

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 07/07/2025
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525498	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/30/2024
NAME OF PROVIDER OR SUPPLIER Waterfall Health of Brown Deer		STREET ADDRESS, CITY, STATE, ZIP CODE 7500 W Dean Rd Milwaukee, WI 53223	
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)		
F 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38253</p> <p>Based on interview and record review, the facility did not refer all PASARR (Preadmission Screening and Resident Review) Level I residents with a possible serious mental disorder on admission or with a significant change in status assessment to the referring agency to complete the PASARR Level II for 2 (R46 and R38) of 5 residents reviewed for PASARR completion.</p> <p>*R46 had a change in condition where psychotropic medications were ordered and no PASARR Level I was resubmitted with the additional information triggering a Level II to be completed.</p> <p>*R38 had a PASARR Level I that triggered a PASARR Level II to be completed and R38 did not have a PASARR Level II in the medical record.</p> <p>Findings include:</p> <p>The facility policy and procedure entitled PASARR Guideline dated 11/28/2023 documents: PROCEDURE: 1. Admission and Readmission: a. The facility will participate in or complete the Level I screen for all potential admissions regardless of payer source to determine if the individual meets the criterion for mental disorder (SMI/SMD-Serious Mental Illness/Serious Mental Disorder), intellectual disability (ID) or related condition. b. Based upon the Level I screen, if an individual is determined to meet the above criterion, the facility will not admit an individual, the facility will refer the potential admission to the State PASARR representative for the Level II screening process. c. Upon completion of the Level II screen, the facility will review the screen recommendations and determine the facility's ability to provide the specialized services outlined. Admission decision will be determined and notification to the State PASARR representative, resident and resident representative will be completed. f. Coordination of Care: i. Upon admission, the facility will include the PASARR level II determination and evaluation report into the residents' assessment, comprehensive care plan and transitions of care plan. iv. The facility will refer all level II residents and all residents with newly evident or possible serious mental disorder, intellectual disability, or related condition for a level II review upon a significant change in status assessment to the State PASARR representative: 1. The resident individualized person centered care plan will be adjusted to reflect the identified changes evident in the significant change in status assessment and information obtained through the level II determination.</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: 525498	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/30/2024
NAME OF PROVIDER OR SUPPLIER Waterfall Health of Brown Deer		STREET ADDRESS, CITY, STATE, ZIP CODE 7500 W Dean Rd Milwaukee, WI 53223	
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 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>1.) R46 was admitted to the facility on [DATE] with diagnoses of anoxic brain damage, acute respiratory failure with dependence on a respirator, encephalopathy, and congestive heart failure. R46's Admission Minimum Data Set (MDS) assessment dated [DATE] documented R46 was severely cognitively impaired per staff assessment and unable to verbalize to answer questions. R46 had a tracheostomy and was ventilator dependent requiring suctioning and oxygen. R46 received all nutrition through a gastrostomy tube. R46 did not receive any psychotropic medications.</p> <p>Surveyor was unable to find a PASARR Level I or Level II screen for R46 in R46's medical record. On 10/28/2024, at 3:07 PM, Surveyor requested from Nursing Home Administrator (NHA)-A a copy of R46's Level I and Level II PASARR as Surveyor was unable to see any PASARRs in R46's record. On 10/30/2024, at 3:00 PM, NHA-A provided a copy of R46's PASARR Level I screen.</p> <p>On 12/22/2023, the facility completed a PASARR Level I screen documenting no serious mental illness or developmental disability and did not require the completion of a PASARR Level II.</p> <p>On 3/18/2024, R46 was given the diagnoses of depression and anxiety. Sertraline 50 mg (milligrams) daily for depression and buspirone 5 mg three times daily for anxiety was ordered.</p> <p>On 3/30/2024, a Quarterly MDS assessment was completed. The Quarterly MDS documented R46 received antianxiety and antidepressant medication. No new PASARR Level I was completed to show a change in status with the diagnoses of depression and anxiety and psychotropic medications that would trigger a PASARR Level II to be done.</p> <p>On 4/22/2024, R46 removed the trach and ventilator independently and was determined to be stable off the ventilator.</p> <p>On 4/26/2024, R46 was moved off the ventilator unit and put in a room on the long term care unit.</p> <p>No Significant Change MDS was completed with the change in ventilator status.</p> <p>On 7/19/2024, R46 was ordered Seroquel 12.5 mg twice daily (an antipsychotic medication) for impaired cognition with behaviors. No new PASARR Level I was completed to show a change in status with psychotropic medications.</p> <p>In an interview on 10/29/2024, at 2:10 PM, Surveyor asked Admissions-D what the facility process was for PASARR Level I and II screenings. Admissions-D stated Admissions-D talks to the nursing staff or administration to get the information necessary to fill out the PASARR Level I form and then Admissions-D completes the form, sends it to the screening agency if the resident requires a Level II, and then scans in the completed Level I into the resident record and when the Level II is completed and sent back, Admissions-D will scan that into the medical record. Surveyor shared with Admissions-D R46 did not have any PASARR screens in the medical record. Admissions-D stated the PASARR Level I may be in a file somewhere in Medical Records because sometimes they get scanned into the medical record and sometimes, they do not. Admissions-D stated they are trying to find a copy and will provide it when it is found. (R46's PASARR Level I was provided on 10/30/2024 at 3:00 PM. It was not scanned into the medical record.)</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525498	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/30/2024
NAME OF PROVIDER OR SUPPLIER Waterfall Health of Brown Deer		STREET ADDRESS, CITY, STATE, ZIP CODE 7500 W Dean Rd Milwaukee, WI 53223	
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 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on 10/30/2024, at 2:09 PM, Surveyor shared with NHA-A the concern R46 did not have a PASARR Level II completed or in the medical record when R46 was started on psychotropic medications on 3/19/2024 with the antidepressant and antianxiety and on 7/19/2024 with the start of an antipsychotic medication. NHA-A stated NHA-A does not have any information regarding the PASARR at that time and did not know why it had not been scanned into R46's medical record. NHA-A provided the PASARR Level I at 3:00 PM. R46 did not have a new PASARR Level I completed with the change in status when psychotropic medications were ordered and new diagnoses were documented. No further information was provided at that time.</p> <p>51016</p> <p>2.) R38 was admitted to the facility on [DATE] with diagnosis that include Schizoaffective Disorder, Bipolar Disorder, Dependence on Respirator [Ventilator], Status.</p> <p>R38's Quarterly MDS (minimum data set) assessment dated [DATE] documents:</p> <p>Functional Limitation in Range of Motion: Impairment of both sides of the upper and lower extremity; contractures of the bilateral hands; uses a wheelchair with total assistance from staff for mobility; requires total assist with all cares from staff; Requires 2 assist and mechanical lift for transfers; hearing is adequate.</p> <p>R38 is unable to perform a BIMS (Brief interview for Mental Status) and has been documented by the facility as rarely understood and rarely understands.</p> <p>On 10/29/24, at 10:20 AM, Surveyor completed a record review and noted R38 was being followed by psychiatric services related to the use of Zyprexa. R38 is documented to be prescribed Zyprexa for Schizoaffective Disorder and Bipolar Disorder with behaviors. R38's mood and behavior plan of care initiated 3/25/24, documents behaviors include: derogatory verbal aggression, closing his eye when he doesn't want to engage in conversation, and identifying by names outside of his own; R38 likes to be called [NAME]. Surveyor noted there was a Level I PASRR (Preadmission Screening and Resident Review) in R38's medical record. Surveyor was unable to locate a Level II PASRR in the electronic Medical Record.</p> <p>On 10/28/2024, at approximately 3:00 PM, Surveyor requested from Nursing Home Administrator (NHA)-A a copy of R38's PASARR Level II as Surveyor was unable to locate a PASRR Level II in R38's record. NHA-A stated she believes they have R38's PASRR Level II and would look for it.</p> <p>On 10/29/24, at approximately 3:00 PM, NHA-A provided Surveyor with a completed PASRR Level I. Surveyor expressed concern to NHA-A that R38's PASRR Level I resulted in a positive screening and triggered a PASRR Level II to be completed because of R38's mental illness and prescribed antipsychotic medication. 42CFR 483.75(l)(5) requires the nursing facility to keep a copy of all PASRR documents in the resident's clinical record.</p> <p>On 10/30/2024, at 02:11PM, Surveyor spoke to NHA-A. Surveyor asked if NHA-A had found the PASRR Level II for R38? Surveyor expressed surveyor's concern to NHA-A that the PASRR Level II was missing. NHA-A responded she was sure they had R38's PASRR Level II, because R38 has been here for some time. NHA-A indicated remembering seeing R38's PASRR Level II. NHA-A informed Surveyor NHA-A would continue to look for R38's PASRR Level II. No further information was provided at this time.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525498	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/30/2024
NAME OF PROVIDER OR SUPPLIER Waterfall Health of Brown Deer		STREET ADDRESS, CITY, STATE, ZIP CODE 7500 W Dean Rd Milwaukee, WI 53223	
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)		
F 0645 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>PASARR screening for Mental disorders or Intellectual Disabilities</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38253</p> <p>Based on interview and record review, the facility did not accurately complete the PASARR (Preadmission Screening and Resident Review) Level I for residents with a possible serious mental disorder on admission to the referring agency to complete the PASARR Level II for 1 (R27) of 5 residents reviewed for PASARR completion.</p> <p>*R27 had a PASARR Level I completed on admission that did not indicate the use of an antipsychotic medication. A PASARR Level II was not triggered or completed.</p> <p>Findings include:</p> <p>The facility policy and procedure entitled PASARR Guideline dated 11/28/2023 documents: PROCEDURE: 1. Admission and Readmission: a. The facility will participate in or complete the Level I screen for all potential admissions regardless of payer source to determine if the individual meets the criterion for mental disorder (SMI/SMD), intellectual disability (ID) or related condition. b. Based upon the Level I screen, if an individual is determined to meet the above criterion, the facility will not admit an individual, the facility will refer the potential admission to the State PASARR representative for the Level II screening process. c. Upon completion of the Level II screen, the facility will review the screen recommendations and determine the facility's ability to provide the specialized services outlined. Admission decision will be determined and notification to the State PASARR representative, resident and resident representative will be completed. f. Coordination of Care: i. Upon admission, the facility will include the PASARR level II determination and evaluation report into the residents' assessment, comprehensive care plan and transitions of care plan. iv. The facility will refer all level II residents and all residents with newly evident or possible serious mental disorder, intellectual disability, or related condition for a level II review upon a significant change in status assessment to the State PASARR representative: 1. The resident individualized person centered care plan will be adjusted to reflect the identified changes evident in the significant change in status assessment and information obtained through the level II determination.</p> <p>1.) R27 was admitted to the facility on [DATE] with diagnoses of end stage renal disease requiring dialysis, chronic obstructive pulmonary disease, and nontraumatic subarachnoid hemorrhage. R27's Admission Minimum Data Set (MDS) assessment dated [DATE] documented R27 was not currently considered by the state level II PASARR process to have a serious mental illness and was receiving antipsychotic medications.</p> <p>On 11/1/2023, R27 had an order for quetiapine fumarate 100 mg at bedtime for agitation. Quetiapine is an antipsychotic medication.</p> <p>On 11/1/2023, R27's PASARR Level I screen was completed by Admissions-D. Admissions-D documented R27 was not suspected of having a serious mental illness and was not taking any psychotropic medications. A PASARR Level II was not completed due to the inaccurate documentation on the PASARR Level I form.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525498	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/30/2024
NAME OF PROVIDER OR SUPPLIER Waterfall Health of Brown Deer		STREET ADDRESS, CITY, STATE, ZIP CODE 7500 W Dean Rd Milwaukee, WI 53223	
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)		
F 0645 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>In an interview on 10/29/2024 at 2:08 PM, Surveyor asked Admissions-D what the process was for PASARR Level I and II screenings. Admissions-D stated Admissions-D talks to the nursing staff or administration to get the information necessary to fill out the PASARR Level I form and then Admissions-D completes the form, sends it to the screening agency if the resident requires a Level II, and then scans in the completed Level I into the resident record and when the Level II is completed and sent back, Admissions-D will scan that into the medical record. Surveyor shared with Admissions-D R27 had a PASARR Level I screen completed on 11/1/2023 by Admissions-D that indicated R27 was not taking any psychotropic medications but R27 was taking an antipsychotic on admission. Admissions-D stated Admissions-D was told the quetiapine had been discontinued so that was why the form was completed that way. Admissions-D stated a Change of Condition PASARR Level I was submitted this morning by Admissions-D after Admissions-D was informed by administration R27 was receiving antipsychotic medications. Admissions-D stated Admissions-D gets information from the morning meeting about new admissions and what medications they are on, so the information Admissions-D got when R27 was admitted was inaccurate.</p> <p>On 10/30/2024 at 1:50 PM, Surveyor shared with NHA-A the concern R27's PASARR Level I was not completed accurately on admission, so the PASARR Level II was not triggered. No further information was provided at that time.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525498	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/30/2024
NAME OF PROVIDER OR SUPPLIER Waterfall Health of Brown Deer		STREET ADDRESS, CITY, STATE, ZIP CODE 7500 W Dean Rd Milwaukee, WI 53223	
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38253</p> <p>Based on interview and record review, the facility did not develop and implement a comprehensive person-centered care plan for each resident for 1 (R46) of 17 sampled residents.</p> <p>*R46 did not have a Care Plan for the use of quetiapine, an antipsychotic medication, when it was initiated.</p> <p>Findings include:</p> <p>The facility policy and procedure entitled Psychotropic medication, use of dated 5/1/2023 documents: PROCEDURE: . 7. Residents who use psychotropic drugs shall also receive non-pharmacological interventions to facilitate reduction or discontinuation of the psychotropic drugs.</p> <p>R46 was admitted to the facility on [DATE] with diagnoses of anoxic brain damage, acute respiratory failure with dependence on a respirator, encephalopathy, and congestive heart failure. R46's Admission Minimum Data Set (MDS) assessment dated [DATE] documented R46 was severely cognitively impaired per staff assessment and unable to verbalize to answer questions. R46 had a tracheostomy and was ventilator dependent requiring suctioning and oxygen. R46 received all nutrition through a gastrostomy tube. R46 did not receive any psychotropic medications.</p> <p>On 7/19/2024, R46 was ordered Seroquel 12.5 mg twice daily (an antipsychotic medication) for impaired cognition with behaviors.</p> <p>No Care Plan was initiated documenting the behaviors R46 expressed or the non-pharmacological interventions to address the behaviors.</p> <p>On 10/30/2024, at 11:05 AM, Surveyor shared with Director of Nursing (DON)-B the concern R46 did not have a care plan in place for the use of the antipsychotic medication and identification of nonpharmacological interventions. DON-B was not aware R46 did not have a care plan in place for the use of Antipsychotic medications also identifying nonpharmacological interventions. DON-B agreed there should be a care plan in place related to the use of Antipsychotic medication. No other information was provided at that time.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525498	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/30/2024
NAME OF PROVIDER OR SUPPLIER Waterfall Health of Brown Deer		STREET ADDRESS, CITY, STATE, ZIP CODE 7500 W Dean Rd Milwaukee, WI 53223	
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)		
F 0689 Level of Harm - Actual harm Residents Affected - Few	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48391</p> <p>Based on observation, interview, and record review, the facility did not ensure 2 (R11 and R34) of 3 residents reviewed for accidents received adequate supervision and assistance devices to prevent residents from sustaining continued falls.</p> <p>* On 8/23/24, R11 slipped out of his wheelchair while emptying his urinal and sustained a left hip fracture. R11 had falls on 6/30/24, 7/6/24, 7/16/24, 7/27/24, 8/13/24, 8/23/24, and 9/12/24. The facility did not complete a comprehensive assessment to determine a root cause for each fall, did not reassess interventions to determine if fall interventions were effective, did not complete accurate fall assessments after each fall. R11 experienced falls potentially related to episodes of orthostatic hypertension. The facility did not assess to determine if there was a pattern to the episodes to increase supervision or safety interventions to prevent falls or decrease the potential for injury from falls.</p> <p>* R34 was observed without floor mats. The plan of care indicated floor mats as a intervention for falls.</p> <p>The example regarding R11 rises to a scope and severity level of G (harm/isolated).</p> <p>Findings include:</p> <p>The facility's policy Fall Prevention and Management Guidelines dated 11/2022 and last revised on 11/17/23 documents:</p> <p>Each resident will be assessed for fall risk and will receive care and services in accordance with their individualized plan of care to minimize the likelihood of falls or reduce the possibility/severity of injury.</p> <p>The nurse will initiate interventions to help prevent falls on the residence baseline care plan. Suggested standard interventions may include: a. Implement universal environmental interventions that decrease the risk of resident falling, including, but not limited to: i. A clear pathway to the bathroom and bedrooms. ii. Bed is locked and lowered to a level that allows the resident's feet to be flat on the floor when the resident is sitting on the edge of the bed. iii. Call light and frequently used items are within reach. iv. Adequate lighting. v. Wheelchairs and assistive devices are in good repair.</p> <p>Suggested interventions for residents determined to be higher risk for falls may include: provide interventions that address unique risk factors measured by the risk assessment tool: medications, psychological, cognitive status, or recent change in functional status. Provide additional interventions as directed by the resident's assessment and based on input from the resident or family members including but not limited to: assistive devices, increased frequency of rounds, increased supervision if indicated, medication regimen review, low bed, alternate caregiver or resident education, therapy services referral, scheduled rest periods, and environmental modifications.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525498	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/30/2024
NAME OF PROVIDER OR SUPPLIER Waterfall Health of Brown Deer		STREET ADDRESS, CITY, STATE, ZIP CODE 7500 W Dean Rd Milwaukee, WI 53223	
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>When a resident experiences a fall the facility will: a. complete a post fall assessment and review: physical assessment with vital signs, neuro checks for an unwitnessed fall or a witnessed fall where a resident hits their head, check for orthostatic blood pressure changes if postural hypotension suspected, resident and/or witness statements regarding fall, environmental review for possible factors, contributing factors to the fall, medication changes, mental status changes, and any new diagnoses. b. Complete an incident report in risk management. c. Notify physician and family/responsible party. d. Review the resident's care plan and update with any new interventions put in place to try to prevent additional falls. e. Document all assessments and actions. f. Obtain witness statements from other staff with possible knowledge or relevant information.</p> <p>Review each fall/fall investigation during the next morning meeting/clinical meeting with the interdisciplinary team (IDT). Actions of the IDT may include: a. Review of investigation and determination of potential root cause of fall. b. Review of fall risk care plan and any updates to plan of care completed post fall. c. Additional revisions to the plan of care including any physical adaptation to room, furniture, wheelchair, and/or assistive devices. d. Education of staff as to any care plan revisions. e. Scheduling resident/family conferences. f. Verification of timely notification of physician and responsible party of the fall.</p> <p>If after IDT review, it is determined that existing interventions in the care plan are most appropriate, document rationale and describe any additional actions taken.</p> <p>1.) R11 was admitted to the facility on [DATE] with diagnoses to includes cerebral infarction, weakness, unsteadiness on feet, osteoarthritis, muscle wasting and atrophy, difficulty walking, lack of coordination, need for assistance with personal cares, diabetes, cognitive communication deficit, and history of malignant neoplasm of prostate.</p> <p>R11's Admission MDS (Minimum Data Set) dated 6/13/24 documents R11 had a fall in the last month prior to admission to the facility and had a fall in the last two to six months prior to admission.</p> <p>R11's fall CAA (Care Area Assessment) dated 6/13/24 documents R11 is at risk for falls and has a history of falls prior to admission. The CAA documents that R11 has weakness and decline in function. R11 is monitored for orthostatic hypotension, he is using a walker and is on Lexapro. R11 has risks for falls monitoring and preventive measures in place.</p> <p>R11's Functional Abilities CAA dated 6/13/24 documents R11 has weakness and decline in function from a recent hospitalization . R11 has a diagnosis of acetaminophen overdose and multiple comorbidities. R11 attends skilled therapies with plans to return to prior living arrangements when safe and stable. R11 has weakness requiring assistance with ADLs (Activities of Daily Living) and requires intervention and monitoring.</p> <p>R11's Significant Change MDS dated [DATE] documents that R11 is independent with eating, requires supervision with toileting, is dependent with showering, requires substantial/max assist with dressing and rolling from left to right, requires supervision with toilet transferring, and is frequently incontinent of urine and bowel.</p> <p>R11's Significant Change MDS dated [DATE] documents a BIMS (Brief Interview for Mental Status) score of 14 indicating R11 is cognitively intact.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525498	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/30/2024
NAME OF PROVIDER OR SUPPLIER Waterfall Health of Brown Deer		STREET ADDRESS, CITY, STATE, ZIP CODE 7500 W Dean Rd Milwaukee, WI 53223	
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)		
F 0689 Level of Harm - Actual harm Residents Affected - Few	<p>R11's Fall CAA dated 9/3/24, documents R11 has significant change related to a fall with fracture and recent hospitalization . R11 has pain, weakness, incontinence, and is on psychotropic medication. R11 is participating in skilled therapies. R11 has a history of orthostatic hypotension and remains at risk for additional falls. R11 is encouraged to ask for assistance as needed. R11 has falls and is at risk for additional falls. R11 requires monitoring, staff assist, and preventative measures.</p> <p>R11's care plan, documents: R11 has an ADL self-care performance deficit related to weakness and impaired balance (date initiated 6/6/24, last revised 9/25/24). Interventions include: provide adaptive equipment necessary during transfer, R11 requires assistance by one staff member for showering, R11 is independent with turning and repositioning in bed as necessary, requires assistance of one staff member to dress, requires assistance by one staff member for toileting, requires assistance by one staff member with lateral scoot transfer and gait belt to move between surfaces as necessary, encourage R11 to use bell to call for assistance, and praise all efforts at self-care.</p> <p>Surveyor reviewed R11's medical records that document:</p> <p>Fall risk assessment completed on 6/6/24 documents R11 is a moderate risk for falls.</p> <p>Sleep assessment completed on 6/6/24 documents R11 wakes up 1-2 times a night to urinate. R11 states when he wakes up to urinate, he has a difficult time falling back to sleep. R11 states it has been this way for [AGE] years.</p> <p>Bowel and bladder assessment completed on 6/6/24 documents R11 requires assistance with ambulation and is continent of bowel and bladder.</p> <p>R11's 6/30/24 fall investigation documents R11 sustained an unwitnessed fall at approximately 00:49. R11 was found lying on the bathroom floor. R11 stated he wanted to try walking with the walker. The fall investigation documents the root cause of the fall as R11 attempted to walk alone with his walker. New fall prevention interventions include a sign being hung up in R11's room to call for help. R11's care plan updates include: educate R11 on the importance to call for assistance when needed and place a sign in resident room to remind resident to call for assistance. Surveyor noted some neurological checks were completed by the facility staff however, all the required neurological checks post fall were not fully completed.</p> <p>Surveyor noted a fall risk assessment for R11 was completed on 6/30/24, which documented R11 is low risk for falls. Surveyor noted that R11's fall risk assessment dated [DATE] to be inaccurate, as it documents that R11 does not have a history of falls.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525498	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/30/2024
NAME OF PROVIDER OR SUPPLIER Waterfall Health of Brown Deer		STREET ADDRESS, CITY, STATE, ZIP CODE 7500 W Dean Rd Milwaukee, WI 53223	
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>R11's 7/6/24 fall investigation documents R11 sustained an unwitnessed fall on 7/6/24, at 11:27 am. Facility staff overheard R11 calling for help. R11 was found on the side of the bed on the floor. R11 hit his head on the wheel of the wheelchair while trying to pick up the cord off the floor. R11 stated he got dizzy and lost his balance. The fall report indicates R11 was last seen in the hallway approximately 10 minutes prior to the fall. R11 sustained a 1.7 x 0.2 laceration to the occipital area with a small amount of blood present. R11 was sent to the emergency room for evaluation. The fall investigation documents the environmental status at the time of the fall was the call light was within reach and the bed was locked. The root cause was identified as R11 attempting to pick up an object and got dizzy and fell . The identified new immediate intervention was to use cal light when need assistance and education was provided to the resident. Surveyor noted the fall report indicated the call light was within reach and yet this was the object R11 was reaching for at the time of the fall and despite R11 attempting to follow that intervention, a fall occurred and was identified to be the new intervention that R11 was educated about. The documented education also was to encourage R11 to increase activity during waking hours and to call staff when items need to be picked up off the floor. Surveyor notes there is no review or assessment for increased staff awareness of R11's movement around the facility to identify possibly changes in situation that could increase the risk for falls and/or increased need for supervision.</p> <p>R11's 7/16/24 fall investigation documents R11 sustained an unwitnessed fall. On 7/16/24, at 12:59 am, staff responded to R11's call light and R11 was found on his knee next to his bed. Staff observed R11's call light was on the bed hanging from the headboard. R11 stated he was reaching for the call light and rolled out of bed. The fall investigation documents the root cause as R11 reaching for his call light and rolled out of bed. Surveyor notes care plan changes to include: encourage (R11) to use his reacher when attempting to get items out of reach. Surveyor noted the fall investigation document does not include details of why the call light was hanging over the headboard for R11 to reach for over R11's head rather than by R11's side, within reach. Surveyor noted the use of a reacher would still require R11 to reach for something above his head but now having to also coordinate using a reacher. Facility documentation provided to surveyor indicates it was later noticed the cord to R11's call light was short and the cord was lengthened along with providing a reacher. Surveyor noted this is the second fall where R11 is attempting to carry out the safety intervention the facility has instructed R11 to complete and both have lead to a fall while trying to implement.</p> <p>Review of R11's record indicates physicians were documenting R11 was still symptomatic regarding blood pressure issues and medication changes to try to stabilize. Surveyor noted there was no assessment of a pattern of when symptoms occur or a plan for increased supervision/monitoring despite the falls and change in condition for R11.</p> <p>R11's 7/27/24 fall investigation documents R11 sustained an unwitnessed fall. On 7/27/24, at 2:09 am, R11 was heard yelling for help, and was lying on the floor, lying on his back at the foot of the bed. R11 stated he was trying to go to the bathroom. Progress notes indicate R11 sustain swelling to his elbow and required x-rays of his elbow and coccyx. The fall investigation documents the root cause as R11 attempted to toilet himself without calling for assistance. Surveyor notes care plan changes to include: R11 is encouraged to use call light for assistance and offer toileting every two hours during the night. Surveyor noted this is another fall from bed. The intervention addressed looking at a toileting schedule, however the support surface, bed positioning etc. for R11 was not reviewed to determine if they are safe given R11's ongoing falls from bed.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525498	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/30/2024
NAME OF PROVIDER OR SUPPLIER Waterfall Health of Brown Deer		STREET ADDRESS, CITY, STATE, ZIP CODE 7500 W Dean Rd Milwaukee, WI 53223	
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>R11's 8/13/24 fall investigation documents R11 sustained an unwitnessed fall. On 8/13/24, at 7:49 am, R11 was found on the floor. The fall investigation indicates R11's blood pressure to be 212/112 post fall. The fall investigation indicates R11 was unable to state the reason for the fall. Environmental status at the time of the fall indicates R11's call light was within reach, the bed was locked as was R11's wheelchair. The immediate intervention post fall was to add anti-tip bars for wheelchair. Progress notes indicate R11 stated he was repositioning in his wheelchair and went backward, wheel not locked. The root cause of fall is resident was repositioning himself and did not lock his wheelchair. Surveyor noted the post fall report indicated R11's wheelchair was locked at the time of the fall. R11 was found to be unresponsive with a sternal rub. Staff called 911 and the resident was sent out for evaluation. Surveyor notes care plan changes to include: anti tip bars applied to the back of R11's wheelchair. R11 was transported to the hospital for evaluation and was noted to have a urinary tract infection (UTI). It is not documented if facility staff noted any symptoms of a UTI or change in continence needs/routine prior to fall as a pattern had not been completed.</p> <p>R11's 8/23/24 fall investigation which documents R11 sustained an unwitnessed fall. On 8/23/24, at 2:30 am. The post fall document indicates immediately post fall R11 was unable to explain why they thought they fell. Other is checked with the explanation R11 was going to empty urinal. R11 was found in the bathroom. The physical status of R11 prior to the fall indicates R11 had unsteady gait with confusion some of the time as R11's mental status pre and post fall. The Environmental status at the time of the fall indicates as checked: call light within reach, bed locked, wheelchair locked, nightlight on, incontinent products wet. The immediate intervention post fall was resident is encouraged to use call light for assistance. Surveyor noted this has been a consistent intervention for R11 however, R11 has not demonstrated consistency in being able to carry out this safety intervention. X-rays were completed on R11 and document R11 as having a left hip fracture. No surgical interventions were initiated. The fall investigation documents the root cause as R11 with inappropriate footwear and did not call for assistance. A pain assessment, post fall assessment, completed neuro checks, and a staff witness statements were included in the fall investigation. Surveyor notes care plan changes to include: R11 to wear non-skid socks at night. Surveyor noted the intervention to wear non-skid socks at night does not quite correlate with the fall itself. Surveyor noted it is uncertain if R11 started out in bed during the night and then self transferred to the wheelchair. The evaluation does not include when R11 was last toileted as a previous intervention on 7/27/24 was to toilet R11 every two hours. Was R11 being toileted or just being offered a urinal and when do staff follow up with R11 to empty the urinal to prevent R11 from addressing it himself.</p> <p>Progress notes dated 8/23/24 at 03:34 am document: writer and can (sic) heard yelling coming from residents (sic) room found lying on bathroom floor on L (left) side resident assisted to w/c (wheelchair) with two assist bp 166/78 p62 r18 t97.4 resident initially denied any c/o (complaint of) pain after in bed c/o L hip pain able to move L arm w/o (without) difficulty unable to (sic) L leg with limited rom (range of motion) (name of medical group) notified nor (new order) x-ray of L hip. Surveyor noted this was completed by a licensed practical nurse, there is no indication there was an RN assessment at the time of R11's fall.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525498	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/30/2024
NAME OF PROVIDER OR SUPPLIER Waterfall Health of Brown Deer		STREET ADDRESS, CITY, STATE, ZIP CODE 7500 W Dean Rd Milwaukee, WI 53223	
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>R11's 9/12/24 fall investigation documents R11 sustained an unwitnessed fall at 15:15 (3:15 pm). The post fall assessment indicates life safety measures in place prior to this current fall as being bed is low to ground. The assessment indicates R11 stated he fell asleep as the reason why R11 believed they fell . The assessment states R11 was last seen by the assistant director of nursing (ADON) and activity director but does not indicate a time last seen and the fall occurred in the dayroom/lounge. R11's mental status pre-fall is noted to be confused some of the time. The listed immediate intervention is resident on 15 minute checks. implemented on 9/12/24 at 15:30 (3:30 pm). The assessment indicates the care plan has not been updated. Further review of R11's post fall information indicates the root cause as R11 fell asleep in his wheelchair. Surveyor notes care plan changes to include: encourage R11 to lay down for a nap when feeling tired.</p> <p>Surveyor noted with the review of R11's falls there is no indication a pattern of the falls was considered to include whether they were related to R11's medical condition, impulsivity/lack of safety awareness. Surveyor noted increased supervision or assistance was not included as possible safety interventions until after R11's seventh fall.</p> <p>Surveyor reviewed R11's medical records which includes a Cardiology progress note dated 9/11/24. The cardiology progress note documents R11 having positive orthostatic hypotension, increase midodrine, wear compression stockings, measure orthostatic hypotension and repeat findings to the cardiology office, behavioral modification, and to follow up in 3 months.</p> <p>Surveyor notes R11 does not have compression stockings on his care plan.</p> <p>Surveyor reviewed R11's medical records which includes a Skilled Nursing Facility (SNF) Progress Note dated 6/17/24 by the facility Nurse Practitioner (NP). The SNF progress note documents R11 as being symptomatic with orthostatic hypotension with therapies. Blood pressure drops from 140s down to 110s/60's. R11 feels dizzy and fatigued after several minutes. R11 reports having difficulty completing therapies due to dizziness/fatigue. Amlodipine is discontinued.</p> <p>R11's SNF progress note dated 6/19/24 documents R11 is symptomatic and persists despite as needed midodrine providing some relief. Midodrine is scheduled twice daily and limiting R11's progress in therapies.</p> <p>R11's SNF progress note dated 6/24/24 documents R11 with a history of hypertension and amlodipine currently discontinued. R11 is symptomatic with a 70-point drop and 1 liter of Intravenous (IV) fluids is ordered. Midodrine is scheduled for three times daily. Abdominal binder and compression stockings are ordered. Consult cardiology next if orthostasis persists. Will allow permissive hypertension with R11's significant blood pressure drops. Continue to monitor blood pressures.</p> <p>Surveyor reviewed R11's Occupation Therapy (OT) note dated 7/29/24 which documents, the therapist placed clothing on the top shelf in the closet to increase R11's ability to problem solve how to retrieve items safely while sitting in his wheelchair with retrieving and placing out clothing for morning routine with decreased caregiver assistance. R11 was able to problem solve to use reacher, R11 did require cues to maneuver reacher in order to retrieve clothing with efficiency and good time management while staying sitting in his wheelchair to reduce fall risk due to fluctuation of blood pressure noted to increase with his ADL's.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525498	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/30/2024
NAME OF PROVIDER OR SUPPLIER Waterfall Health of Brown Deer		STREET ADDRESS, CITY, STATE, ZIP CODE 7500 W Dean Rd Milwaukee, WI 53223	
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)		
F 0689 Level of Harm - Actual harm Residents Affected - Few	<p>OT notes dated 7/31/24, document R11 reports having increased confusion lately, OT notified the floor nurse and rehab director.</p> <p>On 10/29/24, at 9:13 am, Surveyor interviewed R11 who reports having frequent falls with his most recent fall being in the bathroom about 6 weeks ago. R11 states he has had both hips replaced about [AGE] years ago and there was no surgical intervention with his most recent hip injury. Surveyor noted to R11 his socks and asked if he wears compression stockings or shoes. R11 states his socks are really slippery and will go across the room to get his shoes when he wants to get up or wheel around the facility.</p> <p>Surveyor observed a sign stating for assistance press call button over R11's bed and in R11's bathroom. Surveyor notes R11's commode being in the bathroom, grab bars on the toilet, a low bed with a grab bar on the left side (up against the wall), urinal out of reach across the room on the heat register, and reacher sticks across the room out of reach on top of his shoes which are under the register. R11 is laying in his bed with his wheelchair locked within reach. Surveyor observed R11's call light on his side table on the opposite side of the table that is out of reach.</p> <p>On 10/29/24, at 1:34 pm, Surveyor interviewed Certified Nursing Assistant (CNA)- M who reports R11 tries to do things himself. CNA- M states he gets woozy if he gets up too fast. CNA- M states staff stay in the room with R11 when performing cares.</p> <p>On 10/29/24, at 1:38 pm, Surveyor interviewed Licensed Practical Nurse (LPN)- N who states R11 is independent with transfers by using his wheelchair. LPN- N states R11 will get up independently with his wheelchair to use the restroom. LPN- N indicates R11 should call for help but most of the time he can do it on his own. LPN- N reports R11's falls are related to his dizziness and takes Midodrine for his blood pressures. LPN- N indicates R11's blood pressures fluctuate, and blood pressures are checked prior to giving medications. LPN- N states R11 gets disoriented early in the mornings and she will let him sleep more and/or have breakfast in his room if he is feeling disoriented in the morning. R11 will then be back to baseline around 7 - 7:30 am. LPN- N states R11's disorientation has improved with Tramadol changes.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525498	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/30/2024
NAME OF PROVIDER OR SUPPLIER Waterfall Health of Brown Deer		STREET ADDRESS, CITY, STATE, ZIP CODE 7500 W Dean Rd Milwaukee, WI 53223	
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 10/30/24, at 7:43 am, Surveyor interviewed Nursing Home Administrator (NHA)- A and Director of Nursing (DON)- B. Surveyor asked for additional information for R11's 8/13/24 fall where he was found unresponsive and required a sternal rub. NHA- A states she would have to pull up his fall investigation to answer the questions related to his falls. DON- B indicates R11 did not want to take anything for pain upon admission and the facility was treating his pain with non-pharmacological interventions. DON- B states R11 had medication changes and Tramadol was started after R11 sustained a hip fracture on 8/23/24 to help with therapies. DON- B states R11 has a lot of falls, and she was contacted by the facility on 8/13/24 after his fall. DON- B indicates R11 was able to identify his name after he came to. DON- B indicates he presents alert and oriented most times; however, in the middle of the night she is unsure what happens. DON- B reports R11's daughter states this happened at night prior to his admission into the facility. DON- B reports R11 having multiple falls prior to coming into the facility and the facility has talked a lot to see what they can do on nights to help prevent further falls. DON- B states every 2-hour toileting at night didn't work because staff would go into R11's room for cares and then he would get up right afterwards. DON- B gave an example of R11 getting up in the middle of the night to empty his urinal and his urinal would have no urine in it. NHA- A then stated she is unsure if R11 is independent with getting his shoes on himself, but states R11 is independent with self-propelling throughout the facility. Surveyor notified NHA- A and DON- B with concerns of the facility not completing a comprehensive assessment to determine a root cause for each fall, reassessment of interventions to determine if they were effective, and completing accurate assessments taking into account R11's individualized patterns and needs.</p> <p>On 10/30/24, at 1:07 pm, NHA- A, DON- B, Director of Therapy (DOT)- O, and Clinical Operations Specialist- C requested to speak with Surveyor. DON- B states therapy helps with monitoring of R11's blood pressures and therapy documentation was not included in R11's root cause for his falls. NHA- A states R11 has had medication changes with Amlodipine and Midodrine and the facility has worked closely with the cardiologist to help manage his medications. NHA- A states each fall R11 has had has been different and R11 is not completing the same task with each fall. DOT- O indicates R11 wears shoes during the day and will self-propel throughout the facility. The facility will encourage gripper socks at night and therapy educates R11 with using his reacher as he has a hard time bending down due to his blood pressure changes. NHA- A states compression stockings were initiated during the daytime hours for blood pressure concerns and gripper socks were initiated for nighttime. The facility provided Surveyor a verbal description of R11's 8/13/24 fall that required a sternal rub. R11 was found laying on his back with his eyes open and verbally responded with his name after a second sternal rub. R11 was unable to state his location but expressed his frustration that he fell at the time of the fall.</p> <p>On 10/30/24, at 1:56 pm, DON- B provided Surveyor a staff statement from R11's fall on 8/13/24. Surveyor asked when this staff statement was obtained and DON- B states it was obtained on 10/30/24 after the DON- B had asked the staff member to provide a statement.</p> <p>Surveyor noted the facility did not complete an individualized assessment of R11's fall risks to develop a comprehensive plan of care to ensure safety and prevent injury. R11 has risk factors that include medical and behavioral/safety components that were not assessed together for an individualized plan for R11.</p> <p>Following the survey, the facility provided additional information to review regarding R11's falls to show R11's falls and the resulting injury did not cause harm to R11. This information was reviewed as part of the investigation.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525498	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/30/2024
NAME OF PROVIDER OR SUPPLIER Waterfall Health of Brown Deer		STREET ADDRESS, CITY, STATE, ZIP CODE 7500 W Dean Rd Milwaukee, WI 53223	
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>21855</p> <p>2.) On 10/28/24, at 8:47 AM, Surveyor observed R34 in their bed. R34 had bilateral body pillows in bed and no fall mats on the floor.</p> <p>On 10/28/24, at 3:37 PM, Surveyor observed R34 in their bed. R34 had bilateral body pillows in bed and no fall mats on the floor.</p> <p>On 10/29/24, at 7:37 AM, Surveyor observed R34 in their bed. R34 had bilateral body pillows in bed and no fall mats on the floor.</p> <p>R34's plan of care for High Risk for Falls initiated 10/19/23 documents an identified fall on 4/5/24 with an intervention implemented for floor mats while in bed.</p> <p>The fall mats were not observed on the floor during the survey for R34.</p> <p>On 10/29/24, at 10:56 AM, Surveyor interviewed (Registered Nurse) RN-G. RN-G is assigned to work on the unit R34 resides on. RN-G stated R34 has not had any floor mats since moving to this unit. RN-G stated Administration revises the plan of care. Surveyor shared R34's plan of care documents the need for floor mats. RN-G stated (R34) was on a different unit and does not get out of bed. RN-G stated they thought the floor mats were discontinued with the bilateral bed bolsters. R34 transferred to the current unit on 8/17/24 and the bed bolsters were implemented on 4/16/24 and revised as appropriate on 8/7/24. RN-G did not have any additional information regarding the floor mats.</p> <p>On 10/29/24, at 3:32 PM, Surveyor interviewed the (Director of Nurses) DON-B. DON-B stated the floor mats were for extra protection. The DON-B was not aware of the floor mats being discontinued.</p> <p>On 10/30/24, at 9:02 AM, DON-B spoke with Surveyor. DON-B stated, when R34 switched units, the floor mats did not go with R34. The DON-B observed R34 last night in bed. The DON-B discontinued the floor mats from the plan of care at this time.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525498	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/30/2024
NAME OF PROVIDER OR SUPPLIER Waterfall Health of Brown Deer		STREET ADDRESS, CITY, STATE, ZIP CODE 7500 W Dean Rd Milwaukee, WI 53223	
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)		
F 0697 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Provide safe, appropriate pain management for a resident who requires such services.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50700</p> <p>Based on observation, interview, and record review the facility did not ensure 1 (R 14) of 2 Residents reviewed for pain management, received pain management consistent with professional standards of practice.</p> <p>*R14 had multiple observations of expressive pain with no effective pain relief, PRN medications available for 4 days until brought forward by Surveyor.</p> <p>Findings include:</p> <p>The Facility's policy titled, Pain-Clinical Protocol revised March 2018.</p> <p>. Assessment and recognition:</p> <p>1. The physician and staff will identify individuals who have pain or who are at risk for having pain.</p> <p>5. The staff and physician will evaluate how pain is affecting mood, activities of daily living, sleep, and the resident's quality of life, as well as how pain may be contributing to complications such as gait disturbances, social isolation, and falls.</p> <p>Treatment and Management:</p> <p>1. With input from the resident to the extent possible, the physician and staff will establish goals of pain treatment, for example, freedom from pain with minimal medication side effects, less frequent headaches, or improved functioning, mood, sleep.</p> <p>2. The physician will order appropriate non-pharmacological and medication interventions to address the individual's pain.</p> <p>R14 was readmitted to the facility on [DATE]. R14 was hospitalized in August 2024 related to right leg above the knee amputation, diagnosis of Rheumatoid Arthritis, Osteoarthritis, diabetic Neuropathy, and other idiopathic peripheral autonomic neuropathy.</p> <p>R14's Significant Change of Condition Minimum Data Set (MDS) assessment dated [DATE] documents a Brief Interview for Mental Status (BIMS) score of 8 which indicates moderately impaired cognitive status for daily decision-making; range of motion impairment of 1 side of the lower extremities, dependent on staff assistance for bed to chair transfers, toileting, and moving from sitting to lying; requires substantial maximal assist from staff for lying to sitting, and rolling left to right; has experienced pain in the last 5 days and is on a pain regimen, frequently experiences pain, pain effects sleep-frequently, pain interferes with therapy activities-occasionally, pain interferes with day to day activities- frequently and pain is rated with a verbal descriptor scale as moderate.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525498	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/30/2024
NAME OF PROVIDER OR SUPPLIER Waterfall Health of Brown Deer		STREET ADDRESS, CITY, STATE, ZIP CODE 7500 W Dean Rd Milwaukee, WI 53223	
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 0697</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 10/28/2024, at 09:24 AM, Surveyor interviewed R14. R14 verbalized currently experiencing some pain, in both legs, explains it gets bad. R14 states at times they will request pain medicine, and the pain gets to a 10 at times.</p> <p>On 10/28/2024, at 09:33 AM, Surveyor interviewed R14 and asked R14 about pain R14 described it as, it feels like something is starting under the backside (facial grimacing during interview). When asked about laying in a different position, for example, would laying on the side be alright? R14 stated yes, but staff never asks, R14 states I take pain medication for the pain.</p> <p>On 10/28/2024, at 03:42 PM, surveyor observed R14 yelling out ouch, ouch my butt.</p> <p>On 10/29/2024, at 07:47 AM, R14 was observed by Surveyor, laying supine in bed in a semi-Fowlers position and heel protector on the left foot. MT-J (medication technician) asked if she could cut her nails and resident refused, MT-J asked about wanting to get up out of the bed. R14 refused and said not before breakfast and started yelling out, help, help. When asked R14 explained they were hungry and wanted to eat. R14 was observed with facial grimacing and trying to reposition self, yelling out, ouch, ouch my back.</p> <p>On 10/29/2024, at 08:01 AM, R14 was observed yelling out, ouch, ouch my back, ouch, ouch, oh my god, my back. I want to get up. MT-J was outside of R14's room and in response to R14's yelling out MT-J states she was getting her medication ready right now. During medication administration Surveyor observed MT-J explain to R14 remember pills will help your pain. Surveyor asked MT-J about as needed pain medication for R14. MT-J looked in her computer for any available as needed pain medications and said R14 doesn't have any available yet, they were just discontinued because R14 was now receiving hospice care. MT-J said it's been like 4 days and stated, I don't understand why Hospice didn't start her on anything yet for pain. MT-J explained, I will be talking to a nurse about this and will get some ordered. MT-J did express R14 does also have behaviors of yelling out too.</p> <p>On 10/29/2024, at 08:56 AM, Surveyor observed R14 supine in bed in a semi-Fowlers position yelling out ouch, ouch, my back.</p> <p>On 10/29/2024, at 09:45 AM, Surveyor spoke with Nursing Home Administrator (NHA)-A and Surveyor informed NHA-A of Surveyor's observations of R14 showing signs of pain and Surveyor asking MT-J to observe R14 with Surveyor. Surveyor informed NHA-A MT-J stated hospice didn't start R14 on any pain management yet, and MT-J was here when hospice was here and R14 was yelling out in pain then, so hospice defiantly knew R14 was having pain. Surveyor informed NHA-A that MT-J informed Surveyor they could see R14 was expressing pain and will have the nurse get orders for something, NHA-A stated she will have Director of Nursing (DON)-B review and address this concern.</p> <p>On 10/29/2024, at 10:10 AM, Surveyor interviewed DON-B who stated R14's other PRN meds were discontinued because hospice should be starting their pain meds but didn't yet. DON-B stated she will be informing hospice today because of observations of R14 yelling out regarding pain.</p> <p>Surveyor completed record review and noted a new order for Tramadol, Oral Tablet, 50 milligrams ordered for 1 every 6 hours, order placed on 10/29/24.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525498	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/30/2024
NAME OF PROVIDER OR SUPPLIER Waterfall Health of Brown Deer		STREET ADDRESS, CITY, STATE, ZIP CODE 7500 W Dean Rd Milwaukee, WI 53223	
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)		
F 0697 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>On 10/30/2024, at 08:01 AM, Surveyor interviewed MT-J who stated R14 was like a whole new person, calm no yelling out. Surveyor observed R14 ask to be boosted up in bed and was very calm during conversation with Surveyor. Surveyor noted no facial grimacing and no fidgeting or trying to move around.</p> <p>On 10/30/2024, at 12:22 PM, Surveyor informed NHA-A of the concern R14's pain was not controlled and was not thoroughly addressed until Surveyor brought the concern to the facility's attention. Surveyor informed NHA-A of multiple observations of R14 not just saying ouch, ouch, but the facial grimace and grabbing and rubbing area showing expression of pain not being addressed.</p> <p>No additional information received.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525498	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/30/2024
NAME OF PROVIDER OR SUPPLIER Waterfall Health of Brown Deer		STREET ADDRESS, CITY, STATE, ZIP CODE 7500 W Dean Rd Milwaukee, WI 53223	
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)		
F 0732 Level of Harm - Potential for minimal harm Residents Affected - Many	<p>Post nurse staffing information every day.</p> <p>50700</p> <p>Based on observation, interview and record review the facility did not maintain accurate nurse data information. This has the potential to affect all 61 residents currently residing in the facility.</p> <p>* The facility Nurse Staff Posting form does not document actual staff hours, and updates with each shift, and maintained for 18 months.</p> <p>Findings include:</p> <p>The facility policy entitled Staffing, Sufficient and Competent Nursing, dated August 2022, States: Policy Interpretation and Implementation: Competent staff: . 6. Direct care daily staffing numbers (the number of nursing personal responsible for providing direct care to residents) are posted in the facility for every shift.</p> <p>On 10/29/2024, at 12:29 PM, Surveyor reviewed the nurse staff postings along with the working schedules for the days of April 1st, 2024, to June 28th, 2024. The staff schedules did not correlate with the nurse staff posting forms. The nurse staff schedules showed call-ins and no-shows and the staff postings were not correct with the number of staff working at the facility reflecting the call-ins and no-shows.</p> <p>On 10/30/2024, at 10:40 AM, Surveyor interviewed Scheduler-K. Surveyor asked Scheduler-K who fills out the daily nurse staffing sheets and revises them as needed. Scheduler-K stated Scheduler-K is responsible for this task and completes it. Surveyor asked Scheduler-K to pull up the staff schedule from 4/1/2024 and the posted daily nursing staff from 4/1/2024 to compare the amount of nurses and certified nursing assistance on both. Surveyor informed Scheduler-K both schedules do not match related to the total amount of staff that was here that day, as well as throughout that month, and through-out the 3 months reviewed April, May and June. Surveyor notes there are no revisions of the number of staff working made to the posted nursing staff sheets. Scheduler-K acknowledged the errors and said she would change them now.</p> <p>On 10/30/2024, at 12:22 PM, Surveyor informed Nursing Home Administrator (NHA)-A NHA-A of the concern with the daily staff postings not being updated related to changes with staff call ins or changes in the original schedule. Surveyor informed NHA-A Scheduler-K stated Scheduler-K is responsible for updating these postings but just didn't update them during those times. NHA-A stated in April there was a big change with the rehabilitation hall opening back up and that staffing was challenging at those times related to increase of residents. No more additional information received during survey.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525498	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/30/2024
NAME OF PROVIDER OR SUPPLIER Waterfall Health of Brown Deer		STREET ADDRESS, CITY, STATE, ZIP CODE 7500 W Dean Rd Milwaukee, WI 53223	
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 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 21855</p> <p>Based on record review and interview, the facility did not act upon the pharmacy medication regimen review reports when received. This was observed with 1 (R34) of 5 resident medication reviews.</p> <p>* R34's monthly pharmacy reviews noted an irregularity reported on 6/19/24, 7/29/24 and 10/29/24 (same concerns from previous month's readmission review 9/23/24). There was not documentation the identified irregularities were acted upon by the attending physician.</p> <p>Findings include:</p> <p>The facility's policy and procedure Medication Regimen Reviews dated May 2019, documents:</p> <p>. 12.) The attending physician documents in the medical record that the irregularity has been reviewed and what (if any) action was taken to address it.</p> <p>R34's medical record was reviewed for monthly pharmacy medication reviews. R34 was admitted to the facility on [DATE] with a trach and gastronomy tube. R34 does not take anything by mouth.</p> <p>-R34's pharmacy review dated 6/19/24 documents an irregularity report was generated. This was for Lipid Panel monitoring. There is no documentation this was acted upon timely by the facility nor the physician consulted with.</p> <p>-The pharmacy review dated 7/29/24 documents an irregularity report was generated. This was for Ferrous Sulfate Liquid, and Zonisamide Suspension, not able to determine the dose. There is no documentation this was acted upon timely by the facility nor physician consulted with.</p> <p>-The pharmacy review on 10/29/24 references the readmission review on 9/23/24. The 9/23/24 readmission review recommends an end date for Lorazepam 1 milligrams every 12 hours as needed; Ferrous Sulfate and Zonisamide change from by mouth, to (gastrostomy) g-tube; Omeprazole suspension has 20 milligrams instead of 20 milliliters. There is an irregularity report generated on 10/29/24. This was for the same concerns that were listed on the 9/23/24 recommendations report. There is not documentation this was acted upon timely nor consulted with the physician.</p> <p>On 10/28/24, at 3:09 PM, at the facility exit meeting with Nursing Home Administrator (NHA)-A and Director of Nurses (DON)-B, Surveyor requested R34's pharmacy review reports.</p> <p>On 10/30/24, at 8:57 AM, Surveyor interviewed DON-B. DON-B stated When the Pharmacist completes their reviews. It could take up to 2 weeks to receive these reports. When we get the pharmacy reports, we call for the orders. Surveyor reviewed R34's pharmacy reports at this time. R34's Lipid Panel was obtained 7/11/24 which was recommended on the 6/19/24 irregularity report. The Ferrous Sulfate dose concern is documented on the 7/29/24 report correlated with an order obtained on 10/30/24.</p> <p>R34's October Medication Administration Record for 2024 documents:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525498	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/30/2024
NAME OF PROVIDER OR SUPPLIER Waterfall Health of Brown Deer		STREET ADDRESS, CITY, STATE, ZIP CODE 7500 W Dean Rd Milwaukee, WI 53223	
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)		
F 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>- Ferrous Sulfate Elixir 220 (44 FE) mg/ml (milligram/milliliter). Give 5 ml by mouth in the afternoon. This was changed on 10/30/24 from by mouth to g-tube. R34 is NPO (nothing by mouth). This was not changed with the pharmacy report concern documented on 9/23/24.</p> <p>-Zonisamide Oral Suspension 100 mg/5 ml. Give 10 ml two times a day. There is not a dose or route documented.</p> <p>On 10/30/24, at 1:25 PM, DON-B spoke with Surveyor. The DON-B thought the Pharmacist was completing all the reviews with the behavior meetings. The DON-B is receiving the medication reviews when they are being completed. There is no information as to why the pharmacy reports are not followed up timely after receiving the recommendations.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525498	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/30/2024
NAME OF PROVIDER OR SUPPLIER Waterfall Health of Brown Deer		STREET ADDRESS, CITY, STATE, ZIP CODE 7500 W Dean Rd Milwaukee, WI 53223	
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 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure medication error rates are not 5 percent or greater.</p> <p>38253</p> <p>Based on observation, interview, and record review, the facility did not ensure the medication error rate was not 5 percent or greater. 2 (R14 and R31) of 4 residents observed during medication pass were affected.</p> <p>The medication error rate was 5.26 percent, 2 errors out of 38 opportunities.</p> <p>Findings include:</p> <p>1.) R14 had an order for Vitamin D 5,000 units once daily. On 10/29/2024, at 7:44 AM, Medication Technician (MT)-J administered Vitamin D 50,000 units.</p> <p>In an interview on 10/29/2024, at 8:40 AM, Surveyor asked MT-J to show the stock medication bottle of Vitamin D to Surveyor to verify what dose of Vitamin D was administered. MT-J stated MT-J just saw that MT-J should have given 5,000 units of Vitamin D and MT-J gave 50,000 units. MT-J provided the bottle of Vitamin D with 5,000 units and 50,000 units and agreed MT-J had administered the wrong dose. MT-J stated the doctor would be notified and R14 would be placed on the 24-hour board for monitoring of any side effects.</p> <p>2.) R31 had an order for Lantus glargine (insulin) 34 units twice daily. On 10/29/2024, at 8:06 AM, Licensed Practical Nurse (LPN)-L drew up 34 units of air into the insulin syringe and showed to Surveyor. LPN-L put the air in the Lantus vial and drew up 40 units of insulin. LPN-L showed Surveyor the syringe with the insulin. Surveyor asked LPN-L if the dosage of the Lantus was 40 units. LPN-L stated no, it is 34 units. LPN-L took the syringe back and wasted the excess insulin. LPN-L handed the syringe to Surveyor and Surveyor verified the syringe had 34 units of Lantus insulin. If Surveyor had not questioned LPN-L as to the dosage of insulin, R31 would have received 6 units of insulin above the ordered 34 units.</p> <p>On 10/30/2024, at 3:16 PM, during the exit with the facility, Surveyor shared with Nursing Home Administrator (NHA)-A and Director of Nursing (DON)-B the observation of MT-J administering the incorrect dose of Vitamin D to R14 and the observation of LPN-L drawing up 40 units of Lantus insulin and Surveyor questioning the appropriate dose ordered. Surveyor shared the medication error rate was 5.26% with 2 errors in 38 opportunities. No further information was provided at that time.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525498	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/30/2024
NAME OF PROVIDER OR SUPPLIER Waterfall Health of Brown Deer		STREET ADDRESS, CITY, STATE, ZIP CODE 7500 W Dean Rd Milwaukee, WI 53223	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p>21855</p> <p>Based on observation, interview, and record review, the facility did not implement an effective infection control program. This was observed in the facility laundry and preventative outbreak measures. This had the potential to effect the 61 residents currently in the facility.</p> <p>* The facility's soiled laundry area did not have handwashing/hand hygiene accessibility for staff after handling soiled linens.</p> <p>* The facility did not have a process to track staffs' N95 mask fit testing. There was not a system to identify what staff were fit tested to work with residents requiring staff to wear N95 mask PPE (Personal Protective Equipment).</p> <p>Findings include:</p> <p>1.) On 10 /28/24, at 1:48 PM, Surveyor observed the Laundry Services with (Housekeeping Supervisor) HS-H and (Laundry Aide) LA-I. Surveyor observed the soiled linen area did not have accessible handwashing. There was a non-working, residential size, washing machine in front of the utility tub sink. There were no hand soap products, no hand drying towels, and a utility hose attached to the spigot. HS-H and LA-I stated they wash their hands in the restroom across the hall. There is an additional utility sink in the clean linen area. There was a sign above the sink which documented no running water. Behind the wall of the sink the drywall is missing. The facility was unable to provide a definitive timeframe there was non-useable hand hygiene. The opposite wall, and restroom, are not part of the health care center/facility.</p> <p>On 10/28/24, at 2:23 PM, Surveyor interviewed (Nursing Home Administrator) NHA-A. The NHA-A did not know how long the sink has been broken in the laundry area. NHA-A stated there are bathrooms across the hall where staff can wash their hands. The NHA-A was not aware there are no functioning sinks in laundry room.</p> <p>On 10/29/24, at 1:35 PM, the NHA-A spoke with Surveyor. The NHA-A stated the hot water was just capped in the utility room tub. They did get supplies last night and fixed the utility tub sink and it does work. NHA-A informed Surveyor the staff can wash their hands in the utility tub. NHA-A stated staff was educated they can use the sink and it was not broken.</p> <p>On 10/29/24, at 1:41 PM, Surveyor observed the laundry utility sink with HS-H and LA-I. There was not a functional handwashing receptacle. The faucet handles and spigot appeared new. HS-H, during this observation, supplied hand soap to the soap dispenser. The paper towel was supplied, to the towel dispenser, during this observation by HS-H. The NHA-A arrived at this time. Surveyor shared the concerns regarding handwashing accessibility and the new faucet equipment with supplies noted during this observation. To access the utility tub, you must climb over a pallet with barrels of laundry detergent. This was in the soiled linen handling area. NHA-A aware when staff handled soiled linen there was no accessible area to perform hand hygiene.</p> <p>(continued on next page)</p>		

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 07/07/2025
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525498	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/30/2024
NAME OF PROVIDER OR SUPPLIER Waterfall Health of Brown Deer		STREET ADDRESS, CITY, STATE, ZIP CODE 7500 W Dean Rd Milwaukee, WI 53223	
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)		
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	2.) On 10/29/24, at 3:23 PM, Surveyor interviewed the Director of Nurses (DON)-B regarding the facility infection outbreak protocols. The DON-B stated they have a designated staff member that can do N95 fit testing. They have not developed this process yet. They do not keep track of employee N95 mask fit testing. They are in the process of developing a protocol. The facility is not currently in an outbreak. The facility does not know what staff need fit testing, or had fit testing already completed, for a N95 mask for an airborne virus outbreak.		