

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

Printed: 06/27/2025
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525537	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/09/2022
NAME OF PROVIDER OR SUPPLIER Lasata Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE W76 N677 Wauwatosa Rd Cedarburg, WI 53012	
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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>32768</p> <p>Based on observation, record review and staff interview, the facility did not ensure 1 (R) (R65) of 8 residents reviewed for pressure injuries received appropriate care and services to promote healing and/or prevent pressure injuries from developing.</p> <p>Observations of R65 sitting on sling in wheel chair throughout all 3 days of survey.</p> <p>Findings include:</p> <p>Facility's Skin Care Policy dated 6/21 indicates: To prevent the resident from developing pressure injuries unless clinically unavoidable and to provide care and services consistent with professional standards of practice to :</p> <p>Promote the prevention of pressure injury development</p> <p>Promote the healing of existing pressure injuries and prevent development of additional pressure injury.</p> <p>Prevention Practice:</p> <p>A. Reduce pressure/shearing/friction:</p> <p>1. Use appropriate pressure reducing or relieving devices-mattress or wheel chair cushion.</p> <p>6. Avoid wrinkles in clothing, linens, briefs</p> <p>R65 was admitted to facility on 2/13/18 with the diagnosis of impaired circulation, fragile skin, diabetes, chronic kidney disease and anemia. R65's most recent MDS (Minimum Data Set) dated 2/16/22 indicates that resident requires extensive assist with bed mobility, transfers, dressing, hygiene and bathing.</p> <p>R65 has a history of pressure injury on inner buttocks area that has currently healed, but a dressing is still in place for protection according to RN (Registered Nurse)-I. A Nursing note from 2/23/22 indicated, new area on bilateral buttocks, purple area, interventions in place and updated. A Nursing note from 3/8/22, indicated bilateral buttock reddened/purplish tender to touch. New order for Desitin per Nurse Practitioner.</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

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Surveyor had multiple observations throughout survey of R65 sitting directly on sling that was over cushion in wheelchair in the dining room.</p> <p>3/7/22 at 11:45 AM</p> <p>3/8/22 at 11:26 AM</p> <p>3/9/22 at 12:33 PM</p> <p>On 3/9/22 at 1:25 PM Surveyor observed the buttocks area of R65. Surveyor observed reddened purple area from bilateral buttocks down to mid lateral thigh area. Purple area was blanchable to touch. Surveyor also noted a wound dressing on inner buttocks area. Purple area noted would be consistent with sitting down in a wheelchair.</p> <p>On 3/9/22 at 12:48 PM Surveyor interviewed RN-C. RN-C indicated that the facility did not have assessments of slings in chairs for residents. RN-C indicated that therapy may do an assessment for a lift but not for a sling in a chair. RN-C also indicated that a sling in a chair would not be care planned nor did they obtain a risk benefits statement for use of a sling in a chair which would reduce the effectiveness of the pressure relieving cushion.</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>32767</p> <p>Based on observation, Resident (R) interview, staff interviews and record review, the facility did not ensure oxygen tubing was changed for 1 (R68) of 1 residents reviewed for respiratory care.</p> <p>Facility staff did not change oxygen tubing and did not have documentation of hospice staff changing R68's oxygen tubing since oxygen was ordered 10/26/21.</p> <p>Findings include:</p> <p>Facility policy titled Nursing Oxygen, revision dated 1/2020, documented All tubing and nasal cannulas/face masks should be changed out every 5 days.</p> <p>From 3/7/22 through 3/9/22, Surveyor reviewed R68's medical record which documented R68 enrolled in hospice services on 11/17/21. R68's orders included a 10/26/21 oxygen order for shortness of breath and comfort. Surveyor noted R68's orders, Treatment Administration Record (TAR), and care plans did not address how often to change R68's oxygen tubing.</p> <p>On 3/7/22 at 12:38 PM, Surveyor observed R68 utilizing oxygen via nasal cannula. R68 revealed to Surveyor that R68 utilized oxygen for some time but was not able verbalize the timeframe when R68 began utilizing oxygen or how often tubing was changed out. Surveyor noted R68's oxygen tubing did not have an affixed dating indicator for when tubing was most recently changed. Surveyor sporadically observed R68 throughout survey from 3/7/22 through 3/9/22. R68 was using oxygen during all observations.</p> <p>On 3/9/22 at 9:30 AM, Surveyor interviewed Registered Nurse (RN)-C, who was unit manager for unit R68 resided on. RN-C explained that facility Supply Aide (SA)-F generally took care of oxygen tubing changes but because R68's tubing was supplied by hospice, RN-C was not certain if tubing change responsibility was handled by hospice or SA-F. At time of interview, RN-C reviewed R68's hospice care plan but was unable to determine responsibility or locate an oxygen tubing change order. At that time, RN-C called SA-F via telephone then conveyed to Surveyor that SA-F doesn't handle tubing for R68.</p> <p>On 3/9/22 at 11:59 AM, Nursing Home Administrator (NHA)-A confirmed R68's hospice documentation available at facility did not include information on oxygen tubing changes. NHA-A expressed an expectation that hospice follow the facility policy to change oxygen tubing every 5 days.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32767</p> <p>Based on observations, staff interviews, and record review, the facility did not ensure food was stored, prepared, and served under sanitary conditions. The practices had the potential to affect all 75 residents.</p> <p>The facility stored expired and damaged products in the dry storage area.</p> <p>The facility did not clean equipment between uses.</p> <p>The facility did not follow disinfectant manufacturer contact time instructions.</p> <p>Findings include:</p> <p>On [DATE], during initial kitchen tour beginning at 10:17 AM, Dietary Manager (DM)-G indicted to Surveyor that the facility utilized the Wisconsin (WI) Food Code as its standard of practice.</p> <p>Expired and Damaged Products</p> <p>On [DATE], during initial kitchen tour beginning at 10:17 AM, Surveyor entered dry storage with DM-G and observed a cardboard box with wrinkled texture and dried lines from probable previous moisture exposure. The box was delivery dated [DATE] and contained 20 ounce (oz) containers of iodized salt. Surveyor removed a container from box and found salt inside container to be solid instead of granular. Salt container label was visibly wrinkled and water damage lines were visible on container. DM-G removed additional salt containers from damaged box and determined 12 containers of salt were damaged. Surveyor observed visible debris on top of 6 pound (lb) containers of dessert sprinkle style decorative toppings. DM-G verified debris was on top of dessert sprinkle containers and explained the overhead pipes in the room were recently cleaned. Dry storage products were largely covered but not all products were able to be covered during pipe cleaning process. Dessert decoration containers were further examined and determined to be expired. Five containers of rainbow sprinkles, one of orange sprinkles, one of white sprinkles, and three of lavender decorettes all were beyond best by dates. DM-G was not able to verbalize what system the facility had in place to ensure expired food was removed from dry storage and discarded. Surveyor observed and DM-G verified a clear bag containing 12 black bean burgers, delivery dated [DATE], had an accumulation of frost inside the bag with frost also clinging to the black bean burgers. DM-G was not able to indicated why the product had frost damage in less than 2 months time at the facility. DM-G discarded the black bean burgers at the time of observation.</p> <p>Soiled Equipment</p> <p>WI Food Code 2020 documents at ,d+[DATE].11 (A) EQUIPMENT FOOD-CONTACT SURFACES and UTENSILS shall be clean to sight and touch. (B) The FOOD-CONTACT SURFACES of cooking EQUIPMENT and pans shall be kept free of encrusted grease deposits and other soil accumulations. (C) NONFOOD-CONTACT SURFACES of EQUIPMENT shall be kept free of an accumulation of dust, dirt, FOOD residue, and other debris.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On [DATE], during initial kitchen tour beginning at 10:17 AM, Surveyor observed and DM-G verified the facility meat slicer was covered by had dried meat residue on the underside of the cutting edge and white crumbs on the meat tray. DM-G was not able to identify what the while crumbles were but guess they may be salt. DM-G estimated the meat slicer was used approximately once per week. Surveyor touched convection oven handle to open oven and felt the handle was tacky. DM-G also touched handle and described area as tacky. DM-G identified the handles may have been tacky from grease accumulation. Surveyor observed a reach in refrigerator in the main kitchen had visible residue in finger print shapes on the exterior doors. The facility can open had dried food residue in red and brown colors died on to the cutting edge and the base. The microwave handle felt greasy and was visually soiled on the handle and around the handle on the door.</p> <p>On [DATE] beginning at 11:15 AM, Surveyor entered 1 [NAME] kitchenette with DM-G. Surveyor observed 1 [NAME] kitchenette oven was soiled externally and internally. Crumbs and dried yellow splatter were present on the handle and various shades of brown were baked onto the interior floor of the oven. DM-G explained the oven was generally used to hold hot foods and not on a cleaning schedule.</p> <p>Disinfectant Use</p> <p>Disinfectant spray directions indicated surface should be sprayed, debris wiped off then surface sprayed again and kept wet for one minute to sanitize.</p> <p>On [DATE] at 12:54 PM, Surveyor observed Dietary Aide (DA)-H clear 1 [NAME] dining tables. DA-H sprayed tables and wiped away debris. DA-H was not able to verbalize contact time of product to Surveyor. Surveyor reviewed instructions on label with DA-H which indicated one minute contact time requirement.</p> <p>On [DATE] at 9:11 AM, DM-G indicated DA-H reported issues with disinfectant spray use to DM-G on [DATE] after interaction with Surveyor. DM-G verified one minute contact time was required and explained in-service education was started with staff following DA-H reporting issue. DM-G explained the facility disinfecting product was changed with supply vendor change in [DATE].</p>		

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<p>F 0849</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Arrange for the provision of hospice services or assist the resident in transferring to a facility that will arrange for the provision of hospice services.</p> <p>32767</p> <p>Based on staff interviews and record review, the facility did not ensure agreed upon hospice communication documentation was in a Resident (R) medical record for 1 (R68) of 1 sampled residents reviewed for hospice services.</p> <p>The facility did not ensure R68's hospice visit progress notes and oxygen tubing changes were included in R68's medical record.</p> <p>Findings include:</p> <p>Facility agreement with R68's hospice provider, signed 5/10/17, documented Part V: Medical Records. A. Facility shall prepare and maintain medical records for each Hospice patient receiving services pursuant to this Agreement . The medical records shall consist of at least progress notes and clinical notes describing all inpatient services and events.</p> <p>From 3/7/22 through 3/9/22, Surveyor reviewed R68's medical record which documented R68 enrolled in hospice services on 11/17/21. Surveyor noted R68's most recent hospice generated communication was an updated care plan dated 2/1/22. 2/1/22 updated care plan indicated a hospice nurse was to visit weekly, a hospice nursing aide was to visit weekly and a hospice social worker should visit monthly. Surveyor was not able to locate hospice visit progress notes by hospice nurses, aides, or social workers. Surveyor noted hospice orders did not address oxygen tubing changes. (Refer to F695 for respiratory care concern details related to R68.)</p> <p>On 3/8/22 at 1:34 PM, Surveyor interviewed Registered Nurse (RN)-D regarding R68's hospice service provider communications. RN-D explained R68's hospice provider requests staff to sign confirmation of presence in building on an electronic device. RN-D elaborated that RN-D did not have to sign the hospice device. Certified Nursing Assistance (CNAs) may also sign. RN-D indicated hospice will sometimes verbally debrief RN-D on services provided during hospice visit but if RN-D was unavailable, no verbal report occurred prior to hospice staff exiting the facility. RN-D denied ever receiving written progress note communications from R68's hospice provider.</p> <p>On 3/8/22 at 1:39 PM, Surveyor interviewed RN-C who was RN Manager for R68's unit. RN-C was not aware of who in facility was assigned as hospice coordinator/designee. At the time of interview, RN-C reviewed R68's hospice binder and verified no hospice visit communications were in the binder. RN-C then reviewed the remainder of R68's hard copy portion of medical record and confirmed R68's medical record did not contain hospice visit documentation. RN-C indicated RN-C communicated to R68's hospice provider in the past that hospice staff should let RN-C know when hospice staff are in the building but RN-C indicated R68's hospice staff did not consistently notify RN-C of presence in the facility.</p> <p>(continued on next page)</p>		

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F 0849 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 3/9/22 at 11:59 AM, Nursing Home Administrator (NHA)-A alerted Surveyor that NHA-A contacted R68's hospice provider to follow up on missing hospice visit progress notes. NHA-A was informed R68's hospice provider keeps progress notes in an online portal. Hospice provider indicated to NHA-A that facility had access to online portal. At 12:24, NHA-A disclosed to Surveyor that NHA-A followed-up with facility hospice designees (Social Services (SS)-E and RN-C) and learned facility staff did not have access to hospice online portal. NHA-A expressed an expectation that each hospice resident have up to date hospice information in their medical record.		