STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525498	A. Building B. Wing	06/20/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Waterfall Health of Brown Deer	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)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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. 42037 Based on observation and interview, the facility did not provide a safe, clean, comfortable, and homelike environment for 2 (R41 and R20) of 15 residents reviewed. Findings include: On 6/13/22 at 2:50 PM, Surveyor made the following observations on the North Unit: *EZ stand mechanical lift was noted with a dark brown substance caked to the base of the machine with flaking paint chips *R41's room was noted with a sticky substance and multiple dark scratch markings on the floor room. *R20's wheelchair was noted in ill-repair with a tattered seat and missing padding to the right arm of their wheelchair. On 6/13/22, at 2:55 PM, Surveyor interviewed R20 who indicated they would like to have a new wheelchair as their current chair is old and worn out. The above findings were shared with NHA (Nursing Home Administrator)-A and DON (Director of Nursing)-B on 6/14/22. Surveyor requested any additional information related to the above observations. No additional information was provided.

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525498	A. Building B. Wing	06/20/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Waterfall Health of Brown Deer	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)
F 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41439 Based on observation, interview and record review, the facility did not provide prompt efforts to resolve grievances for 1 (R34) of 15 sampled residents reviewed for grievances. R34 did not have access to WIFI which was R34's main source of communication and activities. R34 stated the WIFI has not been working since 6/10/22. As of 6/20/22, the WIFI was still not working for R34. Findings include: R34 was admitted to the facility on [DATE], with diagnoses including Chronic Respiratory Failure with Ventilator Dependence, Morbid Obesity, Quadriplegia (Cervical 5-7 Complete), Hypertension, Atrial Fibrillation, Colostomy, and Anxiety Disorder. R34's Annual MDS (Minimum Data Set) assessment, dated 2/16/22, indicated R34 was cognitively intact for daily decision making and required extensive assistance with 2 staff for bed mobility, transfer, dressing, eating, and toileting. R34's MDS indicated functional limitations in bilateral upper and lower extremities. R34's Care Plan, dated 5/2/22, indicated R34 has potential to be verbally aggressive and acknowledges being demanding and particular about care and who provides the care. R34 self reports having OCD (Obsessive Compulsive Disorder) and that it causes him to be very particular if staff do not do things his was or that he cannot have certain staff. Revised: 5/30/22. Intervention: give R34 as many choices as possible about care and activities. On 6/13/22, at 10:07 AM, Surveyor observed R34 in bed reading a book and was connected to the ventilator. Surveyor interviewed R34 who stated the most pressing issue is that the call lights are not working. R34 stated the facility didn't order my colostomy bags and I don't have a spare tracheostomy tube. R34 stated the wall suction doesn't work so I have this bedside machine which doesn't work well. Surveyor observed bedside suction canister filled with 75% green thick substance (undated). R34 stated I have been here for [AGE] years and I don't want to move, I just want it all fixed. My WIFI is not working and I have been so upset since Friday 6/10/22. On 6/13/22 10:12 AM, Surveyor interviewed RN-E (Registered Nurse) who stated when she got here this morning (Monday) the call lights/WIFI were not working. RN-E stated when she left Thursday the call lights were working so now the staff are making constant rounds. RN-E stated no plan of action and assumes someone is coming today urgently. RN-E stated there is no WIFI on the ventilator unit so we have to chart in the medical record on the hard line computer. Surveyor noted the facility had provided residents with noisemakers such as tambourines and maracas and constant rounding to address the concern of the call lights not working. On 6/13/22, at 10:53 AM, Surveyor interviewed R34 who stated still having concerns about no replacement tracheostomy tube in case he has issues or an emergency. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525498	A. Building B. Wing	06/20/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Waterfall Health of Brown Deer	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)
F 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 6/13/22, at 11:48 AM, Surveyor interviewed R34 who is still concerned about the lack of supplies, no extra tracheostomy tube, no colostomy bags, no WIFI and call lights not working. On 6/14/22, at 7:59 AM, Surveyor observed R34's room door is closed and staff informed this Surveyor it was too early to disturb him. Surveyor reviewed the facility grievance log and noted R34 filed a grievance on 4/24/22 regarding his issues about care and tracheostomy. The grievance is blank, with no follow up or resolution documented. On 6/14/22, at 10:15 AM, NHA-A (Nursing Home Administrator) provided this Surveyor with documentation indicating R34's grievance filed on 4/24/22 was acted upon on 4/27/22. Tracheostomy tube was on back order arriving 4/27/22. The resolution stated R34 requests certain RT (Respiratory Therapist) to change his tracheostomy tube and it was changed on 2/1/22. The resolution indicated the facility will encourage R34 to uses multiple RTs to help with the change. Facility Resident Advocate Program form indicated R34 responded to the question Do you feel afraid or angry because of staffing and/or the care you receive documenting R34 feels use to it. R34 was not satisfied with assistance from staff and concerns are not addressed. *Surveyor noted R34 chooses to only allow personally chosen staff to perform any designated task. i.e. bathing, wound /skin care, catheter changes. On 6/14/22, 3:38 PM, the Survey Team expressed concerns during daily exit regarding inoperable call lights and no WIFI in the ventilator unit. On 6/15/22, 8:10 AM, Surveyor interviewed ACT-R (Activities-also orders facility supplies) who stated she has no issues ordering supplies at this time and currently his (R34's) bags are on back order but no concerns yet that facility does not have them. This Surveyor was informed the facility did have extra supplies on hand at the facility but an order was placed for more supplies that are currently on back order. On 6/15/22, at 8:23 AM, Surveyor interviewed RTD-S (Respiratory Therapy Director) who stated R34 has a flexible Portex tracheostomy tube in now but none are currently available here in the facility. RTD-S stated we ordered 3 of them Monday 6/13/22. RTD-S stated R34 does have a Shiley Tracheostomy tube now in his drawer and there are 5 more of that type in the facility. RTD-S stated the flexibility is different but R34 had a Shiley type before the current ordered Portex tube. On 6/15/22, at 8:50 AM, Surveyor interviewed RTD-S who stated she just got a grievance dated 6/14/22 that R34 wanted a new suction machine as this one was not working. RTD-S stated she would follow up on it today. Surveyor informed RTD-S of observations of R34's suction machine being undated and 75% full of green thick substance. On 6/15/22, at 8:57 AM, Surveyor Interviewed Nursing Home Administrator (NHA)-A and asked if the ventilator unit WIFI would be fixed since it has been out since Friday 6/10/22 and residents are upset. NHA-A stated she would contact IT (Information Technology) again and have it reset. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525498	A. Building B. Wing	06/20/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Waterfall Health of Brown Deer	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)
F 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 6/15/22, 1:02 PM, Surveyor noted WIFI continues to be inoperable in the ventilator unit for staff and residents. On 6/15/22, at 2:29 PM, Survey Team shared concerns during daily exit there continues to be no WIFI for ventilator dependent/bedbound residents. NHA-A stated they started trying to fix it Friday 6/10/22. On 6/20/22, at 7:57 AM, R34 stated no WIFI yet and remains upset. On 6/20/22, at 8:59 AM, Surveyor noted the ventilator unit has no WIFI access. On 6/20/22, at 9:25 AM, Surveyor interviewed NHA-A who stated a Tech will come out, WIFI is not working but we educated everyone on hot spots. On 6/20/22, Survey Team conducted the facility exit and the facility did not provide any further information regarding when the ventilator unit WIFI would be operational.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525498	A. Building B. Wing	06/20/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Waterfall Health of Brown Deer	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)
F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36161 Based on record review and interview, the facility did not ensure that 7 (R2, R40, R25, R47, R34, R10 & R28) of 15 residents reviewed, had assessments that accurately reflect the resident's status. * R2, R40, R25, R47, R34, R10 & R28 Minimum Data Sets (MDS') had several sections which were left incomplete, not assessed or accurately filled out. Findings include: The Long-Term Care Facility Resident Assessment Instrument 3.0 User's Manual, Version 1.17.1 dated October 2019 (the RAI Manual) states: Given the requirements of participation of appropriate health professionals and direct care staff, completion of the RAI is best accomplished by an interdisciplinary team (IDT) that includes nursing home staff with varied clinical backgrounds, including nursing staff and the resident's physician. Such a team brings their combined experience and knowledge to the table in providing an understanding of the strengths, needs and preferences of a resident to ensure the best possible quality of care and quality of life. It is important to note that even nursing homes that have been granted an RN waiver under 42 CFR 483.35(e) must provide an RN to conduct or coordinate the assessment and sign off the assessment as complete. 1. R2 was admitted to the facility on [DATE] with a diagnosis that included End Stage Renal Disease, Diabetes Mellitus Type II and Dementia without Behavioral Disturbance. R2 quarterly MDS (Minimum Data Set) dated 5/6/22 does not document a BIMS (Brief Interview for Mental Status) score or memory problems for R2. Section G0400 (Functional Limitation in Range of Motion) also documents that R2's functional limitations in range of motion were not assessed. Section O (Special Treatments) documents incorrectly that R2 is not receiving dialysis services. On 6/15/22 at 2:39 p.m., during the daily exit conference, Surveyor informed NHA (Nursing Home Administrator)-A and DON (Director of Nursing)-B of the above findings. At the time, no additional information was provided. 2. R40 was admitted to the facility on [DATE] with a diagnosis that includes Dementia without Behavioral Disturbance, Diabetes Mellitus Type II, and Heart Failure. R40's quarterly MDS (Minimum Data Set) dated 4/7/22 does not document a BIMS (Brief Interview for Mental Status) score or memory problems for R40. Section G0400 (Functional Limitation in Range of Motion) also documents that R40's functional limitations in range of motion were not assessed. Section N (Medications) incorrectly documents that R40 did not receive any antidepressant medications during the MDS assessment period. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525498	A. Building B. Wing	06/20/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Waterfall Health of Brown Deer	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)
F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 6/15/22 at 2:39 p.m., during the daily exit conference, Surveyor informed NHA (Nursing Home Administrator)-A and DON (Director of Nursing)-B of the above findings. At the time, no additional information was provided. On 6/16/22 at 1:23 p.m., Surveyor interviewed MDS Consultant-GG and RN (Registered Nurse) Consultant-HH regarding the missing sections in R2 and R40's above MDS assessments. Surveyor asked MDS Consultant-GG and RN Consultant-HH why R2 and R40's MDS above MDS assessments had several sections that were not completed or documented as not assessed or incorrectly documenting medication and dialysis treatments. RN Consultant-HH informed Surveyor that she had been previously instructed to complete all outstanding MDS assessments for several residents and that because she did not have time to correctly assess them, she documented in several areas as not assessed. RN Consultant-HH informed Surveyor that the facility had several resident assessments that were late and not completed on time and that she had been instructed to close out each missing MDS assessment. MDS Consultant-GG informed Surveyor that she was previously in Ohio attempting to gather documentation in each resident's medical record remotely, in an attempt to fill out each MDS assessment accurately, but that she was unable to gather all required documentation. MDS Consultant-GG informed Surveyor that she arrived to facility just this week and that as of 6/14/22, all future MDS assessments for all residents were now being filled out and completed correctly and accurately. No additional information was provided. 41439 3. R25 was admitted to the facility on [DATE] with diagnoses including Respiratory Failure with Ventilator Dependence, Diabetes, Morbid Obesity, Anxiety/Depression, Hypertension, and Heart Failure. R25's primary language is Spanish with minimal understanding/ability to speak English. R25's discharge goal was to return to the community living with her daughter and support services. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525498	A. Building B. Wing	06/20/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Waterfall Health of Brown Deer	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)
F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	R25's 1/25/2021 14:22 Care Plan Note indicated IDT team, Social worker, PT and RT met with R25 in her room with daughter via . unable to reach ICARE CM (Case Manager) left message for to update her on progress and discuss plan of care and discharge planning. RT updated that during the day [R25] is on trachea mask with 5 liters of O2 from 7:30am to 9:00pm and vent at night. [R25] will need a triliogy vent at home and training and education will be needed. PT and OT [R25] is a set up for upper ADL's and max assist for lower ADL's she is able to ambulate up to 90Ft with Bariatric walker, bed mobility she is able to sit edge of bed using siderails(bed mobility). PT recommend shower bench for tub, hospital bed with side rails for bed mobility. Daughter states that goal is for her mom to discharge home with her in [NAME] area and transition to ICARE Community care in [NAME]. SW placed call to RN CM for ICARE provided her with updated progress and goal. states she will update team and begin process to send referrals to [NAME] ICARE agency and Home Care referrals for vent support and management. SW will continue to follow plan of care. R25's 11/1/21 Annual MDS indicated she was cognitively intact but no CAA (Care Area Assessment) for return to community referral. R25 required extensive assistance with 2 staff for bed mobility and dressing, toileting and transfer required extensive assistance with 1 staff. R25's 5/1/22 Quarterly MDS was incomplete and inaccurate. R25's MDS indicated cognitive assessment was not completed/dashed. R25's bed mobility was independent but scored as assistance from 2 staff. R25 was scored as 0, 0 indicating independence in transfers, toileting, dress, eating, however R25 was ventilator dependent at night. R25's Section Q was not assessed including the discharge plan which was actively in progress. 4. R47 was admitted [DATE] with diagnoses including Traumatic Brain Injury, Quadriplegia (Cervical 1-4 Incomplete), Heart Failure, Atrial Fibrillation, Cardiac Arrest, Passenger injured in collision with motor vehicles, Subarachnoid Hemorrhage (Brain Bleed), Respiratory Ventilator Dependence and GT (Gastrostomy Tube). R47's 5/17/22 Annual MDS (Minimum Data Set) indicated R47 was severely cognitively impaired with extensive assistance with 2 staff for bed mobility, transfer, toileting and total dependence for eating (GT feedings through artificial opening). R47's functional limitation was indicated for bilateral upper and lower extremities. R47's MDS did not have a CAA for ADLs (Activities of Daily Living) 5. R34 was admitted to the facility on [DATE] and diagnoses including Chronic Respiratory Failure with Ventilator Dependence, Morbid Obesity, Quadriplegia (Cervical 5-7 Complete), Hypertension, Atrial Fibrillation, Colostomy, and Anxiety Disorder. R34's 2/16/22 Annual MDS (Minimum Data Set) indicated R34 was cognitively intact and required extensive assistance with 2 staff for bed mobility, transfer, dressing, eating, and toileting. R34's MDS indicated functional limitations in bilateral upper and lower extremities. R34's 5/19/22 Quarterly MDS indicated R34 was rarely understood and the BIMS was dashed (incomplete). In actuality, R34 is easily understood and cognitively intact. 38146 6. R10 was admitted to the facility on [DATE] with diagnoses of Major Depressive Disorder, Bipolar Disorder, Parkinson's Disease, and Insomnia. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525498	A. Building B. Wing	06/20/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Waterfall Health of Brown Deer	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)
F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	R10's Quarterly Minimum Data Set (MDS), dated [DATE], documents R10's Brief Interview for Mental Status (BIMS) score to be 15, meaning R10 is cognitively intact for daily decision making. R10's Quarterly Minimum Data Set (MDS), dated [DATE], does not document a BIMS (Brief interview for Mental Status) score for R10. On 6/16/2022 at 2:31 PM, Surveyor shared concerns related to R10's MDS being incomplete. No additional information was provided by the facility. 7. R28 was admitted to the facility on [DATE] with diagnoses of weakness, paranoid schizophrenia, and repeated falls. R28's Medicare 5-day MDS (minimum data set), dated 1/7/2022, documents R28's Brief Interview for Mental Status (BIMS) score to be 11, meaning R28 is moderately impaired for daily decision making. R28's Quarterly Minimum Data Set (MDS), dated [DATE], does not document a BIMS (Brief interview for Mental Status) score for R28. On 6/15/2022 at 2:28 PM, Surveyor shared concerns related to R28's MDS being incomplete. No additional information was provided by the facility.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525498	A. Building B. Wing	06/20/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Waterfall Health of Brown Deer	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)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36161 Based on interview and record review, the facility did not develop and implement a comprehensive person-centered care plan for 4 (R2, R40, R158, & R36) of 15 residents reviewed. * R2 did not have a care plan in place for his dialysis services. * R40 did not have a care plan that addressed fluid restrictions. * R158 did not have a care plan that addressed his Gastrostomy tube. * R36 did not have a care plan in place that addressed his contractures. Findings include: 1. R2 was admitted to the facility on [DATE] with a diagnosis that included End Stage Renal Disease, Diabetes Mellitus Type II and Dementia without Behavioral Disturbance. R2 quarterly MDS (Minimum Data Set) dated 5/6/22 does not document a BIMS (Brief Interview for Mental Status) score or memory problems for R2. Section G (Functional Status) documents that R2 requires extensive assistance and a two person physical assist for his bed mobility and transfer status. Section G0400 (Functional Limitation in Range of Motion) also documents that R2's functional limitations in range of motion were not assessed. Section O (Special Treatments) documents incorrectly that R2 is not receiving dialysis services. Surveyor was unable to locate any renal care/dialysis care plan for R2 in R2's medical record. Due to R2's mental status, Surveyor was unable to interview R2. On 6/12/22 at 12:03 p.m., Surveyor reviewed R2's dialysis communication binder and noted that R2 had a documented AV Arteriovenous (AV) fistula that was utilized for R2's dialysis treatments. Surveyor was unable to locate any documentation in R2's medical record that facility staff monitored R2's dialysis port on a daily basis or after R2 returned from the dialysis clinic. On 6/15/22 at 2:39 p.m., during the daily exit conference, Surveyor informed NHA (Nursing Home Administration)-A and DON (Director of Nursing)-B of the above findings. At the time, no additional information was provided. On 6/16/22 at 9:06 a.m., NHA-A informed Surveyor that a care plan and daily monitoring of R2's dialysis port had been put in place. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525498	A. Building B. Wing	06/20/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Waterfall Health of Brown Deer	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)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	No additional information was provided. 2. R40 was admitted to the facility on [DATE] with a diagnosis that includes Dementia without Behavioral Disturbance, Diabetes Mellitus Type II, and Heart Failure. R40's quarterly MDS (Minimum Data Set) dated 4/7/22 does not document a BIMS (Brief Interview for Mental Status) score or memory problems for R40. Section G (Functional Status) documents that R40's bed mobility and transfer status did not occur and that R40 required no setup or physical help from staff. Section G0400 (Functional Limitation in Range of Motion) also documents that R40's functional limitations in range of motion were not assessed. Section N (Medications) incorrectly documents that R40 did not receive any antidepressant medications during the MDS assessment period. R40's nursing note dated 6/2/22 documents, Health Status Note Text: Resident returned from hospital with orders to apply tubi grips to lower legs and to continue to elevate hands and to give Tylenol for pain as needed. Writer called and spoke to POA [NAME] with no further questions at this time. Resident is currently eating supper with no c/o (complains of) pain at this time. R40's physician progress note dated 6/7/22 documents, Chief complaint: Nursing home readmission recent hospitalization were worsening lower extremity edema; HPI (History of Present Illness): Patient is an [AGE] year old male . He was admitted was treated monitored at some renal failure as well as worsening lower extremity edema. Discharge back to facility for ongoing care. There was no signs symptoms of venous thromboembolism. Was sitting up in chair. Concern about pain in both lower extremity does have 4+ edema. Used to be on diuretics which was stopped. All hospital records were noted case was discussed with the nursing staff; Plan: Admit patient to nursing home. Patient will benefit from leg elevation; Will put him on Lasix 20 mg (milligrams) q.a.m. (every morning). Monitor basic metabolic panel. Fluid restriction .Discussed with nursing staff admission medications were reviewed and reconciled. Please see orders in the chart. Surveyor was unable to locate a care plan that indicated R40 was on a fluid restriction or had fluid monitoring place per R40's physician's progress note dated 6/7/22. On 6/14/22 at 2:17 p.m., Surveyor spoke with Dietician-K regarding R40's fluid intake. Surveyor asked Dietician-K if R40 was currently on any fluid restrictions or fluid monitoring. Dietician-K informed Surveyor that she was not aware of any fluid restrictions or fluid monitoring being in place for R40. On 6/14/22 at 2:29 p.m., Surveyor spoke with Dietary Supervisor-G regarding R40's fluid intake. Surveyor asked Dietary Supervisor-G if R40 was currently on any fluid restrictions or fluid monitoring. Dietary Supervisor-G informed Surveyor that she was not aware of any fluid restrictions or fluid monitoring being in place for R40. On 6/15/22 at 2:39 p.m., during the daily exit conference, Surveyor informed NHA (Nursing Home Administration)-A and DON (Director of Nursing)-B of the above findings. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525498	A. Building B. Wing	06/20/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Waterfall Health of Brown Deer	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)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	No additional information was provided as to why R40 did not have fluid restrictions care plan in place per R40's physician notes dated 6/7/22. 38146 3. R36 was admitted to the facility on [DATE] and has diagnoses that include: Acute kidney failure, Chronic Kidney Disease stage 3, Ichthyosis, Type 2 Diabetes Mellitus with Diabetic Neuropathy and secondary malignant neoplasm of bone. R36's Admission Minimum Data Set (MDS) with an Annual Reference Date (ARD) of 2/2/22 section G0400 documents: Functional Limitation in Range of Motion Upper extremity (shoulder, elbow, wrist, hand) - Impairment on one side. R36's Admission/readmission screener dated 5/13/22 documented R36 to be alert and oriented to person, place, time and situation. R36's Quarterly MDS with an ARD of 5/18/22 section G0110 documents: Activities of Daily Living (ADL) Assistance Personal hygiene - how resident maintains personal hygiene, including combing hair, brushing teeth, shaving, applying makeup, washing/drying face and hands (excludes baths and showers) as extensive 1 person physical assist. Section G0400 documents: Functional Limitation in Range of Motion - Upper extremity (shoulder, elbow, wrist, hand) as no impairment. R36 did not have a Care Plan for contractures. On 6/13/22 at 9:50 AM during initial interview with R36, Surveyor observed R36's right hand to be contracted. Surveyor noted R36's nails on his right hand to be long, thick and discolored. R36's pinky finger was bent and turned in and Surveyor was unable to see the nail without R36 using his other hand to pull it away from his palm. Surveyor observed a napkin in the palm of his right hand, which appeared to be old as evidenced by a brown area in the center of the napkin near his fingers. R36 reported his fingers are tight and he hasn't been able to move them much anymore for a pretty long time, so he puts a napkin in his hand. R36 reported he does not have, nor has he ever had, a palm protector or splint for his right hand. R36 reported no open sores in the palm of his hand. On 6/14/22 at 1:40 PM Surveyor spoke with R36 and asked about his nails. R36 stated: No, they haven't cut 'em yet, but they need to. Surveyor noted the nails on his right hand remained long, thick and discolored. R36 reported he changed the napkin in his palm to a new one today, however Surveyor noted the same napkin as previous day as evidenced by the same brown spot in the center of the napkin. Surveyor asked R36 how long his right hand has been contracted, to which he replied: A pretty long time. Surveyor asked if his hand was contracted before he admitted to the facility, to which R36 stated: Oh yeah, it's been awhile. Surveyor was able to visualize R36's palm under the napkin - no open areas or skin breakdown was observed. On 6/14/22 at 1:45 PM Surveyor spoke with Certified Nursing Assistant (CNA)-Z who reported having worked on R36's unit for about 3 months. CNA-Z reported R36 has never had a palm protector that she knows of. He likes to hold the napkin, so whenever I bath him, he gets a new one. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525498	A. Building B. Wing	06/20/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Waterfall Health of Brown Deer	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)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 6/15/22 at 9:10 AM Surveyor spoke with Rehab Director-BB who reported the new company (Select Rehab) started in May, 2022 and R36 has not been seen in therapy since the new company started. Rehab Director-BB reported she was not aware of R36's right hand contracture and no-one has brought it to therapy's attention for the need of a palm protector or splint. Surveyor was unable to review previous therapy notes. On 6/15/22 at 9:40 AM Surveyor noted R36's nails remained unchanged and the same napkin was in the palm of his right hand. On 6/15/22 at 9:40 AM Surveyor spoke with Licensed Practical Nurse (LPN)-AA. Surveyor advised LPN-AA of R36 using a napkin to protect his palm due to long nails on his contracted right hand. LPN-AA reported she was not aware if R36 ever had a palm protector or splint for his contracted hand. On 6/15/22 at 10:35 AM Surveyor advised Director of Nursing (DON)-B of concern regarding R36's contracted right hand. Surveyor advised of R36 long, thick nails and his use of a napkin to protect his palm. Surveyor advised DON-B R36 did not have a care plan to address contracture of his right hand. DON-B was unable to provide an explanation of why R36's contracture was not care planned or why he was not provided a palm protector or splint. DON-B was unable to obtain documentation of previous therapy to determine if contracture was addressed. Surveyor advised DON-B of R36's admission MDS which indicated limited range of motion to one upper extremity, however the quarterly MDS completed in May, 2022 indicated no limited range of motion. DON-B reported modification of the MDS will be completed. No additional information was provided. Surveyor noted a care plan for contractures was completed for R36 on 6/14/22 after Surveyor identified the concern. 4. R158 was admitted to the facility on [DATE], was hospitalized on [DATE], and readmitted to the facility on [DATE]. Diagnoses include: Dysphagia and Protein-calorie malnutrition. R158 readmitted to the facility with a Gastrostomy feeding tube. R158's Hospital Discharge Summary dated 6/10/22 documented: Discharge diagnosis: Oropharyngeal disyphagia needing PEG (Percutaneous Endoscopic Gastrostomy) tube. Severe protein calorie malnutrition. The hospital Medical Nutrition Therapy notes documented: Amount of food: NPO (nothing by mouth). Enteral nutrition to continue as ordered: Jevity 1.5 - delivery mode: PEG. R158's Care Plan Focus area initiated 6/13/22 documented: The resident has a nutritional problem or potential nutritional problem, Parkinson's Disease and severe protein-calorie malnutrition. Interventions include: - Monitor/document/report PRN (as needed) any s/sx (signs or symptoms) of dysphagia: Pocketing, choking, coughing, drooling, holding food in mouth, several attempts at swallowing, refusing to eat, appears concerned during meals. Refer to ST (speech therapy) as indicated. - Provide and serve diet as ordered. Monitor intake and record q (every) meal. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525498	A. Building B. Wing	06/20/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Waterfall Health of Brown Deer	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)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	- Monitor for chewing and swallowing difficulties. Soft and bite sized diet recommended due to resident's increased difficulties with chewing/swallowing and upper dentures are missing. - Provide assist as needed at meals. Supervision at meals. Swallowing precautions. Keep resident upright when eating or drinking. - Provide and serve supplements as ordered: Med Pass 2.0 - 120 ml (milliliters) TID (three times daily) Surveyor noted R158's did not have a care plan for the Gastrostomy feeding tube. On 6/15/22 at 10:35 AM Surveyor advised Director of Nursing (DON)-B of concern R158's care plan addressed oral food intake and R158 did not have a care plan for his Gastrostomy tube feeding. No additional information was provided.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525498	A. Building B. Wing	06/20/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Waterfall Health of Brown Deer	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)
F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36161 Based on observation, interview and record review, the facility did not ensure 6 of 15 Residents (R40, R8, R25, R47, R34, R28) comprehensive care plans reviewed were revised and updated to reflect the Residents current needs. * R40's care plan did not address the need for compression stockings. * R8's care plan inaccurately reflected R8 had a Foley catheter. * R25's Active Care plan did not address her native language and interventions for communication. R25 did not have a care plan addressing her ventilator status and interventions. R25 did not have a discharge care plan in which a discharge was actively in progress. * R47's Active Care plan did not address R47's contractures or interventions to prevent further decline. R47 did not have a care plan addressing his ventilator status and interventions. * R34 Active Care plan did not address his colostomy and care concerns. R34 did not have a care plan addressing his ventilator status and interventions. * R28's smoking evaluation indicating R28 is an independent smoker, however, R28's care plan indicates that R28 should be supervised Findings include: 1. R40 was admitted to the facility on [DATE] with a diagnosis that includes Dementia without Behavioral Disturbance, Diabetes Mellitus Type II, and Heart Failure. R40's quarterly MDS (Minimum Data Set) dated 4/7/22 does not document a BIMS (Brief Interview for Mental Status) score or memory problems for R40. Section G (Functional Status) documents that R40's bed mobility and transfer status did not occur and that R40 required no setup or physical help from staff. Section G0400 (Functional Limitation in Range of Motion) also documents that R40's functional limitations in range of motion were not assessed. R40's nursing note dated 6/2/22 documents, Health Status Note Text: Resident returned from hospital with orders to apply tubi grips to lower legs and to continue to elevate hands and to give Tylenol for pain as needed. Writer called and spoke to POA (power of attorney) with no further questions at this time. Resident is currently eating supper with no c/o (complains of) pain at this time. R40's hospital discharge documentation dated 6/2/22 documents under the Additional Instructions section, Elevation and compression stockings should be utilized to help with reducing swelling. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525498	A. Building B. Wing	06/20/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Waterfall Health of Brown Deer	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)
F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Surveyor was unable to locate any care plan intervention that documented the use of compression stockings by R40 as documented in R40's hospital discharge documentation dated 6/2/22. On 6/13/22 at 12:10 p.m., Surveyor observed R40 sitting in his wheelchair. Surveyor observed R40's feet to have dry skin and observed R40 not to be using any compression stockings as recommended in R40's hospital discharge documentation dated 6/2/22. On 6/14/22 at 7:47 a.m., Surveyor observed R40 sitting in his wheelchair. Surveyor observed R40 wearing regular/common socks and observed R40 not to be using any compression stockings as recommended in R40's hospital discharge documentation dated 6/2/22. On 6/14/22 at 12:32 p.m., Surveyor observed R40 sitting in his wheelchair. Surveyor observed R40 wearing regular/common socks and observed R40 not to be using any compression stockings as recommended in R40's hospital discharge documentation dated 6/2/22. On 6/14/22 at 12:32 p.m., Surveyor asked LPN (Licensed Practical Nurse)- C and CNA (Certified Nursing Assistant)-N, whom where caring for R40, if R40 refuses the use of compression stockings. LPN-C and CNA-N informed Surveyor that they were not aware that R40 used compression stockings. On 6/15/22 at 10:29 a.m., Surveyor observed R40 sitting in his wheelchair. Surveyor observed R40 wearing regular/common socks and observed R40 not to be using any compression stockings as recommended in R40's hospital discharge documentation dated 6/2/22. On 6/15/22 at 2:39 p.m., during the daily exit conference, Surveyor informed NHA (Nursing Home Administrator)-A and DON (Director of Nursing)-B of the above findings. At the time, no additional information was provided. On 6/16/22 at 9:06 a.m., NHA-A informed Surveyor that a care plan for the use of compression stockings was put in place for R40. On 6/20/22 at 9:34 a.m., Surveyor reviewed R40's medical record and noted that under R40's ADL (Activities of Daily Living) care plan under the Interventions section it documented COMPRESSION HOSE: Date Initiated: 04/18/2022. No additional information was provided. 2. R8 was admitted to the facility on [DATE], and has diagnoses that include Chronic Obstructive Pulmonary Disease, chronic pain, Osteoarthritis, benign prostatc hyperplasia and acquired absence of right leg above the knee. R8's Minimum Data Set (MDS) assessment, dated 4/7/22 Section C: Cognitive Patterns is left blank, but a previous Quarterly MDS dated [DATE] his BIMS (Brief Interview for Mental Status) was scored at 15 which is cognitively intact. Section J: Personal Hygiene documents R8 requires extensive assistance for maintaining personal hygiene and one-person physical assist. Section H: Bladder and Bowel documents no indwelling catheter, no external catheter and no intermittent catheterization. On 6/13/22 at 1:06 PM Surveyor interviewed R8 and asked if he has a catheter. R8 stated no that he wears a brief and goes in them. Surveyor asked if he has had a catheter in the recent past and R8 stated no. Surveyor observed no catheter bag or tubing present during interaction. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525498	A. Building B. Wing	06/20/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Waterfall Health of Brown Deer	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)
F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 6/14/22 at 11:17 Surveyor reviewed the care plan dated 4/10/22. Under toileting section, it states to assist before morning cares, at bedtime and every 2-3 hours while awake and upon request. Care plan was updated on 4/25/22 and indwelling catheter care was added. Interventions include foley catheter care, changing of catheter, checking of tubing, and monitoring for pain and discomfort due to catheter. Surveyor reviewed Physician Orders and could not locate any physician orders for a catheter or orders for catheter type. On 6/14/22 at 11:25 Surveyor reviewed the record for urology consult or notes and none were able to be located. Surveyor reviewed CNA (Certified Nursing Assistant) Care Kardex which also documents that R8 has a foley catheter and care for that catheter. On 6/14/22 at 1:49 PM Surveyor interviewed Certified Nursing Assistant-Y (CNA-Y) and asked if R8 has a catheter. CNA-Y stated that he does not. She stated that a very long time ago when she worked with him at another facility he did. On 6/15/22 at 10:38 AM Surveyor interviewed Director of Nursing-B (DON-B) and asked if she was aware of R8 having a catheter. DON-B stated R8 does not have a catheter since I've been here (started April 2022). Surveyor referred DON-B to the care plan from 4/25/22 which states care plan and interventions for catheter care. DON-B stated it must be incorrect. Surveyor asked who is responsible for completing these sections and DON-B stated a unit nurse would be preferred however we currently have a nurse consultant completing them. DON- B stated, Yeah, this is wrong. I don't have him down for a catheter. On 6/15/22 at 3:30 PM during the daily exit conference, Surveyor informed NHA-A and DON-B of the above findings. Surveyor was not provided with any additional information. 41439 3. R25 was admitted to the facility on [DATE] with diagnoses including Respiratory Failure with Ventilator Dependence, Diabetes, Morbid Obesity, Anxiety/Depression, Hypertension, and Heart Failure. R25's primary language is Spanish with minimal understanding/ability to speak English. R25's discharge goal was to return to the community living with her daughter and support services. R25's 1/25/2021 14:22 Care Plan Note indicated IDT (Interdisciplinary team), Social worker, PT and RT met with R25 in her room with daughter via . unable to reach ICARE CM (Case Manager) left message for to update her on progress and discuss plan of care and discharge planning. RT updated that during the day [R25] is on trachea mask with 5 liters of O2 from 7:30am to 9:00pm and vent at night. [R25] will need a triliogy vent at home and training and education will be needed. PT and OT [R25] is a set up for upper ADL's and max assist for lower ADL's she is able to ambulate up to 90 Ft with Bariatric walker, bed mobility she is able to sit edge of bed using siderails(bed mobility). PT recommend shower bench for tub, hospital bed with side rails for bed mobility. Daughter states that goal is for her mom to discharge home with her in . area and transition to ICARE Community care in SW placed call to RN CM for ICARE provided her with updated progress and goal. States she will update team and begin process to send referrals to [NAME] ICARE agency and Home Care referrals for vent support and management. SW will continue to follow plan of care. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525498	A. Building B. Wing	06/20/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Waterfall Health of Brown Deer	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)
F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	R25's 11/1/21 Annual MDS indicated she was cognitively intact but no CAA (Care Area Assessment) for return to community referral. R25 required extensive assistance with 2 staff for bed mobility and dressing, toileting and transfer required extensive assistance with 1 staff. R25's 5/1/22 Quarterly MDS was incomplete and inaccurate. R25's MDS indicated cognitive assessment was not completed/dashed. R25's bed mobility was independent but scored as assistance from 2 staff. R25 was scored as 0, 0 indicating independence in transfers, toileting, dress, eating, however R25 was ventilator dependent at night. R25's Section Q was not assessed including the discharge plan which was actively in progress. R25's Active Care plan did not address her native language and interventions for communication. R25 did not have a care plan addressing her ventilator status and interventions. R25 did not have a discharge care plan in which a discharge was actively in progress. On 6/15/22, at 2:29 PM, the Survey Team shared concerns regarding care plans. On 6/15/22, at 7:51 AM, Surveyor received R25's updated care plan from facility which included: R25 has a communication problem related to language barrier. She is .speaking. 6/14/22. R25 will maintain current level of communication function by using appropriate gestures, responding to yes/no questions appropriately, and using communication board. Interventions include: Be conscious of R25's position when in groups, activities, dining room to promote proper communication with others. Communication: Allow adequate time to respond. Repeat as necessary. Do not rush. Request clarification from the resident to ensure understanding. Face when speaking, make eye contact, Turn off TV/radio to reduce environmental noise. Ask yes/no questions if appropriate, Use simple brief consistent words/cues, Use alternative communication tools as needed. R25 prefers to communicate in [native language]. R25 requires [native language]-English communication board to communicate. Ensure availability and functioning of adaptive communication equipment. 6/14/22. 4. R47 was admitted [DATE] with diagnoses including Traumatic Brain Injury, Quadriplegia (Cervical 1-4 Incomplete), Heart Failure, Atrial Fibrillation, Cardiac Arrest, Passenger injured in collision with motor vehicles, Subarachnoid Hemorrhage (Brain Bleed), Respiratory Ventilator Dependence and GT (Gastrostomy Tube). R47's 5/17/22 Annual MDS (Minimum Data Set) indicated R47 was severely cognitively impaired with extensive assistance with 2 staff for bed mobility, transfer, toileting and total dependence for eating (GT feedings through artificial opening). R47's functional limitation was indicated for bilateral upper and lower extremities. R47's MDS did not have a CAA for ADLs (Activities of Daily Living). R47's Active Care plan did not address R47's contractures or interventions to prevent further decline. R47 did not have a care plan addressing his ventilator status and interventions. On 6/15/22, at 2:29 PM, Survey Team shared concerns regarding care plans. On 6/15/22, at 7:45 AM, Surveyor received R47's updated care plan from facility which included: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525498	A. Building B. Wing	06/20/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Waterfall Health of Brown Deer	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)
F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	R47 has limited physical mobility related to contractures with goal free of complications related to immobility including contractures, thrombus formation, skin breakdown, fall related injury. Interventions: Monitor/document/report as needed any increased signs of immobility, contractures forming or worsening, thrombus formation, skin breakdown, fall related injury. Provide supportive care, assistance with mobility as needed, Document assistance as needed. PT/OT referrals as ordered and needed. 6/14/22. 5. R34 was admitted to the facility on [DATE] and diagnoses including Chronic Respiratory Failure with Ventilator Dependence, Morbid Obesity, Quadriplegia (Cervical 5-7 Complete), Hypertension, Atrial Fibrillation, Colostomy, and Anxiety Disorder. R34's 2/16/22 Annual MDS (Minimum Data Set) indicated R34 was cognitively intact and required extensive assistance with 2 staff for bed mobility, transfer, dressing, eating, and toileting. R34's MDS indicated functional limitations in bilateral upper and lower extremities. R34's 5/19/22 Quarterly MDS indicated R34 was rarely understood and the BIMS was dashed (incomplete). In actuality, R34 is easily understood and cognitively intact. R34 Active Care plan did not address his colostomy and care concerns. R34 did not have a care plan addressing his ventilator status and interventions. On 6/15/22, at 2:29 PM, Survey Team shared concerns regarding care plans. No further information was provided regarding R34's care plan. Care Plan Staff interviews: On 6/14/22, at 1:30 PM, Surveyor interviewed LPN-C (Licensed Practical Nurse) who is also utilized as a preceptor. LPN-C stated she used to work here but just came back 2 months ago. LPN-C stated she has no access to the previous medical records system or care plans, only this current electronic system. On 6/14/22, at 1:35 PM, Surveyor interviewed CNA-O (Certified Nurse Assistant) who stated she doesn't have access to prior medical records system but I think they are trying to give us access but not yet. On 6/14/22, at 1:40 PM, Surveyor interviewed RT-P (Respiratory Therapist) who stated we don't have access to prior medical records system and I need it because my ventilator flowsheets are in there and now I just have to freehand the ventilator information. On 6/14/22, at 1:50 PM, Surveyor interviewed LPN-Q who stated working at the facility for 4 years. LPN-Q stated she doesn't have access to the old medical record system so we can't use it. 38146 6. R28 was admitted to the facility on [DATE] with diagnoses of weakness, paranoid schizophrenia, and repeated falls. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525498	A. Building B. Wing	06/20/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Waterfall Health of Brown Deer	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)
F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	R28's Medicare 5-day MDS (minimum data set), dated 1/7/2022, documents R28's Brief Interview for Mental Status (BIMS) score to be 11, meaning R28 is moderately impaired for daily decision making. R28's Care Plan, dated 4/27/2022, states: R28 has potential for injury related to smoking. Interventions include, Inform resident of scheduled smoking times to ensure compliance. Keep smoking paraphernalia in a safe location away from the resident until scheduled smoking times. Resident to be supervised by assigned staff at all times during smoking activity. R28's smoking evaluation, dated 5/10/2022, indicates R28 a Independent and safe smoker: Capable and independent, requires no supervision to smoke. On 6/15/2022, at 9:25 AM, Surveyor interviewed LPN (Licensed Practical Nurse)-C. Surveyor asked LPN-C if R28 was able to smoke independently or if R28 is to be supervised. LPN-C reported that R28 can smoke independently. On 6/15/2022 at 2:28 PM, Surveyor shared the concern related to R28's smoking evaluation indicating R28 is an independent smoker, however R28's care plan indicates that R28 should be supervised.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525498	A. Building B. Wing	06/20/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Waterfall Health of Brown Deer	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)
F 0676 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure residents do not lose the ability to perform activities of daily living unless there is a medical reason. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36161 Based on observation, interview and record review the facility did not ensure that 1 (R8) of 1 resident's reviewed for ADL (Activities of Daily Living) assistance received the necessary services to maintain ability to practice preferred grooming and personal hygiene. * R8 was observed on multiple occasions with long untrimmed fingernails, long hair and beard. Long hair, beard and long fingernails is not the preference for R8. Finding Include: The facility policy, entitled ADL Nail Care, dated 8/27/21, states: To provide care and maintain hygiene the resident's nails. Guideline: #6. Nail care is offered and performed on the resident's shower days and as needed. #7. Notify the nurse if the resident refuses nail care and when nail care is unable to be performed due to residents' condition. R8 was admitted to the facility on [DATE], and has diagnoses that include Chronic Obstructive Pulmonary Disease, chronic pain, Osteoarthritis and acquired absence of right leg above the knee. R8's Minimum Data Set (MDS) assessment, dated 4/7/22 Section C: Cognitive Patterns is left blank, but a previous Quarterly MDS dated [DATE] BIMS (Brief Interview for Mental Status) was scored at 15 which is cognitively intact. Section J: Personal Hygiene documents R8 requires extensive assistance for maintaining personal hygiene and one-person physical assist. On 6/13/22 at 10:26 AM Surveyor observed R8 in bed with long outgrown hair, beard and long fingernails. Surveyor asked R8 about his long nails and hair and asked if that was his preference. R8 stated, I'd like to be clean shaven. There is no barber. I want a haircut. On 6/14/22 at 9:06 AM Surveyor observed R8 in bed. His nails were long on both hands and his hair was long and outgrown with a beard. On 6/14/22 Surveyor reviewed the Care Plan dated 4/10/22. Under the Activities of Daily Living section under intervention the personal preference section was left blank. On 6/14/22 at 11:26 AM Surveyor interviewed CNA-Y (Certified Nursing Assistant) and asked how often resident nails are cut. CNA-Y stated that it is up to the resident if they want their nails cut. We offer it and they can refuse. R8 refuses to have us cut his nails. When asked if that was documented somewhere, CNA-Y stated that it's documented on the shower sheets. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525498	A. Building B. Wing	06/20/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Waterfall Health of Brown Deer	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)
F 0676 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 6/15/22 at 11:58 AM Survey interviewed R8 and asked him if he would like to have his hair cut and beard trimmed. R8 stated his hair is long and needs to be cut and that he wants to keep a mustache but be clean shaven. Surveyor asked R8 if it was his preference to have long fingernails and R8 stated, No, I want them cut. On 6/15/22 at 12:32 PM Surveyor interviewed CNA-H. Surveyor asked her if R8 has ever told her he would like to be clean shaven and have a haircut. CNA-H stated no. Surveyor asked if R8 has ever requested to have his nails cut and she stated no. On 6/15/22 at 12:56 Surveyor reviewed shower sheets dated 5/24/22, 6/10/22 and 6/14/22. R8 refused his shower on 5/24/22. No documentation of fingernails being cut on that date. On 6/10/22 it is noted that R8 does not need toenails cut. Surveyor could not locate any documentation of fingernails being cut on this shower sheet. On 6/14/22 a bed bath was given. Surveyor could not locate any documentation of fingernails being cut on this shower sheet. On 6/15/22 at 3:30 PM during the daily exit conference, Surveyor informed NHA (Nursing Home Administrator)-A and DON (Director of Nursing) -B of the above findings. On 6/16/22 at 11:44 AM Surveyor observed R8 in the barber shop receiving a haircut. His beard was shaved and he had a mustache. R8 stated that he was happy that he got a haircut and feels like a new man.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525498	A. Building B. Wing	06/20/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Waterfall Health of Brown Deer	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)
F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. 38146 Based on observation and interview the facility did not ensure residents who are unable to carry out activities of daily living (ADL)'s received the necessary services to maintain grooming and personal hygiene for 1 of 2 (R36) resident reviewed for ADL dependence. R36 did not receive nail care on his (contracted) right hand. Findings include: The facility policy titled ADL Nail Care dated 8/27/21 documents (in part) . .General: To provide care and maintain hygiene the resident's nails. 2. Soak the resident's hands in warm water to soften nails. 3. Remove dirt from underneath fingernails. 4. Trim nails with a nail clipper, cutting straight across. Round edges with an emery board. 6. Nail care is offered and performed on the resident's shower day and as needed. 7. Notify the nurse if the resident refuses nail care and when nail care is unable to be performed due to resident's condition. R36's Admission Minimum Data Set (MDS) with an Annual Reference Date (ARD) of 2/2/22 section G0400 documents: Functional Limitation in Range of Motion - Upper extremity (shoulder, elbow, wrist, hand) Impairment on one side. R36's Quarterly MDS with an ARD of 5/18/22 section G0110 documents: ADL Assistance - Personal hygiene - how resident maintains personal hygiene, including combing hair, brushing teeth, shaving, applying makeup, washing/drying face and hands (excludes baths and showers) as Extensive 1 person physical assist. R36's Care Plan documented: Activities of Daily Living: Self-care deficit related to admission diagnosis and comorbidities. Interventions: Bathing/Nail Care: Encourage participation with shower/trim finger/toenails. On 6/13/22 at 9:50 AM during initial interview with R36, Surveyor observed the nails on R36's right hand to be long, thick and discolored. R36's pinky finger was bent and turned inward and Surveyor was unable to see the nail without R36 using his other hand to pull it away. Surveyor observed the nail to be very long and thick. Surveyor observed R36's nails on his left hand to be trimmed short. Surveyor asked R36 if he would like the nails on his right hand cut, to which he replied: Yeah, I would. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525498	A. Building B. Wing	06/20/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Waterfall Health of Brown Deer	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)
F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 6/14/22 at 1:40 PM Surveyor noted R36's nails on his right hand remained long, thick and discolored. R36 stated: No, they haven't cut 'em yet, but they need to. On 6/14/22 at 1:45 PM Surveyor spoke with Certified Nursing Assistant (CNA) Z who reported she has worked on R36's unit for about 3 months. CNA-Z reported she was not sure if nurses ever cut R36's nails on his right hand, and that she has never cut them. CNA-Z stated: They're too long and thick, he'd need to see a podiatrist or someone to cut them. On 6/15/22 at 9:40 AM Surveyor spoke with Licensed Practical Nurse (LPN)-AA. Surveyor advised LPN-AA of R36's long, thick, discolored nails. LPN-AA stated: He's diabetic, so I'd have to get a podiatry consult to cut his nails, we don't have any type of tool to cut nails that are that long and thick. On 6/15/22 at 10:35 AM Surveyor advised Director of Nursing (DON)-B of concern regarding R36's long, thick, discolored fingernails. DON-B provided no explanation as to why R36's nails were not cut. DON-B stated: Maybe it's because they are so long and thick, they are unable to be cut. DON-B reported she will obtain a podiatry consult.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525498	A. Building B. Wing	06/20/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Waterfall Health of Brown Deer	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)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41439 Based on observation, interview, and record review, 2 (R47 & R40) of 15 sampled residents were not provided the treatment, care, and services in accordance with professional standards of practice. R47 was not observed wearing bilateral arm tubigrips (fabric sleeves for protection) as ordered by the physician on 4/28/22. On 6/13/22, 6/14/22, and 6/15/22, R40 was not wearing compression stockings per 6/2/22 hospital discharge instructions. In addition, there was no care plan in place for the use of compression stockings. Findings include: 1. R47 was admitted [DATE] with diagnoses including Traumatic Brain Injury, Quadriplegia (Cervical 1-4 Incomplete), Heart Failure, Atrial Fibrillation, Cardiac Arrest, Passenger injured in collision with motor vehicles, Subarachnoid Hemorrhage (Brain Bleed), Respiratory Ventilator Dependence and GT (Gastrostomy Tube). R47's 5/17/22 Annual MDS (Minimum Data Set) indicated R47 was severely cognitively impaired with extensive assistance with 2 staff for bed mobility, transfer, toileting and total dependence for eating-(GT feedings through artificial opening). R47's functional limitation was indicated for bilateral upper and lower extremities. R47's 4/28/22 Physician order indicated: Apply Tubigrip sleeves to BUE (Bilateral Upper Extremities) for protection, monitor placement every shift On 6/13/22, at 9:33 AM, Surveyor observed R47 resting in bed on left side, with an air mattress, respiratory ventilator dependent with bilateral knees bent and contracted with arms bent at the elbows, no tubigrip sleeves were on R47's arms. On 6/14/22, at 7:55 AM, Surveyor observed R47 resting in bed, repositioned & changed by staff with knees bent and contracted, arms straight with crooked fingers, no tubigrip sleeves on arms. On 6/14/22, at 12:17 PM, Surveyor observed R47 has been repositioned with knees bent and contracted, no tubigrip sleeves on arms. On 6/15/22, at 8:20 AM, Surveyor observed R47 resting on left side, no tubigrip sleeves on arms. *Surveyor noted facility nurses are documenting R47's tubigrips are in place on every shift in the electronic medical records despite observations of R47 not having tubigrips in place for 3 days. On 6/15/22, at 12:56 PM, Surveyor interviewed CNA-O (Certified Nurse Assistant) who is the consistent caregiver in R47's unit. CNA-O stated R47 does not wear tubigrips and has never had tubigrips. Surveyor interviewed LPN-Q (Licensed Practical Nurse) who checked R47's medical record computer documentation. LPN-Q stated tubigrips have been documented as applied in R47's medical record every shift. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525498	A. Building B. Wing	06/20/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Waterfall Health of Brown Deer	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)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 6/15/22, at 2:29 PM, Survey Team shared concerns regarding R47's lack of tubigrips and documentation. On 6/20/22, at 8:00 AM, Surveyor observed R47 leaning to the right in the bed with tubigrips on bilateral upper extremities. 36161 2. R40 was admitted to the facility on [DATE] with a diagnosis that includes Dementia without Behavioral Disturbance, Diabetes Mellitus Type II, and Heart Failure. R40's quarterly MDS (Minimum Data Set) dated 4/7/22 does not document a BIMS (Brief Interview for Mental Status) score or memory problems for R40. Section G (Functional Status) documents that R40's bed mobility and transfer status did not occur and that R40 required no setup or physical help from staff. Section G0400 (Functional Limitation in Range of Motion) also documents that R40's functional limitations in range of motion were not assessed. R40's nursing note dated 6/2/22 documents, Health Status Note Text: Resident returned from hospital with orders to apply tubi grips to lower legs and to continue to elevate hands and to give Tylenol for pain as needed. Writer called and spoke to POA (power of attorney) with no further questions at this time. Resident is currently eating supper with no c/o (complains of) pain at this time. R40's hospital discharge documentation dated 6/2/22 documents under the Additional Instructions section, Elevation and compression stockings should be utilized to help with reducing swelling. Surveyor was unable to locate any physician order or care plan intervention that documented the use of compression stockings by R40 as documented in R40's hospital discharge documentation dated 6/2/22. On 6/13/22 at 12:10 p.m., Surveyor observed R40 sitting in his wheelchair. Surveyor observed R40's feet to have dry skin and observed R40 not to be wearing any compression stockings as recommended in R40's hospital discharge documentation dated 6/2/22. On 6/14/22 at 7:47 a.m., Surveyor observed R40 sitting in his wheelchair. Surveyor observed R40 wearing regular/common socks and observed R40 not to be wearing any compression stockings as recommended in R40's hospital discharge documentation dated 6/2/22. On 6/14/22 at 12:32 p.m., Surveyor observed R40 sitting in his wheelchair. Surveyor observed R40 wearing regular/common socks and observed R40 not to be wearing any compression stockings as recommended in R40's hospital discharge documentation dated 6/2/22. On 6/14/22 at 12:32 p.m., Surveyor asked LPN (Licensed Practical Nurse)- C and CNA (Certified Nursing Assistant)-N, whom where caring for R40, if R40 refuses the use of compression stockings. LPN-C and CNA-N informed Surveyor that they were not aware that R40 used compression stockings. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525498	A. Building B. Wing	06/20/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Waterfall Health of Brown Deer	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)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 6/15/22 at 10:29 a.m., Surveyor observed R40 sitting in his wheelchair. Surveyor observed R40 wearing regular/common socks and observed R40 not to be wearing any compression stockings as recommended in R40's hospital discharge documentation dated 6/2/22. On 6/15/22 at 2:39 p.m., during the daily exit conference, Surveyor informed NHA (Nursing Home Administrator)-A and DON (Director of Nursing)-B of the above findings. At the time, no additional information was provided. On 6/16/22 at 9:06 a.m., NHA-A informed Surveyor that a care plan for the use of compression stockings was put in place for R40. On 6/20/22 at 9:34 a.m., Surveyor reviewed R40's medical record and noted that under R40's ADL (Activities of Daily Living) care plan under the Interventions section it documented COMPRESSION HOSE: Date Initiated: 04/18/2022. No additional information was provided.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525498	A. Building B. Wing	06/20/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Waterfall Health of Brown Deer	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)
F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42037 Based on observation, interview and record review, the facility did not ensure 2 of 7 Residents (R41 and R158) reviewed for pressure injuries received the necessary care treatment and services, consistent with standards of practice, to promote healing and to prevent new pressure injuries from developing. * R41 was identified at high risk for pressure injuries. R41 has pressure injuries to the coccyx, and bilateral heels. On 6/14/22 and on 6/15/22, R41's heels were not floated off of the air mattress as per care plan to float heels. On 6/15/22 at 11:40 A.M., R41's air mattress was not functioning. * On 6/10/22, R158 was readmitted into the facility with pressure injuries. The facility did not complete a comprehensive assessment of R158's pressure injuries upon readmission on 6/10/22 to include a description of the wounds, wound characteristics, measurements or staging of the wounds. There was no documentation of an assessment until 3 days later (6/13/22) when the wound Physician documented a Stage 2 pressure injury to the coccyx and an unstagable deep tissue injury of the left thigh (was meant to be left first medial toe and not left thigh). In addition, the facility did not implement treatment to R158's pressure injuries until 3 days later when R158 was seen by the wound Physician. Findings include: 1. R41 was admitted to the facility on [DATE] with diagnoses including Multiple Myeloma, Diabetes Mellitus and Encephalopathy. A Braden scale score was conducted on 4/17/22 with a score of 10 indicating that R41 is at high risk for pressure injuries Pertinent care plans for R41 include the following: ~ ADL: Self-Care deficit initiated on 4/10/22 with interventions that include in part; Pressure relief mattress, cushion in wheelchair, Float heels on a Wedge pillow initiated on 4/10/22. ~ R41 has potential/actual impairment or wound to skin due to moisture and gastrostomy site initiated 2/15/22 with revision on 4/27/22. Interventions include in part; pressure relieving/reducing mattress to protect skin in bed initiated 2/15/22 and 4/27/22. Pressure relieving/reducing cushion in chair 2/15/22 with revision on 4/22/22 ~ R41 has pressure ulcers/wound and/or potential for pressure ulcer development r/t current medical status/disease process. Coccyx Stage 4, right heel unstageable, left heel unstageable. Initiated 4/14/22 with revision on 6/14/22. Interventions include but not limited to; Avoid positioning the resident on her coccyx initiated 4/14/22, requires a pressure relieving/reducing device on her bed and chair initiated 4/14/22, weekly treatment documentation to include measurement of each area of skin breakdown's width, length, depth, type of tissue and exudate initiated 4/14/22. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525498	A. Building B. Wing	06/20/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Waterfall Health of Brown Deer	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)
F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	R41 developed a unstageable pressure injury to the left heel on 4/18/22 while residing at the facility. R41 developed an unstageable pressure injury to the right heel on 4/27/22. R41's wound assessments include: Left heel: 5/30/22 VOHRA Wound Evaluation & Management Summary indicates Unstageable due to necrosis of the left heel full thickness. Etiology Pressure, unstageable necrosis, 4 X 5 x 0.3 moderate serous, 30% slough, 70% granulation. Improved. Xeroform sterile gauze apply three times per week, foam with boarder apply three times per week. 6/13/22 VOHRA Wound Evaluation & Management Summary indicates Unstageable due to necrosis of the left heel full thickness. Etiology Pressure. Unstageable necrosis, 4 X 4 X 0.3 moderate serous 30% slough, 70% granulation, no change, debridement. 6/20/22 VOHRA Wound Evaluation & Management Summary indicates Unstageable due to Necrosis of the left heel full thickness. Etiology Pressure, Unstageable necrosis, wound 4 X 2.5 X 0.3, Exudate Moderate Serous, 30% Slough, 70% granulation, wound improved. Debridement. Xeroform sterile gauze apply three times per week, foam with border apply 3 times a week. Right heel: 5/30/22 VOHRA Wound Evaluation & Management Summary indicates unstageable due to necrosis of right heel full thickness. Etiology Pressure, Unstageable Necrosis, 4.5 X 6 X Not measurable, 100% black necrotic tissue. No change, Betadine. 6/13/22 VOHRA Wound Evaluation & Management Summary indicates Unstageable due to necrosis of the right heel full thickness. Etiology Pressure, unstageable necrosis, 4.5 X 6 X 0.1 moderate serous, 90% black necrotic tissue, 10 % slough, Alginate calcium apply daily, foam with boarder apply daily, debridement. 6/20/22 VOHRA Wound Evaluation & Management Summary indicates Unstageable due to necrosis of the right heel full thickness. Etiology Pressure. Unstageable Necrosis, 4.5 X 6 x 01, 90% necrotic black tissue, 10% slough, no change. Alginate calcium apply daily, foam with border apply daily Dr. FF's progress note dated 6/20/22 states, Bilateral heels wound are unavoidable, secondary to off loading care plan in place (off loading boots and air bed), patient multiple co-morbidities (DM) CKD, COVID-19, history of protein-calorie malnutrition) and new findings of Peripheral arterial disease requiring vascular surgery intervention (angiography). Surveyor also noted the VOHRA Wound Evaluation & Management Summaries include ongoing assessments of an Unstageable due to Necrosis Coccyx Full Thickness wound with an Etiology of Pressure. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525498	A. Building B. Wing	06/20/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Waterfall Health of Brown Deer	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)
F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The 6/13/22 VOHRA Wound Evaluation & Management Summary assesses this area as Etiology Pressure, stage 4, 9.5 x 10.5 x 0.3, undermining 2 cm at 11:00, 30% slough, 60% granulation, 10% skin. The assessment states, this wound is in an inflammatory stage and is unable to progress to a healing phase because of the presence of biofilm. Wound improved. As of 6/20/22 the VOHRA Wound Evaluation & Management Summary for the Coccyx indicates Etiology Pressure, stage 4, 9.5 x 10 x 1 cm, 2 cm at 11:00 o'clock 30% slough, 60% granulation, skin 10%. This wound in in an inflammatory stage and is unable to progress to a healing phase because of the presence of biofilm. Improved. The VOHRA Wound Evaluation & Management Summaries also include ongoing assessments of a Post-Surgical wound. The VOHRA Wound Evaluation & Management Summaries starting on 5/16/22 include the monitoring of a Venous Wound of the Left Calf full thickness with an etiology Venous, wound size 1 X 1 X 0.1. On 6/14/22 at 11:35 AM, Surveyor conducted interview with Medication Technician-D, who is currently working in the role of a CNA (Certified Nursing Assistant). Surveyor asked Medication Technician-D how staff would know what types of interventions to use for residents with pressure injuries. Medication Technician-D told Surveyor that each resident should have a care card to which informs staff how to provide care for residents. Medication Technician-D told Surveyor that if a resident has a pressure injury, they usually have an air mattress but that the nurses are in charge of monitoring the mattresses. Surveyor reviewed R41's CNA care card. Surveyor noted R41's CNA care card reads: Resident care .5.) Pressure relief: pressure relief mattress, cushion in wheelchair, float heels on a wedge pillow .resident requires a pressure relieving/reducing mattress to protect the skin while in bed. On 6/13/22 at 1:30 PM, R41 was observed on their back lying in their bed. Surveyor noted a functioning pressure relieving air mattress on R41's bed. Surveyor could not visualize R41's feet at this time. On 6/13/22 at 3:20 PM, R41 was observed on their back lying in their bed. Surveyor noted a functioning pressure relieving air mattress on R41's bed. Surveyor could not visualize R41's feet at this time. On 6/14/22 at 10:25 AM, R41 was observed on their back lying in their bed. Surveyor noted a functioning pressure relieving air mattress on R41's bed. Surveyor noted R41's heels directly on the bed and were not floated. On 6/14/22 at 1:25 PM, R41 was observed on their back lying in their bed. Surveyor noted a functioning pressure relieving air mattress on R41's bed. Surveyor noted R41's bilateral heels were directly on the bed and not floated. On 6/15/22 at 8:20 AM, R41 was observed on their back lying in their bed. Surveyor noted a functioning pressure relieving air mattress on R41's bed. Surveyor noted R41's bilateral heels were positioned directly on the bed. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525498	A. Building B. Wing	06/20/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Waterfall Health of Brown Deer	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)
F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 6/15/22 at 11:40 AM, R41 was observed on their back lying in their bed. Surveyor observed that R41's pressure relieving air mattress was not functioning at this time and the control box for the mattress was noted on the floor. Surveyor noted R41's bilateral heels were positioned directly on the bed and not floated. On 6/15/22 at 1:50 PM, R41 was observed on their back lying in their bed. Surveyor observed that R41's pressure relieving air mattress was not functioning at this time and the control box for the mattress was noted on the floor. Surveyor noted R41's bilateral heels were positioned directly on the bed and not floated. On 6/16/22 at 9:30 AM, R41 was observed laying on their left side in bed. Surveyor observed that R41's pressure relieving air mattress was functioning at this time. Surveyor noted R41's to be wearing bilateral pressure relieving boots to their feet at this time. On 6/20/22 at 12:05 PM, Surveyor shared concerns with NHA (Nursing Home Administrator)-A related to R41's skin integrity, including development of facility acquired pressure injuries to bilateral heels. Surveyor shared concern that use of a functioning air mattress, pressure relief boots or wedge cushions for R41's feet were not observed to be consistently implemented by the facility throughout the survey. 38146 2. R158 was admitted to the facility on [DATE], was hospitalized on [DATE] and readmitted to the facility on [DATE]. Diagnoses include: Dysphagia, Protein-calorie malnutrition, Emphysema, and Parkinson's Disease. R158's Care Plan Focus area documented: [R158] has the potential for pressure ulcer wound development r/t (related to) comorbidity disease processes - date Initiated 6/13/22. Interventions: Administer treatments as ordered and monitor for effectiveness; Follow facility policies/protocols for the prevention/treatment of skin breakdown; If a pressure injury or wound occurs, weekly treatment documentation to include measurement of each area of skin breakdown's width, length, depth, type of tissue and exudate. [R158] has potential/actual impairment or wound to skin integrity of the r/t fragile skin - date Initiated 6/13/22. Interventions: Encourage good nutrition and hydration in order to promote healthier skin; Follow facility protocols for treatment of injury; Weekly treatment documentation to include any other notable changes or observations. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525498	A. Building B. Wing	06/20/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Waterfall Health of Brown Deer	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)
F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Surveyor's review of R158's Hospital Discharge Summary dated 6/10/22 which included no documentation of R158's pressure injuries. On 6/13/22 the Facility provided the Survey Team with a list of residents in the facility with pressure injuries. Surveyor noted R158 was on the pressure injury list which documented R158 to have a Left thigh pressure injury, unstageable DTI (Deep Tissue Injury) and coccyx pressure injury stage 2. Surveyor was unable to locate documentation the facility completed a comprehensive assessment R158's pressure injuries upon readmission to the facility on [DATE] to include a description of the wound characteristics, measurements or staging of the wounds. Surveyor noted no treatment for R158's pressure injuries was implemented until 3 days later, after R158 was seen by the wound Physician. On 6/14/22 at 11:45 AM Surveyor spoke with Director of Nursing (DON)-B. Surveyor asked DON-B where to find documentation of an admission assessment or measurements of R158's pressure injuries. DON-B reported documentation should be on the Admission Nursing Assessment. Surveyor and DON-B reviewed R158's Admission Nursing Assessment (dated 6/10/22) together. Surveyor noted there was no documentation of a DTI to R158's thigh or a stage 2 pressure injury to R158's coccyx. The Admission Nursing Assessment documented: Groin/rash, right knee (front) Other (specify), Left toe(s) scar, left gluteal fold pressure. DON-B stated: Where did she get this information? I'm going to have to talk to this nurse. Surveyor located a [NAME] wound Physician assessment for R158, dated 6/13/22, which documented: Stage 2 pressure wound coccyx partial thickness. 1.5 x (by) 1 x not measurable cm (centimeters). Exudate: Moderate serous. Xeroform sterile gauze apply once daily. Foam with border apply once daily. Unstageable DTI of the left, medial, first thigh partial thickness. 0.8 x 0.8 x not measurable cm. Exudate none. Skin prep once daily. Surveyor advised DON-B of the [NAME] wound MD assessment dated [DATE] which was 3 days after R158 admitted to the facility. On 6/15/22, at 8:34 AM, DON-B advised Surveyor R158 was admitted to the facility with the pressure injury to his coccyx. DON-B reported the admission assessment has drop down boxes to check. DON-B stated 54 (which is gluteal) was checked instead of 53 (which is coccyx) by mistake, which was missed and not added on the admission assessment. DON-B stated: I'm not sure if this nurse has been educated on measurements, but regardless, the expectation is for the nurse to document an assessment and description of the wound/what it looks like and that wasn't done. DON-B reported R158 did not have a DTI on the thigh, the Physician documented in error. Surveyor review of the Physician note dated 6/15/22 documents: The note on 6/13/22 stating that there is a DTI to the left 1st medial thigh was a data entry error. This is no wound to the left thigh, it was supposed to be a left 1st medial toe. Surveyor verified through observation R158 does not have a deep tissue injury to his left thigh. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525498	A. Building B. Wing	06/20/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Waterfall Health of Brown Deer	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)
F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 6/15/22, at approximately 3:00 PM, Surveyor advised Nursing Home Administrator (NHA)-A and DON-B of concern the facility did not complete a comprehensive assessment of R158's pressure injuries upon readmission to include a description of the wounds, wound characteristics, measurements or staging of the wounds. There was no documentation of an assessment until 3 days later when the wound Physician documented. In addition, the facility did not implement treatment to R158's pressure injuries until 3 days later when R158 was seen by the wound Physician. No additional information was provided.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525498	A. Building B. Wing	06/20/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Waterfall Health of Brown Deer	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)
F 0688 Level of Harm - Actual harm Residents Affected - Few	Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41439 Based on observation, interview, and record review, the facility did not ensure 3 (R47, R36, R23) of 4 residents with limited range of motion received appropriate treatment and services to increase range of motion and/or prevent further decrease. * R47 was admitted to the facility without functional limitations/extensive contractures. According to the quarterly Minimum Data Set (MDS) dated [DATE] R47 developed functional limitations of bilateral lower extremities within 3 months of admission and on 9/21/21, within 6 months of admission, the quarterly MDS indicates functional limitations to both the upper and lower extremities. R47 did not have a care plan addressing the facility acquired contracures or a program for range of motion to prevent the decline in R47's functional abilities. * R36 had right hand contracture with no interventions. * R23 had a right hand contracture observed without splint/washcloth. Findings include: The facility policy, entitled Active and Passive ROM (Range of Motions), dated 6/2015, revised 8/2021, states ROM is performed on any resident who has a functional limitation or loss of voluntary movement to an extremity as determined by assessment. A functional assessment is completed for all residents upon admission, quarterly, and with significant change. The Restorative Director initiates a program and develops a care plan; will document progress and update the care plan on a quarterly basis. R47 was admitted to the facility on [DATE] with diagnoses including Traumatic Brain Injury, Quadriplegia (Cervical 1-4 Incomplete), Heart Failure, Atrial Fibrillation, Cardiac Arrest, Passenger injured in collision with motor vehicles, Subarachnoid Hemorrhage (Brain Bleed), Respiratory Ventilator Dependence and GT (Gastrostomy Tube). R47's Annual MDS (Minimum Data Set) assessment dated , 5/17/22 indicated R47 was severely cognitively impaired with extensive assistance with 2 staff for bed mobility, transfer, toileting and total dependence for eating-(GT feedings through artificial opening). R47's functional limitation was indicated for bilateral upper and lower extremities. On 6/13/22, at 9:33 AM, Surveyor observed R47 resting in bed on left side, with an air mattress, respiratory ventilator dependent with bilateral knees bent and contracted with arms bent at the elbows. On 6/14/22, at 7:55 AM, Surveyor observed R47 resting in bed, repositioned & changed by staff with knees bent and contracted, arms straight with crooked fingers. On 6/14/22, at 12:17 PM, Surveyor observed R47 has been repositioned with knees bent and contracted. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525498	A. Building B. Wing	06/20/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Waterfall Health of Brown Deer	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)
F 0688 Level of Harm - Actual harm Residents Affected - Few	*Surveyor reviewed R47's MDS functional limitation documentation since admission. R47'S 3/23/21 Admission MDS indicated a severe cognitive impairment with no functional limitation. R47's 6/21/21 Quarterly MDS indicated a functional limitation of bilateral lower extremities. R47's 9/21/21 Quarterly MDS indicated a functional limitation of bilateral upper extremities and bilateral lower extremities. R47's 12/28/21 Quarterly MDS indicated a functional limitation of bilateral upper extremities and bilateral lower extremities. R47's 3/30/22 Quarterly MDS indicated no assessment of functional limitations. *Surveyor noted R47 developed functional limitations in bilateral lower extremities in the first 3 months after admission. *Surveyor noted R47 developed functional limitations in both bilateral lower extremities and bilateral upper extremities in the first 6 months after admission. *Surveyor noted R47 did not have a care plan addressing facility acquired contractures or a program for ROM. On 6/14/22, at 3:30 PM, Survey Team shared concerns during daily exit regarding contractures/restorative/ROM concerns. On 6/15/22, at 7:45 AM, the facility provided R47's updated care plan to the Surveyor dated 6/14/22. R47's care plan indicated R47 has limited physical mobility related to contractures with goal free of complications related to immobility including contractures, thrombus formation, skin breakdown, fall related injury. Interventions: Monitor/document/report as needed any increased signs of immobility, contractures forming or worsening, thrombus formation, skin breakdown, fall related injury. Provide supportive care, assistance with mobility as needed, Document assistance as needed. PT/OT referrals as ordered and needed. 6/14/22. On 6/15/22, at 2:29 PM, the Survey Team requested if facility has anything else regarding R47's facility acquired contractures. On 6/20/22, the Survey Team conducted the facility exit and the facility did not provide any further information regarding R47's facility acquired contractures. On 6/30/22, the facility sent a statement dated 6/23/2022 signed by Medical Director-EE which stated, Regarding the contractures. People who develop spastic quadriplegia inevitably end up developing contractures overtime. They are an unavoidable result associated with neurologic injury. Surveyor noted while contractures overtime may be inevitable, R47 was not provided with care planned interventions, and restorative services such range of (ROM), splints, etc. to decrease the severity of functional limitations/contractures and to maintain as much function as possible. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525498	A. Building B. Wing	06/20/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Waterfall Health of Brown Deer	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)
F 0688 Level of Harm - Actual harm Residents Affected - Few	38146 2. R36 admitted to the facility on [DATE] and has diagnoses that include: Acute kidney failure, Chronic Kidney Disease stage 3, Ichthyosis, Type 2 Diabetes Mellitus with Diabetic Neuropathy and secondary malignant neoplasm of bone. R36's Admission Minimum Data Set (MDS) with an Annual Reference Date (ARD) of 2/2/22 section G0400 documents: Functional Limitation in Range of Motion Upper extremity (shoulder, elbow, wrist, hand) - Impairment on one side. R36's Quarterly MDS with an ARD of 5/18/22 section G0110 documents: Activities of Daily Living (ADL) Assistance Personal hygiene - how resident maintains personal hygiene, including combing hair, brushing teeth, shaving, applying makeup, washing/drying face and hands (excludes baths and showers) as extensive 1 person physical assist. Section G0400 documents: Functional Limitation in Range of Motion - Upper extremity (shoulder, elbow, wrist, hand) as no impairment. R36 did not have a Care Plan for contractures. On 6/13/22 at 9:50 AM during initial interview with R36, Surveyor observed R36's right hand to be contracted. Surveyor noted R36's nails on his right hand to be long, thick and discolored. R36's pinky finger was bent and turned in and Surveyor was unable to see the nail without R36 using his other hand to pull it away from his palm. Surveyor observed a napkin in the palm of his right hand, which appeared to be old as evidenced by a brown area in the center of the napkin near his fingers. R36 reported his fingers are tight and he hasn't been able to move them much anymore for a pretty long time, so he puts a napkin in his hand. R36 reported he does not have, nor has he ever had a palm protector or splint for his right hand. R36 reported no open sores in the palm of his hand. On 6/14/22 at 1:40 PM Surveyor spoke with R36 and asked about his nails. R36 stated: No, they haven't cut 'em yet, but they need to. Surveyor noted the nails on his right hand remained long, thick and discolored. R36 reported he changed the napkin in his palm to a new one today, however Surveyor noted the same napkin as previous day as evidenced by the same brown spot in the center of the napkin. Surveyor asked R36 how long his right hand has been contracted, to which he replied: A pretty long time. Surveyor asked if his hand was contracted before he admitted to the facility, to which R36 stated: Oh yeah, it's been awhile. Surveyor was able to visualize R36's palm under the napkin - no open areas or skin breakdown was observed. On 6/14/22 at 1:45 PM Surveyor spoke with Certified Nursing Assistant (CNA)-Z who reported having worked on R36's unit for about 3 months. CNA-Z reported R36 has never had a palm protector that she knows of. He likes to hold the napkin, so whenever I bathe him, he gets a new one. On 6/15/22 at 9:10 AM Surveyor spoke with Rehab Director-BB who reported the new company (Select Rehab) started in May 2022. Rehab Director-DD stated R36 has not been seen in therapy since the new company started. Rehab Director-BB reported she was not aware of R36's right hand contracture and no one has brought it to therapy's attention for the need for a palm protector or splint. Surveyor was unable to review previous therapy notes. On 6/15/22 at 9:40 AM Surveyor noted R36's nails remained unchanged and the same napkin was in the palm of his right hand. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525498	A. Building B. Wing	06/20/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Waterfall Health of Brown Deer	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)
F 0688 Level of Harm - Actual harm Residents Affected - Few	On 6/15/22 at 9:40 AM Surveyor spoke with Licensed Practical Nurse (LPN)-AA. Surveyor advised LPN-AA of R36 using a napkin to protect his palm due to long nails on his contracted right hand. LPN-AA reported she was not aware if R36 ever had a palm protector or splint. On 6/15/22 at 10:35 AM Surveyor advised Director of Nursing (DON)-B of concern regarding R36's contracted right hand. Surveyor advised of R36 long, thick nails and his use of a napkin to protect his palm. DON-B was unable to provide an explanation of why R36's contracture was not care planned or why he was not provided a palm protector or splint to prevent further contracture. DON-B was unable to obtain documentation of previous therapy to determine R36 received therapy to prevent further contracture. DON-B was unable to provide evidence R36's right hand contracture had not worsened since admission or that R36 received treatment and services to increase range of motion and/or to prevent further decrease in range of motion. No additional information was provided. 42037 3. R23 was admitted to the facility on [DATE] with diagnoses of Parkinson's Disease, Diabetes Mellitus and Dementia without behavioral disturbance. R23's Admission MDS dated [DATE], does not document a BIMS (Brief interview for Mental Status) score for R23. No CAAs (Care Area Assessments) were completed for R23's Admission MDS dated [DATE]. Surveyor reviewed R23's CNA care card. Surveyor noted the following directions: .will require assistance with the use of her right hand using a rolled material in the palm as recommended. On 6/13/22 at 1:25 PM, R23 was observed lying in bed. R23 was noted with a right hand contracture. No splint or positioning device was noted related to R23's right upper extremity. On 6/13/22 at 3:45 PM, R23 was observed lying in bed. R23 was noted with a right hand contracture. No splint or positioning device was noted related to R23's right upper extremity. On 6/14/22 at 10:25 AM, R23 was observed lying in bed. R23 was noted with a right hand contracture. No splint or positioning device was noted related to R23's right upper extremity. On 6/14/22 at 1:35 PM, R23 was observed lying in bed. R23 was noted with a right hand contracture. No splint or positioning device was noted related to R23's right upper extremity. On 6/14/22 at 11:35 AM, Surveyor conducted interview with Medication Technician-D, who is currently working in the role of a CNA (Certified Nursing Assistant). Surveyor asked Medication Technician-D how staff would know what types of interventions are in place for residents with contractures. Medication Technician-D told Surveyor that each resident should have a care card to which informs staff how to provide care for residents. On 6/16/22 at 2:30 PM, Surveyor shared concerns with NHA (Nursing Home Administrator)-A and DON (Director of Nursing)-B related to observations of R23's right contracted hand noted without a rolled material applied to their palm on 6/13/22 and 6/14/22. The facility did not provide any additional information to Surveyor at this time.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525498	A. Building B. Wing	06/20/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Waterfall Health of Brown Deer	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)
F 0689 Level of Harm - Actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36161 Based on observation, interview and record review, the facility did not ensure 1 (R8) of 4 residents reviewed had an environment free from accident hazards and adequate supervision provided to prevent accidents. R8 sustained a fall from his wheelchair while attempting to return inside from the facility smoking area. R8 was hospitalized from 4/14/22-4/20/22 related to a right hip fracture and multiple rib fractures related to the fall. R8 was not assessed for safety prior to the incident.The facility's fall investigation did not identify a root cause of the fall and did not implement interventions to prevent future falls. R8 has a history of unsafe practices when smoking including smoking in his resident room. Findings include: The facility's policy, entitled Facility Smoking Safety Policy, dated April 2020, states: To provide a safe and healthy living environment with respect for the health and well-being needs of each resident, staff member and visitor. In this effort, all residents will be supervised by staff while smoking in the designated smoking areas at designated smoking times. The times will be implemented at the discretion of the facility. It is also the objective of this policy to communicate to each resident their role and responsibility in following the rules outlined in this policy and ongoing compliance with this policy. Guidelines: . #2. Smoking is only allowed in designated areas established by the facility. The organization reserves the right to enforce a policy prohibiting resident from keeping any smoking materials in his/her possession for health, safety, and security reasons. #3. Individuals who are non-compliant, exercise poor judgment and show a lack of concern for the welfare of others will be counseled accordingly. Continued behavior at this level may result in a 30-day discharge. #6. It is against facility policy to carry a lighter (and other smoking materials i.e. cigarettes, tobacco, etc.) we are a lighter free facility. Being caught in possession with a lighter and/or cigarettes/smoking materials will be considered a violation of the policy and consequences will be reviewed on an individual basis. The following behaviors will jeopardize independent smoking privileges and alert for safe smoking re-assessment #1. Smoking in any non-designated area, such as a resident room, bathroom, hallways, elevators, stairways and/or a smoke free courtyard. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525498	A. Building B. Wing	06/20/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Waterfall Health of Brown Deer	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)
F 0689 Level of Harm - Actual harm Residents Affected - Few	The facility policy, entitled Fall Prevention and Management, revised on 10/2018, states: This facility is committed to maximizing each resident's physical, mental and psychosocial wellbeing. While preventing all falls is not possible, the facility will identify and evaluate those residents at risk for falls, plan for prevention strategies and facilitates as safe environment as possible. Guideline: Upon Admission: #1. A fall risk evaluation will be completed on admission, readmission, quarterly, significant change and after each fall. Facility Guideline following a fall incident: . #4. Care plan to be updated with a new intervention based on root cause analysis after each fall occurrence. R8 was admitted to the facility on [DATE], and has diagnoses that include Chronic Obstructive Pulmonary Disease, chronic pain, Osteoarthritis, benign prostatic hyperplasia and acquired absence of right leg above the knee. R8's Minimum Data Set (MDS) assessment, dated 4/7/22 documents: Section C: Cognitive Patterns is left blank, but a previous Quarterly MDS dated [DATE] documents a BIMS (Brief Interview for Mental Status) score of 15 indicating R8 is cognitively intact for daily decision making. Section J: Personal Hygiene documents R8 requires extensive assistance for maintaining personal hygiene and one-person physical assist. On 6/14/22, at 11:18 AM, Surveyor reviewed R8's care plan dated 4/27/22. A care plan related to R8's smoking documents: Intervention include that (R8) will be encouraged to be compliant with supervised smoking and be free from injury; To inform [Resident's Name] of scheduled smoking times to encourage compliance; Keep smoking paraphernalia in a safe location away from the resident until scheduled smoking times; [Name of Resident] to be supervised by assigned staff at all times during smoking activity. Surveyor was unable to locate a fall risk assessment prior to the R8's fall on 4/14/22. R8's medical records indicate the last fall risk assessment was completed on 3/30/21. On 4/26/22, R8's fall prevention care plan was updated as R8 was assessed to be at high risk for falls as evidenced by MORSE FALL RISK Score of 60 r/t (related to) Deconditioning, Gait/balance problems, Unaware of safety needs. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525498	A. Building B. Wing	06/20/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Waterfall Health of Brown Deer	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)
F 0689 Level of Harm - Actual harm Residents Affected - Few	On 4/26/22, R8's care plan was updated to include information related to R8's fall on 4/14/22 outside while in the smoking area. R8's care plan documents R8 experienced a hip fracture r/t (related to) a fall while wheeling self-outside without assistance. Surveyor noted no new fall prevention interventions were documented following R8's fall on 4/14/22. Surveyor reviewed R8's Smoking Evaluation dated 5/10/22. This assessment determines R8 is independent and safe smoker: Capable and independent, requires no supervision to smoke. Surveyor is unable to locate a smoking assessment prior to the 5/10/22 smoking assessment. Surveyor requested any other smoking assessments from the facility for R8 since admission. On 6/20/22 at 9:52 AM DON-B stated she is not able to locate any additional smoking assessments. On 6/13/22, at 10:26 AM, Surveyor observed R8 in bed with a cigarette box on the side table. Surveyor asked R8 if he always has his cigarettes in his bedroom and R8 stated there are no cigarettes. R8 opened the cigarette box and this Surveyor observed only a lighter in the cigarette box. Surveyor asked R8 how he was doing and if he had any concerns with the care he was receiving in the facility. R8 stated he fell over backwards in his wheelchair and stated I should sue this place. There is a drop off in the concrete and it should be level. Surveyor asked how the fall happened. R8 stated, I was going backwards trying move out of the way and went off the concrete and fell backwards in my chair. Surveyor asked R8 if he sustained any injuries and R8 said, I bumped my head, broke 3 ribs and broke my hip. I was sent to the hospital. On 6/14/22, at 10:40 AM, Surveyor reviewed R8's medical record which documents: On 4/14/2022, at 16:00 (4:00 PM), Note Text: The resident was outside in the smoking area, tried to open the door for another resident and his W/C (wheelchair) tipped backwards with him landing on the ground hitting his head. Staff was alerted to the incident. The writer was summoned to the incident area. Assessment obtain, Lg. (large)hematoma noted to the back of his head and Left Hip Pain. 911 was called. A cool pack was applied to the back of the resident head. Resident will be transported to FMH (name of hospital) for Eval (evaluation) & (and) TX (treatment). [Name of Nurse Practitioner] NP (Nurse Practitioner) was notified, Facility DON (Director of Nursing) [Name of DON] RN (registered Nurse) MSN (Master of Science Nursing) is aware. Caseworker [name of case worker] from MCFC (Milwaukee County Family Care) was updated. Resident is self POA (Power of Attorney) and agrees with Transport to [Name of Hospital]. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525498	A. Building B. Wing	06/20/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Waterfall Health of Brown Deer	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)
F 0689 Level of Harm - Actual harm Residents Affected - Few	On 6/14/22, at 10:36 AM, Surveyor reviewed the facility completed Caregiver Misconduct Incident Report submitted to the State Agency on 4/15/22. The report documented resident was outside smoking and was opening door to come back into the building, The Resident's wheelchair wheel went off the sidewalk and he fell backwards in his chair hitting the ground. Hospital called today stating resident had received broken ribs and would be in the hospital for a bit. A summary of events was written by the Nursing Home Administrator-A (NHA-A). Summary dated 4/18/22 states: Approximately 12:30pm called to the smoking area [name of resident] had fallen. [Name of resident] was lying on the ground on his wheelchair as if the chair had tipped back. [Name of Resident] was screaming in pain, the EMS (Emergency Medical Services) was called and transferred [name of resident] to ER (emergency room). Another resident was inside and stated he had just come in and when he turned around, he saw [name of resident] through the window on the ground. That resident summoned help from a Med Tech (Medication Technician) and other staff members arrived to offer assistance and call the ambulance. Background: [Name of resident], . [Name of resident] has a BIMS score of 15, is able to make his needs known. [Name of resident] diagnosis includes but is not limited to: COPD (Chronic Obstructive Pulmonary Disease), Chronic pain syndrome, alcohol abuse, paraplegia, anxiety disorder. [Name of resident] has a history of smoking and has been able to take himself outside to smoke. [Name of Resident] was admitted to the hospital with hip fracture and rib fractures. Conclusion: No abuse suspected, [Name of resident] is independent in his making his needs known. Care plan updated to have resident on supervised smoking program with smoking times. Surveyor reviewed the Discharge Summary from R8's hospital stay from 4/14/22 - 4/20/22, which documents: [Name of resident] was admitted [DATE] for a fall, rib fractures and right hip fracture. He was discharged from the hospital on 4/20/22. Discharge diagnoses: fall with right hip fracture and multiple rib fractures, acute hypoxic respiratory failure, and abnormal stress CT (Computed Tomography) scan. R8 was discharged with oxycodone PRN (as needed) for pain control, scheduled Tylenol, and Lidoderm patches. Trauma surgery was consulted. No need for surgical intervention and recommended conservative management. Orthopedic service consulted regarding right hip fracture and the following is a quote from their recommendations on 4/16/22: I do not believe any surgical intervention is warranted. I think with his fall, he strained his left hip which is arthritic and contracted. That will cause a lot of significant inflammation about the hip with pain. The right femoral neck I think is chronic in nature and fixation of that would not be of benefit for him, as he does not weight-bear. I advise him on icing left hip and soft tissues about the left hip, pain management and giving this time to calm down. I assume that this will take a good 4 to 6 weeks at least to abate. On 6/14/22, at 2:22 PM, Surveyor reviewed R8's medical record which documents: On 4/20/2022, at 14:47 (2:47 PM), Note Text: Re admit: Resident arrived via ambulance, admitted to Rm (Room) [room number documented] Alert & o x4 (oriented to person, place time and situation), able to make needs known. Resp (Respirations) even non labored. LCTA. (Lungs Clear to Auscultation). No s/s (signs/symptoms) of distress. Denies Pain @ (at) this time. DX (diagnoses): S/P (status Post) Fall with Right Hip FX (fracture) and Multiple Rib Fractures. S/P Right AKA (Above Knee Amputation), ROM (Range of Motion) WNL (Within Normal Limits) x 4 extremities, No cyanosis or Edema noted. Skin W/D (Warm/Dry) to touch, bottom remains reddened with skin intact. Diet Reg (regular) with Thin Liq. (liquids) 1800 cc (cubic centimeters) fld (fluid) restriction daily. LBM (Last Bowel Movement) 4/20/22. Wt. (Weight) 211.5 LBS. (pounds). [Name of Nurse Practitioner] NP updated NNO (no New Orders). All orders faxed to the pharmacy. Vss (Vital Signs Stable). (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525498	A. Building B. Wing	06/20/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Waterfall Health of Brown Deer	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)
F 0689 Level of Harm - Actual harm Residents Affected - Few	On 06/14/22, at 1:58 PM, Surveyor inspected the designated courtyard smoking area for residents. Upon exiting door, there is a 2-3 inch drop from sidewalk to grass level. All concrete is observed to be intact. On 6/15/22, at 9:41 AM, Surveyor reviewed the facility fall investigation report dated 4/14/22, at 14:00 (2:00 PM) which documents: R8 had a fall on 4/14/22 in the courtyard when R8 was trying to open the door and his wheelchair tipped backwards and he fell . Under Predisposing Environmental Factors, the none box is checked. Under Predisposing Situation factors the none box is checked. The Other Info (information) section is left blank. Surveyor identified the facility did not include staff statements. Surveyor noted the fall investigation report does not identify any environmental concerns as the cause of the fall, nor does it identify a root cause of the fall. On 6/15/22, at 9:45 AM, Surveyor interviewed LPN (Licensed Practical Nurse)-J and asked if she was working on 4/14/22 the day R8 fell in the courtyard. LPN-J stated, I was working and responded. R8 was laying back tipped in wheelchair. R8 was trying to reach the door to open it for another resident to come back in and there is a slight incline in the ground towards the door. His wheelchair must have gone backwards and went down into grass. Surveyor asked LPN-J to describe the position of the wheelchair and the sidewalk and grass. LPN-J stated that the wheelchair was backwards, half on the grass and half on the concrete. 911 was called immediately. On 6/15/22, at 10:45 AM, Surveyor interviewed DON (Director of Nursing)-B and asked if she was working on the day of R8's accident on 4/14/22. DON-B stated she was working but did not go outside to assist. She stated, from my understanding, R8 was trying to get in and when opening the door, he rolled backwards, and he rolled off the sidewalk into grass. Surveyor asked if the facility implements scheduled smoking times and DON-B stated, we currently don't have scheduled smoke times. Surveyor asked DON-B if she was aware of any other residents falling in the courtyard. DON-B stated not that she was aware of. On 6/15/22, at 3:08 PM, Surveyor interviewed Maintenance Staff (MS)-I. Surveyor asked MS-I if he was made aware of the concern related to the concrete outside in the courtyard that is used for residents to smoke, to be at higher level than the grass. MS-I stated, yes, I notice the height difference when I cut the grass. Surveyor asked MS-I if he is aware of any residents falling outside due to the level difference of the concrete and grass. MS-I stated it was brought to his attention when he heard a resident fall backwards trying to get back in. Surveyor asked if anyone assessed the outside environment after that fall. MS-I stated, I'm not sure. MS-I stated we are talking about how to resolve it. The sidewalk is not very wide. Surveyor asked if there are any active plans to correct the level of grass and concrete at this time. Maintenance-I stated no, we might put some dirt down. Surveyor asked if MS-I recalls anyone else being injured outside. He stated that he doesn't recall anyone else being injured outside. Surveyor and MS-I went outside to the courtyard where residents smoke and R8 had fallen. MS-I measured the difference in height of sidewalk with his standard tape measure. MS-I measured from the top of the concrete sidewalk down to grass level. MS-I stated there is a 3-inch difference between the concrete and grass. Surveyor asked MS-I how long the grass and concrete has been like this, MS-I stated the whole time I have worked here. When asked how long he has worked at this facility MS-I stated 8 years. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525498	A. Building B. Wing	06/20/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Waterfall Health of Brown Deer	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)
F 0689 Level of Harm - Actual harm Residents Affected - Few	On 6/15/22, at 3:15 PM, Surveyor interviewed Nursing Home Administrator (NHA)-A. Surveyor asked NHA-A if a root cause was identified for R8's fall that occurred on 4/14/22. NHA-A stated, no there was not. NHA-I stated because of the change in ownership, it is hard. We have been thinking about moving the smoking area to a different area where the ground is more level and one that is not by a dining room. NHA-A stated the downside is the potential area has no shade. Surveyor asked if anyone physically investigated the outside smoking area after the incident on 4/14/22. NHA-A stated, I'm not seeing any documentation of that; new owners have hired a landscaping company to look at what we can do to level out the grass and concrete. Surveyor asked if there is any scheduled date for this to be done and NHA-A said not at this time. On 6/14/22, at 9:06 AM, Surveyor observed R8 in bed with a cigarette box on his bed with lighter next to it. Surveyor asked R8 when the last time was he had a cigarette. R8 stated it's been a week since I've been able to go outside and smoke. I have no cigarettes to smoke. Surveyor asked R8 if he was on a smoking schedule. R8 stated, I've never been told of a smoking schedule. Surveyor asked if staff stay outside with him while he smokes and R8 stated only once in a while will staff stay outside. Surveyor asked R8 if he has ever smoked in his room. R8 stated, In the past I have smoked in the room when staff would not take me out. What else am I supposed to do if they don't get me up. Surveyor asked if the facility ever told R8 that he was going to be discharged from the facility due to smoking in his room. R8 stated, yes. They told me I'd have to leave and gave me a 30-day notice. Surveyor asked if this notice was in writing. R8 stated it was verbally told to him. On 6/14/22, at 11:15 AM, Surveyor reviewed R8's medial record which documents R8 has a history of smoking in his room. R8's medical record documents a progress note dated 2/6/22, at 18:30 (6:30 PM) Nurses Note: writer smell smoke in resident room asked resident if he was smoking, resident stuck up middle finger and stated F*** You. writer walked out room and put him on 24-hour report staff will monitor this pm (evening) shift, for smoking. Progress Note dated 3/18/22, at 10:17 AM, documents: Social Services: Writer spoke with CM (Case Manager) about resident smoking in the room and his 30-day notice given to him 3/14. She let writer know that a group home will be coming to evaluate him next week for placement in their facility. Progress Note dated 4/18/2022, at 8:08 AM, documents: Note Text: [Name of Resident] has been found with a strong smell of tobacco smoke in his room, with smoking items, i.e., cigarette(s) and lighters, and had admitted to smoking while he is in his room in bed. [Resident's Name] is alert and oriented with a BIMS score of 15. He stated he receives his smoking paraphernalia from his case manager upon request, explaining he has run out of his cigarettes. It was discussed with his case manager that by choosing to smoke in his room he is putting his ability to stay here in jeopardy and putting the safety of other residents at risk. [Name of Resident] has been on a supervised smoking schedule since admission but voluntarily chooses to disregard this schedule and takes himself outside independently. He is care planned for this behavior. Progress Note dated 4/22/2022, at 4:49 AM, documents: Note Text: resident smoking in bed yelled at staff close the damn door, get out of here. Progress Note dated 6/7/22, at 6:44 AM, Patient room has a strong odor of nicotine. Nurse inquired and resident stated that he smokes, and the smell is from him. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525498	A. Building B. Wing	06/20/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Waterfall Health of Brown Deer	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)
F 0689 Level of Harm - Actual harm Residents Affected - Few	On 6/14/22, at 11:02 AM, Surveyor interviewed Activity Director-R. Surveyor asked Activity Director-R if she was aware of R8 having a smoking schedule. Activity Director-R stated that she heard that R8 had fallen in the courtyard after smoking and since then she guessed R8 was on a smoking schedule. Activity Director-R stated she is not aware of what R8's smoking schedule is. Surveyor asked Activities Director-R if she is aware of where R8 keeps his cigarettes and lighter when not using them. Activities Director-R stated that the nurse keeps cigarettes and lighters. On 6/14/22, at 11:26 AM, Surveyor interviewed Certified Nursing Assistant-Y (CNA-Y) and asked if R8 had a smoking schedule. CNA-Y stated no, he does not have a smoking schedule. Surveyor asked where R8 keeps his smoking materials when not in use. CNA-Y stated that the nurse keeps R8's cigarettes and lighter. On 6/14/22, at 11:33 AM, Surveyor interviewed Licensed Practical Nurse-J (LPN-J) and asked where R8 stores his smoking materials when not in use. LPN-J stated they are kept in the narcotic box. Surveyor asked if R8 should have access to his lighter in his bedroom, LPN-J stated no. Surveyor asked LPN-J if R8 is supervised when he goes outside to smoke, and LPN-J stated staff are always present. LPN-J stated R8 will not smoke in his room or in any room of the facility. On 6/15/22, at 9:16 AM, Surveyor interviewed Nursing Home Administrator-A (NHA-A) regarding the 30-discharge notice provided to R8. NHA-A stated that his case manager found R8 a place to live in Oshkosh however there is a contractual thing going on. NHA-A also stated that she spoke with the Ombudsman, and she said that we could not discharge R8 from the facility because there was no proof R8 was actually smoking in his bedroom. NHA-A stated the Ombudsman suggested placing another smoke detector above his bed so that if R8 is smoking it should go off and that would provide the facility proof of R8 smoking in his room. NHA-A confirmed there was an additional smoke detector above R8's bed. Surveyor asked NHA-A about the facility's current smoking policy and storage of resident lighters. NHA-A stated they have been trying to revise the smoking policy. Resident lighters should not be kept in resident rooms. NHA-A stated the Ombudsman told us we cannot take a residents' lighter if they refuse to give it to us. It has been a challenge that we are still working on. On 6/15/22, at 10:45 AM, Surveyor interviewed Director of Nursing-B (DON-B). Surveyor asked if R8 is supposed to be supervised while smoking. DON-B stated no R8 is an independent smoker and R8 can handle materials safely himself. Surveyor asked where R8's smoking materials should be stored, and DON-B stated on the nursing carts. Surveyor asked DON-B if the facility has any scheduled smoking times. DON-B stated no, currently there are no scheduled smoking times for any resident. DON-B stated we would like to eventually go to that in the future. On 6/16/22 at 10:55 AM Surveyor interviewed DON-B and asked her what the plan is going forward to keep R8 safe while outside smoking. DON-B stated that the smoking policy we were trying to implement with schedules times is not happening since Ombudsman says we cannot stop R8 going out on his own. We have been looking into getting the smoking area moved. R8 can smoke when he wants, and we can send someone outside with him. Surveyor asked if they are providing supervision currently for him. DON-B stated we can pull someone to go outside with R8. DON-B stated the facility didn't have any documentation that says someone is going out with him, but he is being escorted outside. It's not supervision of his smoking. He is independent in that, but staff is staying outside for the duration of smoking. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525498	A. Building B. Wing	06/20/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Waterfall Health of Brown Deer	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)
F 0689 Level of Harm - Actual harm Residents Affected - Few	On 6/20/22 at 9:52 AM Surveyor spoke with DON-B. DON-B confirmed she cannot locate any smoking assessment prior to the fall on 4/14/22. Also stated she cannot find a fall assessment prior to the fall on 4/14/22.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525498	A. Building B. Wing	06/20/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Waterfall Health of Brown Deer	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)
F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36161 Based on interview and record review the facility did not ensure that a resident who is incontinent of bladder received appropriate treatment and services to restore continence to the extent possible for 1 (R8) of 1 resident reviewed. The facility did not implement a toileting schedule for R8 after it was recommended per R8's Bowel and Bladder screen dated 4/21/22. Findings include: R8 was admitted to the facility on [DATE], and has diagnoses that include Chronic Obstructive Pulmonary Disease, chronic pain, Osteoarthritis, benign prostatc hyperplasia and acquired absence of right leg above the knee. R8's Minimum Data Set (MDS) assessment, dated 4/7/22 Section C: Cognitive Patterns is left blank, but a previous Quarterly MDS dated [DATE] his BIMS was scored at 15 which is cognitively intact. Section J: Personal Hygiene documents R8 requires extensive assistance for maintaining personal hygiene and one-person physical assist. Section H: Bladder and Bowel documents no indwelling catheter, no external catheter, no intermittent catheterization and no trial of a toileting program currently being implemented. On 6/13/22 at 1:06 PM Surveyor interviewed R8 and asked if he has a catheter. R8 stated no that he wears a brief and goes in them. Surveyor asked R8 if he was on a toileting schedule, and he stated no. On 6/14/22 at 11:17 A.M. Surveyor reviewed the care plan dated 4/10/22. Under Activities of Daily Living (ADLs) section: Toileting: assist before morning cares, at bedtime and every 2-3 hours while awake and upon request. On 6/14/22 at 1:43 PM Surveyor reviewed R8's medical record. On 4/21/22 a progress note detailed a Bowel and Bladder Program Screen was completed. The screen documented a score of 10 and indicated that resident is a candidate for scheduled toileting (times voiding). Surveyor could not locate any documentation that R8's timed voiding was implemented per R8's a Bowel and Bladder Program Screen dated 4/21/22. On 6/14/22 at 1:49 PM Surveyor interviewed Certified Nursing Assistant-Y (CNA-Y) and asked if R8 was currently on a toileting schedule. CNA-Y stated no. On 6/15/22 at 10:38 AM Surveyor interviewed Director of Nursing-B (DON-B) and asked if she was aware of R8 having a toileting program. DON-B stated, Not that I'm aware of. Surveyor read DON-B the progress note from 4/21/22 that stated there was a recommendation for a toileting schedule for R8 and asked if this was being implemented. DON-B stated, No, I was not aware of the recommendation for scheduled toileting. On 6/15/22 at 3:30 PM during the daily exit conference, Surveyor informed NHA-A and DON-B of the above findings. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525498	A. Building B. Wing	06/20/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Waterfall Health of Brown Deer	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)
F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Surveyor was not presented with any additional information.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525498	A. Building B. Wing	06/20/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Waterfall Health of Brown Deer	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)
F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide enough food/fluids to maintain a resident's health. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36161 Based on record reviews and interviews, the facility did not adequately address Nutrition needs for 1 (R40) of 4 residents reviewed for Nutrition. * R40 was to be placed on a fluid restriction related to bilateral lower extremity edema. The facility did not implement R40's fluid restriction per physician orders. Finding include: R40 was admitted to the facility on [DATE] with a diagnosis that includes Dementia without Behavioral Disturbance, Diabetes Mellitus Type II, and Heart Failure. R40's quarterly MDS (Minimum Data Set) dated 4/7/22 does not document a BIMS (Brief Interview for Mental Status) score or memory problems for R40. Section G (Functional Status) documents that R40's bed mobility and transfer status did not occur and that R40 required no setup or physical help from staff. Section G0400 (Functional Limitation in Range of Motion) also documents that R40's functional limitations in range of motion were not assessed. R40 did not have a CAA (Care Area Assessment) completed for nutrition or hydration. R40's nursing note dated 6/2/22 documents, Health Status Note Text: Resident returned from hospital with orders to apply tubi grips to lower legs and to continue to elevate hands and to give Tylenol for pain as needed. Writer called and spoke to POA with no further questions at this time. Resident is currently eating supper with no c/o (complains of) pain at this time. R40's physician progress note dated 6/7/22 documents, Chief complaint: Nursing home readmission recent hospitalization were worsening lower extremity edema; HPI (History of Present Illness): Patient is an [AGE] year old male . He was admitted was treated monitored at some renal failure as well as worsening lower extremity edema. Discharge back to facility for ongoing care. There was no signs symptoms of venous thromboembolism. Was sitting up in chair. Concern about pain in both lower extremity does have 4+ edema. Used to be on diuretics which was stopped. All hospital records were noted case was discussed with the nursing staff; Plan: Admit patient to nursing home. Patient will benefit from leg elevation; Will put him on Lasix 20 mg (milligrams) q.a.m. (every morning). Monitor basic metabolic panel. Fluid restriction .Discussed with nursing staff admission medications were reviewed and reconciled. Please see orders in the chart. Surveyor was unable to locate any documentation in R40's medical record that indicated that R40 was on a fluid restriction or had fluid monitoring place per R40's physician's progress note dated 6/7/22. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525498	A. Building B. Wing	06/20/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Waterfall Health of Brown Deer	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)
F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 6/14/22 at 2:17 p.m., Surveyor spoke with Dietician-K regarding R40's fluid intake. Surveyor asked Dietician-K if R40 was currently on any fluid restrictions or fluid monitoring. Dietician-K informed Surveyor that she was not aware of any fluid restrictions or fluid monitoring being in place for R40. On 6/14/22 at 2:29 p.m., Surveyor spoke with Dietary Supervisor-G regarding R40's fluid intake. Surveyor asked Dietary Supervisor-G if R40 was currently on any fluid restrictions or fluid monitoring. Dietary Supervisor-G informed Surveyor that she was not aware of any fluid restrictions or fluid monitoring being in place for R40. On 6/15/22 at 2:39 p.m., during the daily exit conference, Surveyor informed NHA (Nursing Home Administration)-A and DON (Director of Nursing)-B of the above findings. No additional information was provided as to why R40 did not have fluid restrictions in place per R40's physician notes dated 6/7/22.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525498	A. Building B. Wing	06/20/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Waterfall Health of Brown Deer	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)
F 0693 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38146 Based on observation, interview and record review the facility did not ensure residents who are fed by enteral means received the appropriate treatment and services to prevent complications of enteral feeding for 2 of 2 (R158 and R47) residents reviewed for enteral nutrition. R158's tube feeding was not administered as ordered. R47's tube feeding was not administered as ordered. Findings include: The facility policy titled Tube Feeding reviewed 9/2021 documented (in part) . . Nasogastric, gastrosomy and jejunostomy tubes are used when an alternate method of nutrition is needed. 1. Continuous tube feedings are based upon a 22 hour consumption period or other time frame based on individual resident need per Registered Dietician assessment and delivered over a 24 hour period. 2. Tube feedings are documented on the MAR (Medication Administration Record) and intake record. 6. The Health Care Provider should be notified if tube feeding amount not infused as ordered. 9. All tube feeding orders will include the formula, rate, time period, delivery method and flush. 10. The tube feeding will be labeled with the date and time hung as well as the initials of the person hanging the feedings. 1. R158's Hospital Discharge Summary dated 6/10/22 documented: Discharge diagnosis: Oropharyngeal dysphagia needing PEG (Percutaneous Endoscopic Gastrostomy) tube. Severe protein calorie malnutrition. The hospital Medical Nutrition Therapy notes documented: Amount of food: NPO (nothing by mouth). Enteral nutrition to continue as ordered: Jevity 1.5 - delivery mode: PEG. Goal volume per feeding (mL) (milliliters): 360. Goal delivery rate (ml/hour): 180 ml/hr x 2 hours. Number of times per day: 3. Feedings/suggested schedule: 5:00 AM - 7:00 AM, 2:00 PM - 4:00 PM, 11:00 PM - 1:00 AM (to align with patients Sinemet schedule). R158 did not have a Care Plan for his Gastrostomy tube feedings. R158's June 2022 MAR (Medication Administration Record) documented: Enteral Feed Order three times a day Jevity 1.5 at 180 ml/hr x 2 hours to equal 360 ml per feeding 3 times a day. Times: 8:00 AM, 12:00 PM, 8:00 PM - signed out as completed 6/11/22 through 6/14/22. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525498	A. Building B. Wing	06/20/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Waterfall Health of Brown Deer	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)
F 0693 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 6/13/22 at 9:32 AM Surveyor observed R158 lying in bed on his back with the head of bed elevated between 30 to 45 degrees. Surveyor observed a tube feeding bag containing 200 ml of tube feeding solution infusing through a tube connected to the gastrostomy tube. Surveyor observed the bag was not hooked up to a feeding pump, rather was infusing through the tubing freely. The bag was not labeled or dated. On 6/14/22 at 8:00 AM Surveyor observed an empty, unopened 1000 ml tube feeding bag and a bag containing a syringe dated 6/14, hanging on the pole in R158's room. Tube feeding was not infusing. On 6/14/22 at 9:07 AM Surveyor observed the same empty, unopened bags hanging on the pole in R158's room. Tube feeding was not infusing. Surveyor observed 4 cartons of Jevity 1.5 on R158's nightstand. Each carton contained 8 ounces/237 milliliters. On 6/14/22 at 9:19 AM Surveyor noted R158's 8:00 AM tube feeding was not signed out as administered on the MAR as of yet. On 6/14/22 at 9:20 AM Surveyor spoke with Medication Technician-D and asked if she administered R158 his 8:00 AM tube feeding. Medication Technician-D stated: No, the nurse does. Surveyor asked Medication Technician-D if the tube feeding had been administered this morning, to which she replied: No, I was just going to tell the nurse. On 6/14/22 at 10:30 AM Surveyor observed an empty/used 1000 ml tube feeding bag hanging on the pole in R158's room. The bag was labeled with R158's name, room number and Jevity 180cc (cubic centimeters)/hr. The bag was dated 6/14/22, time 8:00 AM. Surveyor observed 3 cartons of Jevity 1.5 remained on R158's nightstand and there was 1 open/used carton in the garbage can near the tube feeding pole. Surveyor noted the tube feeding was completed over a period of approximately 1 hour per Surveyors' observation (was not infusing at 9:20 AM) and not over 2 hours as ordered. Surveyor noted 1 carton of Jevity 1.5 was administered (as evidenced by only 1 carton in the garbage can) which contained 237 milliliters instead of 360 ml as ordered. On 6/14/22 at 11:00 AM Assistant Director of Nursing (ADON)-CC approached Surveyor. Surveyor asked ADON-CC which nurse administered R158's tube feeding this morning. ADON-CC reported the nurse from the vent unit and she entered shortly after to do an assessment. Surveyor asked ADON-CC if she knew what time the tube feeding was administered, to which she replied it should have the time on the bag. Surveyor advised ADON-CC the time on the bag indicates 8:00 AM, but the tube feeding was not administered at that time per Surveyors' observation. Surveyor asked ADON-CC how R158's tube feeding is administered, since there is not a pump or machine in the room. ADON-CC stated: By gravity. We pour in the amount he is supposed to get in the bag and it goes in that way. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525498	A. Building B. Wing	06/20/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Waterfall Health of Brown Deer	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)
F 0693 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 6/14/22 at 12:05 PM Surveyor spoke with Licensed Practical Nurse (LPN)-Q who confirmed she administered R158 his morning tube feeding. Surveyor noted R158 did not have a pump and asked LPN-Q how R158's tube feeding is administered. LPN-Q stated: By gravity. I pour the tube feeding in the bag and it goes in by gravity. Surveyor asked LPN-Q how she determined how much tube feeding is administered over a period of time. LPN-Q stated: Well, I don't just open it wide, I open it enough until all the tube feeding goes in. Surveyor asked LPN-Q how much tube feeding she administered to R158 this morning. LPN-Q stated: 180 cc. He has the tube feeding cartons on his night stand, that's what we use. Surveyor confirmed with LPN-Q: So you have him a total of 180 cc this morning? LPN-Q stated: Yes, 180 cc. Surveyor stated: I noticed the 8:00 AM tube feeding was administered late, not until at least 9:20 AM. LPN-Q stated: Well, I work this unit (vent), but I have to go over and do the tube feeding for the med tech, so I did it when I had time. On 6/14/22 at 12:30 PM Surveyor observed the same bag as previously observed with 50 cc tube feeding left in the bag, infusing. Surveyor observed a new garbage bag with 1 open/used carton of Jevity in the garbage can near the tube feeding pole. Surveyor observed 2 cartons of Jevity 1.5 remained on the nightstand, indicating R158 received only 2 cartons thus far, for a total of 474 ml instead of 720 ml as ordered. On 6/15/22 at 9:30 AM Surveyor observed the same bag as previously observed on 6/14/22 with approximately 280 ml tube feeding solution in the bag. Surveyor noted the tube feeding was not connected to the resident and was not infusing. Surveyor observed a full box containing cartons of Jevity 1.5 cal on nightstand. On 6/15/22 at 9:40 AM Surveyor observed R158's tube feeding to be infusing with approximately 200 ml left in bag. Surveyor spoke with LPN-AA who reported R158's tube feeding wasn't infusing great this morning, but I just checked and it's OK now. Surveyor stated: I don't see a pump, how do you know how much tube feeding is infusing? Do you have to calculate the rate? LPN-AA stated: No. The MAR tells you. He gets 360 cc BID (twice daily). We just pour in that amount into the bag. Some gets wasted from 1 carton because each one has like 240 cc. Then I just open the roller all the way and it goes in by gravity. On 6/15/22 at 10:35 AM Surveyor advised Director of Nursing (DON)-B of concern R158's tube feeding not administered as ordered. Surveyor reviewed R158's order with DON-B to read 180 cc/hr x 2 hours. Surveyor advised DON-B of the above observations and interviews with staff. DON-B stated: He doesn't have a pump? Surveyor stated: No. That's why I have a concern, the nurses are administering the tube feeding via gravity and not as ordered. DON-B stated: If the order is specific to an amount over 2 hours he should have a pump. He's new to having the G-tube, it should be given slowly to monitor his toleration's. DON-B reported she will provide R158 with a tube feeding pump. No additional information was provided. 41439 2. R47 was admitted [DATE] with diagnoses including Traumatic Brain Injury, Quadriplegia (Cervical 1-4 Incomplete), Heart Failure, Atrial Fibrillation, Cardiac Arrest, Passenger injured in collision with motor vehicles, Subarachnoid Hemorrhage (Brain Bleed), Respiratory Ventilator Dependence and GT (Gastrostomy Tube). (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525498	A. Building B. Wing	06/20/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Waterfall Health of Brown Deer	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)
F 0693 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	R47's 5/17/22 Annual MDS indicated R47 was severely cognitively impaired with extensive assistance with 2 staff for bed mobility, transfer, toileting and total dependence for eating-(GT feedings through artificial opening). R47's 4/29/22 Nutrition progress note indicated R47 is NPO (nothing by mouth) with enteral feeding Jevity 1.5cal @ 60ml/hr continuous for a total of 2160 cal. Weight gain of 8 lbs in the last month, 16 lb in 3 months which are both significant. Will update orders to reduce continuous rate to 50ml/hr, provides 1800 kcal/76.5g pro/1812ml with flushes of fluids per day to meet 100% of EENs. Medications and labs reviewed, also receiving Proheal BID to reduce skin breakdown and treat open area on right hand/wrist. Will monitor weekly for Nutrition at Risk and follow tolerance of TF (Tube Feed) change. R47's 4/29/22 Physician order indicated: every shift related to UNSPECIFIED SEVERE PROTEIN-CALORIE MALNUTRITION (E43) Jevity 1.5 @ 50 ml/hr R47's 3/9/22 Care plan indicated R47 receives enteral feeding of Jevity 1.5cal (@50ml/hr x24h) 1000mL bottles with ENFIT 70550 spikes and DYND 70642 spikes r/t dysphagia daily. Initiated: 03/09/2022. Revision on: 05/27/2022 On 6/13/22, at 9:33 AM, Surveyor observed R47 resting in bed on left side with an air mattress, ventilator dependence, Jevity 1.5 feedings with water flush hanging at the bedside but not infusing. On 6/14/22, at 7:55 AM, Surveyor observed R47 resting in bed, repositioned & changed by staff with Jevity 1.5 feedings were infusing at 60 ml/hr. On 6/14/22, at 12:17 PM, Surveyor observed R47 has been repositioned with Jevity 1.5 feedings infusing at 60 ml/hr. On 6/15/22, at 8:20 AM, Surveyor observed R47 resting on left side with Jevity 1.5 feedings infusing at 60 ml/hr. *Surveyor noted R47's order for Jevity 1.5 at 50ml was not being carried out by the nursing staff as the actual observed rate was 60 ml/hr. *Surveyor reviewed R47's MAR (Medication Administration Record) and Jevity 1.5 feedings at 50 ml/hr was being documented every shift by nurses. On 6/15/22, at 12:56 PM, Surveyor interviewed LPN-Q (Licensed Practical Nurse) who checked the R47's medical record computer documentation. LPN-Q stated Jevity 1.5 feedings at 50 ml/hr is ordered for R47. LPN-Q stated R47's MAR indicated Jevity 1.5 at 50 ml/h documentation every shift. Surveyor and LPN-Q went to R47's bedside to view the feeding pump which indicated a rate of 60 ml/hr. LPN-Q stated R47's Jevity 1.5 feeding is already running when she arrives in the am. LPN-Q changed the settings on the pump to 50 ml/hr.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525498	A. Building B. Wing	06/20/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Waterfall Health of Brown Deer	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)
F 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe, appropriate dialysis care/services for a resident who requires such services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36161 Based on observation, interview and record review, the facility did not ensure that 1 (R2) of 1 residents reviewed received dialysis services consistent with professional standards of practice. * R2 did not have evidence his dialysis fistula was assessed daily for complications. R2 also did not have a care plan for the care of his dialysis fistula. Findings include: The facility's policy dated as last approved 01/2022, and titled, Dialysis documents under the Policy Interpretation and Implementation section, The community will co-ordinate care with the dialysis provided in developing an appropriate plan of care to include, but not limited to: Checking thrills/bruit of grafts and fistulas, documented on TAR (Treatment Administration Record); When to remove dressing from the access site placed on the dialysis center; Monitor for sign and symptoms of infection including, but not limited to, fever, redness, tenderness, bleeding at fistula site. R2 was admitted to the facility on [DATE] with a diagnosis that included End Stage Renal Disease, Diabetes Mellitus Type II and Dementia without Behavioral Disturbance. R2's Quarterly MDS (Minimum Data Set) assessment, dated 5/6/22, does not document a BIMS (Brief Interview for Mental Status) score or memory problems for R2. Section O (Special Treatments) documents incorrectly that R2 is not receiving dialysis services. Surveyor was unable to locate any renal care/dialysis care plan for R2 in R2's medical record. Due to R2's mental status, Surveyor was unable to interview R2. On 6/12/22, at 12:03 p.m., Surveyor reviewed R2's dialysis communication binder and noted that R2 had a documented AV Arteriovenous (AV) fistula that was utilized for R2's dialysis treatments. Surveyor was unable to locate any documentation in R2's medical record that the facility staff monitored R2's dialysis port on a daily basis or after R2s returned from the dialysis clinic. On 6/15/22, at 2:39 p.m., during the daily exit conference, Surveyor informed NHA (Nursing Home Administration)-A and DON (Director of Nursing)-B of the above findings. At the time, no additional information was provided. On 6/16/22 at 9:06 a.m., NHA-A informed Surveyor a care plan and daily monitoring of R2's dialysis port had been put in place. On 6/20/22, at 8:10 a.m., Surveyor reviewed R2's medical record and noted the following physician order dated 6/15/22, Check for bruit & thrill Q (every) shift & PRN (as needed); Notify MD (medical doctor) every shift Monitor for efficacy of fistula AND as needed Check for bruit & thrill. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525498	A. Building B. Wing	06/20/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Waterfall Health of Brown Deer	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)
F 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Surveyor reviewed R2's medical record and noted a renal care/dialysis care plan dated 6/15/22 had been added for R2. No additional information was provided.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525498	A. Building B. Wing	06/20/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Waterfall Health of Brown Deer	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)
F 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38146 Based on interview and record review, the facility did not act timely or did not act on recommendations by the pharmacist for 3 (R35, R8, and R36) of 5 residents reviewed for unnecessary medications. *R35 had pharmacist recommendations for R36 to have a Hemoglobin A1C level, Vitamin D level, lipid panel, liver panel, and magnesium level completed. The Hemoglobin A1C level was completed. The remaining labs were not completed. *R8 had a pharmacist recommendation for a TSH (Thyroid Stimulating Hormone) level and GDR (Gradual Dose Reduction) that was not completed. *R36 had pharmacist recommendations for a hemoglobin A1C level that was not completed. Findings include: The facility policy, titled 7.10: Medication Regimen Review, not dated, states (in part): Procedure: .2. The review of the medication regimen will include all medications currently ordered, including medications that are ordered on an as needed basis. The review can incorporate information concerning the resident's condition, monitoring for side effects of antipsychotic medications, consideration of dose reductions of antipsychotic medications, review for potential unnecessary medication usage, and information contained in medication administration records, the physician's progress, nurses' notes, notes and laboratory results. The consultant pharmacist will report any apparent irregularities in writing to the attending physician, the director of nursing, and the medical director. .It is the responsibility of the facility to assure that each recommendation results in a written response by either the physician or nurse, as appropriate. 1. R35 was admitted to the facility on [DATE] with diagnoses of Anxiety Disorder, Major Depressive Disorder, Type Two Diabetes with Hyperglycemia, and Chronic Kidney Disease Stage 3. Surveyor reviewed R35's pharmacy recommendations since admission. Surveyor noted no recommendations for February, March, and April. Surveyor reviewed pharmacy recommendations for R35 for the month of May which documented, Resident receives several medications which are recommended to be monitored via lab result. Please consider ordering the following labs to evaluate the resident's medication therapy. A1C, Vitamin D level, Lipid panel, liver panel, and magnesium level. If labs are not ordered, please document the rationale of your decision, as required by current regulations. Rec (recommendation) sent out May 2022. Surveyor was unable to locate documentation of lab results or physician rationale as to why R35's labs were not ordered per pharmacist recommendation. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525498	A. Building B. Wing	06/20/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Waterfall Health of Brown Deer	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)
F 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 6/16/2022 at 2:25 PM, during daily exit with the facility, surveyor shared concerns related to labs for R35 not being completed per pharmacy recommendations and no documentation of physician rationale as to why the labs were not ordered. DON (Director of Nursing)-B reported that hemoglobin A1C was drawn previously and that will be uploaded into R35's medical record. DON-B reported the other labs were not ordered. DON-B reported they spoke with R35's physician today who requested the labs recommended by pharmacy be ordered. Surveyor further reviewed R35's medical record. Lab results for hemoglobin A1C drawn on 6/4/2022 and documents results of 6.0%. On 6/20/22 at 9:28 AM DON-B was interviewed. DON-B reported that they are responsible for following up on pharmacy recommendations since they were hired. DON-B reported they get an email sent to them with the recommendations and then those recommendations get followed up on. DON-B reported that the plan going forward is to hire a unit manager who will be responsible for following up on pharmacist recommendations. At the time of exit, there was no additional information provided by the facility. 2. R8 was admitted to the facility on [DATE], and has diagnoses that include Chronic Obstructive Pulmonary Disease, Major Depressive Disorder, Anxiety Disorder, Schizoaffective Disorder and Mood Disorder. R8's Minimum Data Set (MDS) assessment, dated 4/7/22 Section C: Cognitive Patterns is left blank, but a previous Quarterly MDS dated [DATE] scored his BIMS (Brief Interview for Mental Status) at 15 which is cognitively intact. On 6/15/22 at 1:50 PM Surveyor reviewed the Medication Administration Record (MAR) for month April, May and June 2022. R8 is prescribed Sertraline HCL Tablet 100 MG. Give 1.5 tablet by mouth in the morning for depression. Start date of 4/20/22. R8 is also prescribed Ability Tablet 2 MG. Give 1 tablet by mouth in the morning related to schizoaffective disorder and mood disorder. Start date of 4/20/22. On 6/15/22 at 2:00 PM Surveyor reviewed the Pharmacy Reviews. R8 had a drug regimen review completed on 9/27/21, 10/27/21, 11/28/21, 12/30/21, 1/29/22 and 5/25/22. The following recommendations were made; 09/27/21 Pharmacy Review recommendation MD to consider ordering TSH level. 10/27/21 Pharmacy Review recommendation MD to consider ordering a TSH level. 11/28/21 Pharmacy Review recommendation MD to consider ordering a TSH level. 12/30/21 Pharmacy Review recommendation MD to consider ordering a TSH level. 01/29/22 Pharmacy Review recommendation MD to consider ordering TSG to monitor therapy. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525498	A. Building B. Wing	06/20/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Waterfall Health of Brown Deer	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)
F 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	05/25/22 Pharmacy Review recommendation MD to consider a GDR of Aripiprazole and ordering a TSH level. Surveyor was unable to find any documentation that an attending physician reviewed the pharmacy recommendations on 9/27/21, 10/27/21, 11/28/21, 12/30/21, 1/29/22 and 5/25/22. Surveyor was unable to find any documentation of TSH and TSG levels were obtained per pharmacy recommendations. Surveyor was unable to find any documentation of a GDR for Aripiprazole or a physician justification for the same dosage. On 6/15/22 at 3:30 PM during the daily exit conference, Surveyor informed NHA (Nursing Home Administrator)-A and DON (Director of Nursing)-B of the above findings. On 6/16/22 at 10:52 AM Surveyor interviewed Director of Nursing (DON-B) and asked her the process for a physician being notified of pharmacy recommendations. DON-B stated that she receives the recommendations from pharmacist and that she sends in a monthly email to physician with the pharmacy recommendation. If it is something quick, then she will enter in the order herself. DON-B reviewed her monthly email sent into physician for April and May 2022 and stated I do not see R8 name included. Surveyor asked her if his pharmacy recommendations were communicated to physician and she stated, no. DON-B stated that she would notify the Psychiatric Nurse Practitioner and get a consent for R8 to be seen by her going forward. Surveyor noted the facility actions did not reflect their policy of acting upon each medication regimen review. Surveyor was not presented with any additional information. 3. R36 admitted to the facility on [DATE] and has diagnoses that include: Acute kidney failure, Chronic Kidney Disease stage 3,Type 2 Diabetes Mellitus with Diabetic Neuropathy, Hypertension and Malignant neoplasm of prostate. R36's Pharmacy review documented: Resident receives insulin and does not have a recent A1c documented in the resident record. Please consider ordering an A1c on the next convenient lab day to effectively monitor treatment goals. Recommendation sent April and May 2022. R36's Medication Administration Record for June, 2022 documented: Insulin Aspart Prot and Aspart Suspension (70-30) 100 UNIT/ML (milliliters) Inject as per sliding scale BID (twice daily) as having received 9 times thus far for the month of June. Surveyor asked Nursing Home Administrator (NHA)-A for all of R36's lab results. Surveyor noted there was no facility follow up on the pharmacy recommendation in April and May 2022 - an A1c was not completed. 06/20/22 10:01 AM NHA notified of concern pharmacy recommendation for an A1c was not completed. No additional information provided.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525498	A. Building B. Wing	06/20/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Waterfall Health of Brown Deer	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)
F 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36161 Based on interview and record review the facility did not ensure 2 of 5 residents (R8 and R40) on psychotropic medications received the necessary psychiatric assessment and monitoring. * R8's medical record indicates R8 is administered Sertraline (antidepressant)150 mg (milligrams) daily for depression and Aripiprazole (antipsychotic) 2 mg for schizoaffective disorder and mood disorder. The facility is not providing side effect monitoring of Aripiprazole, such as an AIMS (Abnormal Involuntary Monitoring Scale). R8 is not currently being monitored by a psychiatrist or psychiatric nurse practitioner. * R40's June 2022 Medication Administration Record documents that R40 was administered Sertraline 25 mg (milligrams) daily per physician orders. Surveyor was unable to locate any documentation in R40's medical record that R40's Sertraline use was being monitored and reviewed by a physician. Surveyor was unable to locate a care plan for R40's antidepressant and Sertraline use. Findings Include: The facility policy, entitled Psychotropic medication Program, revised date 1/2019, states: The purpose is to promote the safe and effective use of psychotropic medications. To ensure the lowest does of medication is used, for the shortest timeframe. To guarantee a residents' quality of life is enhanced by the medication usage. The third purpose of this guideline is once a resident is placed on a psychotropic medication the facility monitors the resident for side effects and adverse reactions, addresses the use of the medications in a comprehensive plan of care, and assesses the resident for a GDR (Gradual Dose Reduction). Guideline: #13. A baseline AIMS test will be done by the psychotropic nurse or designee prior to starting any new anti-psychotic medication and at least every 6 months thereafter. #14. Upon re-admission to the facility following a hospital stay, the resident's drug regimen will be reviewed by the psychotropic program champion or designee in full to ensure the continued need for medication. Gradual Dose Reductions: #1. Gradual dose reductions (GDR) are required to be attempted twice within the first year in 2 separate quarters and at least one month in between attempts. After the first year of therapy, GDRs should be attempted annually. #2. If the Psychiatrist/APN/Primary Physician deems a GDR is contraindicated, he/she will document the reason in the medical record. 1. R8 was admitted to the facility on [DATE], and has diagnoses that include Chronic Obstructive Pulmonary Disease, Major Depressive Disorder, Anxiety Disorder, Schizoaffective Disorder and Mood Disorder. R8's Minimum Data Set (MDS) assessment, dated 4/7/22 Section C: Cognitive Patterns is left blank, but a previous Quarterly MDS dated [DATE] scored his BIMS (Brief Interview for Mental Status) at 15 which is cognitively intact. Section N: Medications documents no antipsychotic use as the entries are dashed and under Antipsychotic medication Review R8 was documented as not receiving antipsychotics and no gradual dose reduction (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525498	A. Building B. Wing	06/20/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Waterfall Health of Brown Deer	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)
F 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 6/15/22 at 1:50 PM Surveyor reviewed the Medication Administration Record (MAR) for month April, May and June 2022. R8 is prescribed an antidepressant- Sertraline (Zoloft) HCL Tablet 100 MG. Give 1.5 tablet by mouth in the morning for depression. Start date of 4/20/22. R8 is also prescribed the antipschotic- Abilify (Aripiprazole) Tablet 2 MG. Give 1 tablet by mouth in the morning related to schizoaffective disorder and mood disorder. Start date of 4/20/22. On 6/15/22 at 2:00 PM Surveyor reviewed the Pharmacy Reviews. R8 had a drug regimen review completed on 9/27/21, 10/27/21, 11/28/21, 12/30/21, 1/29/22 and 5/25/22. The following recommendations were made; 09/27/21 Pharmacy Review recommendation MD to consider ordering TSH level. 10/27/21 Pharmacy Review recommendation MD to consider ordering a TSH level. 11/28/21 Pharmacy Review recommendation MD to consider ordering a TSH level. 12/30/21 Pharmacy Review recommendation MD to consider ordering a TSH level. 01/29/22 Pharmacy Review recommendation MD to consider ordering TSG to monitor therapy. 05/25/22 Pharmacy Review recommendation MD to consider a GDR of Aripiprazole and ordering a TSH level. On 6/20/22 Surveyor reviewed the record. Surveyor was unable to locate any Abnormal Involuntary Movement Scale (AIMS) or other assessment tool for psychotropic use being completed. Surveyor was unable to locate any information that R8 is currently being following by Psychiatry or Psychiatric Nurse Practitioner. Surveyor was unable to locate any documentation that R8's pharmacy recommendation for a gradual dose reduction (GDR) of R8's Aripiprazole (Abilify) or that R8's physician documented a rational for the continued use of Aripiprazole without a gradual dose reduction. On 6/16/22 at 10:52 AM Surveyor interviewed DON (Director of Nursing) -B and asked if she was aware of the GDR recommendation on the Pharmacy Review dated 5/25/22. DON-B checked the record and stated, Yeah it still just says daily to be given 2 mg for Abilify. Surveyor asked DON how the physician is notified of pharmacy recommendations. DON-B stated they are either called in and updated or they talk to the Psychiatric Nurse Practitioner (NP). Surveyor asked how often the Psychiatric NP comes into the facility, DON-B stated once per week. Surveyor asked DON-B if R8 is currently being followed by the Psychiatric NP and she stated no. On 6/16/22 Surveyor reviewed R8's record. Facility sent a signed consent by R8 to be seen by Psychiatric NP for a psychiatric evaluation. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525498	A. Building B. Wing	06/20/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Waterfall Health of Brown Deer	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)
F 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 6/20/22 at 9:28 AM Surveyor interviewed DON-B. Surveyor informed DON-B that she could not locate any AIMS or other psychotropic medication assessment tool in the record. DON-B looked at the record and stated she could not locate any either. Surveyor asked DON-B for the Psychotropic Drug Use Policy and Procedure. DON-B stated that the plan going forward is to hopefully hire a unit manager so that they can process pharmacy recommendations and follow through on them. Surveyor was not provided any additional information. 2. R40 was admitted to the facility on [DATE] with a diagnosis that includes Dementia without Behavioral Disturbance, Diabetes Mellitus Type II, and Heart Failure. R40's quarterly MDS (Minimum Data Set) dated 4/7/22 does not document a BIMS (Brief Interview for Mental Status) score or memory problems for R40. Section N (Medications) incorrectly documents that R40 did not receive any antidepressant medications during the MDS assessment period. R40's Psychotropic Drug Use CAA (Care Area Assessment) dated 8/18/21 documents under the Analysis of Findings section, Resident is noted with receiving anti-depressant medication. Under the Care Plan Considerations section it documents, After review of resident's medical record, resident is noted with receiving anti-depressant medication, Zoloft, secondary to Dx (diagnosis) of depression. A care plan will be in place to reduce risk factors, (at risk for falls, mood / behavior concerns, decreased activity, decreased nutrition) and continue to monitor. R40's June 2022 MAR (Medication Administration Record) documents that R40 was administered Sertraline 25 mg (milligrams) daily per physician orders. Surveyor was unable to locate any documentation in R40's medical record that R40's Sertraline use was being monitored and reviewed by a physician. Surveyor was unable to locate a care plan for R40's antidepressant and Sertraline use. On 6/15/22 at 2:39 p.m., during the daily exit conference, Surveyor informed NHA (Nursing Home Administration)-A and DON (Director of Nursing)-B of the above findings. At the time, no additional information was provided. On 6/16/22 at 8:55 a.m., DON-B informed Surveyor that a care plan for R40's Sertraline use was put in place. DON-B also informed Surveyor that she had signed R40 up for psychiatric services so that his anti-depressant use was reviewed by a physician. No additional information was provided.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525498	A. Building B. Wing	06/20/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Waterfall Health of Brown Deer	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)
F 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure medication error rates are not 5 percent or greater. 38146 Based on observation and record review, the facility did not ensure its medication error rate was not 5 percent or greater for 2 of 3 residents (R25 and R48) residents observed during medication pass. The facility medication error rate was 17.86% The facility policy titled Medication Administration dated reviewed 3/2022 documented (in part) . . All medications are administered safely and appropriately to aid residents to overcome illness, relieve and prevent symptoms and help in diagnosis. 6. Check medication administration record prior to administering medication for the right medication, dose, route, patient/resident and time. 7. Read each order entirely. 8. Remove medication from drawer and read label three times; when removing from drawer, before pouring and after pouring. 9. If there is a discrepancy between the MAR (Medication Administration Record) and label, check orders before administering medications. 10. If the label is wrong, send medications to pharmacy for relabeling or call pharmacy to send a new label. Verify order with physician. If the MAR is wrong, reenter the order. On 6/14/22 at 7:30 AM Surveyor observed Licensed Practical Nurse (LPN)-C prepare medications for R48. The following oral medications were prepared and placed in a plastic medication cup: Amlodipine Besylate 10 mg (milligrams) - 1 tablet Metformin HCL (Hydrochloride) 1000 mg - 1 tablet Metoprolol Tartrate 25 mg - 1 tablet Oxybutynin Chloride ER (extended release) 10 mg - 1 tablet Tamsulosin HCL 0.4 mg - 2 tablets. Surveyor verified the number of tablets with LPN-C. R48 swallowed the prepared medications with his liquid nutritional supplement. Surveyor reconciled the medications administered to R48 with the current Physicians Orders which documented: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525498	A. Building B. Wing	06/20/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Waterfall Health of Brown Deer	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)
F 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Mirabegron ER Tablet Extended Release 24 Hour 25 MG. Give 1 tablet by mouth one time a day for overactive bladder. Surveyor noted this medication was not administered to R48 during the medication pass observation. Metformin HCL 500 MG Give 1 tablet by mouth two times a day related to Type 2 Diabetes Mellitus. Surveyor noted R48 was given 1000 mg instead of 500 mg as ordered during the medication pass observation. On 6/14/22 at 7:50 AM Surveyor observed LPN-Q prepare medications for R25. The following oral medications were prepared and placed in a plastic medication cup: Amiodarone HCL 200 mg - 1/2 tablet Docusate Sodium 100 mg - 1 tablet Famotidine 10 mg - 1 tablet Atorvastatin Calcium 40 mg - 1 tablet Furosemide 40 mg - 1 tablet Gabapentin 100 mg - 1 tablet Midodrine HCL 5 mg - 1 tablet Sertraline HCL 25mg - 1 tablet Topiramate 25 mg - 1 tablet Eliquis 5 mg - 1 tablet Surveyor verified the number of tablets with LPN-Q. R25 swallowed the prepared medications followed by water. Surveyor reconciled the medications administered to R25 with the current Physicians Orders which documented: MiraLax Powder 17 GM/SCOOP (Polyethylene Glycol 3350). Give 1 scoop by mouth in the morning for constipation. Surveyor noted this medication was not administered to R25 during the medication pass observation. Multivitamin Tablet (Multiple Vitamin). Give 1 tablet by mouth in the morning for supplement. Surveyor noted this medication was not administered to R25 during the medication pass observation. Famotidine Tablet 20 MG. Give 20 mg by mouth two times a day for GERD (Gastroesophageal Reflux Disease). Surveyor noted R25 was given 10 mg instead of 20 mg as ordered during the medication pass observation. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525498	A. Building B. Wing	06/20/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Waterfall Health of Brown Deer	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)
F 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 6/14/22 at 3:37 PM Surveyor advised Nursing Home Administrator (NHA)-A and Director of Nursing (DON)-B of the above observations and medication error rate. No additional information was provided.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525498	A. Building B. Wing	06/20/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Waterfall Health of Brown Deer	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)
F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38146 Based on observation and interview the facility did not ensure drugs and biological's used in the facility were labeled in accordance with currently accepted professional principles, to include the expiration date for 4 of 4 (R16, R32, R58 and R20) resident's insulin pens. Findings include: The facility policy titled United RX Insulin Expiration Dates (not dated) documents (in part) . . Lispro (Humalog) - Stable for 28 days once pen/vial in use. On [DATE] at 7:52 AM Surveyor observed the medication room on the rehabilitation unit. Inside the refrigerator, Surveyor observed the following insulin pens: (2) Insulin Lispro pens belonging to R16, both of which were open and used, but not dated when opened. (1) Humalog Kwik pen insulin belonging R32, which was open and used, dated opened ,d+[DATE] and dated expired [DATE]. (1) Insulin Lispro pen belonging to R32, which was open and used, dated opened [DATE] and dated expired [DATE]. (1) Humalog Kwik pen insulin belonging to R58, which was open and used, but not dated when opened. Surveyor brought the above insulin pens to the nurse (unknown name) who verified the insulin pens were not dated when opened and those that were expired. The nurse reported she would discard the insulin pens and order new ones. [DATE] 08:10 AM Surveyor observed the [NAME] medication cart. In the top right drawer, Surveyor located a Humalog Kwik pen insulin belonging to R20, which was open and used, but not dated when opened. Surveyor gave the insulin pen to Medication Technician (MT)-D who verified there was no date when the insulin was opened. On [DATE] at 8:34 AM Surveyor shared the above observations with Nursing Home Administrator (NHA)-A. No additional information was provided.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525498	A. Building B. Wing	06/20/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Waterfall Health of Brown Deer	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)
F 0770 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide timely, quality laboratory services/tests to meet the needs of residents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38146 Based on observation, interview and record review the facility did not provide or obtain laboratory services to meet the needs of its residents for 1 of 15 (R36) residents reviewed. R36 did not have laboratory tests completed as ordered. Findings include; R36 admitted to the facility on [DATE] and has diagnoses that include: Acute kidney failure, Chronic Kidney Disease stage 3,Type 2 Diabetes Mellitus with Diabetic Neuropathy, Hypertension, Malignant neoplasm of bone and Gastrointestinal Hemorrhage. R36's Pharmacy review documented: Resident receives insulin and does not have a recent A1c documented in the resident record. Please consider ordering an A1c on the next convenient lab day to effectively monitor treatment goals. Recommendation sent April and May 2022. R36's Physician's order dated 5/13/22 documented: CBC (Complete Blood Count) and BMP (Basic Metabolic Panel) weekly every Monday - start 5/16/22. R36's May, 2022 MAR documented: LAB: CBC/BMP Weekly on (blank) every day shift every Monday validate lab draw - Start Date 5/16/22 6:00 AM - signed out as completed on 5/16, 5/23 and 5/30/22. R36's June 2022 MAR documented: LAB: CBC/BMP Weekly on (blank) every day shift every Monday validate lab draw - Start Date 5/16/22 6:00 AM - signed out as completed on 6/6 and 6/13/22. R36's Nurse Practitioner progress note dated 6/10/22 documented: Follow up BMP (Basic Metabolic Panel), CBC (Complete Blood Count), Hgb (Hemoglobin) A1C, and TSH (Thyroid Stimulating Hormone). Surveyor noted no laboratory results for the above ordered labs in R36's medical record. On 6/15/22 at 3:30 PM during the daily exit meeting with Nursing Home Administrator (NHA)-A and Director of Nursing (DON)-B, Surveyor asked for all laboratory results for R36. On 6/20/22 at 7:30 AM the facility provided Surveyor all of R36's laboratory results. Surveyor's review of R36's laboratory results revealed the following: There were no follow up on an A1c lab per pharmacist recommendations and Nurse Practitioner progress note dated 6/10/22. R36 should have had CBC and BMP results for labs ordered on 5/16/22, 5/23/22, 5/30/22 and 6/6/22 - none of which were completed. Surveyor noted a CBC and BMP was completed on 5/26/22. Surveyor reviewed the lab results, which were comparable to those done on 4/28/22, and the Physician was notified. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525498	A. Building B. Wing	06/20/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Waterfall Health of Brown Deer	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)
F 0770 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 6/20/22 at 10:01 AM Nursing Home Administrator (NHA)-A was notified of concern R36's weekly labs were not completed as ordered. In addition, no A1c lab was completed. No additional information provided.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525498	A. Building B. Wing	06/20/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Waterfall Health of Brown Deer	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)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. 36161 Based on observation and interview the facility did not ensure that food was stored, prepared and served under sanitary conditions in 1 of 1 kitchen. Staff were observed touching ready to eat food after touching non-sanitized food surfaces with no barrier or handwashing. This deficient practice had the potential to affect 35 of 57 residents served on the rehab, west and east units. * On 6/14/22, Dietary Aide-L was observed touching ready to eat food with a gloved hand after touching non-sanitized food surfaces (counter, lid covers, and food cart) and place the food item onto plates for residents to eat. * On 6/24/22, Dietary Supervisor-G was observed touching ready to eat food with a gloved hand after touching non-sanitized food surfaces (counter, lid covers, and food cart) and place the food item onto plates for residents to eat. Findings include: The facility policy, entitled Handwashing Guidelines for Dietary Staff, revision date of 6/15/22, states Handwashing is necessary to prevent the spread of bacteria that may cause foodborne illnesses. Dietary employees shall clean their hands in a handwashing sink or approved automatic handwashing facility and may not clean hands in a sink used for food preparation, warewashing, or in a service sink used for the disposal or mop water or similar waste. Compliance Guidelines: 6. Frequency of Handwashing: Dietary employees shall clean their hands and exposed portions of their arms immediately before engaging in food preparation including working with exposed food, clean equipment and utensils, and unwrapped single service and single use articles and also in the following situations: j. After engaging in any activity that may contaminate the hands. 1. On 6/14/22 at 12:10 PM Dietary Aide-L was observed serving food from a steam table in the rehab unit. Dietary Aide-L touched counter and lid cover with her gloved hand and then grabbed corn bread and placed it on a plate. This plate was then served to a resident. Dietary Aide-L with the same gloved hand touched the counter and lid cover and picked up corn bread and placed it on a plate. Lid cover was placed over plate with same gloved hand. This plate was then served to a resident. Dietary Aide-L then touched the counter, lid cover and picked up corn bread and placed it on a plate with the same gloved hand. She then placed a lid cover over plate and a staff member served the plate of food to a resident. The Surveyor noted that Dietary Aide-L did not remove her gloves or wash her hands after contaminating her gloves by touching non-sanitized food surfaces and before touching ready to eat food. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525498	A. Building B. Wing	06/20/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Waterfall Health of Brown Deer	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)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	2. On 6/14/22 at 12:18 PM Dietary Aide-L was observed at the steam table in the main servery for east and west units. Dietary Aide-L touched counter with gloved hand and then grab corn bread and place it on the plate, grab lid cover and touch food cart with the same gloved hand. At 12:19 PM Dietary Aide-L was observed touching the counter with gloved hand and then grab corn bread and place it on the plate, grab lid cover and touch food cart with the same gloved hand. This was observed a total of 8 times. Surveyor asked Dietary-Aide-L what unit she was preparing food for and she stated west unit. Dietary-Aide-L stated there are a total of 10 residents on west unit. The Surveyor noted that Dietary Aide-L did not remove her gloves or wash her hands after contaminating her gloves by touching non-sanitized food surfaces and before touching ready to eat food. 3. On 6/14/22 at 12:26 PM Dietary Supervisor-G was observed at the steam table in the main servery for east and west units. Dietary Supervisor-G touched counter with gloved hand and then grab corn bread and place it on the plate, grab lid cover and touch food cart with the same gloved hand. At 12:28 PM Dietary Supervisor-G was observed touching the counter with gloved hand and then grab corn bread and place it on the plate, grab lid cover and touch food cart with the same gloved hand. At 12:29 PM Dietary Supervisor-G was observed touching the counter with gloved hand and then grab corn bread and place it on the plate, grab lid cover and touch food cart with the same gloved hand. This was observed a total of 6 times. Surveyor asked Dietary Supervisor-G what unit she was preparing food for and she stated east unit. Dietary Supervisor-G stated there are a total of 13 residents on east unit. The Surveyor noted that Dietary Supervisor-G did not remove her gloves or wash her hands after contaminating her gloves by touching meal tickets and before touching ready to eat food. On 6/16/22 at 10:25 Surveyor interviewed Dietary Manager-F. Dietary Manager-F indicated that dietary staff should not be touching ready to eat food with contaminated gloves. Surveyor informed Dietary Manager-F on the concerns with staff touching ready to eat food after touching non-sanitized food surfaces with no barrier or handwashing. Dietary Manager-F stated that he will start re-educating the staff and that he will look into getting tongs or wax paper for staff to use when serving ready to eat food. On 6/20/22 at 1:15 PM during the daily exit conference, Surveyor informed Nursing Home Administrator-A and Director of Nursing-B of the above findings.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525498	A. Building B. Wing	06/20/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Waterfall Health of Brown Deer	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)
F 0839 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Employ staff that are licensed, certified, or registered in accordance with state laws. 38146 Based on interview and record review, the facility did not ensure 1 of 1 Medication Technician certification reviewed was current. This has the potential to effect 48 of 57 residents residing on the East, North, West, and Rehabilitation Units. A staff member worked as a medication technician from 8/10/2021 to 6/14/2022 without a Medication Technician certification. Findings include: On 6/13/22 Surveyor requested a list of current staff employed by the facility. Medication Technician-V was documented as being a current employee with a hire date of 8/10/2021. On 6/14/2022 surveyor reviewed credentials provided by the facility for 7 staff members. Surveyor noted Medication Technician-V was eligible to work as a CNA (Certified Nursing Assistant) in federally certified nursing homes. Surveyor was unable to locate documentation that Medication Technician-V was certified to pass medications. On 6/14/2022 at 3:38 PM during the daily meeting with the facility, surveyor shared concerns related to being unable to locate documentation that Medication Technician-V is certified to pass medications. NHA (Nursing Home Administrator)-A reported that Medication Technician-V was off the floor as a medication technician and was sent home to look for the certification. On 6/15/2022 at 9:00 AM, NHA-A reported that the certification for Medication Technician-V was not located. On 6/16/2022 at 8:54 AM surveyor interviewed HR (Human Resources) Director-X with NHA -A present. HR Director-X explained the hiring process to surveyor. Surveyor asked how the facility ensures staff have the licenses and certifications needed. HR Director-X reported once a staff member is hired, a background check is completed, and the applicable license is verified before the staff member begins working. HR Director-X reported a spread sheet is kept with onboarding information on it for all staff members that are hired. Surveyor asked if Medication Technician-V was hired as a Medication Technician. HR Director-X reported he believed Medication Technician-V was hired as a Medication Technician. HR Director-X reported that they left a voicemail on Medication Technician-V's phone requesting their Medication Technician Certification. On 6/20/2022 at 9:26 AM, Surveyor interviewed NHA-A. NHA-A reported that Medication Technician-V was unable to produce their certification and was terminated from the facility on 6/17/2022. NHA-A reported that training has begun for the HR department on ensuring appropriate credentials for staff. Surveyor asked if Medication Technician-V was full time or part time. NHA-A reported that Medication Technician-V was full time and worked as both a Medication Technician and a CNA. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525498	A. Building B. Wing	06/20/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Waterfall Health of Brown Deer	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)
F 0839 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	On 6/20/2022 at 9:59 AM, Surveyor interviewed Scheduling Coordinator-W. Surveyor asked what units Medication Technician-V was scheduled to work on as a Medication Technician. Scheduling Coordinator-W reported that Medication Technician-V was scheduled to work on all units with the exception of the ventilator unit (9 residents on the ventilator unit at the time of survey). At the time of exit, no additional information was provided by the facility.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525498	A. Building B. Wing	06/20/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Waterfall Health of Brown Deer	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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38146 Based on observations and interview the facility did not establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections for 3 of 4 (R25, R158, and R10) residents observed for infection control. This deficient practice has the potential to affect 4 residents (R25, R49, R158 and R10). R25 and R49 utilize a shared glucometer which was not properly cleaned and sanitized after use. R158's and R10's catheter bags and tubing were observed to be lying directly on the floor. Findings include: 1. The facility policy titled Blood Glucose Machine Cleaning revised 4/4/20 documents (in part) . .General: To provide guidance on how to clean the Glucometer machine between residents. 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. 6. Repeat process between resident use. The facility Microdot wipe label documents: Bactericidal: Microdot Minute Wipe is an effective disinfectant on hard non-porous surfaces, in the presence of an organic load against baumannii, Campylobacter jejuni, Escherichia coli, Klebsiella pneumoniae, Listeria monocytogenes, Methicillin Resistant Staphlococcus Aureu Pseudomonas aeruginosa, Salmonella enterica, Streptococcus pyogenes, Vancomycin resistant Enterococcus faecium when the treated surface is allowed to remain wet for 1 minute. Allow surfaces to air dry. On 6/14/22 at 7:50 AM Surveyor observed Licensed Practical Nurse (LPN)-Q perform blood sugar testing on R25, who resides on the ventilation unit. After obtaining a blood sample using the glucometer, LPN-Q discarded the test strip, removed her gloves and washed her hands. LPN-Q then brought the glucometer to the medication cart, placed in on top of the cart and sanitized her hands. LPN-Q then picked up the glucometer and placed it in the top right drawer of the medication cart. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525498	A. Building B. Wing	06/20/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Waterfall Health of Brown Deer	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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Surveyor asked LPN-Q if residents on the unit have their own glucometer or if it is shared between residents. LPN-Q stated: They share the glucometer. Surveyor asked LPN-Q if she had any other resident blood sugars to do. LPN-Q stated: No. I did the other resident before. Surveyor advised LPN-Q of the observation the glucometer was placed in the top drawer of the medication cart and asked if she cleans the glucometer. LPN-Q stated: Yes. Surveyor asked LPN-Q what she uses to clean the glucometer, to which LPN-Q replied: An alcohol wipe. LPN-Q proceeded to remove the glucometer from top drawer of the medication cart and wipe it with an alcohol wipe for approximately 5 seconds (not one minute) before placing it back in the top drawer of the med cart. On 6/14/22 at 8:00 AM Surveyor advised Nursing Home Administrator (NHA)-A of the above observation. Surveyor asked for a list of residents on the ventilation unit that utilize the shared glucometer and if any of those residents have bloodborne pathogens. On 6/14/22 at 3:31 PM NHA-A provided Surveyor a list of residents on the ventilation unit that utilize the shared glucometer as R25 and R49, neither of which have bloodborne pathogens. Surveyor verified there were no residents with bloodborne pathogens or communicable disease on the ventilation unit. NHA-A advised Surveyor the expectation is for staff to use Microdot wipes to clean glucometers. No additional information was provided. 2. The facility policy titled Urinary and Renal Conditions revised 9/24 documents (in part) . .Purpose: The purpose of this procedure is to prevent catheter-associated urinary tract infections. Infection Control b. Be sure the catheter tubing and drainage bag are kept off the floor. On 6/13/22 at 9:34 AM Surveyor observed R158's catheter bag hooked onto the left side of the bed frame, not covered, resting directly on the floor. On 6/14/22 at 9:02 AM and 1:45 PM Surveyor observed R158's catheter bag hooked onto the left side of the bed frame, not covered, directly touching the floor. On 6/15/22 at 10:35 AM Surveyor advised Director of Nursing (DON)-B of the above observations R158's catheter bag and tubing resting directly on the floor without a barrier. DON-B stated the expectation is catheter bags should have a barrier or basin, so not to touch the floor. DON-B reported she will provide R158 with a privacy bag. 3. R10 was admitted to the facility on [DATE] with diagnoses of Parkinson's Disease, Neuromuscular Dysfunction of the Bladder, and Benign Prostatic Hyperplasia. R10's Quarterly Minimum Data Set (MDS), dated [DATE], documents R10's Brief Interview for Mental Status (BIMS) score to be a 15, meaning R10 is cognitively intact for daily decision making. R10's Quarterly MDS also documents R10 has a catheter. R10's catheter care plan dated 5/2/2022 documents under The Focus, The resident has an Indwelling Suprapubic Catheter 14F (French Size)/10cc (cubic centimeter): Neurogenic Bladder. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525498	A. Building B. Wing	06/20/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Waterfall Health of Brown Deer	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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	The interventions section, dated 5/2/2022, documents, Change catheter per MD orders. Change if clogged, leaking or dislodged or if positive UA results. Monitor and document for pain/discomfort due to catheter. Monitor/record/report to MD for s/sx (signs/symptoms) UTI: pain, burning, blood-tinged urine. Cloudiness, no output, deepening urine color, increased pulse, increased temperature, urinary frequency, foul smelling urine, fever/chills, altered mental status, change in behavior, change in eating patterns. R10's physician's orders, dated 5/30/2022, documents, Suprapubic catheter size 14Fr Balloon 10CC_DX (diagnosis) :Neuromuscular Dysfunction of Bladder On 06/13/22 at 09:51 AM, Surveyor observed R10 in bed. Surveyor observed R10's catheter drainage bag hanging on the left side of the bed. Surveyor observed approximately 500cc's of urine in R10's catheter drainage bag. Surveyor observed R10's catheter drainage bag touching the floor with no barrier. On 06/14/22 at 08:01 AM, Surveyor observed R10 in bed. Surveyor observed R10's catheter drainage bag hanging on the left side of the bed. Surveyor observed no urine in R10's catheter drainage bag. R10 reported to surveyor that it (the drainage bag) was just emptied. Surveyor observed R10's catheter drainage bag touching the floor with no barrier. On 06/14/22 at 01:53 PM, Surveyor observed R10's catheter drainage bag hanging on the left side of the bed. Surveyor observed R10's catheter drainage bag touching the floor with no barrier. On 06/15/22 at 12:22 PM, Surveyor observed R10's catheter drainage bag hanging on the left side of the bed. Surveyor observed R10's catheter drainage bag touching the floor with no barrier. On 06/15/22 at 2:28 PM during exit meeting with the facility, Surveyor shared concerns related to Surveyor's observations of R10's catheter drainage bag touching the floor with no barrier. No additional information was provided.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525498	A. Building B. Wing	06/20/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Waterfall Health of Brown Deer	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)
F 0881 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Implement a program that monitors antibiotic use. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41439 The facility did not follow a process to ensure consistent monitoring of infectious organisms, culture reports and other data to ensure antibiotic usage is identified and correct. Two initial antibiotic sheets developed by unit indicated 2 Residents (R34, R21) were started on antibiotics. No culture swab was conpleted for R34 and no organism was listed for R34 and R21. According to the Director of Nursing (DON) - B, 2 Residents (R3, R6) were identified with Multiple Drug Resistent Organisms (MDROs) and would have to investigate when/why. The facility does not have a consistent process used in obtaining cultures to review appropriateness of antibiotic use; the infectious organism was not listed. The facility has no antibiotic tracking line lists prior to April 2022. The facility presently has no antibiotic spread sheet and all were blank. The facility staff has just begun using a McGeers form for infection surveillance to ensure residents meet criteria for antibiotic usage. This deficient practice has the potential to affect all 57 residents residing in the facility. Findings include: The facility Antibiotic Stewardship policy, dated 12/2017, revised 1/20/18, indicated that an infection monitoring form will be opened in the electronic medical record when a new antibiotic is prescribed. Records will be reviewed monthly. Providers will utilize the McGeers Criteria for initiating antibiotic usage. The facility will design and utilize systems to; 1) identify residents with MDROs (Multi Drug Resistant Organisms) by review of microbiology culture results, 2) alert staff and providers, and 3) document in care of inter-facility transfer. Antibiotic Use database will include: Resident Name, Antibiotic, Date started, Indications for Use, Meet Criteria?, Route, Dosage, Prescribed Length, Actual Length, Prescriber, Antibiotic Time-out?. Calculations will be completed for number and percent of resident antibiotic starts. Monthly reporting includes summaries of the collected data and interpretation of the data. On 6/14/22, at 8:49 AM, Surveyor interviewed DON-B (Director of Nursing) who started April 11th 2022 and the IP (Infection Preventionist) who is new but currently out of the facility. The IP will monitor for infections with line lists and update as antibiotics are started. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525498	A. Building B. Wing	06/20/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Waterfall Health of Brown Deer	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)
F 0881 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	On 6/20/22, at 8:03 AM, Surveyor interviewed DON-B who was providing initial information on handwashing and McGeers criteria which was separated by unit. DON-B stated she had notes to pull information on the antibiotics. DON-B stated she looked back at May, some antibiotics in April. DON-B stated multiple staffing hands have changed and antibiotic tracking/line lists are not located prior to April 2022. DON-B stated Nystatin powder and creams have no end date. DON-B stated no spreadsheet, all blank and she is starting from scratch to develop. No further information beyond what the DON-B was gathering during the recertification survey was available for previous months. Surveyor reviewed the initial antibiotic sheets developed for the units by the DON-B. The Ventilator unit listed R34 starting Doxycycline 100 mg twice/day for dermatitis on 5/15/22 for 90 days. DON-B stated no skin swab/culture was done, no organism was listed. The Rehab unit listed R21 starting Bactrim DS 800-160 mg twice/day for UTI (Urinary Tract Infection) on 5/26/22 for 5 days which was repeated for 5 more days until 6/5/22. Per list, symptoms started 5/24/22. No organism was listed. *Surveyor noted R21's 5/26/22 6:21 PM progress note indicated: Resident requesting U/A results from specimen obtained on 5/24. Writer noted specimen remains in specimen refrigerator. Resident continues to c/o burning with urination. Writer informed resident that urine specimen would need to to be recollected. Resident became upset and requested to be sent to ER. Call placed to POA [Name]. Updated on resident's request to be transported to ER. [Name of POA] in agreement with resident to be transported to ER. Call placed to [Name] NP for update. [Name of NP] states may start resident on Bactrim DS bid x5 days. Give first dose of ABT after UA obtained. Orders explained to resident and POA [Name]. Both in agreement with treatment plan. Resident given prn tramadol for pain management. Results pending. Drsg to L foot C/D/I. DON-B stated the facility had 2 residents with MDRO's (Multi Drug Resistent Organisms) [R3, R6] but she would still need to investigate when/why. *Surveyor noted DON-B did not have all the supporting documents needed to prove the cases met McGeers criteria. On 6/20/22, Survey Team conducted the facility exit and the facility did not provide any further information regarding antibiotic stewardship. The facility does not have a process of consistent monitoring of signs and symptoms of infections to meet McGeers criteria and to follow up with infectious organism reports to ensure antibiotic use is safe and appropriate.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525498	A. Building B. Wing	06/20/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Waterfall Health of Brown Deer	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)
F 0887 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Educate residents and staff on COVID-19 vaccination, offer the COVID-19 vaccine to eligible residents and staff after education, and properly document each resident and staff member's vaccination status. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41439 Based on record review and interview, the facility did not maintain documentation for 2 (R36 and R158) of 15 residents reviewed for COVID-19 vaccination status. The facility must make sure the resident's medical record includes documentation that indicates, at a minimum, the following: (A) That the resident or resident representative was provided education regarding the benefits and potential risks associated with COVID-19 vaccine; and (B) Each dose of COVID-19 vaccine administered to the resident, or (C) If the resident did not receive the COVID-19 vaccine due to medical contraindications or refusal. R36 was admitted on [DATE] and no documentation of COVID education, administration, or refusal was found in the medical record. R158 was admitted on [DATE] and no documentation of COVID education, administration, or refusal was found in the medical record. Findings include: The facility policy, COVID-19 Vaccination, dated 10/20/21, indicated COVID-19 Vaccination is one of the core principles of COVID-19 Infection Prevention. The facility is dedicated to ensuring that vaccination is available for all health care personnel and residents. All residents will be offered the COVID-19 vaccine. On 6/16/22, the facility conducted a vaccination clinic for staff and residents supported by the DHS (Department of Health Services). On 6/20/22, at 8:03 AM, Surveyor interviewed DON-B (Director of Nursing) regarding COVID, vaccinations, and residents. DON-B stated R158 (admitted [DATE]) went to the hospital on 6/15/22 (unrelated to COVID). Update on 6/16/22 from the hospital indicated R158 was COVID positive upon hospital screening. No documentation of COVID education, administration, or refusal was found in R158's medical record. R36 was admitted on [DATE] and no documentation of COVID education, administration, or refusal was found in the medical record.On 6/20/22, at 9:25 AM, Surveyor interviewed DON-B who provided R36's (admitted [DATE]) WIR (Wisconsin Immunization Registry) form without any documentation of COVID vaccinations. DON-B stated she talked to R36 and he is willing to get the COVID vaccination.