STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017261	A. BUILDING: _____ B. WING _____	R-C 03/28/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERITAGE MUSKEGO	S64 W13780 JANESVILLE RD MUSKEGO, WI 53150

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{N 000}	Initial Comments On 03/15/2024, Surveyor conducted 1 verification visit and 1 complaint investigation. One deficiency was identified. Four of 4 deficiencies from Statement of Deficiency G8KB11, dated 10/11/2023 were corrected. The complaint was substantiated. Under statutory provisions of Wis. Stat. ch. 50, a $200 revisit fee is being assessed. Census: 69	{N 000}		
N 353	83.32(3)(i) Rights of Residents: Adequate treatment In addition to the rights under s. 50.09, Stats., each resident shall have all of the following rights: Prompt and adequate treatment. Receive prompt and adequate treatment that is appropriate to the resident ' s needs. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure residents received prompt treatment appropriate to the resident's needs. During 03/13/2024 night shift, the 2 caregivers assigned to the memory care unit were not answering call lights or motion sensor alarms. From 03/07/2024 - 04/14/2024, 10 of 11 residents reviewed had call light wait times exceeding 20 minutes.	N 353		

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

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N 353	Continued From page 1 Findings include: The facility is licensed as a Class CNA CBRF able to serve up to 85 residents within the client groups of advanced age, terminally ill and irreversible dementia/Alzheimer's. The facility was divided into 3 units, a locked memory care unit and 2 enhanced care units referred to as Enhanced Care 1 (EC1) and Enhanced Care 2 (EC2). Per email received from Executive Director A on 03/28/2024 at 7:11 AM, the 03/13/2024 census on memory care was 21 and 16 on EC1. On 02/07/2024, the Department received a complaint alleging staff sleeping while on duty. On 03/15/2024, Surveyor conducted an onsite investigation. On 03/15/2024, Surveyor reviewed 10 resident records and call pendant logs dated 03/07/2024 - 03/14/2024 (excluding 3/13/24 3:20 PM to 3/14/2024 3:47 PM.) On 03/26/2024 Surveyor reviewed call light logs dated 3/13/24 3:20 PM to 3/14/2024 3:47 PM, received from Executive Director A via email on 03/25/2024 at 11:36 AM. Call pendant log data included the time the call pendant was activated by the resident ("Opened), time a staff member claimed the call light indicating s/he would answer the pendant ("To Take"), time the staff member answered/deactivated the call pendant ("Closed") and length of time from "Opened" to "Closed". Example 1- Resident 11 Call pendant length of time exceeding 20 minutes from "Opened" to "To Take"-	N 353		

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N 353	Continued From page 2 03/14/2024 5:35 PM 35 minutes 03/14/2024 3:40 AM 53 minutes 03/13/2024 12:27 PM 1 hour 51 minutes 03/10/2024 2:51 PM 21 minutes 03/07/2024 7:19 PM 45 minutes Resident 11 was admitted 02/22/2024 and resided on the memory care unit. Diagnoses included vascular dementia, type 2 diabetes mellitus with hyperglycemia, and essential (primary) hypertension. Individual Service Plan (ISP) not dated, most recent revision 02/20/2024 (summarized): Resident 11 required reminders, cues, and re-orientation due to dementia. S/he was able to transfer and walk independently short distances with a walker and used a wheelchair for long distances. Staff were to remind him/her to use walker and encourage him/her to call for assistance with transfers/ambulation if feeling weak or unsteady. Resident 11 was at risk for falls. S/he was continent of bowel and bladder and independently toileted self, required physical assistance with dressing and set-up for oral hygiene and grooming. S/he was able to independently use his/her call pendant as needed. Staff administered all medications. Example 2- Resident 12 Call pendant length of time exceeding 20 minutes from "Opened" to "To Take"- 03/14/2024 7:32 PM 23 minutes 03/14/2024 3:07 PM 36 minutes 03/14/2024 9:44 AM 21 minutes 03/14/2024 12:15 AM 25 minutes 03/13/2024 7:32 PM 23 minutes 03/13/2024 3:48 PM 24 minutes 03/13/2024 3:07 PM 36 minutes 03/13/2024 9:44 AM 21 minutes	N 353		

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N 353	Continued From page 3 03/13/2024 5:08 AM 1 hour, 13 minutes 03/10/2024 9:05 PM 2 hours, 57 minutes 03/09/2024 1:04 AM 1 hour, 7 minutes 03/09/2024 7:41 AM 1 hour, 15 minutes 03/09/2024 1:05 PM 34 minutes 03/09/2024 11:59 PM 27 minutes 03/08/2024 6:04 Pm 1 hour, 13 minutes 03/07/2024 5:48 AM 30 minutes 03/07/2024 2:02 PM 49 minutes 03/07/2024 4:51 PM 32 minutes 03/07/2024 6:36 PM 35 minutes Resident 12 was admitted 02/23/2022 and resided on the memory care unit. Diagnoses included mild cognitive impairment of uncertain or unknown etiology and chronic obstructive pulmonary disease, unspecified. ISP dated 04/25/2023 (summarized): Resident 12 required re-orientation and redirection as needed due to dementia and needed reminders to use the call pendant. S/he was independent with grooming, oral hygiene and dressing but required staff to assist with bathing and applying/removing ted hose/tubi-grips/ace wrapping every morning/evening. Resident 12 was continent of bowel and bladder and independently toileted self, was able to transfer/walk independently with a walker and was at risk for falls. Staff were to check on him/her every 2 hours and administered all medications. Example 3- Resident 13 Call pendant length of time exceeding 20 minutes from "Opened" to "To Take"- 03/14/2024 12:41 PM 1 hour, 39 minutes 03/13/2024 8:32 AM 2 hours, 9 minutes 03/13/2024 3:20 PM 22 minutes 03/11/2024 11:48 AM 26 minutes 03/10/2024 1:07 PM 33 minutes	N 353		

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N 353	Continued From page 4 03/08/2024 4:18 PM 23 minutes 03/07/2024 3:21 Pm 22 minutes 03/07/2024 11:00 AM 23 minutes Resident 13 was admitted 10/09/2023 and resided on the memory care unit. Diagnoses included Alzheimer's disease with late onset and other abnormalities of gait and mobility. ISP dated 11/17/2023 (summarized): Resident 13 required cues, reorientation, supervision. S/he required staff escort to and from the dining room for meals, stand-by assist for transfers and ambulation short distances and wheelchair for long distances. Resident 13 required physical assistance with bathing and dressing, and set-up and cues for oral hygiene and grooming. Resident 13 was incontinent of bowel and bladder and required assist with toileting and peri-care. Staff administered all medications. Example 4- Resident 14 Call pendant length of time exceeding 20 minutes from "Opened" to "To Take"- 03/13/2024 8:13 AM 55 minutes Resident 14 was admitted 05/26/2020 and resided on the memory care unit. Diagnoses included vascular dementia with behavioral disturbance. ISP dated 12/19/2023 (summarized): Resident 14 required re-orientation, redirection and reminders including use of call pendant. S/he required staff escort to meals, was able to transfer and ambulate independently with a walker and required reminders to use walker. Resident 14 was at risk for falls and wandering/elopement. S/he required assistance with bathing, oral	N 353		

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hygiene, and grooming. S/he was incontinent of bladder and bowel and required toileting every 2 hours and assistance with incontinence products and per-care. Resident 14 required staff encouragement to call for assistance when feeling weak or unsteady. Staff administered all medications.

Example 5- Resident 15
Call pendant length of time exceeding 20 minutes from "Opened" to "To Take"-
03/11/2024 7:36 AM 1 hour, 37 minutes
03/09/2024 6:59 PM 24 minutes
03/08/2024 2:21 PM 31 minutes
03/07/2024 2:55 PM 38 minutes

Resident 15 was admitted 10/28/2022 and resided on EC1. Diagnoses included chronic obstructive pulmonary disease, unspecified and unspecified combined systolic and diastolic heart failure.

ISP dated 01/12/2024 (summarized):
Resident 15 was independent with bathing, dressing, oral hygiene, grooming, and eating and preferred to eat all meals in his/her room. S/he was incontinent of bowel and bladder and independently toileted self. S/he ambulated independently with a walker and was at risk for falls. Staff administered all medications. S/he was able to use the call pendant independently.

Example 6- Resident 9
Call pendant length of time exceeding 20 minutes from "Opened" to "To Take"-
03/13/2024 5:22 AM 1 hour, 40 minutes
03/13/2024 3:39 AM 28 minutes
03/07/2024 5:43 AM 28 minutes
03/11/2024 8:40 AM 32 minutes
03/12/2024 3:31 AM 26 minutes

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N 353	Continued From page 6 Resident 9 was admitted 02/28/2020 and resided on EC1. Diagnoses included unspecified atrial fibrillation, type 2 diabetes mellitus, history of urinary tract infection, and spinal stenosis. ISP dated 12/19/2023 (summarized): Resident 9 was oriented to person, place, and time. S/he required cues, reorientation, supervision and assist as needed due to memory impairment and health monitoring due to history of urinary tract infections. A risk agreement was completed due to consuming alcohol in room increasing risk for falls. Staff administered all medications including pain medication for chronic pain. Resident 9 was at risk for bruising and bleeding due to medication side effects, risk for choking due to eating unsupervised in room. S/he transferred independently and was encouraged to call for assistance if feeling weak or unsteady. Resident 9 required staff assist with gait belt and assisted device for ambulating short distances and a wheelchair for long distances. S/he required assistance with bathing, dressing including applying/removing tubi-grips each morning/evening and was independent with oral hygiene and grooming. Resident 9 was able to make his/her needs known. Example 7- Resident 7 Call pendant length of time exceeding 20 minutes from "Opened" to "To Take"- 03/14/2024 12:27 PM 21 minutes 03/11/2024 11:40 PM 40 minutes Resident 7 was admitted 08/28/2023 and resided on EC1. Diagnoses included essential (primary) hypertension, chronic atrial fibrillation, unspecified, gout, generalized muscle weakness, difficulty in walking, not elsewhere classified,	N 353		

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N 353	Continued From page 7 weakness and cognitive communication deficit. ISP dated 10/20/2023 (summarized): Resident 7 was independent with eating, received a mechanical soft diet and preferred to eat in his/her room. S/he required stand by assist for transfers and encouragement to use walker during independent ambulation due to a previous fall. Resident 7 required assistance with bathing, set-up and verbal cues for dressing, grooming and oral hygiene. S/he was incontinent of bladder, continent of bowel, managed incontinence independently and toileted self. Staff administered all medications. Resident 7 independently used the call pendant and required staff checks at the end of each shift. Example 8- Resident 16 Call pendant length of time exceeding 20 minutes from "Opened" to "To Take"- 03/07/2024 3:26 pm 23 minutes 03/08/2024 9:12 PM 22 minutes 03/10/2024 1:45 PM 21 minutes 03/11/2024 11:49 PM 22 minutes Resident 16 was admitted 03/15/2023 and resided on EC2. Diagnoses included paroxysmal atrial fibrillation, atherosclerotic heart disease, heart failure, unspecified, unspecified combined systolic (congestive) and diastolic (congestive) heart failure. ISP dated 04/03/2023 (summarized): Resident 16 was at risk for bruising and bleeding due to anticoagulation therapy. S/he was able to transfer independently with encouragement to call for assistance if feeling weak or unsteady, was able to propel wheelchair independently short distances, and staff assisted with wheelchair mobility for long distances.	N 353		

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N 353	Continued From page 8 Resident 16 required physical assistance with bathing and dressing, setup and cues for grooming, and was independent with oral hygiene. Resident 16 was continent of bowel, required staff assistance for toileting and emptying urinary catheter. S/he was able to make self-understood and independently utilized call pendant. Staff administered all medications. Example 9- Resident 17 Call pendant length of time exceeding 20 minutes from "Opened" to "To Take"- 03/10/2024 2:39 PM 29 minutes 03/10/2024 7:45 AM 2 hours, 10 minutes 03/10/2024 2:54 AM 28 minutes 03/08/2024 1:07 PM 2 hours, 35 minutes Resident 17 was admitted 11/15/2019 and resided on EC2. ISP dated 01/22/2023 (summarized): Resident 17 required cues, reorientation and supervision as needed due to memory impairment. Staff assisted with applying CPAP/BIPAP at night and removing it in the morning. A risk agreement was completed, and resident was educated on risk of choking while eating meals/snacks in room unsupervised. Resident 17 required total assistance with mechanical lift transfers and assistance with bathing, dressing, including applying/removing tubigrips each morning/evening. S/he was independent with oral hygiene and grooming. Resident 17 was incontinent of bladder and continent of bowel, staff changed disposable briefs as needed. Staff checked on him/her once during the night and at end of each shift. Staff administered all medications. Example 10- Resident 18	N 353		

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Call pendant length of time exceeding 20 minutes from "Opened" to "To Take"-
03/13/2024 7:36 PM 21 minutes
03/13/2024 4:43 PM 30 minutes
03/11/2024 6:12 PM 33 minutes
03/09/2024 1:37 PM 27 minutes

Resident 18 was admitted 11/28/2022 and resided on EC2.
Diagnoses included unspecified atrial fibrillation, essential (primary) hypertension, syncope and collapse, atherosclerotic heart disease, and generalized muscle weakness.

ISP dated 01/19/2023 (summarized):
Resident 18 was at risk for bruising and bleeding due to anticoagulation therapy.
His/her right hip pain increased/worsened by movement and staff administered all medications. S/he was independent with eating, oral hygiene and grooming and required assistance with bathing and dressing. Resident 18 required staff assistance with sit-to-stand transfers and was independent with wheelchair mobility. S/he was continent of bowel and bladder. Resident 18 was independent with call pendant.

On 03/15/2024 Surveyor received the staff schedule dated 02/19/2024-03/15/2024 from Quality Assurance K. The schedule identified on 03/13/2024 night shift Caregiver G was assigned to EC1 and Caregiver I and Caregiver G were assigned to memory care.

On 03/15/2024 at 10:14 AM, Surveyor interviewed Caregiver G who stated s/he normally worked AMs but worked night shifts on 02/27/2024 and 03/13/2024. Caregiver G stated during the 03/13/2024 night shift s/he was working alone on EC1 when s/he received a

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notice from Life Enrichment Director (LED) H who was manager on-call requesting s/he go to memory care. Caregiver G stated s/he went to the memory care twice between 3:00 AM and 5:00 AM on 03/14/2024. Caregiver G stated when s/he arrived on the memory care the first time, s/he observed Caregiver I and Caregiver J in the activity room. One was curled up and sleeping on a chair with his/her hoodie sweatshirt pulled up over his/her face and the other was sitting on a chair using his/her phone. Caregiver G stated when s/he asked them why they were not answering call lights or motion sensor alarms (the motion sensor alarms were used to alert staff that a resident who is at risk for falls was moving), they stated their work phone batteries were dead (activated call light/pendants and motions sensors signal to separate apps on the work cell phones). Caregiver G stated s/he checked on 3 residents whose motion sensors were alarming, checked on Resident 12, and changed Resident 19 who was incontinent. Caregiver G stated s/he was on the memory care unit for approximately 25 minutes. Caregiver G stated s/he was the only staff assigned to EC1 and when s/he left EC1 to go to the memory care all the EC1 call lights were answered and residents sleeping, and since s/he would have received call light signals from EC1 on his/her work cell phone, s/he felt comfortable leaving EC1.

On 03/15/2024 at 11:04 AM, Surveyor interviewed LED-H who stated during the 03/13/2024 night shift, s/he was manager on-call and s/he contacted Caregiver G via an app that works like a walkie talkie requesting Caregiver G do a round of the building including the memory care. LED-H stated s/he had requested this of Caregiver G because his/her work cell phone apps were notifying him/her that call lights and motion

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sensors were activated on the memory care unit. LED-H stated all work cell phones had the same apps, one app worked like a walkie talkie, a 2nd app notified staff of activated call pendants, and a 3rd app notified staff of alarming motion sensors. LED H stated during the 03/13/2024 night shift, s/he sent a reminder to staff that memory care motion sensor alarms were activated. When surveyor asked why s/he requested Caregiver G go to memory care rather than requesting Caregiver I and Caregiver J check the call lights and motion sensors, LED-H stated s/he later communicated with Caregiver I via the app who stated everything was "Okay."

On 03/15/2024 at approximately 11:30 AM, Surveyor interviewed Assistant Executive Director (AED) D who stated if a call pendant was not answered with 8 minutes the manager on-call's work cell phone receives a text message via an app and the manager on-call reminds staff via a cell phone app. AED-D stated the manager on-call would then request help from another unit if staff indicated they were busy or did not respond. AED-D stated supervisors checked work cell phones on every unit at the end of every shift on every unit to ensure phones were charged or on the charger if not in use. AED-D stated caregivers were trained how to use the work cell phones including the apps, where to find charged phones and how to charge the phones.

On 03/15/2024 at 1:25 PM, Surveyor interviewed and reviewed call light logs with AED-D who stated the column titled "Opened" was the time the resident activated the call light/pendant. The column titled "To Take" was the time the staff claimed it (identified s/he would answer it), and "Closed" was the time staff deactivated the call light/pendant after care was completed. AED-D

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stated staff should have entered the resident's room to provide the care when they claimed it. AED-D stated when staff claimed it, the notification on the app turned from red to another color so other staff knew it had been claimed. AED-D stated they did not have access to motion sensor alarm logs.

On 03/15/2024 at 1:59 PM, Surveyor interviewed Resident 16 who stated s/he was unable to stand up or walk so s/he used his/her call pendant for assistance with incontinence and catheter care and to request an occasional Tylenol. Resident 16 stated call light/pendant response time varied and at times was 1 - 1 ½ hour wait time.

On 03/14/2024 at 3:17 PM, Surveyor interviewed Resident 18 who stated s/he put his/her call light/pendant on for assistance with transfers, to use the bathroom and for as needed pain medication. Resident 18 stated sometimes staff responded right away and other times wait time was ½ an hour. Resident 18 stated staff had told him/her the wait time was long because they were either busy or short staffed.

On 03/15/2024 at approximately 3:25 PM, Surveyor interviewed Resident 17 who stated some days it took up to an hour for staff to answer the call light/pendant. Resident 17 stated s/he needed staff assist to transfer with the sit to stand lift and to get in and out of bed.

On 03/15/2024 at 4:15 PM, Surveyor discussed concern of caregivers not answering call lights within 20 minutes with AED-D, Quality Assurance K and Regional Director of Operations L. Regional Director of Operations stated their goal was call lights/pendants be answered in less than 10 minutes. Quality Assurance K stated they were

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017261	A. BUILDING: _____ B. WING _____	R-C 03/28/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERITAGE MUSKEGO	S64 W13780 JANESVILLE RD MUSKEGO, WI 53150

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 353	Continued From page 13 made aware of the situation that occurred during the 03/13/2024 night shift on memory care with Caregiver G, Caregiver I, and Caregiver J. Quality Assurance K stated a couple of staff were recently written up for sleeping on the job. Quality Assurance K stated Caregiver I resigned the morning after the 03/13/2024 night shift situation was discussed with him/her.	N 353		