STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017822	A. BUILDING: _____ B. WING _____	10/24/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SAINT JOHNS ON THE LAKE	1858 N PROSPECT AVE MILWAUKEE, WI 53202

(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 10/24/2023, Surveyor completed an abbreviated survey and one compliant at Saint Johns On The Lake. Two deficiencies were identified. One complaint was unsubstantiated Census: 43	N 000		
N 389	83.35(3)(d) Service plans updated annually or on changes Individual service plan review. Annually or when there is a change in a resident ' s needs, abilities or physical or mental condition, the individual service plan shall be reviewed and revised based on the assessment under sub. (1). All reviews of the individual service plan shall include input from the resident or legal representative, case manager, resident care staff, and other service providers as appropriate. The resident or resident ' s legal representative shall sign the individual service plan, acknowledging their involvement in, understanding of and agreement with the individual service plan. This Rule is not met as evidenced by: Based on record reviews and interview, the provider did not update 1 of 1 resident's individual service plan (ISP) when there was a change in the resident's needs, abilities or physical or mental condition. Resident 1's original ISP, dated 08/14/2020, was not updated to address Resident 1's use of mechanical soft diet. Findings include:	N 389		

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

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N 389	Continued From page 1 On 10/18/2023 at 4:10 p.m., Surveyor reviewed Resident 1's record. The following was identified: Resident 1 was admitted on 07/17/2020. Resident 1's diagnosis included depression, Alzheimer's disease with late onset, abnormalities of gait and mobility, lack of coordination and insomnia. Resident 1's wellness assessment, dated 08/03/2021, stated, "Nutrition/Diet, independent. No needs identified." Resident 1's wellness review, dated 04/03/2023, stated, "Food Preparation, total dependence. Meals snacks must be completely prepared...Eating...Independent...Due to risk for choking [sic] should always eat in dining room with staff present. Able to eat prepared foods independently." On 10/18/2023 at 2:45 p.m., Surveyor requested Resident 1's initial assessment. At 4:10 p.m., Nurse Manager A told Surveyor s/he was unable to locate an initial assessment. Physician Note, dated 02/02/2023: Physician Assistant D wrote, "I have reviewed the results of [Resident 1]'s esophagram from 02/01/2023. After reviewing the information, I recommend that [Resident 1] eats a mechanical soft diet, drinks warm liquids with meals, and sits upright during meals and for one hour after meals." Resident 1's ISP, dated 08/14/2020, indicated Resident 1 had no needs identified for nutrition and eating. Resident 1's ISP stated, "Diet...General. No needs identified." Further review identified, "Risk of choking," and Resident 1's need was not identified. Further review	N 389		

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N 389	Continued From page 2 identified, "Has his/her own teeth..." Resident 1's ISP identified a Resident Care Plan-Nutrition section which identified a general diet...and stated, "Meets nutritional needs independently." Resident 1's ISP did not include Resident 1's physician ordered mechanical soft diet texture or interventions staff would provide to ensure Resident 1 did not sneak food which was not prepared appropriate to his/her diet. On 10/18/2023 at 11:10 a.m., Surveyor interviewed Healthcare Power of Attorney (POA) B who informed Surveyor that the biggest change in Resident 1's care was his/her choking issues. In February 2023, Physician F ordered Resident 1 a mechanical soft diet. POA B stated, "We really need to watch him/her because s/he likes to sneak food. I am not sure what they are doing for [Resident 1]." POA B confirmed s/he did sign any service plans since Resident 1 moved in. On 10/18/2023 at 4:45 p.m., Surveyor interviewed Nurse Manager A, who stated, "We have lots of notes regarding communication and meetings with [POA B] present via telephone, but we did not update the paperwork for [POA B] to review and sign in agreement." Nurse Manager A confirmed the ISP was not updated to reflect the changes.	N 389		
N 394	83.35(5)(b) Annual evaluation of evacuation limits Evaluation update. The CBRF shall evaluate each resident ' s mental or physical capability to respond to a fire alarm at least annually or when there is a change in the resident ' s mental or physical capability to respond to a fire alarm. This Rule is not met as evidenced by:	N 394		

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N 394	Continued From page 3 Based on record review and interview, the provider did not evaluate each resident's mental or physical capability to respond to a fire alarm at least annually for 1 of 1 resident (Resident 1) reviewed who required an annual review in 2022 and 2023. Findings include: On 10/18/2023 at 4:10 p.m., Surveyor reviewed Resident 1's record. Resident 1 was admitted to the facility on 07/17/2020. The most current resident evacuation assessment for Resident 1 was dated 07/16/2021. Resident 1's record contained no evidence her/his evacuation assessment was completed in 2022 and 2023. On 10/18/2023 at 4:40 p.m., Surveyor interviewed Nurse Manager A. Nurse Manager A told Surveyor the 2021 resident evaluation of evacuation document was the last one that s/he had completed for Resident 1. Nurse Manager A acknowledged all residents must be evaluated/assessed for evacuation limits annually. Nurse Manager A reported s/he lost track of time.	N 394		