

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

Printed: 05/28/2025
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525586	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/06/2024
NAME OF PROVIDER OR SUPPLIER Heritage Health Services		STREET ADDRESS, CITY, STATE, ZIP CODE 1119 N Wisconsin St Port Washington, WI 53074	
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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>47248</p> <p>Based on observation and resident and staff interview, the facility did not maintain dignity for 2 Residents (R) (R10 and R12) of 12 sampled residents.</p> <p>R10 and R12 required feeding assistance. During the lunch meal on 2/5/24, staff did not sit down while feeding R10 and R12.</p> <p>Findings include:</p> <p>On 2/5/24 at 11:59 AM, Surveyor observed the dining room and witnessed the following:</p> <p>-At 12:01 PM, Surveyor observed R10 receive a plate of pureed food. While feeding R10, a staff member stood to the left of R10 and did not sit down.</p> <p>-At 12:07 PM, Surveyor observed R12 at the opposite end of the table from R10. R12 and R10 were the only two residents at the table. The staff member who was feeding R10 also began feeding R12. The staff member alternated between feeding R10 and R12 and did not sit down while feeding either resident.</p> <p>On 2/6/24 at 8:19 AM, Surveyor interviewed Certified Nursing Assistant (CNA)-R who stated CNAs were responsible for feeding residents and should be seated while doing so.</p> <p>On 2/6/24 at 8:34 AM, Surveyor interviewed Licensed Practical Nurse (LPN)-F who stated nurses oversee the CNAs who feed residents at meal times. When asked if CNAs should be seated while feeding residents, LPN-F stated, It depends if they can be safe to sit or otherwise it has to be standing. Whatever is safe for the resident.</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: 525586	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/06/2024
NAME OF PROVIDER OR SUPPLIER Heritage Health Services		STREET ADDRESS, CITY, STATE, ZIP CODE 1119 N Wisconsin St Port Washington, WI 53074	
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 0551 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Give the resident's representative the ability to exercise the resident's rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47248</p> <p>Based on staff interview and record review, the facility did not ensure protective placement was obtained for 3 Residents (R) (R3, R16, and R1) of 3 sampled residents.</p> <p>R3's medical record indicated R3 had a legal guardian upon admission and had court-ordered guardianship paperwork. R3's medical record did not contain protective placement documentation.</p> <p>R16's medical record indicated R16 had a legal guardian upon admission and court-ordered guardianship paperwork. R16's medical record did not contain protective placement documentation.</p> <p>R1's medical record indicated R1 had a legal guardian, but did not contain court-ordered determination of guardianship or protective placement documentation.</p> <p>Findings include:</p> <p>State Statute Chapter 55.03(4) indicates: The law requires a court-ordered protective placement for any resident admitted to a nursing home who has a legal guardian and whose nursing home stay exceeds sixty days, only to be extended with court approval (State Statute Chapter 55.05(b)). Protective placement is reviewed annually (State Statute Chapter 55.18) to determine if placement continues to be least restrictive and in the best interest of the individual.</p> <p>1. On 2/5/24, Surveyor reviewed R3's medical record which indicated R3 was admitted to the facility on [DATE] with a diagnosis of severe intellectual disabilities and had a court-ordered legal guardian. R3 had an original order of court-ordered guardianship in 1997, an order for successor guardian, dated 6/14/07, and an order for continued non-institutional protective placement, dated 6/28/12. R3's medical record did not contain a petition for temporary or permanent protective placement that indicated R3 had court-ordered protective placement in a skilled nursing facility.</p> <p>2. On 2/5/24, Surveyor reviewed R16's medical record which indicated R16 was admitted to the facility on [DATE] with a diagnosis of intellectual disabilities and had a court-ordered legal guardian. R16 had an original order of court-ordered guardianship in 1975, an order for successor guardian, dated 10/20/21, and an order for continued non-institutional protective placement, dated 2/15/17. R16's medical record did not contain a petition for temporary or permanent protective placement that indicated R16 had court-ordered protective placement in a skilled nursing facility.</p> <p>3. On 2/5/24, Surveyor reviewed R1's medical record. R1 was admitted to the facility on [DATE] with diagnoses including paraplegia (paralysis of the lower extremities), anoxic (lack of oxygen) brain damage, obsessive compulsive behavior, convulsions, and depression. R1's Minimum Data Set (MDS) assessment, dated 1/8/24, contained a Brief Interview for Mental Status (BIMS) score of 11 out of 15 which indicated R1 had moderately impaired cognition. R1's medical record indicated R1 had a legal guardian, but did not contain determination of permanent guardianship or documentation of protective placement. Surveyor noted R1's medical record contained petitions for guardianship and protective placement in 1997.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525586	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/06/2024
NAME OF PROVIDER OR SUPPLIER Heritage Health Services		STREET ADDRESS, CITY, STATE, ZIP CODE 1119 N Wisconsin St Port Washington, WI 53074	
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 0551 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>On 2/5/24 at 2:07 PM, Surveyor interviewed Social Worker (SW)-E who confirmed R3, R16 and R1 had court-ordered guardians, but did not have current protective placement orders. SW-E indicated SW-E did not contact R3, R16, and R1's guardians to obtain the orders and was unaware the orders were required to be completed yearly. SW-E was unsure if the facility had a guardianship policy and procedure. SW-E indicated the facility should ensure residents have protective placement and guardianships in place prior to admission, if appropriate. SW-E indicated SW-E would request the updated guardianship and/or the protective placement orders and was unsure if R1's protective placement or guardianship was reviewed prior to R1's admission.</p> <p>On 2/6/24 at 9:59 AM, Surveyor interviewed SW-E who confirmed the facility did not have current protective placement orders for R3, R16 and R1. SW-E confirmed SW-E did not have prior knowledge of protective placements and had never seen one before.</p> <p>On 2/6/24 at 11:11 AM, SW-E approached Surveyor and indicated SW-E was continuing to work on obtaining protective placement orders for R16 and R1. SW-E indicated R3 had just a guardianship and did not require protective placement. SW-E was not aware R3 required protective placement to continue to reside in the facility. SW-E indicated SW-E would contact R3's guardian to see what to do for protective placement.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525586	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/06/2024
NAME OF PROVIDER OR SUPPLIER Heritage Health Services		STREET ADDRESS, CITY, STATE, ZIP CODE 1119 N Wisconsin St Port Washington, WI 53074	
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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32768</p> <p>Based on staff and Power of Attorney (POA) interview and record review, the facility did not notify the POA for 1 Resident (R) (R25) of 2 sampled residents when the resident returned from the hospital.</p> <p>R25 was transferred to the hospital following a seizure and returned to the facility on [DATE]. R25's POA was not notified when R25 returned to the facility.</p> <p>Findings include:</p> <p>The facility's Change in Condition of the Resident policy, dated 9/20/22 indicates: A facility should immediately inform the resident, consult with the resident's physician; and notify consistent with his or her authority, the resident representative when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications); or a need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment) .4. Notify resident's family/responsible party as applicable and in accordance with resident's wishes .Documentation needs include, but are not limited to the following .3. Notification of provider-include date, time, what was conveyed, any orders received (each time notified); 4. Notification of responsible party-include date, time, what was conveyed, any comments (each time notified).</p> <p>R25 was admitted to the facility on [DATE] with multiple comorbidities and diagnoses including congestive heart failure, diabetes, cerebral vascular accident, chronic kidney disease, Cushing's disease (when the body contains too much cortisol), and encephalopathy (a broad term for any brain disease that alters brain function or structure).</p> <p>On 2/4/24, Surveyor reviewed R25's medical record. R25 was hospitalized and returned to the facility on the morning of 11/17/23. R25 had a seizure and returned to the hospital that evening. POA-I was notified when R25 returned to the hospital. R25 returned to the facility on [DATE] at 12:31 AM. R25's medical record did not indicate POA-I was not notified when R25 returned to the facility. On 11/18/23 at approximately 12:15 PM, the facility notified POA-I that R25 was coding. At 12:45 PM, POA-I was notified that R25 passed away.</p> <p>On 2/4/24 at 1:24 PM, Surveyor interviewed POA-I who indicated POA-I was not notified when R25 returned to the facility on [DATE]. POA-I indicated if POA-I knew the significance of R25's condition, POA-I would have returned from an out-of-town trip.</p> <p>On 2/5/24 at 11:01 AM, Surveyor interviewed [NAME] President of Success (VPS)-C who indicated staff did not notify POA-I when R25 returned from the hospital because they were told not to notify POA-I because POA-I would be out of town. VPS-C did not provide documentation that POA-I communicated that to staff.</p>		

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

Printed: 05/28/2025
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525586	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/06/2024
NAME OF PROVIDER OR SUPPLIER Heritage Health Services		STREET ADDRESS, CITY, STATE, ZIP CODE 1119 N Wisconsin St Port Washington, WI 53074	
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 0582 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered.</p> <p>47248</p> <p>Based on staff interview and record review, the facility did not ensure written notification of financial liability via an Advanced Beneficiary Notice (ABN) was provided for 1 Resident (R) (R228) of 3 sampled residents.</p> <p>The facility did not provide an ABN to R228 when R228's Medicare Part A benefits ended on 11/21/23. R228 discharged home from the facility on 11/29/23.</p> <p>Findings include:</p> <p>On 2/05/24, Surveyor reviewed the Beneficiary Protection Notification Review documents for three residents whose Medicare A stay or benefit period ended.</p> <p>On 2/5/24, Surveyor reviewed R228's medical record. R228's review indicated R228's last covered Medicare Part A service date was 11/21/23. R228 was scheduled to discharge home on 11/22/23; however, R228 remained at the facility for another week and discharged home on 11/29/23. The document indicated an ABN was not provided to R228. R228's medical record indicated R228 was changed to private pay and R228's family member paid \$2,219 on 11/22/23.</p> <p>On 2/6/24 at 11:12 AM, Surveyor interviewed Social Worker (SW)-E who confirmed an ABN was not completed for R228. SW-E stated R228 was due to discharge on 11/22/23, but R228 got cold feet and decided to stay an extra week. SW-E spoke with R228's family and provided the private pay rate. A credit card was charged for the full amount of \$2,219, but the ABN was not provided. SW-E stated it was an oversight since R228 was supposed to leave the next day.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525586	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/06/2024
NAME OF PROVIDER OR SUPPLIER Heritage Health Services		STREET ADDRESS, CITY, STATE, ZIP CODE 1119 N Wisconsin St Port Washington, WI 53074	
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 0623 Level of Harm - Potential for minimal harm Residents Affected - Many	<p>Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights.</p> <p>32768</p> <p>Based on staff interview and record review, the facility did not ensure a resident or their representative was provided a written transfer notice and did not ensure the State Long Term Care Ombudsman was notified when 2 Residents (R) (R10 and R17) of 2 residents transferred to the hospital.</p> <p>R10 was transferred to the hospital on 1/9/24. The facility did not provide R10 or R10's representative with a written transfer notice and did not notify the Ombudsman of R10's transfer.</p> <p>R17 was transferred to the hospital on 4/21/23, 6/29/23, and 10/5/23. The facility did not provide R17 or R17's representative with a written transfer notice and did not notify the Ombudsman of R17's transfers.</p> <p>Findings include:</p> <p>The facility's Transfer Discharge policy, dated 7/15/22, indicates: It is the policy of this facility to permit each resident to remain in the facility, and not transfer or discharge the resident from the facility except as initiated by the resident, necessary for the health and safety of the resident or other individuals are endangered, or as otherwise permitted by applicable law .Emergency Transfer/Discharges-Initiated by the facility for medical reasons, or for the immediate safety and welfare of a resident (nursing responsibilities unless otherwise specified):</p> <p>a. Obtain physician order for emergency transfer or discharge, stating the reason the transfer or discharge is necessary on an emergency basis.</p> <p>b. Notify resident and/or representative.</p> <p>j. Provide transfer notice as soon as practicable to resident and representative.</p> <p>k. Social Services Director, or designee, shall provide notice of transfer to a representative of the State Long-Term Care Ombudsman via a monthly list.</p> <p>1. On 2/4/24, Surveyor reviewed R10's medical record which indicated R10 was transferred to the hospital on 1/9/24 for complaints of chest pain. R10's medical record did not indicate R10 or R10's representative received a written transfer notice. R10's medical record indicated R10 had an activated power of attorney (POA).</p> <p>On 2/4/24 at 12:27 PM, Surveyor interviewed R10's POA who stated they were unsure if they received a written notice for R10's transfer.</p> <p>On 2/5/24 at 9:22 AM, Surveyor requested R10's written transfer notice from [NAME] President of Success (VPS)-C who stated R10 did not receive a written transfer notice.</p> <p>(continued on next page)</p>		

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

Printed: 05/28/2025
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525586	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/06/2024
NAME OF PROVIDER OR SUPPLIER Heritage Health Services		STREET ADDRESS, CITY, STATE, ZIP CODE 1119 N Wisconsin St Port Washington, WI 53074	
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 0623 Level of Harm - Potential for minimal harm Residents Affected - Many	<p>2. On 2/5/24, Surveyor reviewed R17's medical record which indicated R17 was transferred to the hospital on 4/21/23 for cellulitis, on 6/29/23 for an abdominal abscess, and on 10/5/23 for a hernia repair. R17's medical record did not indicate R17 or R17's representative received a written notice for the transfers.</p> <p>On 2/5/24 at 9:24 AM, Surveyor interviewed VPS-C who indicated the facility did not have documentation that written transfer notices were provided to R17 or R17's representative and stated the facility's business manager did not provide written transfer notices. VPS-C verified the facility's policy indicates a written transfer notice should be provided, but stated the facility does not have a system in place to provide one.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525586	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/06/2024
NAME OF PROVIDER OR SUPPLIER Heritage Health Services		STREET ADDRESS, CITY, STATE, ZIP CODE 1119 N Wisconsin St Port Washington, WI 53074	
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 0625</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Notify the resident or the resident's representative in writing how long the nursing home will hold the resident's bed in cases of transfer to a hospital or therapeutic leave.</p> <p>32768</p> <p>Based on staff interview and record review, the facility did not ensure written bedhold policy information was provided for 2 Residents (R) (R10 and R17) of 2 residents who transferred to the hospital.</p> <p>R10 was transferred to the hospital on 1/9/24. The facility did not provide R10 or R10's representative with a written bedhold notice.</p> <p>R17 was transferred to the hospital on 4/21/23, 6/29/23, and 10/5/23. The facility did not provide R17 or R17's representative with a written bedhold notice.</p> <p>Findings include:</p> <p>The facility's Transfer Discharge policy, dated 7/15/22, indicates: It is the policy of this facility to permit each resident to remain in the facility, and not transfer or discharge the resident from the facility except as initiated by the resident, necessary for the health and safety of the resident or other individuals are endangered, or as otherwise permitted by applicable law .Emergency Transfer/Discharges-Initiated by the facility for medical reasons, or for the immediate safety and welfare of a resident (nursing responsibilities unless otherwise specified):</p> <p>a. Obtain physician order for emergency transfer or discharge .</p> <p>b. Notify the resident and/or their representaative.</p> <p>i. Provide a notice of the facility's bed hold policy to the resident and their representative at the time of transfer as soon as possible but no later than 24 hours after the transfer.</p> <p>1. On 2/4/24, Surveyor reviewed R10's medical record which indicated R10 was transferred to the hospital on 1/9/24. R10's medical record did not contain documentation that notice of the facility's bedhold policy was provided to R10 or R10's representative. R10's medical record indicated R10 had an activated Power of Attorney (POA).</p> <p>On 2/4/24 at 12:27 PM, Surveyor interviewed R10's POA who indicated they were unsure if they received written notice of the facility's bedhold policy.</p> <p>On 2/5/24 at 9:22 AM, Surveyor requested R10's written bedhold notice from [NAME] President of Success (VPS)-C who indicated R10 was not provided a written bedhold notice. Per VPS-C, the facility's business manager indicated there were open rooms, therefore, R10 didn't need a bedhold notice.</p> <p>2. On 2/5/24, Surveyor reviewed R17's medical record which indicated R17 was transferred to the hospital on 4/21/23, 6/29/23, and 10/5/23. R17's medical record did not indicate R17 or R17's representative received written notice of the facility's bedhold policy.</p> <p>(continued on next page)</p>		

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

Printed: 05/28/2025
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525586	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/06/2024
NAME OF PROVIDER OR SUPPLIER Heritage Health Services		STREET ADDRESS, CITY, STATE, ZIP CODE 1119 N Wisconsin St Port Washington, WI 53074	
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 0625 Level of Harm - Potential for minimal harm Residents Affected - Many	On 2/5/24 at 9:24 AM, Surveyor interviewed VPS-C who indicated the facility did not have documentation that a written bed hold notice was provided to R17 or R17's representative. VPS-C stated the business manager did not provide written bedhold notices because the facility had open rooms. VPS-C verified the facility's policy indicates notice of the facility's bedhold policy should be provided, however, the facility does not have a system in place to do so.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525586	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/06/2024
NAME OF PROVIDER OR SUPPLIER Heritage Health Services		STREET ADDRESS, CITY, STATE, ZIP CODE 1119 N Wisconsin St Port Washington, WI 53074	
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 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis.</p> <p>47248</p> <p>Based on staff interview and record review, the facility did not ensure a Registered Nurse (RN) was scheduled for at least 8 consecutive hours a day 7 days per week. This had the potential to affect all 25 residents residing in the facility.</p> <p>The facility did not have a RN on duty for 8 consecutive hours on 8/29/23, 10/4/23, 10/6/23, and 10/7/23.</p> <p>Findings include:</p> <p>Surveyor reviewed the facility's Payroll Based Journal information which indicated the facility did not have licensed nursing coverage 24 hours per day for the following quarters: Quarter 2-2023 (January 1-March 31), Quarter 3-2023 (April 1-June 30), Quarter 4-2023 (July 1-September 30), and Quarter 1-2024 (October 1-December 31).</p> <p>On 2/5/24 Surveyor requested the following daily schedules from Business Office Manager (BOM)-H: 3/26/23 through 4/2/23, 4/4/23 through 4/8/23, 4/20/23, 5/4/23, 6/1/23, 6/10/23, 7/22/23, 7/23/23, 8/5/23, 8/19/23, 8/29/23, 9/2/23, 9/17/23, 10/6/23 through 10/8/23, 10/13/23 through 10/15/23, 10/20/23 through 10/22/23, and 10/27/23 through 10/29/23.</p> <p>On 2/6/24 at 8:00 AM, BOM-H provided Surveyor with the requested schedules. Surveyor reviewed the schedules and noted an RN was not scheduled for 8 consecutive hours on the following dates: 8/29/23, 10/4/23, 10/6/23, and 10/7/23.</p> <p>On 2/6/24 at 9:29 AM, Surveyor interviewed BOM-H who confirmed there was not a RN on duty on 10/4/23. BOM-H indicated a RN worked from 8:00 PM to 12:00 AM on 10/6/23, from 12:00 AM to 7:48 AM on 10/7/23, and again at 9:00 PM on 10/7/23. BOM-H stated BOM-H thought the RN hours for 10/6/23 and 10/7/23 were sufficient for RN hours worked. BOM-H also indicated nursing hours were not reported correctly and stated BOM-H would provide Surveyor with timecard punches from 8/29/23, 10/4/23, 10/6/23, and 10/7/23.</p> <p>On 2/6/24 at 11:00 AM, Surveyor received timecard punches for 8/29/23, 10/4/23, 10/6/23, and 10/7/23 and noted there was not a RN on duty for 8 consecutive hours on those dates.</p> <p>On 2/6/23 at 12:09 PM, Surveyor interviewed BOM-H who indicated the facility had issues with nursing and at times the Director of Nursing (DON) was the RN in the facility. BOM-H indicated the facility always had licensed staff and used Licensed Practical Nurses (LPNs) on days when there was not a RN on duty. BOM-H confirmed the facility did not have a RN on duty for 8 consecutive hours on 8/29/23, 10/4/23, 10/6/23, and 10/7/23 and did not have a staffing waiver.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525586	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/06/2024
NAME OF PROVIDER OR SUPPLIER Heritage Health Services		STREET ADDRESS, CITY, STATE, ZIP CODE 1119 N Wisconsin St Port Washington, WI 53074	
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 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Ensure each resident's drug regimen must be free from unnecessary drugs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45942</p> <p>Based on staff interview and record review, the facility did not ensure monitoring for adverse consequences of high-risk medications for 1 Resident (R) (R5) of 5 residents reviewed for unnecessary medications.</p> <p>R5 was prescribed gabapentin and divalproex (high-risk medications in the anticonvulsant class used to treat seizures). R5's care plan did not contain monitoring for adverse consequences of gabapentin or divalproex.</p> <p>Findings include:</p> <p>1. On 2/6/24, Surveyor reviewed R5's medical record. R5 was admitted to the facility on [DATE] with diagnoses including paranoid schizophrenia, polyneuropathy (weakness, numbness and pain in the hands and feet) and high blood pressure. R5's medical record contained the following orders:</p> <p>~gabapentin capsule 100 mg (milligrams), give 1 capsule by mouth three times daily related to polyneuropathy.</p> <p>~divalproex sodium tablet delayed release 250 mg, give 1 tablet by mouth in the morning for mood stability.</p> <p>Surveyor noted R5's care plan did not indicate R5 was prescribed high-risk anticonvulsant medications and did not contain monitoring interventions for adverse consequences of gabapentin or divalproex.</p> <p>On 2/6/24 at 12:02 PM, Surveyor interviewed Director of Nursing (DON)-B regarding monitoring for adverse consequences of anticonvulsant medication. DON-B accessed R5's medical record and confirmed R5's medical record, including R5's care plan, did not contain monitoring for adverse consequences of anticonvulsant medication. DON-B stated DON-B expected staff to monitor for adverse consequences.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525586	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/06/2024
NAME OF PROVIDER OR SUPPLIER Heritage Health Services		STREET ADDRESS, CITY, STATE, ZIP CODE 1119 N Wisconsin St Port Washington, WI 53074	
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>45942</p> <p>Based on observation, staff interview, and record review, the facility did not ensure it was free of a medication error rate of 5% or greater. During medication administration observations, 2 errors occurred during 26 opportunities which resulted in a 7.69% medication error rate that affected 2 Residents (R) (R14 and R12) of 7 residents observed during medication pass.</p> <p>R14 was administered 10 units of insulin lispro (use to treat diabetes) injection solution 100 units/ml (milliliter) via insulin pen. Staff did not prime the insulin pen prior to administration.</p> <p>Staff did not check R12's heart rate and blood pressure prior to administering a diltiazem (Tiadylt) (used to treat high blood pressure and chest pain) extended release (ER) 300 milligram (mg) capsule.</p> <p>Findings include:</p> <p>The facility's Medication Administration General Guidelines policy, dated 1/2023, indicates: Medication Administration: 1. Medications are administered in accordance with written orders of the Prescriber. 2. Obtain and record any vital signs as necessary prior to medication administration.</p> <p>The facility's Medication Administration Subcutaneous Insulin policy, dated 1/2023, indicates: Always perform the safety test before each injection. Performing the safety test ensures that you get an accurate dose by ensuring that pen and needle work properly, removing bubbles .Select the dose of units by turning the dosage selector. *Noted on page 4 of 6: an illustration of the injection pen with dose selector set to 2 units for the safety test .Check that the dose window shows 0 following the safety test. (Safety test is also known as priming).</p> <p>On 2/4/24 at 12:02 PM, Surveyor observed Licensed Practical Nurse (LPN)-G administer 12:00 PM medications to R14. LPN-G administered 10 units of insulin lispro injection solution 100 units/ml via an insulin pen. Surveyor noted LPN-G did not perform the safety test prior to administration.</p> <p>On 2/4/24 at 2:45 PM, Surveyor interviewed LPN-G who confirmed LPN-G did not perform the safety check prior to administration and verified LPN-G should have performed the safety check and primed the insulin pen.</p> <p>On 2/5/24 at 7:14 AM, Surveyor observed LPN-F administer R12's AM medications. Surveyor noted LPN-F did not check R12's heart rate or blood pressure prior to administration of a diltiazem ER 300 mg capsule.</p> <p>On 2/5/24 at 7:22 AM, LPN-F confirmed LPN-F did not check R12's heart rate or blood pressure prior to administration of diltiazem and indicated there were no vital parameters prior to diltiazem administration. LPN-F and Surveyor reviewed R12's physician order which indicated to hold the medication if R12's heart rate was less than 60 or systolic blood pressure was less than 100. LPN-F confirmed R12's heart rate and blood pressure should have been obtained prior to diltiazem administration.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525586	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/06/2024
NAME OF PROVIDER OR SUPPLIER Heritage Health Services		STREET ADDRESS, CITY, STATE, ZIP CODE 1119 N Wisconsin St Port Washington, WI 53074	
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 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 2/5/24 at 11:03 AM, Surveyor interviewed Director of Nursing (DON)-B who indicated DON-B was not aware insulin pens should be primed prior to administration. Surveyor and DON-B reviewed the facility's insulin administration policy and DON-B confirmed insulin pens should have a safety check/be primed prior to administration. DON-B also indicated staff should obtain vital signs prior to administering medication per the instructions on the order.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525586	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/06/2024
NAME OF PROVIDER OR SUPPLIER Heritage Health Services		STREET ADDRESS, CITY, STATE, ZIP CODE 1119 N Wisconsin St Port Washington, WI 53074	
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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45942</p> <p>Based on observation, staff interview, and record review, the facility did not ensure all drugs and biologicals were stored in accordance with the facility's policy for 3 Residents (R) (R3, R11 and R17) of 25 sampled residents with the potential to affect multiple other residents.</p> <p>On 2/4/25, Surveyor observed an unattended and unlocked medication cart on multiple occasions.</p> <p>On 2/5/24, Surveyor observed an open and undated eye drop medication for R11 in the unit 3 medication cart.</p> <p>On 2/5/24, Surveyor observed an open and undated inhaler for R17 in the unit 3 medication cart.</p> <p>On 2/5/25, Surveyor observed an open and undated medication bottle for R3 in the unit 3 medication storage room.</p> <p>Findings include:</p> <p>The facility's Storage of Medications policy, revised 1/2023, indicates: Medications and biologicals are stored properly, following manufacturers' or pharmacy recommendations, to maintain their integrity and to support safe, effective drug administration. The medication supply shall be accessible only to licensed nursing personnel, pharmacy personnel, or staff members lawfully authorized to administer medications .3. In order to limit access to prescription medications, only licensed nurses, pharmacy staff, and those lawfully authorized to administer medications are allowed access to medication carts. Medication rooms, cabinets, and medication supplies should remain locked when not in use or attended by persons with authorized access .14. Outdated, contaminated, discontinued, or deteriorated medications and those in containers that are cracked, soiled, or without secure closure are immediately removed from stock and disposed according to procedures for medication disposal .</p> <p>The facility's Medication Administration General Guidelines, revised 1/2023, indicates: Medications are administered as prescribed in accordance with manufacturers' specifications, good nursing principles and practices, and only by persons legally authorized to do so .</p> <p>1. Medications are administered in accordance with written orders for the prescriber .</p> <p>2. Obtain and record any vital signs as necessary prior to medication administration .</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525586	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/06/2024
NAME OF PROVIDER OR SUPPLIER Heritage Health Services		STREET ADDRESS, CITY, STATE, ZIP CODE 1119 N Wisconsin St Port Washington, WI 53074	
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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>8. Check expiration date on package/container. No expired medication will be administered to a resident .b. The nurse shall place a date opened sticker on the medication if one is not provided by the dispensing pharmacy and enter the date opened .c. Certain products or package types such as multi-dose vials and ophthalmic drops have specified shortened end-of-use dating, once opened, to ensure medication purity and potency. When date open expiration dating is not available from the manufacturer, the following may be considered in determining facility policy: position statements from American Society of Ophthalmic Registered Nurses and American Society of Cataract & Refractive Surgery state that multi-use eye drops and ointments should be disposed of 28 days after initial use</p> <p>17. During administration of medications, the medication cart is kept closed and locked when out of sight of the medication nurse. No medications are kept on top of the cart. The cart must be clearly visible to the personnel administering medications when unlocked.</p> <p>1. On 2/4/24 at 9:15 AM, Surveyor walked down the unit 2 hallway and observed an unattended and unlocked medication cart. Surveyor noted 7 white bottles of medication on top of the cart and one resident in a wheelchair near the unlocked cart. Licensed Practical Nurse (LPN)-G then exited a resident's room and, upon seeing Surveyor, placed all 7 medication bottles in the medication cart.</p> <p>On 2/4/24 at 11:54 AM, Surveyor observed LPN-G enter a resident's room to administer medication. Surveyor noted LPN-G did not lock the medication cart. The medication cart was located to the left of the resident's room and out of LPN-G's view.</p> <p>On 2/4/24 at 2:00 PM, Surveyor walked down the unit 2 hallway and observed an unattended and unlocked medication cart. LPN-G opened a resident's door and, upon seeing Surveyor, walked to the opposite side of the hallway and locked the medication cart.</p> <p>On 2/4/24 at 2:02 PM, Surveyor interviewed the resident who indicated LPN-G just completed wound care.</p> <p>On 2/4/24 at 2:04 PM, Surveyor interviewed LPN-G who confirmed LPN-G completed wound care for the resident.</p> <p>On 2/4/24 at 2:30 PM, Surveyor interviewed LPN-G regarding medication cart protocol. LPN-G indicated medication carts should be locked at all times when unattended.</p> <p>On 2/4/24 at 2:45 PM, Surveyor interviewed LPN-G who confirmed LPN-G left the medication cart unattended, unlocked, and out of LPN-G's view on the 3 occasions noted above. LPN-G also confirmed 7 medication bottles were left unattended on top of the medication cart. LPN-G verified LPN-G should have put the bottles away and locked the cart.</p> <p>2. R11 was admitted to the facility on [DATE] with diagnoses including heart failure and nonexudative age-related macular degeneration (bilateral-early dry stage). R11's Minimum Data Set (MDS) assessment, dated 11/7/24, contained a Brief interview for Mental Status (BIMS) score of 13 out of 15 which indicated R11 did not have impaired cognition. R11 had an order for propylene glycol ophthalmic solution (used to treat dry eyes) with instructions to instill 1 drop in both eyes four times daily for dry eyes.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525586	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/06/2024
NAME OF PROVIDER OR SUPPLIER Heritage Health Services		STREET ADDRESS, CITY, STATE, ZIP CODE 1119 N Wisconsin St Port Washington, WI 53074	
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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>On 2/5/24 at 7:40 AM, Surveyor and LPN-F observed a package in the medication cart that contained an open bottle of eye drops labeled with R11's name. Surveyor noted neither the package or bottle contained open dates. LPN-F confirmed neither the package or bottle contained an open date and was unsure when the medication expired after opening.</p> <p>3. R17 was admitted to the facility on [DATE] with diagnoses including chronic obstructive pulmonary disease (COPD) and type 2 diabetes mellitus. R17's MDS assessment, dated 11/25/23, contained a BIMS score of 15 out of 15 which indicated R17 did not have impaired cognition. R17 had an order for fluticasone-propionate-salmeterol inhalation aerosol powder breath activated 113-14 MCG/ACT (microgram per actuation) (used to prevent asthma attacks) with instructions to inhale 1 puff two times daily for COPD.</p> <p>On 2/5/24 at 7:40 AM, Surveyor and LPN-F observed an open and undated fluticasone-propionate-salmeterol package and inhaler labeled with R17's name in the medication cart. LPN-F confirmed neither the package or inhaler contained an open date.</p> <p>4. R3 was admitted to the facility on [DATE] with diagnoses including severe intellectual disabilities, acute gastric ulcer with hemorrhage, and dysphagia. R3's MDS assessment, dated 12/27/23, indicated R3 had severely impaired cognition. R3 had an order for potassium chloride oral solution 20 MEQ/15 ML (milliequivalents/milliliter) (10%) with instructions to give 7.5 ml by mouth two times daily for supplement with food.</p> <p>On 2/5/24 at 7:43 AM, Surveyor and LPN-F observed an open and undated bottle of potassium chloride labeled with R3's name in the unit 3 medication storage room. LPN-F confirmed the bottle did not contain an open date and stated if there was no open date, the medication should be discarded.</p> <p>On 2/5/24 at 11:03 AM, Surveyor interviewed Director of Nursing (DON)-B who indicated the above medications should contain open dates. DON-B also indicated if a nurse leaves a medication cart unattended, the cart should be locked and should not contain medications on top of the cart. DON-B indicated eye drops should be discarded 28 days after opening per the facility's policy. DON-B also stated when a medication is opened, the medication should be discarded after 30 days even if the medication is an as needed (PRN) medication.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525586	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/06/2024
NAME OF PROVIDER OR SUPPLIER Heritage Health Services		STREET ADDRESS, CITY, STATE, ZIP CODE 1119 N Wisconsin St Port Washington, WI 53074	
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 0801 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	<p>Employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, including a qualified dietician.</p> <p>47248</p> <p>Based on staff interview and record review, the facility did not designate a person to serve as the director of food and nutrition services who was a certified dietary manager, a certified food service manager, had a national certification for food service management and safety from a national certifying body, or who had an associate's or higher level degree in food service management or hospitality. This had the potential to affect all 25 residents residing in the facility.</p> <p>Findings include:</p> <p>On 2/4/24 at 10:30 AM, Surveyor interviewed [NAME] President of Success (VPS)-C who indicated Account Manager (AM)-O oversaw the facility's kitchen. On 2/4/24 via an email to Surveyor, Director of Operations (DO)-Q confirmed Registered Dietician (RD)-P was the facility's RD. DO-Q indicated RD-P worked at the facility five hours per week on Thursday and was available all other days via phone. DO-Q's email stated AM-O had a FPM (Food Protection Manager) certificate, had over two years experience, and was enrolled to complete AM-O's FSM (Food Service Manger) exam.</p> <p>On 2/5/24, District Manager (DM)-L emailed Surveyor a copy of AM-O's ServSafe Food Protection Manager Certification, completed on 1/18/22.</p> <p>A second email from DM-L contained a copy of RD-P's certification which was valid from 9/1/23 through 8/31/24. DM-L sent a screenshot of a class enrollment for AM-O's FSM Course. The screenshot indicated the course was completed on 9/10/23.</p> <p>On 2/6/24, DM-L emailed Surveyor that AM-O completed the FSM course, but was not scheduled for the exam. DM-L stated DM-L would schedule AM-O's exam when AM-O returned from vacation. DM-L's email indicated AM-O's Food Service Manager course was through ANAB (The ANSI National Accreditation Board). In another email, DM-L indicated AM-O did not have an associate's degree in food management or hospitality.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525586	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/06/2024
NAME OF PROVIDER OR SUPPLIER Heritage Health Services		STREET ADDRESS, CITY, STATE, ZIP CODE 1119 N Wisconsin St Port Washington, WI 53074	
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</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** 47248</p> <p>Based on observation, staff interview and record review, the facility did not ensure food was stored and served in a safe and sanitary manner. This practice had the potential to affect 25 of 25 residents residing in the facility.</p> <p>The kitchen cooler and dry storage area contained multiple open, undated, unclearly dated, and expired food items.</p> <p>Staff did not follow appropriate hand hygiene procedures when food was prepared and served.</p> <p>Kitchen equipment and food services areas were not in a clean and sanitary condition.</p> <p>Staff used an unsanitary practice when processing dishes.</p> <p>Findings include:</p> <p>On [DATE] at 10:30 AM, Surveyor completed an initial tour of the kitchen with [NAME] President of Success (VPS)-C who was unfamiliar with the kitchen, but assisted Surveyor with the tour. In a subsequent visit to the kitchen, District Manager (DM)-L indicated the facility followed the Food and Drug Administration (FDA) Food Code.</p> <p>1. Food Labeling/Storage</p> <p>The FDA Food Code 2022 documents at ,d+[DATE].17 Ready-to-Eat, Time/Temperature Control for Safety Food, Date Marking: (A) Except when packaging food using a reduced oxygen packaging method as specified under S ,d+[DATE].12, and except as specified in (E) and (F) of this section, refrigerated, ready-to-eat, time/temperature control for food safety food prepared and held in a food establishment for more than 24 hours shall be clearly marked to indicate the date or day by which the FOOD shall be consumed on the premises, sold, or discarded when held at a temperature of 5 C (Celsius) (41 F) (Fahrenheit) or less for a maximum of 7 days. The day of preparation shall be counted as Day 1.</p> <p>The FDA Food Code 2022 documents at ,d+[DATE].18 Ready-to-Eat, Time/Temperature Control for Safety Food, Disposition: (A) A food specified in ,d+[DATE].17(A) or (B) shall be discarded if it: (1) Exceeds the temperature and time combination specified in ,d+[DATE].17(A), except time that the product is frozen; (2) Is in a container or package that does not bear a date or day; or (3) Is inappropriately marked with a date or day that exceeds a temperature and time combination as specified in ,d+[DATE].17(A).</p> <p>The facility's Healthcare Services Group Labeling and Dating policy, dated ,d+[DATE], indicates: All foods should be dated upon receipt before being stored. Food labels must include:</p> <p>-The food item name.</p> <p>-The date of preparation/receipt/removal from freezer.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525586	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/06/2024
NAME OF PROVIDER OR SUPPLIER Heritage Health Services		STREET ADDRESS, CITY, STATE, ZIP CODE 1119 N Wisconsin St Port Washington, WI 53074	
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>-The use by date as outlined in the attached guidelines.</p> <p>Items that are removed from a labeled case in the freezer and placed in the refrigerator for thawing should be labeled with the date of removal from the freezer and the use by date. Leftovers must be labeled and dated with the date they are prepared and the use by date.</p> <p>Use By Dating Guidelines:</p> <p>-Day of preparation or opening is considered day 1 when establishing the use by date.</p> <p>-Guidelines apply regardless of storage location (e.g., kitchen, pantries, etc.).</p> <p>During the initial kitchen tour, Surveyor and VPS-C observed the following items left on or on shelving underneath the prep counter after breakfast:</p> <p>Food Prep Area:</p> <p>- An open, undated can of chocolate pudding that contained a scoop and a peeled back lid.</p> <p>-An undated, uncovered container of cottage cheese that contained a scoop.</p> <p>-An undated, uncovered 6 quart container of mandarin oranges that contained a scoop.</p> <p>-An undated, uncovered 6 quart container of pear slices and juice that contained a scoop.</p> <p>-A medium pan with diced cooked chicken (labeled) wrapped in cling wrap and dated ,d+[DATE].</p> <p>-A shallow pan of food, covered and dated ,d+[DATE]. VPS-C indicated the pan contained sliced ham.</p> <p>-Eleven undated hard boiled eggs in an open plastic package.</p> <p>-A bag that contained an unlabeled, undated stack of sliced yellow cheese (approximately 4 inches high).</p> <p>-An open and approximately ,d+[DATE] full jug of mayonnaise dated either ,d+[DATE] or ,d+[DATE].</p> <p>-Lower shelf: One approximately 12 quart ,d+[DATE] full container of white powder labeled Dry Milk and dated ,d+[DATE].</p> <p>- Lower shelf: An open, uncovered box of Farina with a partial date.</p> <p>- Lower shelf: An open, uncovered box of baking soda with a partial date.</p> <p>-Upper shelf and lower shelf: Multiple open spice containers with partial dates.</p> <p>Dry Storage Area:</p> <p>-An unlabeled, 8 quart container of Corn Flakes (identified by VPS-C) dated ,d+[DATE].</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525586	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/06/2024
NAME OF PROVIDER OR SUPPLIER Heritage Health Services		STREET ADDRESS, CITY, STATE, ZIP CODE 1119 N Wisconsin St Port Washington, WI 53074	
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>-Two unlabeled 8 quart, clear, bulk containers of Apple [NAME] cereal (identified by VPS-C) dated [DATE].</p> <p>-Two approximately ,d+[DATE] full 12 quart containers labeled Dry Milk. One dated ,d+[DATE] and the other dated ,d+[DATE].</p> <p>-One open, undated, approximately ,d+[DATE] full 25 pound bag of confectioners sugar.</p> <p>- Two open, undated, ,d+[DATE] full 25 pound bags of white cane sugar.</p> <p>-One unlabeled, undated plastic container with 4 bags of chow mein noodles (identified by VPS-C).</p> <p>Cooler:</p> <p>-A rolling cart that contained two tubs with 6 unlabeled, undated drink pitchers. VPS-C identified the contents as cranberry, orange, and apple juice (two of each).</p> <p>-One unlabeled, undated container of butter or margarine (identified by VPS-C).</p> <p>-One open, undated container of whipped topping.</p> <p>-Several packages of cheese date ,d+[DATE] or ,d+[DATE].</p> <p>-A large, uncovered, undated box of 1 pound blocks of Gold n Sweet unsalted margarine with 5 partially unwrapped and crushed blocks not contained in the packaging.</p> <p>Freezer:</p> <p>-One unlabeled, undated open bag of chicken fingers (identified by VPS-C).</p> <p>-One unlabeled, undated piece of frozen red meat (possibly beef roast).</p> <p>-One package labeled pepperoni and dated ,d+[DATE].</p> <p>-One unlabeled, undated item wrapped in cellophane identified as an angel food cake by VPS-C.</p> <p>VPS-C indicated the left out, undated, and unclearly dated food items were not part of the facility's desired practice and stated the items should be thrown away immediately. VPS-C verified many of the items were partially dated and was unsure if the dates were delivery dates, open dates, or use by dates.</p> <p>2. Hand Hygiene</p> <p>The FDA Food Code 2022 documents at ,d+[DATE].14: Food Employees shall clean their hands and exposed portions of their arms as specified under S ,d+[DATE].12 immediately before engaging in food preparation including working with exposed food, clean equipment and utensils, and unwrapped single-service and single-use articles.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525586	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/06/2024
NAME OF PROVIDER OR SUPPLIER Heritage Health Services		STREET ADDRESS, CITY, STATE, ZIP CODE 1119 N Wisconsin St Port Washington, WI 53074	
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>The FDA Food Code 2022 documents at ,d+[DATE].11 Preventing Contamination from Hands: (A) Food Employees shall wash their hands as specified under S ,d+[DATE].12. (B) Except when washing fruits and vegetables as specified under S,d+[DATE].15 or as specified in (D) and (E) of this section, Food Employees may not contact exposed, ready-to-eat food with their bare hands and shall use suitable utensils such as deli tissue, spatulas, tongs, single-use gloves, or dispensing equipment.</p> <p>The Facility's Hand Hygiene policy, with a review date of [DATE], indicates: All staff will perform proper hand hygiene procedures to prevent the spread of infection to other personnel, residents, and visitors. This applies to all staff working in all locations within the facility .The use of gloves does not replace hand hygiene. If your task requires gloves, perform hand hygiene prior to donning gloves and immediately after removing them.</p> <p>The Facility's Culinary Professionals Training-Glove Usage policy indicates: When to change or remove your gloves:</p> <ul style="list-style-type: none"> -When they are dirty, torn, damaged, discolored, or contaminated. -When taking one step away from your work area. -Before going to the restroom. -Before starting another job. -You must remember to always wash your hands in between glove changes. -Gloves do not give you the right to not wash your hands-do not keep them on or reuse them. <p>On [DATE] at 8:18 AM, Surveyor observed [NAME] (CK)-M rinse dirty dishes at the dishwashing station with gloved hands and stack the dishes in dish racks. When CK-M was advised by another staff that R15 was ready for breakfast, Surveyor observed CK-M leave the dish station, walk to the steam table, and plate eggs and ground sausage. CK-M then went to the clean dish station and touched clean dishes. CK-M did not change gloves or perform hand hygiene when moving from one task to another.</p> <p>On [DATE] at 11:25 AM, Surveyor observed CK-M approach the steam table from another area of the kitchen with gloved hands and take food temperatures prior to service. Surveyor then observed CK-M serve food. CK-M did not change gloves or perform hand hygiene between the tasks.</p> <p>On [DATE] at 12:39 PM, Surveyor interviewed CK-M who indicated hand hygiene should be performed when entering the kitchen, changing tasks, or changing gloves. When asked how often gloves should be changed, CK-M stated gloves should be changed every two hours or when changing tasks.</p> <p>On [DATE] at 1:00 PM, Surveyor interviewed DM-L who indicated hand hygiene should be performed constantly, in between tasks, after tasks, and when gloves are changed.</p> <p>3. Cleanliness</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525586	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/06/2024
NAME OF PROVIDER OR SUPPLIER Heritage Health Services		STREET ADDRESS, CITY, STATE, ZIP CODE 1119 N Wisconsin St Port Washington, WI 53074	
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>The FDA Food Code 2022 documents at ,d+[DATE].11 Equipment, Food-Contact Surfaces, Nonfood-Contact Surfaces, and Utensils: (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.</p> <p>The FDA Food Code 2022 documents at ,d+[DATE].12 Cooking and Baking Equipment: (A) food-contact surfaces of cooking and baking equipment shall be cleaned at least every 24 hours.</p> <p>The FDA Food Code 2022 documents at ,d+[DATE].13 Nonfood-Contact Surfaces: Non-food-contact surfaces of equipment shall be cleaned at a frequency necessary to preclude accumulation of soil residues.</p> <p>The Facility's Equipment policy, revised ,d+[DATE], indicates: All food service equipment will be clean, sanitary and in proper working order .1. All equipment will be routinely cleaned and maintained in accordance with manufacturers' directions and training materials. 2. All staff members will be properly trained in the cleaning and maintenance of all equipment. 3. All food contact equipment will be cleaned and sanitized after every use. 4. All non-food contact equipment will be clean and free from debris.</p> <p>The Facility's Ice policy, revised ,d+[DATE], indicates: Ice will be prepared and distributed in a safe and sanitary manner .2. The Dining Services Director will coordinate with the Maintenance Director to ensure the ice machine will be disconnected, cleaned, and sanitized quarterly and as needed or according to manufacturers' guidelines. 3. The exterior of the ice machine will be cleaned weekly.</p> <p>During the initial kitchen tour with VPS-C on [DATE], Surveyor noted the following:</p> <ul style="list-style-type: none"> -The ice machine was covered in white residue on all surfaces with a heavy concentration in the drain and backsplash areas. The machine was also actively leaking water into the drain. -Inside kitchen entrance door, the floor contained splashed dried debris that appeared to be oatmeal. The floor contained dried, dark liquid underneath the coffee machines. -The microwave contained dried food debris on the inside and two bowls of food were left inside. -The hot plate holding device contained debris on top of the device and on the inside of both plate wells. -The glass around the empty steam table contained unidentifiable material/debris. -The convection oven was was sticky and contained dark, baked on stains. -A shelf with clean dishes contained a stack of large steam table pans stored upside down. The pans were covered in white powder that Surveyor could wipe off with a finger. -The ceiling above the dishwashing and steam table areas contained dark gray debris that hung down in strings. -The kitchen walls and backsplash areas contained splattered debris. <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525586	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/06/2024
NAME OF PROVIDER OR SUPPLIER Heritage Health Services		STREET ADDRESS, CITY, STATE, ZIP CODE 1119 N Wisconsin St Port Washington, WI 53074	
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>-Shelves in the kitchen prep area contained unidentifiable debris, food, crumbs and/or powder.</p> <p>-Multiple spice containers above and below the prep area were covered in debris.</p> <p>-The main food prep area contained several open food containers and spilled food.</p> <p>-The cooler contained standing water puddled on the floor to the right and left of the freezer door entrance (inside the cooler). A sign on the cooler door stated wet floor in freezer please be careful while entering.</p> <p>-The floor near the desk in the dry storage area contained a ripped section.</p> <p>During the tour, Surveyor interviewed VPS-C who indicated VPS-C was unsure when the ice machine was last cleaned. VPS-C verified the concerns identified by Surveyor and indicated things are dirty and not as they should be.</p> <p>VPS-C stated the condition of some of the areas was unacceptable. VPS-C stated the debris hanging from the ceiling was dust and was unsure why there was water on the floor of the cooler.</p> <p>Surveyor observed VPS-C take photos of items and areas during the kitchen tour. VPS-C stated VPS-C would share the photos with other management and address the issues.</p> <p>On [DATE] at 12:39 PM, Surveyor interviewed CK-M who indicated the kitchen should be cleaned after every shift. CK-M stated Account Manager (AM)-O was responsible for ensuring the cleaning was completed.</p> <p>On [DATE] at 12:52 PM, Surveyor interviewed AM-N who indicated the kitchen should be cleaned throughout the day and an Account Manager was responsible for ensuring the cleaning was completed. AM-N did not know the facility's account manger.</p> <p>On [DATE] at 1:00 PM, Surveyor interviewed VPS-C who indicated the kitchen should be cleaned constantly by kitchen staff and stated AM-O was responsible for ensuring the cleaning was completed.</p> <p>Surveyor observed a binder that contained cleaning logs. The last completed entries were dated ,d+[DATE] (no year).</p> <p>4. Dishwashing</p> <p>The FDA Food Code 2022 documents at ,d+[DATE].14 When to Wash: Food Employees shall clean their hands and exposed portions of their arms as specified under S ,d+[DATE].12 immediately before engaging in food preparation including working with exposed food, clean equipment and utensils, and unwrapped single-service and single-use articles, and: .(E) After handling soiled equipment or utensils; .(H) Before putting on gloves to initiate a task that involves working with food; and (I) After engaging in other activities that contaminate the hands.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525586	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/06/2024
NAME OF PROVIDER OR SUPPLIER Heritage Health Services		STREET ADDRESS, CITY, STATE, ZIP CODE 1119 N Wisconsin St Port Washington, WI 53074	
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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	<p>On [DATE] at 8:18 AM, Surveyor observed CK-M process dishes at the dishwashing station. Surveyor observed CK-M scrape food off the dishes, rinse the dishes, and place the dishes in a dish rack. CK-M wore gloves and a smock. Surveyor observed CK-M leave the dish station, work in the food service, return to the dish station, and remove clean dishes from dish racks. CK-M did not change gloves, perform hand hygiene, or remove CK-M's smock when CK-M transitioned from dirty dishes to clean dishes.</p> <p>On [DATE] at 12:39 PM, Surveyor interviewed CK-M who indicated hand hygiene should be performed when entering the kitchen, changing tasks, or changing gloves. When asked how often gloves should be changed, CK-M stated gloves should be changed every two hours or when changing tasks. CK-M stated one person can wash and put away dishes if they change gloves, wash hands, and change their smock before touching clean dishes.</p> <p>On [DATE] at 1:00 PM, Surveyor interviewed DM-L who indicated hand hygiene should be performed constantly, in between tasks, after tasks, and when gloves are changed.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525586	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/06/2024
NAME OF PROVIDER OR SUPPLIER Heritage Health Services		STREET ADDRESS, CITY, STATE, ZIP CODE 1119 N Wisconsin St Port Washington, WI 53074	
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 0851</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Electronically submit to CMS complete and accurate direct care staffing information, based on payroll and other verifiable and auditable data.</p> <p>47248</p> <p>Based on staff interview and record review, the facility did not ensure it completed mandatory submission of staffing information based on payroll data in a uniform electronic format to the Centers for Medicare & Medicaid Services (CMS). This had the potential to affect all 25 residents residing in the facility.</p> <p>Staffing information for fiscal quarter, date range: Quarter 1 (October 1-December 31), Quarter 2 (January 1-March 31), Quarter 3 (April 1-June 30), and Quarter 4 (July 1-September 30) of the Payroll Based Journal (PBJ) were not correctly submitted to CMS.</p> <p>Findings include:</p> <p>The CMS Electronic Staffing Data Submission Payroll-Based Journal, Long-term Care Facility Policy Manual, dated June 2022, indicates: Chapter 1: Overview, 1.1 introduction .(U) mandatory submission of staffing information based on payroll data in a uniform format. Long-term care facilities must electronically submit to CMS complete and accurate direct care staffing information, including information for agency and contract staff, based on payroll and other verifiable and auditable data in a uniform format according to specifications established by CMS .1.2 Submission Timelines and Accuracy. Direct care staffing and census data will be collected quarterly and is required to be timely and accurate .Report Quarter: staffing and census data will be collected for each fiscal quarter. Staffing data includes the number of hours paid to work by each staff member each day within a quarter. Census data includes the facility's census on the last day of each of the three months in a quarter. The fiscal quarters are as follows: Fiscal Quarter, Date range: (quarter) 1 October 1-December 31, (quarter) 2 January 1-March 31, (quarter) 3 April 1-June 30, (quarter) 4 July 1-September 30 .</p> <p>On 2/5/24, Surveyor reviewed the PBJ Staffing Data Report, CASPER Report 1705D for Fiscal year 2023 (run on 1/31/24) which indicated: Quarter 1 2023 (October 1-December 31) triggered excessively low weekend staffing; Quarter 2 2023 (May 30) triggered failed to have licensed nursing coverage 24 hours per day from 3/26/23 through 3/31/23; Quarter 3 2023 (April 1-June 30) triggered one star staff rating, excessively low weekend staffing, and failed to have licensed nursing coverage 24 hours per day on 4/1/23, 4/2/23, 4/4/23 through 4/8/23, 4/20/23, 5/4/23, 6/1/23, and 6/10/23; and Quarter 4 2023 (July 1-September 30) triggered failed to have licensed nursing coverage 24 hours per day on 7/22/23, 7/23/23, 8/5/23, 8/19/23, 8/29/23, 9/2/23, and 9/17/23.</p> <p>On 2/5/24 at 1:39PM, Surveyor interviewed Business Office Manager (BOM)-H who confirmed BOM-H was responsible for submitting the facility's reportable data to CMS. Surveyor requested weekend schedules and timecard punches for the following quarters: Quarter 1 2023 (October 1-December 31) weekend staffing; Quarter 2 2023 (January 1-March 31) 3/26/23 through 3/31/23; Quarter 3 2023 (April 1-June 30) weekend staffing as well as 4/1/23, 4/2/23, 4/4/23 through 4/8/23, 4/20/23, 5/4/23, 6/1/23, and 6/10/23; Quarter 4 2023 (July 1-September 30) 7/22/23, 7/23/23, 8/5/23, 8/19/23, 8/29/23, 9/2/23, and 9/17/23.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525586	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/06/2024
NAME OF PROVIDER OR SUPPLIER Heritage Health Services		STREET ADDRESS, CITY, STATE, ZIP CODE 1119 N Wisconsin St Port Washington, WI 53074	
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 0851</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On 2/6/24 at 11:00 AM, BOM-H provided Surveyor with the requested staff schedules and timecard punches. Surveyor reviewed the staff schedules and timecard punches and noted no concerns with triggered metrics reported on the PBJ Staffing Data Report for the following quarters: Quarter 1 2024 (October 1-December 31) triggered excessively low weekend staffing; Quarter 2 2023 (January 1-March 31) triggered failed to have licensed nursing coverage 24 hours per day from 3/26/23 through 3/31/23; Quarter 3 2023 (April 1-June 30) triggered one star staff rating, excessively low weekend staffing, and failed to have licensed nursing coverage 24 hours per day on 4/1/23, 4/2/23, 4/4/23 through 4/8/23, 4/20/23, 5/4/23, 6/1/23, and 6/10/23; and Quarter 4 2023 (July 1-September 30) triggered failed to have licensed nursing coverage 24 hours per day on 7/22/23, 7/23/23, 8/5/23, 8/19/23, 8/29/23, 9/2/23, and 9/17/23.</p> <p>On 2/6/24 at 12:09 PM, Surveyor interviewed BOM-H who indicated the facility had issues with contracted staffing hours that were not properly submitted to the Payroll Based Journal. BOM-H confirmed BOM-H received emails from Human Resources that audits indicated improperly reported hours were submitted and BOM-H was asked to resubmit data to CMS. BOM-H and Surveyor reviewed the emails which indicated Quarter 1 2024 (October 1-December 31) weekend staffing was reported to BOM-H on 1/17/24 and no correction was submitted as of this date, Quarter 2 2023 (January 1-March 31) no licensed nursing coverage 24 hours per day from 3/26/23 through 3/31/23 was reported to BOM-H on 4/28/23, Quarter 3 2023 (April 1-June 30) excessively low weekend staffing as well as no licensed nursing coverage 24 hours per day on 4/1/23, 4/2/23, 4/4/23 through 4/8/23, 4/20/23, 5/4/23, 6/1/23, and 6/10/23 was reported to BOM-H on 7/13/23, and Quarter 4 2023 (July 1-September 30) no licensed nursing coverage 24 hours per day on 7/22/23, 7/23/23, 8/5/23, 8/19/23, 8/29/23, 9/2/23, and 9/17/23 was reported to BOM-H on 10/19/23. BOM-H provided Surveyor with email alerts that indicated the staffing hours were not reported correctly as well as an email, dated 10/19/23, that indicated Human Resources was aware that agency staff were not reported in PBJ after 9/2/23 and Human Resources was continuing to work on the issue. BOM-H indicated BOM-H was unsure if the reporting issue was corrected.</p>		