Wisconsin Department of Health Services

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 _____	R-C 04/04/2024

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 04/04/2024, Surveyor completed a verification visit at Saint Johns On The Lake. One deficiency was identified and was being cited for the second time. Under statutory provisions of Wis. Stat. ch. 50, a $200 revisit fee is being assessed. Census: 42	{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 ISP was updated on 01/26/2024. Resident 1's ISP indicated hospice care was added on 02/02/2024. Resident 1's ISP was updated on 04/04/2024, the date of	{N 389}		

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

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{N 389}	Continued From page 1 survey. Resident 1's ISP did not contain Healthcare Power of Attorney (POA) B's signature of agreement after 01/26/2024 and additional information added to the ISP. This is a repeat deficiency. See SOD N7VI12, dated 10/24/2023. Findings include: On 04/04/2024 at 11:30 a.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 senior living assessment/ISP with tasks, dated 10/20/2023, had section titled, "Outside Agencies & Support Services: Service Planning: Focus: Hospice." Surveyor observed no goals or interventions marked under hospice. Resident 1's ISP was signed and dated by POA B dated on 01/26/2024. Resident 1's ISP contained information regarding services provided by hospice care dated 02/02/2024. Surveyor observed Resident 1's ISP revised multiple times since POA B reviewed and signed document on 01/26/2024. Surveyor observed ISP updated on survey date. Resident 1's admission agreement for hospice care was signed by POA B and dated 02/02/2024. On 04/04/2024 at 10:25 a.m., Surveyor interviewed Nurse Manager (NM) A, who stated Resident 1 was now on hospice care.	{N 389}		

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{N 389}	Continued From page 2 On 04/04/2024 at 10:40 a.m., Surveyor interviewed Nurse Care Navigator (RN CN) G and NM A. RN CN G stated s/he was not familiar with the code. RN CN G stated s/he added documentation into Resident 1's already existing ISP. RN CN G explained this was the method used to update service plans. Resident 1 was hospitalized in January of 2024. When Resident 1 returned at the end of January 2024, s/he came back with a change in condition. S/he had additional needs and POA B added hospice care when s/he returned to the facility. NM A confirmed adding hospice for Resident 1 was due to his/her change in needs. RN CN G identified s/he updated Resident 1's ISP the date of the survey. RN CN G explained s/he was a few days behind the date of the goal dates. Surveyor did not observe POA B's signature of agreement since addition of hospice care on 02/02/2024.	{N 389}		