

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525604	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/13/2021
NAME OF PROVIDER OR SUPPLIER  Southpointe Care and Rehab Center LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  4500 W Loomis Rd Greenfield, WI 53220	

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 42037</p> <p>Based on observations, record review and interview, the facility did not ensure that 1 (R9) of 10 residents reviewed was provided care in a dignified manner.</p> <p>R9 was observed in a soiled hospital gown and incontinence product ambulating in the hallway on the morning of 10/5/21. R9 was observed in a soiled hospital gown throughout the AM and PM shift in the Alzheimer Dementia unit common areas on 10/5/21</p> <p>Findings include:</p> <p>R9 was admitted to the facility on [DATE] with diagnoses of Dementia, Schizophrenia and Malnutrition. R9's Annual MDS (Minimum Data Set) dated 8/20/21, indicates a BIMS (Brief Interview for Mental Status) score of 4, indicating R9 is severely cognitively impaired. R9's Annual MDS dated [DATE] indicates R9 is independent with dressing and requires supervision of 1 staff for toileting and personal hygiene. R9 requires physical help of 1 staff for bathing.</p> <p>On 10/5/21 at 10:00 AM, Surveyor observed R9 ambulating in the hallway of the Alzheimer's Dementia Unit. R9 was observed in a hospital gown with the back untied and wearing an incontinence product that was saturated with urine and feces. Surveyor observed R9's room environment. Surveyor noted multiple brown stains on the outside and inside of R9's room door on the floor. R9's bedroom floor was noted with a sticky texture. R9's toilet was noted with splattered fecal matter on the toilet bowl and seat. Multiple brown stains were noted on R9's bed linens. R9's room smelled strongly of urine and feces.</p> <p>On 10/5/21 Surveyor observed R9 ambulating in the hallway barefoot on the unit from 10:00 AM to 10:26 AM wearing a hospital gown with the back untied, and wearing an incontinence product that was saturated with urine and feces. At 10:26 AM, Surveyor noted R9 being assisted back to their room by CNA (Certified Nursing Assistant)-D.</p> <p>On 10/5/21 at 12:30 PM, Surveyor observed R9 sitting in the dining room wearing a hospital gown with brown stains on the front of the gown. Surveyor noted housekeeping staff entering R9's room while R9 ate lunch.</p> <p>(continued on next page)</p>

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525604	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/13/2021
NAME OF PROVIDER OR SUPPLIER  Southpointe Care and Rehab Center LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  4500 W Loomis Rd Greenfield, WI 53220	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 10/5/21 at 1:00 PM, Surveyor observed R9's room environment. R9's floor remained with brown stains and sticky texture. [NAME] stains remained on R9's bed linens. A strong odor of urine and feces remained in R9's room.</p> <p>On 10/5/21 at 2:30 PM, Surveyor observed R9 ambulating in the dining room wearing a hospital gown with brown stains on the front of the gown.</p> <p>On 10/5/21 at 4:15 PM, Surveyor observed R9 standing next to a medication cart wearing a hospital gown with brown stains on the front of the gown.</p> <p>On 10/5/21 at 11:15 AM, Surveyor conducted interview with CNA-D. Surveyor inquired whether residents should be wearing hospital gowns while in a common area. CNA-D responded that some residents do not always have clothes available for them to wear on a daily basis. CNA-D reported that laundry and nursing are both constantly short staffed and that they are always behind on things.</p> <p>On 10/5/21 at 11:40 AM, Surveyor conducted interview with RN (Registered Nurse)-F. Surveyor inquired whether residents should be wearing hospital gowns while in a common area. RN-F responded that some residents or their family members may want residents to wear hospital gowns because they may otherwise stain their clothes. Surveyor asked if a resident or their family member would like residents to wear a gown in lieu of clothing if this should be reflected in the resident's care plan. RN-F responded that they were not sure if it would be reflected in a resident's care plan. Surveyor asked if residents should have clothing available to them on a daily basis if they wish to wear it. RN-F stated that residents should have clothes available to them at all times. RN-F added that laundry services at the facility are sometimes behind and clothing may not always be available.</p> <p>On 10/6/21 at 10:20 AM, Surveyor conducted interview with Social Worker-L. Surveyor inquired whether residents should be wearing hospital gowns while in a common area. Social Worker-L responded that it would depend on the resident's preferences. Surveyor asked Social Worker-L if a resident or their family member would like residents to wear a gown in lieu of clothing if this should be reflected in the resident's care plan. Social Worker-L responded that resident preferences should be reflected in a resident's care plan. Surveyor asked Social Worker-L if residents should have clothing available to them on a daily basis if they wish to wear it. Social Worker-L residents should have clothes available to them at all times.</p> <p>On 10/6/21 at 12:10 PM, Surveyor conducted interview with RN Manager-I. Surveyor inquired whether residents should be wearing hospital gowns while in a common area. RN Manager-I responded that it would depend on the resident's preferences. Surveyor asked RN Manager-I if a resident or their family member would like residents to wear a gown in lieu of clothing if this should be reflected in the resident's care plan. RN Manager-I replied that resident preferences should be reflected in a resident's care plan. Surveyor asked RN Manager-I if residents should have clothing available to them on a daily basis if they wish to wear it. RN Manager-I responded that residents should have clothes available to them at all times. Surveyor reviewed R9's comprehensive care plan. R9's comprehensive care plan does not reflect a preference to wear a hospital gown in lieu of clothing.</p> <p>On 10/6/21, at 1:47 PM, Survey team met with NHA (Nursing Home Administrator)-A, Assistant Administrator-C and DON (Director of Nursing)-B to share observations and concerns regarding R9's disheveled appearance and wearing a hospital gown with stains on it in common areas throughout the day on 10/5/21. NHA-A stated there is a new unit manager in the dementia unit where R9 currently resides.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525604	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/13/2021
NAME OF PROVIDER OR SUPPLIER  Southpointe Care and Rehab Center LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  4500 W Loomis Rd Greenfield, WI 53220	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>42037</p> <p>Based on observation and interview the Facility did not ensure 5 (R4, R6, R8, R9, R10) of 5 Residents reviewed were provided with a clean, homelike environment.</p> <p>R9's floor had multiple stains and the inside of R9's toilet was noted with splattered fecal matter. R9's floor did not appear to have been mopped and had a strong odor of feces and urine. R9's bed linens were noted with multiple brown stains.</p> <p>R10's room was observed with flies touching their bed linens during a wound treatment.</p> <p>R8's floors had multiple stains, food crumbs and various other materials on their floor and did not appear to have been mopped.</p> <p>The Alzheimer's Dementia Unit dining room was noted with multiple liquid spills, food crumbs and various other debris on the floor on 10/5/21. Both hallways on the unit were noted with various debris on the floor on 10/5/21</p> <p>R4 and R6's room was observed with brown stains on the walls. R4 &amp; R6's floor did not appear to have been mopped and had a strong odor of feces and urine. R4 and R6's floor mats were noted to be visibly soiled and in disrepair. R6 was observed with flies on their bed linens.</p> <p>Findings include:</p> <p>1.) Surveyor conducted a family interview on 10/5/21 at 1:04 PM. Resident Family member told Surveyor that the facility is Absolutely Filthy and that the facility smells strongly of urine and feces.</p> <p>On 10/5/21 at 10:00 AM, Surveyor observed R9 ambulating in the hallway of the Alzheimer's Dementia Unit. R9 was observed in a hospital gown with the back untied and an incontinence product that was saturated with urine and feces. Surveyor observed R9's room environment. Surveyor noted multiple brown stains on the outside and inside of R9's room door on the floor. R9's bedroom floor was noted with a sticky texture. R9's toilet was noted with splattered fecal matter on the toilet bowl and seat. Multiple brown stains were noted on R9's bed linens. R9's room smelled strongly of urine and feces.</p> <p>On 10/5/21 Surveyor observed R9 ambulating in the hallway on the unit from 10:00 AM to 10:26 AM wearing a hospital gown with the back untied and wearing an incontinence product that was saturated with urine and feces. At 10:26 AM, Surveyor noted R9 being assisted back to their room by CNA (Certified Nursing Assistant)-D.</p> <p>On 10/5/21 at 11:15 AM, Surveyor conducted interview with CNA-D. Surveyor asked CNA-D how often resident rooms are being cleaned. CNA-D reported that housekeeping and nursing are both constantly short staffed and that they are always behind. CNA-D added that laundry services are always behind and that some residents don't always have clothes to wear.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525604	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/13/2021
NAME OF PROVIDER OR SUPPLIER  Southpointe Care and Rehab Center LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  4500 W Loomis Rd Greenfield, WI 53220	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 10/5/21 at 11:40 AM, Surveyor conducted interview with RN (Registered Nurse)-F. Surveyor inquired about how often the Alzheimer's Dementia Unit receives housekeeping services. RN-F responded that they are supposed to be cleaning resident rooms every day. RN-F added that they think the unit is usually pretty clean.</p> <p>On 10/5/21 at 12:30 PM, Surveyor observed R9 sitting in the dining room wearing a hospital gown with brown stains on the front of the gown. Surveyor noted housekeeping staff entering R9's room while R9 ate lunch.</p> <p>On 10/5/21 at 1:00 PM, Surveyor observed R9's room environment. R9's floor remained with brown stains and sticky texture. [NAME] stains remained on R9's bed linens. A strong odor of urine and feces remained in R9's room.</p> <p>On 10/5/21 at 2:30 PM, Surveyor observed R9 ambulating in the dining room wearing a hospital gown with brown stains on the front of the gown.</p> <p>On 10/5/21 at 4:15 PM, Surveyor observed R9 standing next to a medication cart wearing a hospital gown with brown stains on the front of the gown.</p> <p>On 10/6/21 at 8:30 AM, Surveyor conducted interview with Housekeeping Supervisor-N. Surveyor asked Housekeeping Supervisor-N how often resident rooms are to be cleaned. Housekeeping Supervisor-N responded that there is housekeeping every day for residents at the facility. Surveyor asked Housekeeping Supervisor-N how often R9's floor is mopped. Housekeeping Supervisor-N replied that they clean R9's room when R9 will allow staff to do so. Surveyor inquired about multiple brown stains to R9's floor in room and sticky floor texture. Housekeeping Supervisor-N responded that R9's floor needs to be stripped. Housekeeping Supervisor-N added that housekeeping and laundry is currently short staffed and has new staff that need additional training and supervision on the Alzheimer's Dementia Unit. Surveyor made Housekeeping Supervisor-N aware of concerns related to the cleanliness of R9's room.</p> <p>On 10/6/21 at 12:10 PM, Surveyor conducted interview with RN Manager-I. Surveyor inquired about the Alzheimer Dementia Unit's overall cleanliness. RN-Manager-I responded that there is a lot of room for improvement and that they are new to the unit. Surveyor shared concerns about cleanliness of R9's room.</p> <p>On 10/6/21, at 1:47 PM, Survey team met with NHA-A (Nursing Home Administrator), Assistant Administrator-C and DON-B (Director of Nursing) to share complaints and concerns regarding the lack of cleanliness/homelike environment observations. NHA-A stated there is a new unit manager in the dementia unit and the facility has rearranged the cleaning staff but they need supervision.</p> <p>2.) On 10/5/21 at 4:05 PM, Surveyor observed RN-G and Wound Nurse-H performing R10's dressing change to R10's right heel pressure injury. Surveyor had observations of 2 flies crawling on R10's bed linens throughout the treatment.</p> <p>On 10/6/21 at 8:30 AM, Surveyor made Housekeeping Supervisor-N aware of concerns related to the presence of flies in R10's room observed on 10/5/21.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525604	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/13/2021
NAME OF PROVIDER OR SUPPLIER  Southpointe Care and Rehab Center LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 4500 W Loomis Rd Greenfield, WI 53220	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 10/6/21, at 1:47 PM, Survey team met with NHA-A (Nursing Home Administrator), Assistant Administrator-C and DON-B (Director of Nursing) to share complaints and concerns regarding the lack of cleanliness/homelike environment observations. NHA-A stated there is a new unit manager in the dementia unit and the facility has rearranged the cleaning staff but they need supervision.</p> <p>3.) On 10/5/21 at 10:55 AM, Surveyor observed R8's room environment. R8's floor was sticky and appeared to have not been mopped. Surveyor noted soiled gloves on the floor in the bathroom, paper debris scattered throughout the room and food crumbs scattered near R8's doorway.</p> <p>On 10/5/21 at 1:45 PM, Surveyor observed R8's room environment. R8's floor was sticky and appeared to have not been mopped. Surveyor noted soiled gloves on the floor in the bathroom, paper debris scattered throughout the room and food crumbs scattered near R8's doorway remained in place.</p> <p>10/5/21 at 4:20 PM, Surveyor observed R8's room environment. R8's floor was sticky and appeared to have not been mopped. Surveyor noted soiled gloves on the floor in the bathroom, paper debris scattered throughout the room and food crumbs scattered near R8's doorway remained in place.</p> <p>On 10/6/21 at 8:30 AM, Surveyor made Housekeeping Supervisor-N aware of concerns related to R8's room environment.</p> <p>On 10/6/21, at 1:47 PM, Survey team met with NHA-A (Nursing Home Administrator), Assistant Administrator-C and DON-B (Director of Nursing) to share complaints and concerns regarding the lack of cleanliness/homelike environment observations. NHA-A stated there is a new unit manager in the dementia unit and the facility has rearranged the cleaning staff but they need supervision.</p> <p>4.) On 10/5/21 at 10:20 AM, Surveyor made general observations of the Alzheimer's Dementia Unit. Surveyor observed the floor of both unit hallways was noted with a sticky texture.</p> <p>On 10/5/21 at 11:05 AM, Surveyor noted scattered paper debris on the floor in the unit dining room.</p> <p>On 10/5/21 at 2:10 PM, Surveyor noted a cart with used lunch trays next to the nursing station with 2 flies hovering above it. Surveyor noted dining room floor with paper debris and food crumbs scattered beneath multiple dining room tables.</p> <p>On 10/5/21 at 4:20 PM, Surveyor noted dining room floor with paper debris and food crumbs scattered beneath multiple dining room tables. A puddle of brown liquid was noted between the nursing station and dining room.</p> <p>On 10/6/21 at 8:30 AM, Surveyor made Housekeeping Supervisor-N aware of concerns related to the Alzheimer's Dementia unit's overall lack of clean and homelike environment.</p> <p>On 10/6/21, at 1:47 PM, Survey team met with NHA-A (Nursing Home Administrator), Assistant Administrator-C and DON-B (Director of Nursing) to share complaints and concerns regarding the lack of cleanliness/homelike environment observations. NHA-A stated there is a new unit manager in the dementia unit and the facility has rearranged the cleaning staff but they need supervision</p> <p>41439</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525604	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/13/2021
NAME OF PROVIDER OR SUPPLIER  Southpointe Care and Rehab Center LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  4500 W Loomis Rd Greenfield, WI 53220	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>4.) On 10/5/21, at 11:00 AM, Surveyor conducted observations of the dementia unit and the semi-private room that R4 and R6 were sharing. Surveyor walked into their semi private room with shoes sticking to the floor and the room smelled so strongly of urine that Surveyor could smell it through the N95 mask they were wearing.</p> <p>Surveyor observed R4 remained in bed with a floor mat next to the bed that was dirty with black substances smeared across the floor mat.</p> <p>Surveyor observed R6 remained in bed with a sheet over R6's head and 3 flies crawling over the sheet. R6 has a brown floor mat with multiple cracks that had black substances in all the material cracks. R6's wall next to the bed was observed to have substances and stains covering the wall.</p> <p>On 10/6/21, at 1:47 PM, Survey team met with NHA-A (Nursing Home Administrator), AA-C (Assistant Administrator), and DON-B (Director of Nursing) to share complaints and concerns regarding the lack of cleanliness/homelike environment observations. NHA-A stated there is a new unit manager in the dementia unit and the facility has rearranged the cleaning staff but they need supervision.</p> <p>On 10/6/21, at 3:30 PM, Survey team conducted facility exit and no further information was provided.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525604	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/13/2021
NAME OF PROVIDER OR SUPPLIER  Southpointe Care and Rehab Center LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  4500 W Loomis Rd Greenfield, WI 53220	

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 41439</p> <p>Based on record review and interview, the facility did not ensure that allegations of abuse/neglect or misappropriation of resident property for 3 of 3 (R2, R1, R12) residents were reported immediately in accordance with regulations.</p> <p>R2's wheelchair was missing and was not reported to the State Survey Agency.</p> <p>R1's cell phone was missing and was not reported to the State Survey Agency.</p> <p>R12's care plan was not followed when R12 fell from her bed. She was sent to the hospital for further evaluation. The facility did not report this allegation of neglect to the state agency.</p> <p>Findings include:</p> <p>The facility policy. Abuse &amp; Neglect Prohibition, dated July 2018, indicated Each resident has the right to be free from abuse, neglect, mistreatment, misappropriation of resident property. Any observations or allegations of abuse, neglect, or mistreatment must be immediately reported to the Administrator.</p> <p>Misappropriation of resident property means the deliberate misplacement, exploitation, or wrongful, temporary or permanent use of a resident's belongings or money without the resident's consent.</p> <p>Neglect means a failure of the facility, its employees or service providers to provide goods and services to a resident that are necessary to avoid physical harm, pain, mental anguish, or emotional distress.</p> <p>The facility will timely conduct an investigation of any alleged abuse/neglect, misappropriation of resident property in accordance with state law.</p> <p>State Reporting Obligations: The facility will report all allegations and substantiated occurrences of abuse/neglect, and misappropriation of property to the administrator, State Survey Agency and law enforcement officials in accordance with federal and state law through established procedures.</p> <p>1.) R2's wheelchair was missing and was not reported to the State Survey Agency.</p> <p>On 10/5/21, at 10:36 AM, Surveyor interviewed SW-K (Social Worker) who stated the family picked up his belongings. Surveyor questioned SW-K regarding R2's wheelchair who stated R2 had a standard personal wheelchair and she does not believe the family picked it up because unfortunately the wheelchair has not been found. Surveyor questioned SW-K regarding a plan going forward and she stated we will continue to look for the personal wheelchair. SW-K stated probably we will eventually give R2 one.</p> <p>On 10/5/21, at 11:18 AM, Surveyor interviewed AA-C (Assistant Administrator) stated he heard about R2's missing wheelchair last week when SW-K emailed him. AA-C stated the facility looked for it, could not find it, and will probably offer to replace it.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525604	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/13/2021
NAME OF PROVIDER OR SUPPLIER  Southpointe Care and Rehab Center LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  4500 W Loomis Rd Greenfield, WI 53220	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 10/6/21, at 6:43 AM, AA-C informed Surveyor that the missing wheelchair has been taken care of and he completed a grievance form regarding R2's missing wheelchair.</p> <p>Surveyor reviewed R2's progress notes which indicated a late entry on 10/5/21 at 11:17 AM by SW-K with an effective date of 9/24/21 at 10:03 AM; indicating SW-K placed a call to R2's family to update on the wheelchair, wait return call.</p> <p>R2's progress note dated 10/5/21, at 12:43 PM, SW-K called R2's family indicating R2's wheelchair was ready for pick up and family planned pick up on 10/6/21 at 3 PM.</p> <p>On 10/6/21, at 7:29 AM, Surveyor interviewed AA-C regarding R2's wheelchair who stated the facility would not self-report to the State Survey Agency as it was misplaced not stolen.</p> <p>R2's personal wheelchair was misplaced from 7/8/21 hospitalization until 10/5/21 during complaint survey. R2's other belongings were picked up on 8/23/21 by family.</p> <p>On 10/6/21, at 1:47 PM, Survey team met with NHA-A (Nursing Home Administrator), AA-C, and DON-B (Director of Nursing) to share complaints and concerns regarding misappropriation of R1, R2's property.</p> <p>On 10/6/21, at 3:30 PM, Survey team conducted facility exit and no further information was provided.</p> <p>42037</p> <p>2.) R1 was admitted to the facility on [DATE]. R1's diagnoses include left femur fracture, right tibia fracture, Congestive Heart Failure, Diabetes Mellitus and Vascular Dementia. Upon entrance to the facility, R1 has Full Code status and not receiving hospice services. R1 was hospitalized on [DATE] and no longer resides at the facility.</p> <p>R1's Significant Change MDS (Minimum Data Set) dated 8/29/21 documents R1 had a BIMS (Brief Interview For Mental Status) score of 14, indicating R1 demonstrated adequate skills for daily decision making.</p> <p>On 10/5/21, Surveyor noted R1 was allegedly missing a cell phone. Surveyor reviewed the facility's grievance log. Surveyor did not note any grievances listed for R1. Surveyor asked to review any self-reports or investigations related to R1. The Facility did not provide any self-reports related to R1 or their missing cell phone.</p> <p>On 10/6/21 at 9:00 AM, Surveyor conducted interview with Social Worker-J. Surveyor asked Social Worker-J if they recalled R1 having a cell phone while they resided at the facility. Social Worker-J responded that R1 was on their unit for a short time while at facility but they did recall R1 having a small flip style cell phone. Social Worker-J told Surveyor that R1 was moved to the long term care unit prior to their hospitalization on [DATE] and that Social Worker-K might have more information. Surveyor asked Social Worker-J if a resident items such as a cell phone were missing, whether or not the missing property should be reported to the state agency. Social Worker-J responded that the Assistant Administrator-C would have a grievance log related to residents with missing items and that they would have more information if there was a self-report submitted.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525604	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/13/2021
NAME OF PROVIDER OR SUPPLIER  Southpointe Care and Rehab Center LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  4500 W Loomis Rd Greenfield, WI 53220	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 10/6/21 at 11:15 AM, Surveyor conducted interview with Social Worker-K. Surveyor asked Social Worker-K if they recalled R1 having a cell phone while they were at the facility. Social Worker-K recalled R1 frequently misplacing their phone during their stay at the facility. Surveyor asked Social Worker-K if resident items such as a cell phone were missing, whether or not that a grievance or investigation should be conducted related to a missing item. Social Worker-K responded that if there was a grievance for R1, it would be listed on the grievance log. Surveyor asked Social Worker-K if resident items such as a cell phone were missing if it should be reported to the state agency. Social Worker-K responded that Assistant Administrator-C would have records of any self-reports for residents.</p> <p>On 10/6/21 at 12:10 PM, Assistant Administrator-C showed Surveyor a Concern Decision form dated 8/25/21. Form states that R1's phone remained missing and that R1's daughter did not want reimbursement. Surveyor asked if there was any self-report or investigation related to R1's missing cell phone. Assistant Administrator-C told Surveyor that there was no self-report or additional information related to R1's missing cell phone.</p> <p>On 10/6/21, at 1:47 PM, Survey team met with NHA-A (Nursing Home Administrator), Assistant Administrator-C, and DON-B (Director of Nursing) to share complaints and concerns regarding misappropriation of R1's property and that the missing property was not self-reported to the state agency.</p> <p>On 10/6/21, at 3:30 PM, Survey team conducted facility exit and no further information was provided.</p> <p>03359</p> <p>3.) R12 is [AGE] years old and was admitted to the facility on [DATE]. She has diagnoses of Osteomyelitis, Morbid Obesity, and Respiratory Disorder. The 8-18-21 Admission Minimum Data Set (MDS) noted the following. R12 was cognitively intact. She required the extensive assistance of 2 two staff persons for her bed mobility. R12 required the assistance of 2 staff persons for transfers. R12 had an unsteady balance.</p> <p>Although R12 had no history of falls and had not fallen at the facility; the Fall Care Area Assessment (CAA) was triggered due to R12's balance problems. The fall care plan was developed on 8/13/21 and noted that R12 was at risk for falls due to balance problems, lymphedema, and morbid obesity. The ADLs (Activities of Daily Living) CAA was triggered due to weakness and and a decline in R12's ADL function and ability to transfer. The facility developed an ADL care plan on 8/14/21 for R12. It noted that R12 had an ADL self-care deficit related to impaired balance and R12's preference to not participate in ADLs. Interventions for bed mobility were developed on 8/17/21 and indicated that R12 required the assistance of two staff to turn and reposition in bed.</p> <p>R12's care plan also noted that she had been prescribed a blood thinning medication. This would put R12 at risk for bleeding or further injury if she fell . R12 had an 8/13/21 physician's order for the blood thinning medication, apixaban. R12 was to take 5 mg twice daily for Atrial Fibrillation. The September 2021 Medication Administration Record indicated that R12 had received the apixaban twice daily from 9/1 - 9/12/21. On 9/13/21, R12 only received the medication one time as she had fallen that day and was sent to the hospital.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525604	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/13/2021
NAME OF PROVIDER OR SUPPLIER  Southpointe Care and Rehab Center LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  4500 W Loomis Rd Greenfield, WI 53220	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The 9/13/21 progress note stated that R12 fell out of bed at 2:15 PM when LPN - W was providing wound care to R12's left and right buttocks. LPN - W wrote the following statement. As LPN - W was starting to do the treatment, he turned to grab the supplies. At that time, R12 rolled and slid out of the bed. LPN - W wrote that R12 was trying to get to the side on her own to help with the treatment. LPN - W said that R12 hit her head on the dresser at the side of her bed. R12 told LPN - W that she was feeling light headed prior to the fall.</p> <p>R12 was sent to the hospital for evaluation. The 10/1/21 hospital discharge summary noted that R12 sustained a closed head injury with a 3 cm hematoma.</p> <p>On 10/12/21 at 12:40 PM, R12 was interviewed. R12 said that when she fell she was lying on her right side facing the door and LPN - W was on the other side of her bed nearest the window. R12 estimated that she was 10 inches from the side of the bed. R12 said that when she fell out of bed; she hit the left side of her head on the dresser and landed on the floor on the left side of her body. R12 said she does not recall how or why she fell . R12 said that LPN - W had not rolled her to her right side when she fell . R12 said that she had already been positioned on her right side. R12 could not see LPN - W when she fell and could only assume that he was on the other side of the bed. R12 said that she did remember feeling light headed prior to falling. R12 said that there were no other staff in the room besides LPN - W. R12 said that her wound treatment and cares were always performed with 1 staff person. R12 said that after returning from the hospital, there were always 2 staff persons in the room when providing cares to her.</p> <p>On 10/12/21 at 1:25 PM, Director of Nursing (DON) - B was interviewed and asked why there were not two staff in the room when LPN - W provided wound care to R12. DON - B provided a copy of the facility's 9/14/21 Supplemental Education Form. This form had been provided to LPN - W. The form stated: Employee was educated on following the Kardex [care plan] when doing ADLS and transfers. If unsure check the Kardex. The form was signed by LPN - W and RN Supervisor - X.</p> <p>On 10/13/21 at 11:30 am, Nursing Home Administrator - (NHA) - A was interviewed via the phone. NHA - A said that this allegation of neglect had not been reported to the state agency. NHA - A said that she planned to report the allegation that same day.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525604	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/13/2021
NAME OF PROVIDER OR SUPPLIER  Southpointe Care and Rehab Center LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  4500 W Loomis Rd Greenfield, WI 53220	

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41439</b></p> <p>Based on record review and interview, the facility did not ensure allegations of potential neglect and misappropriation of property were thoroughly investigated for 3 of 3 (R1, R2, R3) residents reviewed.</p> <p>R2's wheelchair was missing and the facility did not conduct a thorough search or investigation into the cause or whereabouts of the wheelchair.</p> <p>R1's cell phone was missing the facility did not conduct a thorough search or investigation into the cause or whereabouts of the cell phone.</p> <p>R12's care plan was not followed when she fell out of bed. She was sent to the hospital for further evaluation. This allegation of neglect was not investigated by the facility.</p> <p>Findings include:</p> <p>The facility policy. Abuse &amp; Neglect Prohibition, dated July 2018, indicated Each resident has the right to be free from abuse, neglect, mistreatment, misappropriation of resident property. Any observations or allegations of abuse, neglect, or mistreatment must be immediately reported to the Administrator.</p> <p>Misappropriation of resident property means the deliberate misplacement, exploitation, or wrongful, temporary or permanent use of a resident's belongings or money without the resident's consent.</p> <p>The facility will timely conduct an investigation of any alleged abuse/neglect, misappropriation of resident property in accordance with state law.</p> <p>State Reporting Obligations: The facility will report all allegations and substantiated occurrences of abuse/neglect, and misappropriation of property to the administrator, State Survey Agency and law enforcement officials in accordance with federal and state law through established procedures.</p> <p>1.) R2 was admitted to the facility on [DATE] with diagnoses including End Stage Renal Disease, Peritoneal Dialysis, Diabetes, Stroke, and Hypertension. R2 was transferred to the hospital on 7/8/21 and is no longer residing in the facility.</p> <p>R2's 5 day admission MDS (Minimum Data Set), dated 6/28/21, had a BIMS (Brief Interview Mental Status) score of 12 indicating R2 was moderately cognitively impaired.</p> <p>R2 required extensive assistance with bed mobility, transfer, dressing, toileting and personal hygiene.</p> <p>On 10/5/21, at 10:20 AM, Surveyor interviewed FM-V (Family Member) who stated that the facility kept R2's wheelchair and they have given the facility time to find the wheelchair.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525604	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/13/2021
NAME OF PROVIDER OR SUPPLIER  Southpointe Care and Rehab Center LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  4500 W Loomis Rd Greenfield, WI 53220	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Surveyor reviewed the facility self-reports and the grievance log but there were no reports pertaining to R2.</p> <p>R2's wheelchair was missing and there was no evidence of a thorough search or investigation into the cause or whereabouts of the wheelchair.</p> <p>On 10/5/21, at 10:36 AM, Surveyor interviewed SW-K (Social Worker) who stated the family picked up R2's belongings. Surveyor questioned SW-K regarding R2's wheelchair who stated R2 had a standard personal wheelchair and she does not believe the family picked it up because unfortunately the wheelchair has not been found. Surveyor questioned SW-K regarding a plan going forward and she stated we will continue to look for the personal wheelchair. SW-K stated probably we will eventually give R2 one.</p> <p>On 10/5/21, at 11:18 AM, Surveyor interviewed AA-C (Assistant Administrator) stated he heard about R2's missing wheelchair last week when SW-K emailed him. AA-C stated the facility looked for it, could not find it, and will probably offer to replace it.</p> <p>On 10/6/21, at 6:43 AM, AA-C informed Surveyor that the missing wheelchair has been taken care of and he completed a grievance form regarding R2's missing wheelchair.</p> <p>Surveyor reviewed R2's progress notes which indicated a late entry on 10/5/21 at 11:17 AM by SW-K with an effective date of 9/24/21 at 10:03 AM; indicating SW-K placed a call to R2's family to update on the wheelchair, wait return call.</p> <p>R2's progress note dated 10/5/21, at 12:43 PM, SW-K called R2's family indicating R2's wheelchair was ready for pick up and family planned pick up on 10/6/21 at 3 PM.</p> <p>On 10/6/21, at 7:29 AM, Surveyor interviewed AA-C regarding R2's wheelchair who stated the facility would not self-report to the State Survey Agency as it was misplaced not stolen.</p> <p>R2's personal wheelchair was misplaced from 7/8/21 hospitalization until 10/5/21 during complaint survey. R2's other belongings were picked up on 8/23/21 by family.</p> <p>On 10/6/21, at 1:47 PM, Survey team met with NHA-A (Nursing Home Administrator), AA-C, and DON-B (Director of Nursing) to share complaints and concerns regarding misappropriation of R1, R2's property.</p> <p>On 10/6/21, at 3:30 PM, Survey team conducted facility exit and no further information was provided.</p> <p>42037</p> <p>2.) R1 was admitted to the facility on [DATE]. R1's diagnoses include left femur fracture, right tibia fracture, Congestive Heart Failure, Diabetes Mellitus and Vascular Dementia. Upon entrance to the facility, R1 was of Full Code status and not receiving hospice services. R1 was hospitalized on [DATE] and no longer resides at the facility.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525604	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/13/2021
NAME OF PROVIDER OR SUPPLIER  Southpointe Care and Rehab Center LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  4500 W Loomis Rd Greenfield, WI 53220	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R1's Significant Change MDS (Minimum Data Set) dated 8/29/21 documents R1 had a BIMS (Brief Interview For Mental Status) score of 14, indicating R1 demonstrated adequate skills for daily decision making.</p> <p>On 10/5/21, Surveyor noted R1 was allegedly missing a cell phone. Surveyor reviewed the facility's grievance log. Surveyor did not note any grievances listed for R1. Surveyor asked to review any self-reports or investigations related to R1. The Facility did not provide any self-reports related to R1 or their missing cell phone.</p> <p>On 10/6/21 at 9:00 AM, Surveyor conducted interview with Social Worker-J. Surveyor asked Social Worker-J if they recalled R1 having a cell phone while they resided at the facility. Social Worker-J responded that R1 was on their unit for a short time while at facility but they did recall R1 having a small flip style cell phone. Social Worker-J told Surveyor that R1 was moved to the long term care unit prior to their hospitalization on [DATE] and that Social Worker-K might have more information. Surveyor asked Social Worker-J if a resident items such as a cell phone were missing, whether or not a grievance or investigation should be conducted related the missing item. Social Worker-J responded that the Assistant Administrator-C would have a grievance log related to residents with missing items.</p> <p>On 10/6/21 at 11:15 AM, Surveyor conducted interview with Social Worker-K. Surveyor asked Social Worker-K if they recalled R1 having a cell phone while they were at the facility. Social Worker-K recalled R1 frequently misplacing their phone during their stay at the facility. Surveyor asked Social Worker-K if resident items such as a cell phone were missing, whether or not that a grievance or investigation should be conducted related to a missing item. Social Worker-K responded that if there was a grievance for R1, it would be listed on the grievance log. Surveyor asked Social Worker-K if a cell phone was to go missing if it should be reported to the state agency. Social Worker-K responded that Assistant Administrator-C would have records of any self-reports for residents.</p> <p>On 10/6/21, at 1:47 PM, Survey team met with NHA-A (Nursing Home Administrator), Assistant Administrator-C, and DON-B (Director of Nursing) to share complaints and concerns regarding misappropriation of R1, R2's property.</p> <p>On 10/6/21, at 3:30 PM, Survey team conducted facility exit and no further information was provided.</p> <p>03359</p> <p>3.) R12 is [AGE] years old and was admitted to the facility on [DATE]. She has diagnoses of Osteomyelitis, Morbid Obesity, and Respiratory Disorder. The 8-18-21 Admission Minimum Data Set (MDS) noted the following. R12 was cognitively intact. She required the extensive assistance of 2 two staff persons for her bed mobility. R12 required the assistance of 2 staff persons for transfers. R12 had an unsteady balance.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525604	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/13/2021
NAME OF PROVIDER OR SUPPLIER  Southpointe Care and Rehab Center LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  4500 W Loomis Rd Greenfield, WI 53220	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Although R12 had no history of falls and had not fallen at the facility; the Fall Care Area Assessment (CAA) was triggered due to R12's balance problems. The fall care plan was developed on 8/13/21 and noted that R12 was at risk for falls due to balance problems, lymphedema, and morbid obesity. The ADLs (Activities of Daily Living) CAA was triggered due to weakness and a decline in R12's ADL function and ability to transfer. The facility developed an ADL care plan on 8/14/21 for R12. It noted that R12 had an ADL self-care deficit related to impaired balance and R12's preference to not participate in ADLs. Interventions for bed mobility were developed on 8/17/21 and indicated that R12 required the assistance of two staff to turn and reposition in bed.</p> <p>R12's care plan also noted that she had been prescribed a blood thinning medication. This would put R12 at risk for bleeding or further injury if she fell . R12 had an 8/13/21 physician's order for the blood thinning medication, apixaban. R12 was to take 5 mg twice daily for Atrial Fibrillation. The September 2021 Medication Administration Record indicated that R12 had received the apixaban twice daily from 9/1 - 9/12/21. On 9/13/21, R12 only received the medication one time as she had fallen that day and was sent to the hospital.</p> <p>The 9/13/21 progress note stated that R12 fell out of bed at 2:15 PM when LPN - W was providing wound care to R12's left and right buttocks. LPN - W wrote the following statement. As LPN - W was starting to do the treatment, he turned to grab the supplies. At that time, R12 rolled and slid out of the bed. LPN - W wrote that R12 was trying to get to the side on her own to help with the treatment. LPN - W said that R12 hit her head on the dresser at the side of her bed. R12 told LPN - W that she was feeling light headed prior to the fall.</p> <p>R12 was sent to the hospital for evaluation. The 10/1/21 hospital discharge summary noted that R12 sustained a closed head injury with a 3 cm hematoma.</p> <p>On 10/12/21 at 12:40 PM, R12 was interviewed. R12 said that when she fell she was lying on her right side facing the door and LPN - W was on the other side of her bed nearest the window. R12 estimated that she was 10 inches from the side of the bed. R12 said that when she fell out of bed; she hit the left side of her head on the dresser and landed on the floor on the left side of her body. R12 said she does not recall how or why she fell . R12 said that LPN - W had not rolled her to her right side when she fell . R12 said that she had already been positioned on her right side. R12 could not see LPN - W when she fell and could only assume that he was on the other side of the bed. R12 said that she did remember feeling light headed prior to falling. R12 said that there were no other staff in the room besides LPN - W. R12 said that her wound treatment and cares were always performed with 1 staff person. R12 said that after returning from the hospital, there were always 2 staff persons in the room when providing cares to her.</p> <p>On 10/12/21 at 1:25 PM, Director of Nursing (DON) - B was interviewed and asked why there were not two staff in the room when LPN - W provided wound care to R12. DON - B provided a copy of the facility's 9/14/21 Supplemental Education Form. This form had been provided to LPN - W. The form stated: Employee was educated on following the Kardex [care plan] when doing ADLS and transfers. If unsure check the Kardex. The form was signed by LPN - W and RN Supervisor - X.</p> <p>On 10/13/21 at 11:30 am, Nursing Home Administrator - (NHA) - A was interviewed via the phone. NHA - A said that this allegation of neglect had not been investigated by the facility.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525604	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/13/2021
NAME OF PROVIDER OR SUPPLIER  Southpointe Care and Rehab Center LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  4500 W Loomis Rd Greenfield, WI 53220	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42037</b></p> <p>Based on observation, interview and record review the Facility did not ensure 5 (R9, R7, R8, R4, and R6) of 5 residents reviewed for bathing received the necessary services to carry out their ADLs (Activities of Daily Living) including personal hygiene per plan of care.</p> <p>*R9 did not receive showers on a weekly basis for September 2021 per plan of care.</p> <p>*R7 did not receive showers on a weekly basis for September 2021 per plan of care.</p> <p>*R8 appeared disheveled, including visibly greasy hair and body odor on 10/5/21 indicating R8 was not being bathed on a regular basis.</p> <p>*R4 did not receive showers from 9/8/21 to 9/20/21.</p> <p>*R6 did not have consistent documentation related to receiving showers for September 2021</p> <p>Findings Include:</p> <p>Surveyor reviewed the Facility's Routine Resident Care Policy and Procedure dated 4/2005 with a revision date of 9/2011. Surveyor noted the following as being applicable:</p> <p>Policy Statement: Residents receive the necessary assistance to maintain good grooming and personal/oral hygiene. Steps are taken to ensure that a resident's capacity for self-performance of these activities does not diminish unless circumstances of the resident's clinical condition demonstrates the decline is unavoidable. Care is taken to ensure resident safety at all times.</p> <p>Guidelines: .2. Showers, tub baths and / or shampoos are scheduled at least twice weekly and more often as needed. Bed linens are changed at this time .</p> <p>1.) R9 was admitted to the facility on [DATE] with Diagnoses of Dementia, Schizophrenia and Malnutrition. R9's Annual MDS (Minimum Data Set) dated 8/20/21, indicates a BIMS (Brief Interview for Mental Status) score of 4, indicating R9 is severely cognitively impaired. R9's Annual MDS indicates the R9 is independent with dressing and requires supervision of 1 staff for toileting and personal hygiene. R9 requires physical help of 1 staff for bathing.</p> <p>On 10/5/21 at 10:00 AM, Surveyor observed R9 ambulating barefoot in the hallway of the Alzheimer's Dementia Unit. R9 was observed in a hospital gown with the back untied and wearing an incontinence product that was saturated with urine and feces. R9's hair was uncombed and disheveled.</p> <p>On 10/5/21 Surveyor observed R9 ambulating in the hallway barefoot on the unit from 10:00 AM to 10:26 AM wearing a hospital gown with the back untied, and wearing an incontinence product that was saturated with urine and feces. At 10:26 AM, Surveyor noted R9 being assisted back to their room by CNA (Certified Nursing Assistant)-D.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525604	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/13/2021
NAME OF PROVIDER OR SUPPLIER  Southpointe Care and Rehab Center LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  4500 W Loomis Rd Greenfield, WI 53220	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Surveyor reviewed R9's CNA Kardex. Per Kardex, R9 is to receive showers every Thursday on day shift.</p> <p>Surveyor reviewed R9's TAR (Treatment Administration Record) for September 2021. Per TAR documentation, R9 received a shower on 9/9/21. No shower documentation was noted for 9/2/21, 9/16/21, 9/23/21 and 9/30/21.</p> <p>On 10/5/21 at 11:15 AM, Surveyor conducted interview with CNA-D. Surveyor inquired how CNA-D would know how often a resident should be receiving showers. CNA-D replied that resident showers would be listed on the CNA Kardex. CNA-D added that they always make sure that their assigned residents receive their showers on their scheduled shower days.</p> <p>On 10/5/21 at 11:40 AM, Surveyor conducted interview with RN (Registered Nurse)-F. Surveyor asked how often residents should be receiving showers. RN-F replied that residents should be showered on at least a weekly basis. RN-F told Surveyor that R9 has challenging behaviors at times and will not always cooperate with weekly showers. RN-F said that certain staff members have a better approach to R9 and that she will be more cooperative with some staff than others.</p> <p>On 10/6/21 at 12:10 PM, Surveyor conducted interview with RN Manager-I. Surveyor asked RN Manager-I how often residents should be receiving showers. RN Manager-I replied that residents should be showered at least on a weekly basis. Surveyor inquired as to why R9 had only received one shower throughout September 2021. RN Manager-I responded that they were new to the facility and that R9 has challenging behaviors and does not always cooperate.</p> <p>On 10/6/21, at 1:47 PM, Survey team met with NHA-A (Nursing Home Administrator), Assistant Administrator-C and DON-B to share observations and concerns regarding R9's cleanliness, disheveled appearance and lack of showers. NHA-A stated there is a new unit manager in the dementia unit where R9 currently resides.</p> <p>2.) R7 was admitted to the facility on [DATE] with Diagnoses of Dementia, Depression and Hypertension. R7's Quarterly MDS dated [DATE], indicates a BIMS score of 0, indicating R9 is severely cognitively impaired. R9's Quarterly MDS indicates the R7 requires total assistance of 1 staff for bathing.</p> <p>On 10/5/21 at 10:05 AM, Surveyor observed R7 dressed in a hospital gown in their room. R7's bilateral legs were noted with very dry, flaky skin. R7 appeared disheveled with limp, greasy hair and body odor.</p> <p>Surveyor reviewed R7's CNA Kardex. Per Kardex, R7 is to receive showers every Thursday on day shift.</p> <p>Surveyor reviewed R7's TAR (Treatment Administration Record) for September 2021. Per TAR documentation, R7 received a shower on 9/16/21. No shower documentation was noted for 9/2/21, 9/9/21, 9/23/21 and 9/30/21.</p> <p>On 10/5/21 at 11:15 AM, Surveyor conducted interview with CNA-D. Surveyor inquired how CNA-D would know how often a resident should be receiving showers. CNA-D replied that resident showers would be listed on the CNA Kardex. CNA-D added that they always make sure that their assigned residents receive their showers on their scheduled shower days.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525604	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/13/2021
NAME OF PROVIDER OR SUPPLIER  Southpointe Care and Rehab Center LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 4500 W Loomis Rd Greenfield, WI 53220	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 10/5/21 at 11:40 AM, Surveyor conducted interview with RN-F. Surveyor asked how often residents should be receiving showers. RN-F replied that residents should be showered on at least a weekly basis.</p> <p>On 10/6/21 at 12:10 PM, Surveyor conducted interview with RN Manager-I. Surveyor asked RN Manager-I how often residents should be receiving showers. RN Manager-I replied that residents should be showered at least on a weekly basis.</p> <p>On 10/6/21, at 1:47 PM, Survey team met with NHA-A (Nursing Home Administrator), Assistant Administrator-C and DON-B to share observations and concerns regarding R7's cleanliness and lack of showers. NHA-A stated there is a new unit manager in the dementia unit where R7 currently resides.</p> <p>3.) R8 was admitted to the facility on [DATE] with Diagnoses of Dementia, Depression and Hypertension. R8's Quarterly MDS dated [DATE] indicates R8 is rarely to never understood. R8's Quarterly MDS indicates the R8 requires physical assistance of 1 staff for bathing.</p> <p>On 10/5/21 at 10:15 AM, Surveyor observed R8 dressed in a hospital gown in the dining room. R8 was wearing mismatched gripper socks on their feet. R8 appeared disheveled with greasy hair and body odor.</p> <p>On 10/5/21 at 12:25 PM, Surveyor observed R8 dressed in a short sleeved shirt, sweater and slacks and mismatched gripper socks on their feet. R8's remained to appear disheveled with greasy hair and body odor.</p> <p>Surveyor reviewed R8's CNA Kardex. Per Kardex, R8 is to receive showers every Thursday on day shift.</p> <p>Surveyor reviewed R8's TAR (Treatment Administration Record) for September 2021. Per TAR documentation, R8 received showers on 9/2/21, 9/9/21, 9/16/21, 9/23/21 and 9/30/21.</p> <p>On 10/5/21 at 11:15 AM, Surveyor conducted interview with CNA-D. Surveyor inquired how CNA-D would know how often a resident should be receiving showers. CNA-D replied that resident showers would be listed on the CNA Kardex. CNA-D added that they always make sure that their assigned residents receive their showers on their scheduled shower days.</p> <p>On 10/5/21 at 11:40 AM, Surveyor conducted interview with RN-F. Surveyor asked how often residents should be receiving showers. RN-F replied that residents should be showered on at least a weekly basis.</p> <p>On 10/6/21 at 12:10 PM, Surveyor conducted interview with RN Manager-I. Surveyor asked RN Manager-I how often residents should be receiving showers. RN Manager-I replied that residents should be showered at least on a weekly basis. Surveyor questioned whether R8 had received recent assistance with bathing by staff due to their current disheveled appearance, including greasy hair and body odor. RN Manager-I did not have additional information at this time.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525604	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/13/2021
NAME OF PROVIDER OR SUPPLIER  Southpointe Care and Rehab Center LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 4500 W Loomis Rd Greenfield, WI 53220	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 10/6/21, at 1:47 PM, Survey team met with NHA-A (Nursing Home Administrator), Assistant Administrator-C and DON-B to share observations and concerns regarding R8's current disheveled appearance including greasy hair and body odor. NHA-A stated there is a new unit manager in the dementia unit where R8 currently resides.</p> <p>41439</p> <p>4.) R4 was admitted to the facility on [DATE], hospitalized from 9/5/21 and readmitted [DATE] with diagnoses including Stroke, Metabolic Encephalopathy, Schizophrenia, and Diabetes.</p> <p>R4's Significant Change MDS (Minimum Data Set), dated 8/5/21, indicated R4 was severely cognitively impaired, bed mobility required extensive assistance with 2 staff and personal hygiene required extensive assistance with 1 staff.</p> <p>R4's 9/14/21 order indicated shower every Monday evening shift</p> <p>R4's CNA (Certified Nurse Assistant) task list for showers in the medical record indicated no showers were given for the last 30 days in review from 9/7/21 by Surveyor on 10/5/21. No shower was documented on Monday 10/4/21.</p> <p>R4's September TAR (Treatment Administration Record) indicated nurses documented on the evening shift a shower with a skin check on Monday 9/20/21 and Monday 9/27/21.</p> <p>R4 did not have consistent documentation regarding showers and was not showered from 9/8/21 until 9/20/21.</p> <p>5.) R6 was admitted to the facility on [DATE] with diagnoses including Vascular Dementia, Bipolar Schizoaffective Disorder, Paranoid Personality Disorder, and Ataxia.</p> <p>R6's Annual MDS, dated [DATE], indicated R4 was severely cognitively impaired, bed mobility and personal hygiene required extensive assistance with 1 staff.</p> <p>R6's 5/19/21 order indicated shower every Monday day shift.</p> <p>R6's CNA task list for showers in the medical record indicated one shower was given on 9/21/21 for the last 30 days in review from 9/7/21 by Surveyor on 10/5/21.</p> <p>R6's September TAR (Treatment Administration Record) indicated nurses documented on the day shift a shower with a skin check on Monday 9/6/21, 9/13/21, 9/20/21, and 9/27/21.</p> <p>R6 did not have consistent documentation regarding shower given on 9/21/21 per CNA task list and shower documented in TAR on 9/20/21.</p> <p>On 10/5/21, at 11:00 AM, Surveyor conducted observations of the dementia unit and the semi-private room that R4 and R6 were sharing. Surveyor walked into their semi private room with shoes sticking to the floor and the room smelled so strongly of urine that Surveyor could smell it through the N95 mask being worn.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525604	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/13/2021
NAME OF PROVIDER OR SUPPLIER  Southpointe Care and Rehab Center LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  4500 W Loomis Rd Greenfield, WI 53220	

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Surveyor observed R4 remained in bed with a floor mat next to the bed that was dirty with black substances smeared across the floor mat.</p> <p>Surveyor observed R6 remained in bed with a sheet over R6's head and 3 flies crawling over the sheet. R6 has a brown floor mat with multiple cracks that had black substances in all the material cracks. R6's wall next to the bed was observed to have substances and stains covering the wall.</p> <p>On 10/6/21, at 11:48 AM, Surveyor interviewed DON-B who stated the facility does not document showers on the transitional care unit and agency staff presents a documentation problem as they do not have access to document showers.</p> <p>On 10/6/21, at 1:47 PM, Survey team met with NHA-A (Nursing Home Administrator), AA-C (Assistant Administrator), and DON-B to share observations and concerns regarding R4's and R6's cleanliness and lack of showers. NHA-A stated there is a new unit manager in the dementia unit where R4 and R6 currently reside.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525604	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/13/2021
NAME OF PROVIDER OR SUPPLIER  Southpointe Care and Rehab Center LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  4500 W Loomis Rd Greenfield, WI 53220	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 03359</p> <p>Based on interview and record review, the facility did not ensure 1 of 4 residents (R12) reviewed for falls received adequate supervision and assistance devices to prevent accidents.</p> <p>R12 was at risk for falls and was care planned to need the assistance of 2 staff for bed mobility. While R12 was in bed, the nurse provided wound care without the assistance of a second staff person. R12 fell off of the bed and was sent to the hospital for evaluation. R12 sustained a closed head injury and a 3 cm hematoma (bad bruise) to the back of her head.</p> <p>Findings include:</p> <p>R12 is [AGE] years old and was admitted to the facility on [DATE]. She has diagnoses of Osteomyelitis, Morbid Obesity, and Respiratory Disorder. The 8/18/21 Admission Minimum Data Set (MDS) noted the following. R12 was cognitively intact. She required the extensive assistance of 2 two staff persons for her bed mobility. R12 required the assistance of 2 staff persons for transfers. R12 had an unsteady balance.</p> <p>Although R12 had no history of falls and had not fallen at the facility, the Fall Care Area Assessment (CAA) was triggered due to R12's balance problems. The fall care plan was developed on 8/13/21 and noted that R12 was at risk for falls due to balance problems, lymphedema, and morbid obesity. The ADLs (Activities of Daily Living) CAA was triggered due to weakness and a decline in R12's ADL function and ability to transfer. The facility developed an ADL care plan on 8/14/21 for R12. It noted that R12 had an ADL self-care deficit related to impaired balance and R12's preference to not participate in ADLs. Interventions for bed mobility were developed on 8/17/21 and indicated that R12 required the assistance of two staff to turn and reposition in bed.</p> <p>R12's care plan also noted that she had been prescribed a blood thinning medication. This would put R12 at risk for bleeding or further injury if she fell . R12 had an 8/13/21 physician's order for the blood thinning medication, apixaban. R12 was to take 5 mg twice daily for Atrial Fibrillation. The September 2021 Medication Administration Record indicated that R12 had received the apixaban twice daily from 9/1 - 9/12/21. On 9/13/21, R12 only received the medication one time as she had fallen that day and was sent to the hospital.</p> <p>The 9/13/21 progress note stated that R12 fell out of bed at 2:15 PM when LPN - W was providing wound care to R12's left and right buttocks. LPN - W wrote the following statement. As LPN - W was starting to do the treatment, he turned to grab the supplies. At that time, R12 rolled and slid out of the bed. LPN - W wrote that R12 was trying to get to the side on her own to help with the treatment. LPN - W said that R12 hit her head on the dresser at the side of her bed. R12 told LPN - W that she was feeling light headed prior to the fall.</p> <p>R12 was sent to the hospital for evaluation. The 10/1/21 hospital discharge summary noted that R12 sustained a closed head injury with a 3 cm hematoma.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525604	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/13/2021
NAME OF PROVIDER OR SUPPLIER  Southpointe Care and Rehab Center LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  4500 W Loomis Rd Greenfield, WI 53220	

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>On 10/12/21 at 12:40 PM, R12 was interviewed. R12 said that when she fell she was lying on her right side facing the door and LPN - W was on the other side of her bed nearest the window. R12 estimated that she was 10 inches from the side of the bed. R12 said that when she fell out of bed she hit the left side of her head on the dresser and landed on the floor on the left side of her body. R12 said she does not recall how or why she fell . R12 said that LPN - W had not rolled her to her right side when she fell . R12 said that she had already been positioned on her right side. R12 could not see LPN - W when she fell and could only assume that he was on the other side of the bed. R12 said that she did remember feeling light headed prior to falling. R12 said that there were no other staff in the room besides LPN - W. R12 said that her wound treatment and cares were always performed with 1 staff person. R12 said that after returning from the hospital, there were always 2 staff persons in the room when providing cares to her.</p> <p>On 10/12/21 at 1:25 PM, Director of Nursing (DON) - B was interviewed and asked why there were not two staff in the room when LPN - W provided wound care to R12. DON - B provided a copy of the facility's 9/14/21 Supplemental Education Form. This form had been provided to LPN - W. The form stated: Employee was educated on following the Kardex [care plan] when doing ADLS and transfers. If unsure check the Kardex. The form was signed by LPN - W and RN Supervisor - X.</p> <p>On 10/12/21 at 3:30 PM, the preceding information was shared with Nursing Home Administrator (NHA) - A and DON - B. No additional information was provided to the survey team.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525604	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/13/2021
NAME OF PROVIDER OR SUPPLIER  Southpointe Care and Rehab Center LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 4500 W Loomis Rd Greenfield, WI 53220	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate dialysis care/services for a resident who requires such services.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41439</b></p> <p>Based on observation, interview, and record review, the facility did not ensure 1 (R2) of 2 residents on peritoneal dialysis received dialysis based upon professional standards of practice.</p> <p>The facility did not present individual facility policies regarding the provision of peritoneal dialysis, nor the monitoring of patients receiving peritoneal dialysis.</p> <p>The facility did not ensure all nurses caring for R2 and his peritoneal dialysis received training.</p> <p>The facility was unable to provide R2's peritoneal dialysis flow sheets indicating documentation of R2's numbers of intake and output on the peritoneal dialysis sheet along with the Vital Signs and weights.</p> <p>Findings Include:</p> <p>R2 was admitted to the facility on [DATE] with diagnoses including End Stage Renal Disease, Peritoneal Dialysis, Diabetes, Stroke, and Hypertension. R2 was transferred to the hospital on 7/8/21 and was no longer residing in the facility.</p> <p>R2's 5 day admission MDS (Minimum Data Set), dated 6/28/21, had a BIMS (Brief Interview Mental Status) score of 12 indicating R2 was moderately cognitively impaired.</p> <p>R2 required extensive assistance with bed mobility, transfer, dressing, toileting and personal hygiene.</p> <p>R2 receives twelve hours of peritoneal dialysis per night in his room, the treatment runs overnight, and the morning nurse detaches the tubing.</p> <p>On 10/5/21, Surveyor reviewed R2's progress notes which included:</p> <p>6/25/21 at 6:45 AM, R2's port cap had a tiny piece of cracked plastic and nurse had to call the machine company [NAME] and troubleshoot for one hour to fix beeping machine.</p> <p>6/25/21 at 12:15 PM, Nephrologist notified the R2 was touching and playing with dialysis tubing. Nephrologist stated not R2's baseline, obtain stat labs.</p> <p>6/27/21 at 10:18 AM, Dialysis bags were leaking all over the floor. (name of dialysis company) nurse and nephrologist informed and R2 to be sent to the hospital for evaluation and treatment.</p> <p>6/28/21 at 9:33 AM, Dialysis bags were lying on the floor.</p> <p>7/1/21 at 1:45 PM, Peritoneal fluids culture was positive for yeast (fungal infection) and antibiotics were started.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525604	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/13/2021
NAME OF PROVIDER OR SUPPLIER  Southpointe Care and Rehab Center LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  4500 W Loomis Rd Greenfield, WI 53220	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>7/8/21 at 12:15 PM, R2 was sent to hospital for Blood Pressure 70/40, lethargic, slow to respond and sweaty. R2 did not return to the facility.</p> <p>On 10/5/21, at 10:30 AM, Surveyor interviewed RN-O who stated she worked days and would take R2 off the peritoneal dialysis. RN-O stated one day R2 was not hooked up right and it was leaking all night with towels underneath it.</p> <p>On 10/5/21, at 10:50 AM, Surveyor interviewed RN-P who stated residents on peritoneal dialysis are hooked up on the PM shift and disconnected the next morning by the day nurse. RN-P stated the nurses document all the numbers of intake and output on the peritoneal dialysis sheet along with the Vital Signs and weights. RN-P stated we now have started a manual for each resident.</p> <p>On 10/5/21, at 11:25 AM, Surveyor requested DON-B (Director of Nursing) provide the facility peritoneal dialysis policy and R2's peritoneal dialysis flow sheets.</p> <p>On 10/5/21, at 12:43 PM, Surveyor interviewed NHA-A (Nursing Home Administrator) who stated (name of dialysis company) comes in and educates all the staff on peritoneal dialysis. NHA-A stated the facility is waiting for (name of dialysis company) to send the peritoneal dialysis policy and stated the facility is unable locate R2's flow sheets but they are still looking for them.</p> <p>On 10/5/21, at 1:54 PM, Surveyor received (name of dialysis company) Peritoneal Dialysis Guidelines and facility education checklists.</p> <p>The facility did not present individual facility policies to Surveyor regarding the onsite administration and monitoring of peritoneal dialysis in the facility.</p> <p>Facility education checklists provided were dated September and October 2020 with completed education packets and 7/1-7/2/21 inservice.</p> <p>On 10/6/21, at 6:00 AM, Surveyor interviewed RN-R who stated she works night shift and does not hook up or disconnect the peritoneal dialysis. RN-R stated night shift only makes sure the equipment is running properly and has not had any formal training. RN-R stated she has done some reading from a packet and there are resources for navigation. RN-R was completing her night shift and R5 (resident on peritoneal dialysis) was on her unit.</p> <p>On 10/6/21, at 6:20 AM, Surveyor interviewed RN-S who stated she works night shift and there is one nurse per unit at night. RN-S stated it has been many years since she was trained on peritoneal dialysis but if she had to set it up then she would need to be shown as only PM shift hooks residents up to peritoneal dialysis.</p> <p>On 10/6/21, at 7:46 AM, Surveyor interviewed RN-T who was also working as a unit manager. RN-T stated she educated R2 on not handling the catheter but does not remember documenting education.</p> <p>On 10/6/21, at 8:00 AM, Surveyor shared concerns with NHA-A that the nursing staff were not educated regarding R2's peritoneal dialysis on admission 6/23/21 until 7/1/21, the facility was not following (the dialysis company's name) guidelines, no documentation provided regarding R2's peritoneal dialysis flow sheets, and R2's 6/28/21 progress note stating R2's peritoneal dialysis bags were on the floor. NHA-A stated the bags should not be on the floor.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525604	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/13/2021
NAME OF PROVIDER OR SUPPLIER  Southpointe Care and Rehab Center LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  4500 W Loomis Rd Greenfield, WI 53220	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 10/6/21, at 9:35 AM, Surveyor interviewed R5 who was on peritoneal dialysis and cognitively intact. R5 stated only 2 nurses on PM's know what they are doing to hook him up to peritoneal dialysis and if they are not working, then R5 has to tell them what to do. R5 stated other nurses just tell him tell me what to do so we can get through this and they forget how if they don't do it often. R5 stated sometimes it is a big worry if the nurses do not know anything because I won't let them do it, then I have to wait while they call someone in to hook up the peritoneal dialysis.</p> <p>On 10/6/21, at 1:12 PM, Surveyor interviewed DA-U (dialysis company Administrator) who stated R2 did develop a fungal infection. DA-U stated we provide peritoneal dialysis education to ensure skilled nursing care with a comprehensive skills checklist and those are the only nurses who should do it. DA-U stated the facility should notify us if we need to educate any new staff and the staff is trained on a binder and flow sheets. DA-U stated she would follow up if she had any further information.</p> <p>On 10/6/21, at 3:30 PM, Survey team conducted facility exit and no further information was provided.</p> <p>On 10/6/21, at 4:05 PM, DA-U followed up with a call to Surveyor and stated according to her records, that DA-U and (name of dialysis company) Clinical Coordinator reached out to the facility DON-B on 6/29/21 to state they had identified areas of concern and opportunities for improvement for R2 and wanted to educate the nursing staff on decreasing contamination, hooking up the peritoneal dialysis, monitoring, and other needs. DA-U stated the facility stated R2 was causing contamination but DA-U stated it does not matter how it happens because it needs to be prevented and all the nurses need education. DA-U stated education was set up for 7/1-7/2/21 at the facility for the nurses.</p> <p>Surveyor reviewed the 7/1-7/2/21 education record signatures indicated only one (RN-Q) of 4 nurses that were handling and hooking up R2's peritoneal dialysis on the PM shift according to the medical records were re-educated after areas of concerns had been identified.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525604	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/13/2021
NAME OF PROVIDER OR SUPPLIER  Southpointe Care and Rehab Center LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  4500 W Loomis Rd Greenfield, WI 53220	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are free from significant medication errors.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41439</b></p> <p>Based on record review and interview, the facility did not ensure 1 of 1 (R2) residents reviewed remained free of significant medication errors.</p> <p>R2 received another resident's medication on 7/8/21 requiring transfer to the hospital due to a low blood pressure of 70/40.</p> <p>Findings include:</p> <p>The facility policy, Medication Administration, dated April 2005, revised June 2008, indicated Resident Medications are administered in an accurate, safe, timely, and sanitary manner. Follow safe preparation practices: Never administer medications supplied for one resident to another resident.</p> <p>The facility policy, Medication Error, dated June 2021, indicated Medication errors are documented and reported in accordance with State and Federal requirements. Medication error means any preventable event that may cause or lead to inappropriate medication use, inaccurate medication administration, or harm while the medication is in control of the health care professional and/or resident. An event of medication error may be related to oversights in professional practice, procedures, and systems. A medication error is reported timely to the DON (Director of Nursing) or to the supervising nurse. The DON or designee timely notifies the resident's physician and the resident's authorized caregiver and initiates an investigation.</p> <p>On 10/5/21, at 10:20 AM, Surveyor interviewed FM-V (Family Member) who alleged an AM nurse gave R2 another resident's medications causing R2's blood pressure to fall and R2 to become hospitalized . FM-V stated the AM nurse did admit that she gave the wrong medications.</p> <p>On 10/5/21, at 12:43 PM, Surveyor interviewed NHA-A (Nursing Home Administrator) who stated DON-B keeps a log of medication errors and they will check for an incident report regarding R2's medication error.</p> <p>On 10/5/21, at 1:40 PM, NHA-A stated the facility does not have a medication error incident report for R2.</p> <p>Surveyor reviewed R2's progress notes which indicated R2 was hospitalized on [DATE] for low blood pressure which was congruent with FM-V's statement of a medication error resulting in low blood pressure and hospitalization .</p> <p>Surveyor viewed the daily staffing sheet for 10/5/21 which indicated RN-R (Registered Nurse) was scheduled for night shift. RN-R was also on the schedule for 7/7/21 night shift continuing to 7/8/21 days from 6:30 to 8:45 AM.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525604	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/13/2021
NAME OF PROVIDER OR SUPPLIER  Southpointe Care and Rehab Center LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 4500 W Loomis Rd Greenfield, WI 53220	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 10/6/21, at 6:00 AM, Surveyor interviewed RN-R regarding R2 and a medication error on 7/8/21. RN-R stated yes, she was here when R2's medication error occurred. RN-R stated the agency nurse gave the medication from a different resident to R2 and the agency nurse pointed down the hall to the different resident who was supposed to get the medication. RN-R stated she walked the agency nurse through the process of what to do for a medication error including an incident report and typically what the nurses do to monitor the resident. RN-R stated the agency nurse did call the doctor to report the medication error as she was there when the call happened. RN-R stated she asked R2 herself about what happened with the error and R2 stated feeling woozy and lightheaded, R2 was OK with going to the hospital. RN-R stated she printed the paperwork for R2's hospital transfer for the agency nurse. RN-R stated she did not remember the name of the medication that was given in error to R2 or the name of the other resident. RN-R stated she believed R2 went to the hospital that day. RN-R stated she explained to the agency nurse that a nursing home has a big risk for medication error and always confirm the resident.</p> <p>Surveyor reviewed the staffing sheet for 7/8/21 and the agency nurse indicated on the day shift schedule was the same nurse documenting R2's 7/8/21 progress note indicating low blood pressure and transfer to the hospital.</p> <p>R2's 7/8/21 progress note at 3:44 PM by the agency nurse indicated: At 8:00 AM Blood Pressure 100/60 after NOC Primodone (medication). At 9:45 AM Blood Pressure 72/42, NP (Nurse Practitioner) updated on this as well who said (R2) always runs low and this is normal, monitor for signs/symptoms, recheck prior to 12:30 PM appointment, update as necessary. (R2) asymptomatic. Peritoneal Dialysis completed and bags kept for testing at appointment. At 11:50 AM, Blood pressure 70/40, (R2) lethargic, slow to respond and sweaty, Unable to reach Dr. Called DON for follow up. (R2) just slowly stated would like to go to hospital. At 12:15 PM, Ambulance taking (R2) to the hospital, (R2's) son was called and updated.</p> <p>R2 was not on the medication Primodone.</p> <p>On 10/6/21, at 7:46 AM, Surveyor interviewed RN-T who was working as the unit manager. RN-T stated no clear recollection of R2 except nice with an involved family. RN-T stated she could not recall a medication error for R2 but if it happened when she was not here, then the supervisor or off shift would address it.</p> <p>On 10/6/21, at 8:00 AM, Surveyor shared R2's medication error concerns and 7/8/21 progress note with NHA-A.</p> <p>On 10/6/21, at 9:04 AM, AA-C (Assistant Administrator) stated that he had pulled an error report and no resident was on Primodone and the medication was not available in the facility. AA-C reviewed the process for a medication error and stated the 7/8/21 agency nurse progress is unusual.</p> <p>On 10/6/21, at 11:48 AM, DON-B (Director of Nursing) requested to talk to Surveyor and present information. DON-B stated she knew Surveyor talked to RN-R this am and RN-R is not the most reliable. DON-B stated RN-R worked night shift on 7/7/21 and left at 6:00 AM. DON-B stated RN-R told her she put a progress note in R2's chart but there is no progress note per DON-B. DON-B stated the brand name for Midodrine is Proamatine and R2 is on Midodrine so maybe the agency nurse meant something different than what was documented in the 7/8/21 note.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525604	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/13/2021
NAME OF PROVIDER OR SUPPLIER  Southpointe Care and Rehab Center LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  4500 W Loomis Rd Greenfield, WI 53220	

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Surveyor explained to DON-B that the schedule provided to Survey team has RN-R on the 7/8/21 schedule until 8:45 AM and requested the facility provide the punches for 7/7/21 and 7/8/21. DON-B stated she told RN-R she was talking off her head.</p> <p>On 10/6/21, at 12:20 PM, DON-B came to the Survey team conference room carrying a cell phone stating she had RN-R on the phone who said she told Surveyor it was an African American woman and R2's medication error was not on that day 7/8/21. Surveyor stated to DON-B that RN-R only stated an agency nurse. DON-B held out the phone to Surveyor asking if Surveyor wanted to talk to RN-R right now. Surveyor asked DON-B to just write up any new RN-R statements and any further information regarding a medication error for R2. DON-B stated she was requesting RN-R come in now and document everything.</p> <p>R2's medical records did not contain transfer sheet documentation of the 7/8/21 transfer to the hospital.</p> <p>Surveyor was unable to obtain R2's 7/8/21 hospital emergency room records.</p> <p>The facility did not provide any nursing punch records as requested for 7/7/21 and 7/8/21.</p> <p>Surveyor called the doctor and the NP regarding R2, left messages, but did not receive any return phone calls.</p> <p>On 10/6/21, at 1:47 PM, Survey team met with NHA-A, AA-C, and DON-B to share medication error concerns regarding R2.</p> <p>On 10/6/21, at 3:30 PM, Survey team conducted facility exit and no further information was provided.</p> <p>R2's progress notes indicated R2 was hospitalized on [DATE] for low blood pressure which was congruent with FM-V's statement of a medication error resulting in low blood pressure and hospitalization and aligned with an RN interview regarding R2's medication error.</p>