 81 mg, Divalproex Sodium 250 mg, Duloxetine 60 mg, Latuda 40 mg, Levothyroxine Sodium 100 mcg (microgram), Linzess 145 mcg, Naltrexone HCL 50 mg, Omeprazole 40 mg, and Paroxetine HCL 10 mg, R2 was administered her 8:00 a.m. medication at 10:10 a.m.</p> <p>18.) On 1/11/22 at 10:14 a.m. Surveyor observed RN-E prepare R20's medication which consisted of Allopurinol 100 mg, Aspirin 81 mg 1 tablet, Calcium Carbonate 500 mg, Loratadine 10 mg, Eliquis 5 mg, Incruse Ellipta 62.5 mcg (microgram) inhaler, Iron 65 mg, Ketotifen Fumarate 0.025% eye drops, Metoprolol Tartrate 25 mg, Magnesium Oxide 400 mg, & Vitamin D 125 mcg. R20 received her 8:00 a.m. medication at 10:23 a.m. R20 did not receive Lyrica 50 mg, Humalog 12 units & humalog per sliding scale.</p> <p>19.) On 1/12/22 Surveyor reviewed R29's January MAR. Surveyor noted the following 8:00 a.m. medications were administered late as the medication pass did not start on R29's unit until 10:00 a.m.:</p> <p>Amlodipine Besylate 10 mg, Cholecalciferol 200 units, Clopidogrel Bisulfate 75 mg, Methimazole 5 mg, Miralax 17 grams, Multi Vitamin, Calcium-Vitamin D3 600-400 mg, & Namenda 10 mg.</p> <p>20.) On 1/12/22 Surveyor reviewed R31's January 2022 MAR (medication administration record). Surveyor noted the following 8:00 a.m. medications were administered late as the medication pass did not start on R31's unit until 10:00 a.m.:</p> <p>Aspirin 81 mg, Buspirone HCL 10 mg, Glycolax Powder 17 gm, Lexapro 10 mg, Namenda 15 mg, Omeprazole 20 mg, Plavix 75 mg, Potassium 20 meq, & Vitamin B1.</p> <p>Olopatadine HCL 0.2% eye drops is not initialed as being administered at 9:00 a.m. on 1/11/22.</p> <p>21.) On 1/12/22 Surveyor reviewed R32's January MAR. Surveyor noted the following 8:00 a.m. medications were administered late as the medication pass did not start on R32's unit until 10:00 a.m.:</p> <p>Folic Acid 1 mg, Lidocain Patch 4%, Lipitor 40 mg, Miralax 17 gm, Multivitamin, Aspirin 81 mg, Famotidine 20 mg, Acetaminophen 1000 mg, Buspirone 10 mg, & Divalproex 250 mg.</p> <p>22.) On 1/12/22 Surveyor reviewed R11's January MAR. Surveyor noted the following 8:00 a.m. medications were administered late as the medication pass did not start on R11's unit until 10:00 a.m.:</p> <p>Amlodipine Besylate 10 mg, Fluoxetine HCL 5 ml, Provigil 200 mg, Lisinopril 20 mg, & Labetalol HCL 200 mg.</p> <p>23.) On 1/12/22 Surveyor reviewed R35's January MAR. Surveyor noted the following 8:00 a.m. medications were administered late as the medication pass did not start on R35's unit until 10:00 a.m.:</p> <p>Norvasc 10 mg, Patanol Solution 0.1% eye drops, Tamsulosin HCL 0.8 mg, Apixaba 5 mg, Combigan Solution 0.2-0.5% eye drops, Metformin HCL 1000 mg, & Metoprolol Tartrate 25 mg.</p> <p>24.) On 1/12/22 Surveyor reviewed R36's January MAR. Surveyor noted the following 8:00 a.m. medications were administered late as the medication pass did not start on R36's unit until 10:00 a.m.:</p> <p>(continued on next page)</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ergocalciferol 1.25 mg, Thiamine HCL 100 mg, Acetazolamide 250 mg, & Carbamezepine 100 mg.</p> <p>25.) On 1/12/22 Surveyor reviewed R6's January MAR. Surveyor noted the following 8:00 a.m. medications were administered late as the medication pass did not start on R6's unit until 10:00 a.m.:</p> <p>Aspirin 81 mg, Carboxymethylcellul-Glycerin Gel 1-0.9% eye drops, Cyanocobalamin 500 mcg, Docusate Sodium 100 mg, Fluticasone Propionate 50 mcg/act, Omeprazole 20 mg, Polyethylene Glycol 17 grams, Senna 8.6 mg, Gabapentin 100 mg, & Metformin HCL 250 mg.</p> <p>26.) On 1/11/22 at 10:30 Surveyor observed RN-E prepare R13's medication which consisted of Acetaminophen Tablet 650 mg, Fluoxetine 60 mg, Folic Acid 1 mg, Levothyroxine 75 mcg (micrograms), Metoprolol Tartrate 25 mg, Tamsulosin (flomax) 0.4 mg, and Vitamin D3 2000 IU. At 10:37 a.m. R13 received his 8:00 a.m. medication.</p> <p>At 10:40 a.m. RN-E dialed R13's Basaglar insulin pen to 12 units and Humalog pen to 3 units. At 10:45 a.m. RN-E administered the 8:00 a.m. insulin to R13.</p> <p>27.) On 1/12/22 Surveyor reviewed R37's January MAR. Surveyor noted the following 8:00 a.m. medications were administered late as the medication pass did not start on R37's unit until 10:00 a.m.:</p> <p>Calcium 500 mg, Thiamine HCL 100 mg, and Levetiracetam 5 ml.</p> <p>28.) On 1/12/22 Surveyor reviewed R38's January MAR. Surveyor noted the following 8:00 a.m. medications were administered late as the medication pass did not start on R38's unit until 10:00 a.m.:</p> <p>Aspirin 81 mg, Atorvastatin Calcium 20 mg, Ferrous Sulfate 325 mg, Furosemide 20 mg, Glycolax 17 grams, Omeprazole 20 mg, Apixaban 2.5 mg, & Tylenol 650 mg.</p> <p>29.) On 1/12/22 Surveyor reviewed R21's January MAR. Surveyor noted the following 8:00 a.m. medications were administered late as the medication pass did not start on R21's unit until 10:00 a.m.:</p> <p>Ferrous Sulfate 325 mg, Fluoxetine 20 mg, Lidoderm Patch 5%, Norvasc 5 mg, Oxybutynin Chloride ER 5 mgtrate , Potassium Chloride ER 10 meq, Colchicine 0.6 mg, Metoprolol Tartrate 25 mg, & Acetaminophen 1000 mg.</p>

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<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** 20483</p> <p>Based on observations, staff interview, and record review the Facility had an error rate of 44%. There were 15 errors in 34 opportunities for 3 (R2, R20, & R13) of 3 Residents.</p> <p>* R2's Alprazolam tablet 0.5 mg and Divalproex Sodium Tablet Delayed Release 250 mg were administered late.</p> <p>* R20's Calcium Carbonate 500 mg, Eliquis 5 mg, Metoprolol Tartrate 25 mg, Ketotifen Fumarate 0.025% eye drops & Magnesium Oxide 400 mg were administered late and R20 did not receive Lyrica 50 mg, Humalog 12 units scheduled & per sliding scale, and Cyanocobalamin (Vitamin B12) 500 mcg per physician's orders.</p> <p>* R13's Acetaminophen 650 mg, Metoprolol Tartrate 25 mg, & Basaglar 12 units insulin was administered late. R13 Humalog was not dated when open and administered.</p> <p>Findings include:</p> <p>The UnitedRX policy and procedure manual dated [DATE] for 5.1 Drug Administration--General Guidelines under Procedure #8 documents Medications are administered within 60 minutes of scheduled time, except before or after meal orders, which are administered precisely as ordered. Unless otherwise specified by the physician, routine medications are administered according to the established medication administration schedule for the facility.</p> <p>Under Tips for safe medication administration for #3 Accurate dispense medications to residents. a. documents Allow one (1) hour before to one (1) after scheduled time of medications to administer medication (i.e.: Noon medication be giving prior to 11:00 a.m. or after 1:00 p.m.).</p> <p>1.) On [DATE] at 10:00 a.m. Surveyor observed RN (Registered Nurse)-E prepare R2's medication which consisted of Alprazolam 0.5 mg (milligram) 1 tablet, Aspirin 81 mg 1 tablet, Divalproex Sodium 250 mg 1 tablet, Duloxetine 60 mg 1 capsule, Latuda 20 mg 2 tablets, Levothyroxine Sodium 100 mcg (microgram) 1 tablet, Linzess 145 mcg 1 capsule, Naltrexone HCL 50 mg 1 tablet, Omeprazole 40 mg 1 tablet, and Paroxetine HCL 10 mg 1 tablet.</p> <p>Surveyor noted there are 10 opportunities during this observation.</p> <p>At 10:08 a.m. Surveyor verified with RN-E there are 11 pills in R2's medication cup.</p> <p>At 10:10 a.m. RN-E administered R2 her medication whole with water.</p> <p>On [DATE] at 11:37 a.m. Surveyor reviewed R2's physician orders and MAR (medication administration record) and noted the following:</p> <p>* Alprazolam tablet 0.5 mg. Give 0.5 mg by mouth three times a day for Anxiety Disorder. The hours of administration on the MAR are listed as 0800 (8:00 a.m.), 1200 (12:00 p.m.) and 2000 (8:00 p.m.).</p> <p>(continued on next page)</p>		

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<p>F 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>* Divalproex Sodium Tablet Delayed Release Give 250 mg by mouth two times a day related to major depressive disorder. The hours of administration on the MAR are listed as 0800 (8:00 a.m.) and 2000 (8:00 p.m.).</p> <p>Administering Alprazolam 0.5 mg and Divalproex Sodium 250 mg at 10:10 a.m. resulted in two medication errors for R2.</p> <p>2.) On [DATE] at 10:14 a.m. Surveyor observed RN-E prepare R20's medication which consisted of Allopurinol 100 mg 1 tablet and Aspirin 81 mg 1 tablet.</p> <p>At 10:17 a.m. R20 approached RN-E and informed RN-E she needs her medication as she is going to dialysis. RN-E continued to prepare R20's medication of Calcium Carbonate 500 mg 1 tablet, Loratadine 10 mg 1 tablet, & Eliquis 5 mg 1 tablet.</p> <p>At 10:18 a.m. RN-E removed two Humalog insulin pens from the medication cart, placed the insulin pens on top of the cart and informed Surveyor she can't use these insulin pens as they don't have any caps. RN-E then continued to prepare R20's medication of Incruse Ellipta 62.5 mcg (microgram) inhaler, Iron 65 mg 1 tablet, Ketotifen Fumarate 0.025% eye drops, & Metoprolol Tartrate 25 mg 1 tablet.</p> <p>At 10:21 a.m. RN-E informed Surveyor she does not have Lyrica for R20.</p> <p>At 10:22 a.m. R20 stated to RN-E Excuse me nurse I have to get on the van. RN-E then continued to prepare R20's medication of Magnesium Oxide 400 mg 1 tablet and Vitamin D 125 mcg.</p> <p>At 10:23 a.m. RN-E administered R20's medication with applesauce on a teaspoon and then R20 chewed the Calcium Carbonate tablet.</p> <p>At 10:25 a.m. RN-E placed gloves on and administered 1 drop of Ketotifen Fumarate in R20's left eye and then 1 drop into the right eye. RN-E removed her gloves, R20 refused her inhaler, and RN-E cleansed her hands. Surveyor then observed R20 leave her room, and go down the hall towards the front lobby. Surveyor noted during this observation RN-E did not check R20's blood sugar or administer any insulin.</p> <p>Surveyor noted there are 14 opportunities during this observation.</p> <p>On [DATE] at 11:47 a.m. Surveyor reviewed R20's physician orders and MAR (medication administration record) and noted the following:</p> <p>* Calcium Carbonate Antacid Tablet Give 500 mg by mouth three times a day for upset stomach. The hours of administration on the MAR are listed as 0800 (8:00 a.m.), 1200 (12:00 p.m.) and 2000 (8:00 p.m.).</p> <p>* Eliquis Tablet 5 mg Give 5 mg by mouth two times a day related to chronic atrial fibrillation. The hours of administration on the MAR are listed as 0800 (8:00 a.m.) and 2000 (8:00 p.m.).</p> <p>* Ketotifen Fumarate Solution 0.025% Instill 1 drop in both eyes two times a day for itchy eyes. The hours of administration on the MAR are listed as 0800 (8:00 a.m.) and 1600 (4:00 p.m.).</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525498	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/25/2022
NAME OF PROVIDER OR SUPPLIER Waterfall Health of Brown Deer		STREET ADDRESS, CITY, STATE, ZIP CODE 7500 W Dean Rd Milwaukee, WI 53223	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>* Metoprolol Tartrate tablet 25 mg Give 1 tablet by mouth two times a day for elevate heart rate. The hours of administration on the MAR are listed as 0800 (8:00 a.m.) and 1600 (4:00 p.m.).</p> <p>* Magnesium Oxide Table 400 mg Give 1 tablet by mouth two times a day for supplement. The hours of administration on the MAR are listed as 0800 (8:00 a.m.) and 1600 (4:00 p.m.).</p> <p>* Insulin Lispro (Humalog) Solution Pen-Injector 100 unit/ml (milliliter) Inject 12 unit subcutaneously three times a day for IDDM (insulin dependent diabetes mellitus). The hours of administration on the MAR are listed as 0800 (8:00 a.m.), 1200 (12:00 p.m.) and 1700 (5:00 p.m.).</p> <p>* Insulin Lispro (Humalog) Solution Pen-Injector 100 unit/ml Inject as per sliding scale: if ,d+[DATE] = (equals) 2 units; ,d+[DATE] = 3 units; ,d+[DATE] = 4 units; ,d+[DATE] = 5 units; ,d+[DATE] = 6 units; ,d+[DATE] = 8 units call MD (medical doctor) < (less than) 60 or > (greater than) 400, subcutaneously three times a day for IDDM.</p> <p>* Pregabalin Capsule (Lyrica) 50 mg. Give 50 mg by mouth two times a day for nerve pain. The hours of administration on the MAR are listed as 0800 (8:00 a.m.) and 1600 (4:00 p.m.).</p> <p>* Cyanocobalamin (Vitamin B12) 500 mcg. Give 1 tablet by mouth two times a day for supplement. The hours of administration on the MAR are listed as 0800 (8:00 a.m.) and 2000 (8:00 p.m.).</p> <p>On [DATE] at 1:30 p.m. Surveyor informed RN-E Surveyor had reviewed R20's physician order and noted an order for Cyanocobalamin (Vitamin B12). Surveyor informed RN-E Surveyor did not observe her administer this medication to R20. RN-E informed Surveyor she did not have the Vitamin B to administer.</p> <p>Administering Calcium Carbonate 500 mg, Eliquis 5 mg, Metoprolol Tartrate 25 mg, & Magnesium Oxide 400 mg at 10:23 a.m., Ketotifen Fumarate 0.025% eye drops at 10:25 a.m. and not administering Lyrica 50 mg, Humalog 12 units scheduled & per sliding scale, and Cyanocobalamin (Vitamin B12) 500 mcg resulted in 9 medication errors for R20.</p> <p>3.) On [DATE] at 10:30 Surveyor observed RN-E prepare R13's medication which consisted of Acetaminophen Tablet 325 mg (milligrams) 2 tablets, Fluoxetine 60 mg 1 tablet, Folic Acid 1 mg 1 tablet, Levothyroxine 75 mcg (micrograms) 1 tablet, Metoprolol Tartrate 25 mg 1 tablet, Tamsulosin (flomax) 0.4 mg 1 tablet, and Vitamin D3 2000 IU 1 tablet.</p> <p>At 10:34 a.m. Surveyor verified with RN-E there are eight pills in the medication cup. RN-E informed Surveyor she doesn't draw up insulin until she knows what to give.</p> <p>At 10:36 a.m. RN-E placed a gown on and entered R13's room.</p> <p>At 10:37 a.m. RN-E placed gloves on, cleansed R13's right index finger with an alcohol pad, poked R13's finger, and placed the blood on the testing strip. RN-E stated the blood sugar is 140. RN-E then administered R13's medication whole with water.</p> <p>At 10:39 a.m. RN-E removed her gown & gloves, and cleansed her hands.</p> <p>At 10:40 a.m. RN-E dialed R13's Basaglar insulin pen to 12 units and Humalog pen to 3 units. Surveyor noted R13's insulin pen is dated but there is no date when R13's Humalog pen was open.</p> <p>(continued on next page)</p>		

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<p>F 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>At 10:44 a.m. RN-E and Surveyor approached R13's room. Surveyor asked RN-E if R13's Humalog pen is not dated when opened how does she know the Humalog insulin is not expired. RN-E informed Surveyor she goes by the date on the Basaglar insulin pen which is not expired.</p> <p>At 10:45 a.m. RN-E placed a gown on, entered R13's room and placed gloves on. RN-E cleansed the back of R13's right upper arm administered 3 units of Humalog and then cleansed the back of R13's right upper arm and administered 12 units of Basaglar insulin.</p> <p>Surveyor noted there are 9 opportunities during this observation.</p> <p>On [DATE] at 3:00 p.m. Surveyor asked DON-B if insulin pens should be dated. DON-B informed Surveyor insulin pens are suppose to be dated when open or when the red seal is taken off. Surveyor inquired what should a nurse do if an insulin pen is not dated. DON-B informed Surveyor if the insulin pen is not dated you wouldn't know how long it has been open, should be discarded and anew one ordered from pharmacy. Surveyor informed DON-B of the observation with R13.</p> <p>On [DATE] at 12:04 p.m. Surveyor reviewed R13's physician orders and MAR (medication administration record) and noted the following:</p> <p>* Acetaminophen Tablet Give 650 mg by mouth three times a day for Osteoathritis right knee. The hours of administration on the MAR are listed as 0800 (8:00 a.m.), 1200 (12:00 p.m.), and 2000 (8:00 p.m.).</p> <p>* Metoprolol Tartrate Tablet 25 mg Give 1 tablet by mouth two times a day for hypertension. The hours of administration on the MAR are listed as 0800 (8:00 a.m.) and 2000 (8:00 p.m.).</p> <p>* Basaglar KwikPen 100 unit/ml Solution pen injector. Inject 12 units subcutaneously one time a day for DM (diabetes mellitus). The hours of administration on the MAR is listed as 0800 (8:00 a.m.).</p> <p>* Humalog KwikPen 100 unit/ml solution pen injector Inject 3 units subcutaneously three times a day for iddm. The hours of administration on the MAR are listed as 0800 (8:00 a.m.), 1200 (12:00 p.m.), and 2000 (8:00 p.m.).</p> <p>Administering Acetaminophen 650 mg, Metoprolol Tartrate 25 mg, & Basaglar 12 units insulin late and administering Humalog which was not dated when opened resulted in 4 medication errors for R13.</p> <p>On [DATE] at 3:29 p.m. Administrator-A and DON (Director of Nursing)-B were informed of the above.</p>		

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NAME OF PROVIDER OR SUPPLIER Waterfall Health of Brown Deer		STREET ADDRESS, CITY, STATE, ZIP CODE 7500 W Dean Rd Milwaukee, WI 53223	

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<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that residents are free from significant medication errors.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 20483</p> <p>Based on observation, interview and record review the Facility did not ensure 13 (R20, R13, R19, R5, R1, R22, R23, R24, R25, R26, R27, R28, & R12) of 13 Residents were free of significant medication errors.</p> <p>* R20 did not receive her scheduled and sliding scale 8:00 a.m. Humalog insulin.</p> <p>* R13 received his Basaglar & Humalog 8:00 a.m. insulin at 10:45 a.m.</p> <p>* R19 did not receive Bumex 1 mg, Norvasc 5mg, Coreg 25 mg, Eliquis 5 mg, Isosorbide Mononitrate ER 30 mg & Hydralazine HCL 100 mg which were schedule for 8:00 a.m.</p> <p>* R5 did not receive Cozaar 25 mg, Furosemide 40 mg, Metoprolol Succinate ER 50 mg, Spironolactone 12.5 mg, & Enoxaparine Sodium 0.3 ml which were scheduled for 8:00 a.m.</p> <p>* R1 did not receive Phenytek 300 mg which was scheduled for 8:00 a.m.</p> <p>* R22 did not receive Amlodipine Besylate 10 mg, Sitagliptin phosphate 25 mg, Hydralazine HCL 25 mg which were scheduled for 8:00 a.m. R22 also did not receive her noon Hydralazine HCL 25 and Lispro insulin per sliding scale at 7:30 a.m. & 11:30 a.m.</p> <p>* R23 did not receive Metoprolol Succinate ER 200 mg & Calcium Acetate 667 mg which were scheduled for 8:00 a.m. R23 also did not receive the noon dose of Calcium Acetate 667 mg.</p> <p>* R24 did not receive Novolog per sliding scale which was scheduled at 8:00 a.m. & 12:00 p.m.</p> <p>* R25 did not receive Metoprolol Succinate ER 25 mg & Eliquis 2.5 mg which were scheduled at 8:00 a.m.</p> <p>* R26 did not receive Metoprolol Succinate ER 25 mg, Apixaban 5 mg, Requip 0.25 mg, Midodrine HCL 5 mg, & Carbidopa-Levodopa 25-100, 1.5 tablet which were scheduled at 8:00 a.m. R26 also did not receive the noon dose of Midodrine HCL 5 mg & Carbidopa-Levodopa 25-100, 1.5 tablet.</p> <p>* R27 did not receive Norvasc 5 mg, Catapres 0.3 mg, Humalog 10 units & sliding scale which were scheduled for 8:00 a.m. R27 also did not receive the noon dose of Catapres 0.3 mg, Humalog 10 units & sliding scale.</p> <p>* R28 did not receive Cozaar 50 mg which was scheduled at 8:00 a.m.</p> <p>* R12 did not receive Carbidopa-Levodopa 10-100 mg and Carbidopa-Levodopa 25-100 mg which were scheduled at 8:00 a.m. & 12:00 p.m.</p> <p>Findings include:</p> <p>(continued on next page)</p>

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<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 1/11/22 at 9:30 a.m. Surveyor observed Restorative Nurse/LPN (Licensed Practical Nurse)-D at the North medication cart. Surveyor asked Restorative Nurse/LPN-D if she was going to pass medication. Restorative Nurse/LPN-D informed Surveyor she is going to pass medication on the back half of the North unit and explained she had been passing medication on the East unit. Surveyor inquired which rooms she would be passing medication for. Restorative Nurse/LPN-D replied 166 to 172 and explained DON-B is going to pass medication for the front portion of the unit. Restorative Nurse/LPN-D informed Surveyor DON-B was on the rehab unit. Surveyor inquired if there are any Residents who should have received insulin before breakfast. Restorative Nurse/LPN-D informed Surveyor R30 doesn't have insulin but should of had a blood sugar completed and R27 should of had insulin and a blood sugar.</p> <p>On 1/11/22 at 9:45 a.m. Surveyor observed DON (Director of Nursing)-B approach the [NAME] medication cart. Surveyor asked DON-B if she was going to pass medication. DON-B informed Surveyor she thinks she is passing medication past the double doors but she wasn't here when they split the assignment.</p> <p>At 9:46 a.m. DON-B stated she needs to get RN (Registered Nurse)-E and walked away from the medication cart. Surveyor observed DON-B walking towards the vent unit.</p> <p>At 9:47 a.m. Surveyor observed DON-B back at the [NAME] medication cart. Surveyor asked DON-B if any of the Resident's medication has been administered yet. DON-B replied not that I know of. Had to do rehab first.</p> <p>At 9:48 a.m. RN-E approached DON-B at the [NAME] medication cart and ask what she could do to help. DON-B indicated to RN-E to pass medication. Surveyor asked RN-E if she was going to pass medication on the [NAME] unit. RN-E replied Yes but to be honest I don't know any of these people. I don't know what she (referring to DON-B) did and didn't do.</p> <p>At 9:49 a.m. Surveyor asked RN-E if any Residents require insulin before breakfast. RN-E informed Surveyor if anyone is diabetic they didn't get anything. Surveyor asked RN-E if she could tell Surveyor which Residents would have required insulin.</p> <p>At 9:51 a.m. RN-E informed Surveyor R20 receives insulin 12 units three times a day plus a sliding scale, R35 has a finger stick no insulin, R6 accucheck twice a day at 8 & 4, and R13 accucheck three times a day, Basaglar insulin 12 units and Humalog 3 units.</p> <p>1.) On 1/11/22 at 10:14 a.m. Surveyor observed RN-E prepare R20's by mouth medication.</p> <p>At 10:18 a.m. RN-E removed two Humalog insulin pens from the medication cart, place the insulin pens on top of the cart and informed Surveyor she can't use these insulin pens as they don't have any caps.</p> <p>At 10:23 a.m. RN-E administered R20's by mouth medication and then administer R20's eye drops. After R20's eye drops were administered, R20 left her room, and went down the hall towards the front lobby. Surveyor noted during this observation RN-E did not check R20's blood sugar or administer R20 her scheduled and sliding scale Humalog insulin.</p> <p>On 1/12/22 at 11:47 a.m. Surveyor reviewed R20's physician orders and MAR (medication administration record) and noted the following:</p> <p>(continued on next page)</p>		

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<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>* Insulin Lispro (Humalog) Solution Pen-Injector 100 unit/ml (milliliter) Inject 12 unit subcutaneously three times a day for IDDM (insulin dependent diabetes mellitus). The hour of administration on the MAR are listed as 0800 (8:00 a.m.). Surveyor noted on 1/11/22 at 0800 there is a code 10 with DON-B's initials. On the MAR under chart codes 10 equals medical appointment.</p> <p>* Insulin Lispro (Humalog) Solution Pen-Injector 100 unit/ml Inject as per sliding scale: if 150-175 = (equals) 2 units; 176-200 = 3 units; 201-225 = 4 units, 226-250 = 5 units; 251-275 = 6 units; 276-350 = 8 units call MD (medical doctor) < (less than) 60 or > (greater than) 400, subcutaneously three times a day for IDDM.</p> <p>On 1/11/22 the blood sugar has an X and at 0800 there is a code 10 with DON-B's initials.</p> <p>On 1/12/22 at 12:57 p.m. Surveyor asked DON-B why she entered 10 for R20's blood sugar and scheduled & sliding scale Humalog. DON-B informed Surveyor if R20 was at dialysis they would enter 10. Surveyor informed DON-B RN-E did not obtain R20's blood sugar and did not administer her insulin because there were no caps on the insulin pens. DON-B then stated that was an error in documentation.</p> <p>Not administering R20's scheduled and sliding scale Humalog insulin on 1/11/22 resulted in a significant medication error for R20.</p> <p>2.) On 1/11/22 at 10:40 a.m. RN-E dialed R13's Basaglar insulin pen to 12 units and Humalog pen to 3 units.</p> <p>At 10:45 a.m. RN-E placed a gown on, entered R13's room and placed gloves on. RN-E cleansed the back of R13's right upper arm administered 3 units of Humalog and then cleansed the back of R13's right upper arm and administered 12 units of Basaglar insulin.</p> <p>Administering R13's 8:00 a.m. insulin at 10:45 a.m. resulted in a significant medication error for R13.</p> <p>3.) On 1/12/22 Surveyor reviewed R19's January 2022 MAR (medication administration record). Surveyor noted the following medications are not initialed on 1/11/22 at 0800 (8:00 a.m.) as being administered:</p> <ul style="list-style-type: none"> * Bumex Tablet 1 mg. Give 1 tablet by mouth in the morning for CHF (congestive heart failure). * Norvasc Tablet 5 mg. Give 1 tablet by mouth in the morning for HTN (hypertension). * Coreg Tablet 25 mg. Give 1 tablet by mouth two times a day for HTN. * Eliquis Tablet 5 mg. Give 1 tablet by mouth every 12 hours for DVT (deep vein thrombosis) prophylaxis. * Isosorbide Mononitrate ER 30 mg. Give 1 tablet by mouth two times a day for hypertension. * Hydralazine HCL 100 mg Give 1 tablet by mouth three times a day for HTN. <p>(continued on next page)</p>		

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<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Surveyor also noted there are no documented vital signs including R19's blood pressure under the vital sign tab in PCC (pointclickcare) or on the MAR prior to when R19's medication should have been administered on 1/11/22.</p> <p>4.) On 1/12/22 at 7:29 a.m. R5 informed Surveyor she did not receive her morning medication yesterday (1/11/22) before going to her doctors appointment. R5 explained she told a CNA who said they told [DON-B]. R5 indicated she takes about 15 pills including Lyrica and an antibiotic. R5 stated I was irritated that I had nothing. R5 informed Surveyor when she came back from her doctor's appointment she told the nurses she didn't get any of her medication but they couldn't give her anything because those were her morning medications. R5 informed Surveyor she received her 8:00 p.m. pills but nothing else she was suppose to get during the day.</p> <p>On 1/12/22 Surveyor reviewed R5's January 2022 MAR (medication administration record). Surveyor noted the following medications are not initialed on 1/11/22 at 0800 (8:00 a.m.) as being administered:</p> <ul style="list-style-type: none"> * Cozaar Tablet 25 mg Give 0.5 tablet by mouth one time a day (12.5 mg total) related to unspecified systolic (congestive) heart failure until 2/5/22. * Furosemide tablet 40 mg Give 1 tablet by mouth one time a day related to unspecified systolic (congestive) heart failure until 2/5/22. * Metoprolol Succinate ER 50 mg Give 1 tablet by mouth one time a day related to essential (primary) hypertension until 2/5/22. * Spironolactone 25 mg. Give 0.5 tablet by mouth one time a day for (12.5 mg total) until 2/5/22. * Enoxaparine Sodium Solution 20 mg/0.3 ml (milliliters). Inject 0.3 ml subcutaneously two times a day for blood thinner until 2/8/22. <p>Surveyor also noted there are no documented vital signs including R5's blood pressure under the vital sign tab in PCC (pointclickcare) or on the MAR prior to when R5's medication should have been administered on 1/11/22.</p> <p>5.) On 1/12/22 Surveyor reviewed R1's January 2022 MAR (medication administration record). Surveyor noted the following medications are not initialed on 1/11/22 at 0800 (8:00 a.m.) as being administered:</p> <ul style="list-style-type: none"> * Phenytek Capsule 300 mg Give 1 capsule by mouth one time a day for seizures, convulsions. <p>6.) On 1/12/22 Surveyor reviewed R22's January 2022 MAR (medication administration record). Surveyor noted the following medications are not initialed on 1/11/22 at 0800 (8:00 a.m.) as being administered:</p> <ul style="list-style-type: none"> * Amlodipine Besylate 10 mg. Give 1 tablet by mouth one time a day for HTN. * Sitagliptin phosphate 25 mg. Give 25 mg by mouth one time a day related to type 2 diabetes mellitus with diabetic neuropathy. <p>(continued on next page)</p>		

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<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>* Hydralazine HCL 25 mg. Give 1 tablet by mouth three times a day for hypertension. Surveyor noted 1200 (12:00 p.m.) is also not initialed as being administered.</p> <p>* R22's blood sugar and Lispro insulin per sliding scale is not initialed as being administered at 7:30 a.m. & 11:30 a.m.</p> <p>Surveyor also noted there are no documented vital signs including R22's blood pressure under the vital sign tab in PCC (pointclickcare) or on the MAR prior to when R22's medication should have been administered on 1/11/22.</p> <p>7.) On 1/12/22 Surveyor reviewed R23's January 2022 MAR (medication administration record). Surveyor noted the following medications are not initialed on 1/11/22 at 0800 (8:00 a.m.) as being administered:</p> <p>* Metoprolol Succinate ER 200 mg. Give 1 tablet by mouth one time a day for HTN.</p> <p>* Calcium Acetate 667 mg. Give 667 mg by mouth three times a day related to end stage renal disease. Surveyor noted 1200 (12:00 p.m.) is also not initialed as being administered.</p> <p>Surveyor also noted there are no documented vital signs under the vital sign tab in PCC (pointclickcare) or on the MAR prior to when R23's medication should have been administered on 1/11/22.</p> <p>8.) On 1/12/22 Surveyor reviewed R24's January 2022 MAR (medication administration record). Surveyor noted on 1/11/22 R24's blood sugar at 8:00 a.m. and 12:00 p.m. is not initialed as being completed and R24's novolog per sliding scale is also not initialed as being administered at 8:00 a.m. and 12:00 p.m.</p> <p>9.) On 1/12/22 Surveyor reviewed R25's January 2022 MAR (medication administration record). Surveyor noted the following medications are not initialed on 1/11/22 at 0800 (8:00 a.m.) as being administered:</p> <p>* Metoprolol Succinate ER 25 mg. Give 1 tablet by mouth one tie a day for high blood pressure.</p> <p>* Eliquis Tablet 2.5 mg. Give 1 tablet by mouth two times a day for blood clotting.</p> <p>Surveyor also noted there are no documented vital signs including R25's blood pressure under the vital sign tab in PCC (pointclickcare) or on the MAR prior to when R25's medication should have been administered on 1/11/22.</p> <p>10.) On 1/12/22 Surveyor reviewed R26's January 2022 MAR (medication administration record). Surveyor noted the following medications are not initialed on 1/11/22 at 0800 (8:00 a.m.) as being administered:</p> <p>* Metoprolol Succinate ER. Give 25 mg by mouth one time a day related to unspecified systolic (congestive) heart failure Hold for SBP (systolic blood pressure) < (less than) 100 or HR (heart rate) < 60.</p> <p>(continued on next page)</p>		

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<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>* Apixaban tablet 5 mg Give 1 tablet by mouth every 12 hours related to intracardiac thrombosis not elsewhere classified.</p> <p>* Requip tablet 0.25 mg. Give 1 tablet two times a day related to Parkinson's Disease.</p> <p>* Midodrine HCL tablet 5 mg. Give 5 mg by mouth three times a day for hypotension before meals hold if SBP 130 or higher. Surveyor noted 12:00 p.m. is also not initialed as being administered.</p> <p>* Carbidopa-Levodopa tablet 25-100 mg. Give 1.5 tablet by mouth four times a day for Parkinson related to Parkinson's Disease. Surveyor noted 12:00 p.m. is also not initialed as being administered.</p> <p>Surveyor also noted there are no documented vital signs including R26's blood pressure & pulse under the vital sign tab in PCC (pointclickcare) or on the MAR prior to when R25's medication should have been administered on 1/11/22.</p> <p>11.) On 1/12/22 Surveyor reviewed R27's January 2022 MAR (medication administration record). Surveyor noted the following medications are not initialed on 1/11/22 at 0800 (8:00 a.m.) as being administered:</p> <p>* Norvasc Tablet 5 mg. Give 1 tablet by mouth in the morning for HTN.</p> <p>* Catapres Tablet 0.3 mg. Give 1 tablet by mouth three times a day for HTN. Surveyor also noted the 12:00 p.m. dose is not initialed as being administered.</p> <p>* Humalog KwikPen Inject 10 units subcutaneously three times a day for DM. Surveyor also noted the 12:00 p.m. dose is not initialed as being administered as well as the blood sugars for 8:00 a.m. and 12:00 p.m. are not obtained.</p> <p>* Humalog KwikPen Inject per sliding scale subcutaneously three times a day for DM. Surveyor also noted the 12:00 p.m. dose is not initialed as being administered as well as the blood sugars for 8:00 a.m. and 12:00 p.m. are not obtained.</p> <p>Surveyor also noted there are no documented vital signs including R27's blood pressure under the vital sign tab in PCC (pointclickcare) or on the MAR prior to when R27's medication should have been administered on 1/11/22.</p> <p>12.) On 1/12/22 Surveyor reviewed R28's January 2022 MAR (medication administration record). Surveyor noted the following medications are not initialed on 1/11/22 at 0800 (8:00 a.m.) as being administered:</p> <p>* Cozaar Tablet 25 mg. Give 2 tablet by mouth in the morning related to essential (primary) hypertension.</p> <p>Surveyor also noted there are no documented vital signs including R28's blood pressure under the vital sign tab in PCC (pointclickcare) or on the MAR prior to when R28's medication should have been administered on 1/11/22.</p> <p>(continued on next page)</p>		

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<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>13.) On 1/12/22 Surveyor reviewed R12's January 2022 MAR (medication administration record). Surveyor noted the following medications are not initialed on 1/11/22 at 0800 (8:00 a.m.) as being administered:</p> <p>* Carbidopa-Levodopa tablet 10-100 mg. Give 1 tablet by mouth three times a day for Parkinson's Disease before meals. Surveyor also noted the 12:00 p.m. dose is not initialed as being administered.</p> <p>* Carbidopa-Levodopa tablet 25-100 mg. Give 1 tablet by mouth three times a day for Parkinson's before meals. Surveyor also noted the 12:00 p.m. dose is not initialed as being administered.</p> <p>On 1/12/22 at 12:59 p.m. Surveyor asked DON-B who passed morning medications for the north unit. DON-B informed Surveyor Restorative Nurse/LPN-D did the whole North unit as well as R19 & R5. Surveyor informed DON-B R5 informed Surveyor she did not receive any of her morning medications on 1/11/22 and when Surveyor reviewed R5's [DATE]/11/22 for 8:00 a.m. medications are not initialed as being administered.</p> <p>On 1/13/22 at 8:23 a.m. Surveyor asked Restorative Nurse/LPN-D on 1/11/22 which rooms did she pass medication for. Restorative Nurse/LPN-D informed Surveyor R30 to R33 and also R39 because he was in pain. Surveyor asked Restorative Nurse/LPN-D who passed medication for R22 to R28. Restorative Nurse/LPN-D informed Surveyor she wasn't sure, it was suppose to be DON-B and also for R19 & R5. Restorative Nurse/LPN-D informed Surveyor she did not pass medications for these rooms.</p> <p>On 1/13/22 at 2:00 p.m. Administrator-A and Assistant Administrator-C were informed of the above.</p>		

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<p>F 0776</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide timely, approved x-ray services, or have an agreement with an approved provider to obtain them.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 20483</p> <p>Based on interview the Facility does not have a radiology contract to provide mobile radiology services in the Facility.</p> <p>On [DATE] [name of portable imaging company] stopped providing portable imaging services at the Facility and a new company was not contracted with to provide portable imaging services. This has the potential to effect all 72 Residents residing at the Facility.</p> <p>Findings include:</p> <p>On [DATE] Anonymous staff-X informed Surveyor due to a change in management the Facility doesn't have a contract for X-Ray so a Resident had to go out. Surveyor asked for the name of the Resident. Surveyor was informed R40.</p> <p>On [DATE] at 2:54 p.m. Surveyor informed Administrator-A Surveyor would like to see the Facility's radiology contract. Administrator-A informed Surveyor they used to have a company which she thinks was out of Illinois but the contract expired on [DATE]. Administrator-A explained the contract was canceled by the owner of the X-Ray company as they didn't have any technicians in the area. Administrator-A informed Surveyor they currently do not have an agreement for mobile X-Ray.</p> <p>On [DATE] at 11:43 a.m. Surveyor asked Administrator-A for the name of the mobile X-Ray company which used to service the Facility. Administrator-A informed Surveyor she doesn't know the company's name. Surveyor asked to see the contract which expired on [DATE]. Administrator-A informed Surveyor mobile something is sending a contract today for her to go over and sign. Surveyor inquired when she contacted this company. Administrator-A informed Surveyor she had made several contacts with mobile X-ray companies but did not receive any return calls. Surveyor asked Administrator-A if she contacted the company who is sending an agreement yesterday. Administrator-A replied yes. Surveyor asked Administrator-A if she contacted this company after Surveyor spoke with her. Administrator-A replied yes. Administrator-A informed Surveyor she had Goggled a list of names for X-Ray companies in the area and also Goggled a list from DQA (Department of Quality Assurance).</p> <p>On [DATE] Surveyor reviewed the previous portable imaging service agreement with [name of portable imaging services company] with an effective date of [DATE]. Surveyor noted the agreement provided to Surveyor is not signed by their a representative from the portable imaging company or the Facility. This agreement was canceled as of [DATE].</p>		

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<p>F 0835</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Administer the facility in a manner that enables it to use its resources effectively and efficiently.</p> <p>20483</p> <p>Based on observation of the ventilator unit, interview, and record review the Facility was not administered in a manner that enables it to use its resources effectively and efficiently to attain or maintain the highest practicable physical, mental and psychosocial well-being of each ventilator resident. This has the potential to affect 14 Residents residing on the ventilator unit.</p> <p>On 1/24/22 the State agency returned to the Facility to investigate further concerns regarding the ventilator unit and to determine if the Immediate Jeopardy (IJ) at F695 (Respiratory/Tracheostomy Care and Suctioning) had been removed.</p> <p>It was determined that the Facility did not implement components of their F695 IJ removal plan with a facility removal date request of 1/13/22 and approved by the Division of Quality Assurance on 1/18/22. As of 1/25/22 upon completion of the partial extended survey, the immediate jeopardy continues.</p> <p>The Administrator failed to oversee the completion of its IJ removal plan.</p> <p>The Administrator did not ensure that staff working on the vent until had the competencies needed to provide care to the residents on the unit.</p> <p>The Administrator did not ensure there were Respiratory Therapists (RTs) on the ventilator unit at all times on 1/18/22, 1/19/22, 1/21/22 and 1/24/22.</p> <p>On 1/25/22 for the day shift there was no nurse on the ventilator unit. Facility management was not aware of this until the Surveyor notified the DON.</p> <p>The failure of administration to implement its IJ removal plan to ensure the vent unit was staffed with qualified personnel who could provide care and potential emergency care needed by the residents on the vent unit created a finding of immediate jeopardy. On 1/25/22 at 3:43 p.m. Administrator-A, Nurse Consultant-S, RN Consultant-HH and VP of Operations-SS were informed of the IJ. The IJ was not removed at the completion of the extended survey on 1/25/22.</p> <p>Findings include:</p> <p>On 1/13/22 at 12:34 p.m., Administrator-A and DON (Director of Nursing)-B were informed of the immediate jeopardy for F695 (Respiratory/Tracheostomy Care and Suctioning). The Facility submitted an IJ removal plan for F695 with a facility IJ removal date request of 1/13/22. The IJ removal plan was approved by the state agency on 1/18/22.</p> <p>On 1/24/22 the State agency returned to the Facility to investigate further concerns regarding the ventilator unit and to determine if the IJ at F695 was removed. It was determined that the Facility did not implement components of their removal plan and as of 1/25/22 at the conclusion of the partial extended survey the immediate jeopardy at F695 continues.</p> <p>(continued on next page)</p>		

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<p>F 0835</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>The Facility did not have a respiratory therapist on staff for the ventilator unit 24 hours a day as per the IJ removal plan under the Facility assessment.</p> <p>On 1/18/22 there was no RT for 4 hours in the afternoon.</p> <p>On 1/19/22 there was no RT during the day shift (12 hours).</p> <p>On 1/21/22 there was no RT on the night shift (12 hours). An LPN was in charge of the unit.</p> <p>On 1/24/22 RT-AM, who had worked the 6:00 p.m. to 6:00 a.m. shift stayed on the unit until 10:00 a.m. There was no RT from 10:00 a.m. to 6:00 p.m</p> <p>The IJ removal plan documented, in the extreme event a RT is not available, a nurse trained in ventilator operations will serve on the unit until a RT is made available. The IJ removal plan indicated that all RNs (Registered Nurses), LPNs (Licensed Practical Nurses) and CNAs (Certified Nursing Assistant) would receive education regarding the Facility's ventilator policy and procedures as per the Facility's IJ removal plan. The Administrator or designee did not ensure education was provided.</p> <p>On 1/25/22, at 10:44 AM, Surveyor interviewed DON-B who stated she read the ventilator packet of information for competencies and then went to a room with a ventilator to talk about the components. DON-B stated she was shown to trouble shoot alarms, finding equipment, putting ventilator on a stand, oxygen setups-portable versus concentrator, on/off ventilator, but she is not comfortable with the settings or doing them because more in depth training is needed. DON-B stated the total training was the packet and nothing else.</p> <p>On 1/24/22 at 8:40 a.m. RN-E, who was scheduled to be the nurse on the vent unit after RT-AM left, informed Surveyor there was no time to do the training identified in the Facility's (F695) IJ removal plan; she was not comfortable with tracheostomies and does not touch the vents. RN-E will only suction Residents. RN-E informed Surveyor that she would not be able to put residents on the vent and off the vent as she did not know how to do this. RN-E informed Surveyor she does not know about the ventilator alarms and should the alarms go off she would call 911 as she does not know what to do. Surveyor reviewed RN-E's competencies in the care of tracheostomies and vents indicated NA (not applicable) for various tasks associated with trach care. On 1/24/22 there were 12 residents residing on the ventilator unit.</p> <p>On 1/24/22, at 10:06 AM (after RT-AM had left, leaving RN-E in charge of the unit), Surveyor observed R7 in bed with trach and tubing full of bubbling green secretions which R7 was unable to clear. R7's suction canister, dated 12/27/21, was almost full (1100 ml) of thick green sludgy secretions. R7 had pulled the bifurcated protective trach site gauze out in efforts to breathe. R7 was over breathing the ventilator with a respiratory rate of 27-28 and struggling to pull volumes of air greater than 500-540 cc. Surveyor observed the ventilator alarm was going off in the room and on the computer board in the nurses' station and hallway posting and notified RN-E immediately of R7's need to be suctioned.</p> <p>R7's Ventilator Settings indicated: Mode-AC, Rate 20 Tidal Volume 350 Peep 5 FiO2 28% Continuous-Chronic Respiratory Failure.</p> <p>(continued on next page)</p>		

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<p>F 0835</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>R7's care plan, dated 1/17/20, indicated Ventilator Settings: Mode: AC rate 20, Tidal Volume 350 ml, Peep +5, FiO2 40 %. R7's Oxygenation orders and Care plan are inconsistent between FiO2 at 28% and 40%.</p> <p>During this time of R7's respiratory needs, Surveyor observed 5 call lights on and CNA-OO was assisting another resident (no call light on). CNA-OO stated trying but hard to get things done but she tries.</p> <p>On 1/24/22 at 11:04 AM, Surveyor conducted rounds on the specialized ventilator unit and noted 3 call lights on as well as residents banging on their bedside tables for attention. Surveyor observed R7 had green secretions pooling around the trach site and stoma with huge secretion green bubbles like blowing a bubblegum bubble and no gauze for skin protection.</p> <p>On 1/24/22 at 1:10 p.m. Surveyors spoke with Administrator-A to inquire what the Facility had done to remove the IJ at F695. Administrator-A indicated she had contacted a respiratory therapy company but currently does not have a contract with them yet. Administrator-A informed Surveyors a RT trained all the nurses and competencies were completed with a return demonstration. Surveyor reviewed nurse competencies including those of DON (Director of Nursing)- B and RN-E with Administrator-A and inquired why NA is marked for numerous items including trach dislodgement and apnea alarms. Administrator-A informed Surveyor she would have to check with Nurse Consultant-S. Surveyor asked Administrator-A if she reviewed the competencies. Administrator-A replied no and stated she would have to ask Nurse Consultant-S.</p> <p>On 1/25/22 at 7:30 a.m. Surveyor observed there is no nurse on the ventilator unit.</p> <p>On 1/25/22 at 8:35 a.m. Surveyor asked RT-N and CNA-OO if they have seen the nurse. Surveyor was informed they haven't seen the nurse all morning.</p> <p>On 1/25/22 at 8:40 a.m. Surveyor informed DON-B there is no nurse on the vent unit. DON-B stated No one told me. Facility management staff was unaware there was no nurse until Surveyor reported this.</p> <p>Nurses were not trained on administering physician ordered nebulizer treatments in the absence of an RT. R7 had physician orders dated 2/26/21 for albuterol nebulizer treatments every 6 hours as needed but none were documented. R8 had physician orders dated 1/13/22 (previous order 6/25/21 to 1/13/22) for albuterol nebulizer treatments via trach three times a day for respiratory failure. Treatments were not provided on 1/14, 1/15, 1/16, only 2 times 1/18, only once at night 1/19, only once at night 1/20, only once at night 1/24/22.</p> <p>On 1/25/22 at 10:44 a.m., DON-B stated they were not trained on the use of Passy Muir valves (speaking valve-cap over trach). R8 had a physician order dated 7/27/21, wear Passy Muir valve up to 1 hour/day in the afternoon but nurses were not trained so R8 would not be able to wear one safely without an RT in the facility.</p> <p>(Cross Reference F695)</p> <p>(continued on next page)</p>		

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F 0835 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	<p>The failure to administration to implement its IJ removal plan to ensure the vent unit was staffed with qualified personnel who could provide care and potential emergency care needed by the residents on the vent unit created a reasonable likelihood that serious harm could occur, and thus created a finding of immediate jeopardy.</p> <p>On 1/26/22, the Facility submitted an IJ removal plan for F835 (Administration) with a facility date of IJ removal request of 02/04/22, and was approved by The Division of Quality Assurance on 1/26/22.</p> <p>The facility's IJ removal plan indicates the following actions:</p> <ul style="list-style-type: none"> * A QAPI (Quality Assessment Performance Improvement) meeting was held on 1/26/22 with the Medical Director, Pulmonologist, Administrator, DON, VP of Operations, and RN clinical nurse to develop and review a root cause analysis to ensure that the facility is covering all aspects of the trach/vent care provided. Previously reviewed policies and procedures were reviewed. The results of the QAPI meeting were to appoint ventilator RT and licensed nursing staffing to the unit only for continuity of care, change the nurse competencies to return demonstration. * The Facility's current respiratory therapy contract was reinitiated on 1/23/22. The schedule through 2/25/22 was reviewed and completed on 1/25/22. An RT on call schedule was developed and implemented to ensure consistent coverage was developed and implemented on 1/25/22. * The Administrator and DON under the direction of the VP of Operations has developed a designated ventilator schedule for RT and licensed nurses for the ventilator unit on 1/25/22. * The Administrator, Director of Nursing, VP of Operations and RN Nurse Consultant will audit and ensure the RT and licensed nurse staffing meet the needs and care of residents on the ventilator unit. * DON/designee will conduct audits M-F x 2 weeks, weekly x 8 weeks, and monthly x 3 months for ventilator care residents to ensure all the required components are in place. * Administrator/designee will review daily staffing sheets to ensure adequate staffing ratios. * The Facility assessment was updated on 1/24/22 by the Administrator and VP of Operations to reflect 24 hours RT coverage and designated licensed nurse staffing to meet the needs of the residents on the ventilator unit. * Ventilator staffing patterns will reflect the needs of the residents on the unit per the QAPI and MD approved policy and procedures. * The Corporate nurse consultant will ensure the daily staffing patterns are proper for the RT and licensed nurses daily for 4 weeks, weekly for 4 weeks and monthly thereafter. * The Corporate nurse consultant will audit the facility 24-hour report/nurses notes to ensure the MD has been notified of changes and orders were processed appropriately daily for 4 weeks, weekly for 4 weeks and monthly thereafter. <p>(continued on next page)</p>		

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<p>F 0835</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>* The Corporate nurse consultant, Administrator and DON will audit all new hires to the ventilator unit for licensed nurses and RT to ensure their respective competencies are completed during orientation.</p> <p>* Daily morning meeting during the business week to include staffing review for nursing and RT in house, any education completed the day before, review of new admissions and readmissions to the facility, and review of any current audits in place. A stand down will occur during the business week to ensure that follow up is occurring.</p> <p>* Administrator and DON were educated from VP of Operations about daily follow up for all audits that need to be completed, any education that is required of staff, and any other items that need to be addressed in regard to the IJ removal and continued compliance on 1/25/22.</p> <p>Regional oversight of Administrator and DON on a weekly basis to ensure that follow up is occurring. Regional involvement if needed to aid in ensuring that all follow up is completed in a timely manner. This includes management oversight daily, including weekends until IJ is removed then daily for 4 weeks, weekly for 4 weeks and monthly thereafter.</p> <p>* Administrator and/or DON, with other staff as assigned, will ensure that there is a person of management in the facility daily including the weekend (for at least four hours on Saturday and Sunday) to ensure compliance.</p> <p>* VP of Operations/Regional Nurse/Designee to be on onsite daily to assist with compliance of IJ removal.</p> <p>* VP of Operations/Regional Nurse/Designee to conduct onsite visits monthly to ensure compliance and provide oversight. This will be ongoing.</p> <p>* An audit tool was developed to audit all new hires prior to first day on the unit to ensure that all competencies and education are completed. Annual competencies to be completed with all nursing and RT staff in January of each year.</p> <p>* The DON/designee will review completed audits with the Administrator and VP of Operations weekly. The DON and Administrator will review with QAPI committee monthly for further recommendations and follow up as needed.</p> <p>The Facility was informed of the IJ on 1/25/22 and the IJ was not removed at the completion of the extended survey on 1/25/22.</p>		

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<p>F 0838</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Conduct and document a facility-wide assessment to determine what resources are necessary to care for residents competently during both day-to-day operations and emergencies.</p> <p>36161</p> <p>Based on staff interview and record review, the facility failed to update a facility-wide assessment to determine what resources were necessary to provide care for its residents in the facility and additionally did not identify what resources were necessary to provide care for residents on the vent unit.</p> <p>The facility assessment was not updated annually.</p> <p>The facility's assessment was missing a staffing plan to meet resident needs in the facility.</p> <p>The facility's assessment did not include a staffing plan to meet the needs of the residents on the ventilator unit.</p> <p>The facility's assessment does not include the type of care required for residents in house and in addition, the facility's assessment does not include the type of care required for residents on the ventilator unit.</p> <p>The facility's assessment did not include specifically what competencies were necessary for staff to have in order to provide for the level and type of care needed for the residents in the facility and additionally for those residents residing on the ventilator unit.</p> <p>This deficient practice has the potential to affect all 72 residents residing in the facility.</p> <p>Findings include:</p> <p>On 1/11/22 at approximately 12:02 p.m., Surveyor reviewed the facility's facility assessment dated as last revised in 9/1/2020 and titled Facility Assessment Tool.</p> <p>Surveyor noted that the facility's assessment was not updated on a yearly basis and was missing a staffing plan to meet resident needs in the facility. In addition, the facility assessment was missing a staffing plan to meet the resident needs on the ventilator unit.</p> <p>The facility's assessment did not identify what resources were necessary to provide care for its residents in the facility and additionally did not identify what resources were necessary to provide care for residents on the vent unit.</p> <p>The facility's assessment does not include the type of care required for residents in house and in addition, the facility's assessment does not include the type of care required for residents on the ventilator unit.</p> <p>The facility's assessment did not include specifically what competencies were necessary for staff to have in order to provide for the level and type of care needed for the residents in the facility and additionally for those residents residing on the ventilator unit.</p> <p>(continued on next page)</p>		

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<p>F 0838</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On 1/11/22 at 3:17 p.m., Surveyor informed NHA (Nursing Home Administrator)-A of the above findings. Surveyor asked NHA-A if the facility had updated the facility's assessment on an annual basis, as the one provided to Surveyor was dated September 2020.</p> <p>NHA-A informed Surveyor that the facility had not updated the facility's assessment on an annual basis and that the most recent update to the facility's assessment was on 9/1/2020.</p> <p>Surveyor asked NHA-A if the facility had any additional sections in its facility assessment that included a staffing plan to meet resident needs on the ventilator unit, as Surveyor was finding that the ventilator unit was often short staffed (cross-reference with F725).</p> <p>NHA-A informed Surveyor that she could not provide any additional information or sections regarding the facility's assessment and a staffing plan to meet resident needs on the ventilator unit.</p> <p>No additional information was provided as to why the facility failed to complete a facility-wide assessment to determine what resources were necessary to provide care for its residents.</p>		

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<p>F 0868</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>41439</p> <p>Have the Quality Assessment and Assurance group have the required members and meet at least quarterly</p> <p>Based on record review and staff interview, the facility did not ensure there was a QAPI (Quality Assurance Performance Improvement) meeting held at least quarterly with the required committee members in order to identify issues through the committee. This deficient practice had the potential to effect all 72 residents currently in the facility.</p> <p>Findings include:</p> <p>On 1/25/22, at 1:50 PM, NHA-A (Nursing Home Administrator) provided the facility QAPI plan and sign-in sheets. Surveyor reviewed the facility QAPI plan, undated, which indicated that in January 2022 the QAPI committee will begin meeting every month on the third Thursday of the month.</p> <p>Surveyor reviewed the quarterly sign in sheets which indicated:</p> <p>5/26/21 QAPI Attendance Sign In Sheet does not have a medical director signature.</p> <p>7/27/21 QAPI Attendance Sign In Sheet does not have a medical director signature.</p> <p>No meeting in the last quarter of 2021.</p> <p>1/20/22 QAPI Attendance Sign In Sheet does not have a DON-B (Director of Nursing) signature. DON-B also serves as the Infection Preventionist.</p> <p>On 1/25/22, at 1:50 PM, NHA-A stated the 1/20/22 QAPI meeting did not have the DON-B because she was working the floor and unable to attend the meeting.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p>20483</p> <p>Based on observation, interview and record review, the Facility did not establish and maintain an infection control program designed to help prevent the development and transmission of disease and infection such as Covid 19, which had the potential to affect all 72 Residents residing at the Facility.</p> <ul style="list-style-type: none"> * Staff was observed not to be wearing eye protection during Resident contact with R29, R31, & R19. * R13 who is Covid positive had an isolation cart outside the room but there were no isolation signs posted indicating the type of isolation and PPE (personal protective equipment) required for multiple days. * There was bare hand contact during R20 & R11's medication preparation. * RN-E did not wear appropriate PPE when administering medication to R13 who is Covid positive. * The Glucometer was not properly sanitized for R13. * There is no Resident line list for the Facility's Covid outbreak which occurred December 2021. <p>Findings include:</p> <p>The Residents with confirmed or suspected Covid 19 policy dated 10/20/21 under policy for Residents with confirmed Covid-19 documents Isolate using transmission-based precautions and Staff to wear full PPE (personal protective equipment) (N95 respirator, gown, gloves, eye protection).</p> <ol style="list-style-type: none"> 1.) On 1/10/22 at 11:30 a.m. Surveyor observed CNA (Certified Nursing Assistant)-F enter R29 & R31's room without eye protection. Surveyor noted both R29 & R31 are in the room. 2.) On 1/10/22 at 11:34 a.m. Surveyor observed an isolation cart outside R13's room but there are no isolation signs posted to indicate which type of isolation R13 is on. 3.) On 1/11/22 at 7:30 a.m. Surveyor asked CNA-F which Residents are on isolation for Covid. CNA-F informed Surveyor R13 is the only resident who is currently Covid positive. Surveyor observed there are no isolation signs posted on R13's door, door frame or the wall by R13's door to indicate what type of isolation R13 is on. 4.) On 1/11/22 starting at 10:14 a.m. Surveyor observed RN (Registered Nurse)-E prepare R20's medication. During this observation at 10:21 a.m. R20's Metoprolol Tartrate 25 mg tablet fell on to the top of the medication cart. RN-E with her bare hands picked up the Metoprolol Tartrate 25 mg tablet and placed the tablet into the medication cup. <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On 1/12/22 at 1:31 p.m. Surveyor asked RN-E why she picked up R20's Metoprolol Tartrate tablet with her bare hands and place the tablet in the medication cup. RN-E acknowledged she picked up the medication, indicated she was thinking about this that night and stated It haunted me when I was laying in bed.</p> <p>5.) On 1/11/22 at 10:30 Surveyor observed RN-E prepare R13's medication which consisted of Acetaminophen Tablet 325 mg (milligrams) 2 tablets, Fluoxetine 60 mg 1 tablet, Folic Acid 1 mg 1 tablet, Levothyroxine 75 mcg (micrograms) 1 tablet, Metoprolol Tartrate 25 mg 1 tablet, Tamsulosin (flomax) 0.4 mg 1 tablet, and Vitamin D3 2000 IU 1 tablet.</p> <p>At 10:34 a.m. RN-E informed Surveyor she doesn't draw up insulin until she knows what to give, picked up the medication cup containing R13's medication and approached R13's door. Surveyor observed there is an isolation cart outside R13's room but there are no isolation signs posted. Surveyor asked RN-E what R13 is on isolation for. RN-E replied I have no clue. I'm the vent nurse.</p> <p>At 10:36 a.m. RN-E asked CNA-F about R13's isolation. CNA-F stated he's positive. CNA-F explained she didn't know if R13 has symptoms but tested positive for Covid on Friday. RN-E placed a gown on and entered R13's room. Surveyor observed RN-E was not wearing any eye protection and was wearing a surgical mask not a N95.</p> <p>At 10:37 a.m. RN-E placed gloves on, cleansed R13's right index finger with an alcohol pad, poked R13's finger, and placed the blood on the testing strip. RN-E stated the blood sugar is 140. RN-E then administered R13's medication whole with water.</p> <p>At 10:39 a.m. RN-E removed her gown & gloves, and cleansed her hands.</p> <p>At 10:40 a.m. RN-E placed the glucometer on top of the medication cart dialed R13's Basaglar insulin pen to 12 units and Humalog pen to 3 units.</p> <p>At 10:45 a.m. RN-E placed a gown on, entered R13's room and placed gloves on. RN-E was not wearing any eye protection and was wearing a surgical mask not a N95. RN-E administered R13's insulin.</p> <p>At 10:48 a.m. Surveyor observed RN-E place the glucometer which was on top of the medication cart in the top drawer of the medication cart. Surveyor observed RN-E did not disinfect the glucometer prior to putting the device away. RN-E informed Surveyor she doesn't have anyone else with insulin.</p> <p>The Blood glucose machine cleaning with a revised date of 4/4/20 under policy documents</p> <ol style="list-style-type: none"> 1. Obtain bleach or disinfectant wipes. 2. Apply gloves. 3. Take a pre-moistened disinfectant wipe and clean the entire surface of glucose monitor. Inspect to ensure all areas are clean. 4. Allow product to remain on glucose meter according to manufacturer's recommendations. 5. Remove and discard gloves. Sanitize hands. <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>6. Repeat process between resident use.</p> <p>Surveyor reviewed R13's medical record. Surveyor noted R13 had a diagnosis of diabetes mellitus and did not note any Bloodborne diseases such as Hepatitis B, Hepatitis C or HIV (human immunodeficiency virus).</p> <p>Surveyor noted a late entry nurses note dated 1/7/22 which documents Covid test obtained. Positive results. Room change to Covid unit immediately.</p> <p>6.) On 1/12/22 at 7:36 a.m. Surveyor observed LPN (Licensed Practical Nurse)-G place 2 tablets of R11's medication into the palm of her hands and then place the medication in an envelope to crush the medication. LPN-G was not wearing gloves.</p> <p>7.) On 1/12/22 at 7:43 a.m. Surveyor observed there continues to be no isolation sign posted outside R13's room who is Covid positive.</p> <p>8.) On 1/12/22 at 8:05 a.m. Surveyor observed CNA-H answer R19's call light without wearing any eye protection. At 8:06 a.m. Surveyor asked CNA-H what R19 wanted. CNA-H informed Surveyor R19 was ready to get up.</p> <p>On 1/12/22 at 12:59 p.m. Surveyor asked DON-B what PPE staff should be wearing during resident contact. DON-B informed Surveyor a blue mask and face shield. Surveyor asked if a Resident is Covid positive what PPE should staff be wearing. DON-B informed Surveyor gown, eye protection, and a N95.</p> <p>On 1/12/22 at 1:01 p.m. Surveyor asked DON-B if a nurse should touch a Resident's medication with their bare hands. DON-B replied no. DON-B informed Surveyor if medication is dropped then it's gone. Surveyor informed DON-B of the observation with R20 & R11.</p> <p>40533</p> <p>9. Surveyor reviewed facility's COVID-19 employee line listing for December 2021. Documented for each employee was Name, Date Collected, Date Received, Vaccine Status, Department, Unit, Signs and Symptoms, Return Date. Each employee's status was documented with COVID positive noting testing completed and signs and symptoms including cough, weakness, congestion, headache and other signs and symptoms related to COVID-19.</p> <p>Surveyor requested resident line listing for December 2021 from Director of Nursing (DON)-B on 1/11/22 during survey. On 1/12/22 at 10:04 PM DON-B stated she could not find the line listing for residents testing positive to COVID-19 from December or January.</p> <p>On 1/13/22 Surveyor received a list of residents. Documented at the top was The following residents were positive for COVID-19. 16 residents were listed including R38 noted as first resident testing positive for COVID -19 and 12/29 was documented next to R38's name. R13 was noted as last resident testing positive for COVID -19 and 01/07 was documented next to R13's name. Documented on the bottom was All others + on 12-30-2021. R2, R4, R6, R11, R20, R29, R31, R32, R34, R35, R36, R37, R40 and R41 were the other 14 residents listed. Not listed was Date Collected, Date Received, Vaccine Status, Unit, Room Number or Signs and Symptoms.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On 1/13/22 at 12:33 PM Surveyor interviewed DON-B. Surveyor asked how residents testing positive were kept track of including signs and symptoms and vaccination status. DON-B stated there should have been a line listing but she did not know where it was. DON-B stated we should have had one. Surveyor asked for any additional documentation or surveillance of the facility to document and track COVID-19 positive residents in the facility. No other documentation was provided.</p>		

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<p>F 0886</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Perform COVID19 testing on residents and staff.</p> <p>40533</p> <p>Based on record review and interview the facility did not test the residents in the facility when there was an outbreak of any new case arising in the facility of COVID-19. All staff and residents were not tested , and all staff and residents that tested negative were not re-tested every 3-7 days until testing identified no new cases of COVID-19 among staff or residents for at least 14 days since the most recent positive result. This had the potential to affect all residents in the facility. The first staff member received a positive test result on 12/4/21 and the residents in the facility were not tested until 12/29/21 or 12/30/21.</p> <p>Findings include:</p> <p>Surveyor reviewed facility's COVID-19 Testing Policy with a date of 10/20/21. Documented was:</p> <p>GENERAL:</p> <p>All staff and residents will be tested for COVID-19 based on recommended CMS and DPH guidance. PCR testing is preferred but POC antigen test is acceptable .</p> <p>POLICY:</p> <p>.9. When a newly identified COVID-19 positive [healthcare provider (HCP)] or resident in the facility, testing will be completed based on either a unit approach (affected unit only) or a broad-based approach (facility-wide) based on facility contact tracing and investigation.</p> <p>a. Unit approach: Test all HCP and residents on the unit where the case was identified immediately (but not earlier than two days after exposure), regardless of vaccination status, and continue to test every 3-7 days until there are no new positive cases for 14 days.</p> <p>b. Broad-based approach: Test all HCP and residents facility-wide immediately (but not earlier than two days after exposure), regardless of vaccination status, and continue to test every 3-7 days until there are no new positive cases for 14 days .</p> <p>Surveyor reviewed HCP line listing for December 2021. Documented for Former Infection Preventionist (IP)-T was Date Collected: 12/3/21. Date Received: 12/4/21 . Signs and Symptoms: Positive for Covid, cough, vomiting, nasal congestion, body weakness . IP-T had the potential to affect all residents in the facility and a broad-based approach would need to be used to test HCP and residents starting 12/6/21 and continue to test every 3-7 days until there are no new positive cases for 14 days.</p> <p>Documented for Scheduler-V Date Collected: 12/23/21. Date Received: 12/23/21 . Signs and Symptoms: Positive for Covid, congestion . Scheduler-V had the potential to affect all residents in the facility and a broad-based approach would need to be used to test HCP and residents starting 12/25/21 and continue to test every 3-7 days until there are no new positive cases for 14 days.</p> <p>(continued on next page)</p>		

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<p>F 0886</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Documented for Activities-W Date Collected: 12/27/21. Date Received: 12/28/21 . Signs and Symptoms: Positive for Covid, no [symptoms] . Activities-W had the potential to affect all residents in the facility and a broad-based approach would need to be used to test HCP and residents starting 12/30/21 and continue to test every 3-7 days until there are no new positive cases for 14 days.</p> <p>Surveyor reviewed resident testing for December 2021. Residents were not tested in December until 12/30/21 even though HCP positive cases were identified 12/4/21 and 12/23/21.</p> <p>On 1/12/22 at 2:58 PM Surveyor interviewed Director of Nursing (DON)-B. Surveyor asked when residents are tested . DON-B stated after a resident or HCP tests positive. Surveyor asked when the first time the residents were tested . DON-B stated 12/30/21. Surveyor asked why the residents were not tested after HCP positive cases were identified on 12/4/21 and 12/23/21. DON-B stated she was unsure and there was a transition of IP's from Former IP-T to her. DON-B stated they identified the missed testing and began facility wide testing of residents on 12/29/21.</p> <p>1 resident tested positive for COVID-19 on 12/29/21. 14 residents tested positive for COVID-19 on 12/30/21. 8 additional staff members tested positive on 12/29/21.</p>		

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<p>F 0943</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Give their staff education on dementia care, and what abuse, neglect, and exploitation are; and how to report abuse, neglect, and exploitation.</p> <p>20483</p> <p>Based on interview and record record the Facility did not ensure 2 (RN-MM & Activities-NN) of 3 randomly sampled staff who had been employed for over a year received dementia management training & resident abuse, neglect and exploitation training. This has the potential to affect a pattern of Residents residing in the Facility.</p> <p>Findings include:</p> <p>On 1/25/22 at 9:47 a.m. Surveyor requested from Administrator-A all abuse prevention training and dementia training for RT (Respiratory Therapist)-M, RN (Registered Nurse)-MM and Activities-NN.</p> <p>On 1/25/22 at 1:46 p.m. Surveyor informed Administrator-A Surveyor has not received the abuse prevention training and dementia training for RT-M, RN-MM, & Activities-NN</p> <p>On 1/25/22 at 2:15 p.m. Surveyor reviewed the inservice training provided and noted the following:</p> <p>RN-MM was hired on 5/17/20. The Facility did not provide evidence RN-MM received abuse prevention training & dementia training.</p> <p>Activities-NN was hired on 12/30/19. The Facility did not provide evidence Activities-NN received abuse prevention training & dementia training.</p> <p>On 1/25/22 at 4:12 p.m. Surveyor informed Administrator-A Surveyor is missing abuse and dementia inservice training for RN-MM and Activities-NN. Administrator-A informed Surveyor the HR (human resource) Director left and she would have to go through the office to see if there is any additional information. Surveyor asked Administrator-A to email Surveyor any additional information. Surveyor did not receive any additional information for RN-MM & Activities-NN.</p>		

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<p>F 0947</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure nurse aides have the skills they need to care for residents, and give nurse aides education in dementia care and abuse prevention.</p> <p>20483</p> <p>Based on interview and record record the Facility did not ensure 4 (Med Tech/CNA-II, CNA-JJ, CNA-KK & CNA-LL) of 5 randomly sampled CNA's (Certified Nursing Assistant) who had been employed for over a year received dementia management training & resident abuse prevention training and completed a performance review. This has the potential to affect a pattern of Residents residing in the Facility.</p> <p>Findings include:</p> <p>On 1/25/22 at 9:47 a.m. Surveyor asked Administrator-A if Med Tech/CNA-II works as a CNA in addition to a med tech. Administrator-A replied when needed yes. Surveyor requested from Administrator-A abuse prevention training, dementia training and performance reviews for Med Tech/CNA-II, CNA-JJ, CNA-KK, CNA-LL, & CNA-AA.</p> <p>On 1/25/22 at 1:46 p.m. Surveyor informed Administrator-A Surveyor has not received the abuse prevention training, dementia training and performance reviews for Med Tech/CNA-II, CNA-JJ, CNA-KK, CNA-LL, & CNA-AA.</p> <p>On 1/25/22 at 2:15 p.m. Surveyor reviewed the inservice training provided and noted the following:</p> <p>Med Tech/CNA-II was hired on 10/13/20. The Facility did not provide evidence Med Tech/CNA-II received abuse prevention training, dementia training and had a performance review for CNA.</p> <p>CNA-JJ was hired on 10/12/11. CNA-J received abuse training on 11/30/21. The Facility did not provide evidence CNA-JJ received dementia training and had a performance review.</p> <p>CNA-KK was hired on 9/7/20. CNA-KK received abuse training on 11/19/21. The Facility did not provide evidence CNA-KK received dementia training and had a performance review.</p> <p>CNA-LL was hired on 3/20/19. CNA-LL received abuse training on 11/19/21. The Facility did not provide evidence CNA-LL received dementia training and had a performance review.</p> <p>On 1/25/22 at 4:12 p.m. Surveyor informed Administrator-A Surveyor is missing inservice and does not have any performance reviews for the CNA's requested. Administrator-A informed Surveyor the HR (human resource) Director left and she would have to go through the office to see if there is any additional information. Surveyor asked Administrator-A to email Surveyor any additional information. Surveyor did not receive any additional information.</p>		