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 05/06/2025

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 05/06/2025, Surveyors conducted a standard survey, 1 verification visit and 1 complaint investigation at Heritage Muskego. One deficiency was identified. The 1 deficiency from Statement of Deficiency (SOD) WMRT11, dated 11/01/2024 was substantially corrected. The complaint was unsubstantiated. Under statutory provisions of Wis. Stat. ch. 50, a $200 revisit fee is being assessed. Census: 66	N 000		
N 441	83.39(3) Hand washing. Employees shall follow hand washing procedures according to centers for disease control and prevention standards. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure 1 of 2 employees observed followed hand washing procedures according to centers for disease control and prevention standards. Resident Aid F did not wash his/her hands between each resident's medication pass during medication administration. Findings include: In October 2002, the CDC published the "Guideline for Hand Hygiene in Healthcare Settings." This guideline sets the standard for	N 441		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017261	A. BUILDING: _____ B. WING _____	R-C 05/06/2025

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 441	Continued From page 1 caregivers regarding glove use and hand washing to prevent the spread of infections. The CDC recommended caregivers wash their hands before having direct contact with residents, after contact with a resident's intact skin, after contact with body fluids or excretions, if moving from a contaminated-body site to a clean-body site during cares, after contact with inanimate objects and after removing gloves. Findings include: On 05/06/2025 at 8:50 AM, Surveyor observed Resident Aid F administer medications to Resident 1, touch screen to sign out the medications on electronic medication administration record (MAR), and unlock medication cart with keys. At 8:55 AM, Resident Aid F prepped Resident 2's medications. S/he opened medication cart drawer, touched screen to document prepped medications, retrieved blood pressure cuff from its case, touched screen to activate screen saver and push the key lock with fingers to lock medication cart. Resident Aid F took Resident 2' blood pressure, administered oral medications, inhaler, and eye drops (touching lids with a clean tissue), signed meds out on touch screen, unlocked medication cart with keys, and returned blood pressure cuff to its case. At 9:06 AM, Resident F prepped Resident 3's medications. S/he opened medication cart drawer, prepped medications, locked medication cart, and touched screen for screen lock. Resident Aid F administered Resident 3's medications. Resident F did not wear gloves, wash or sanitize hands during the medication pass.	N 441		

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 05/06/2025

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 441	Continued From page 2 On 05/06/2025 at 9:07 AM, Surveyor interviewed Resident Aid F who stated s/he was to wash hands for 20 seconds prior to starting medication pass and after touching skin. Resident Aid F stated s/he was not aware of need to wash or sanitize hands between each resident's medication administration. On 05/06/2025 at 2:06 PM, Surveyor discussed concern regarding handwashing with Executive Director A, Regional Director of Clinical Operations B, Director of Quality Compliance C, Regional Operations Director D, and Interim Director of Nursing E. Regional Director of Clinical Operations B stated staff were to wash or sanitize their hands prior to administering medications to any resident.	N 441		