

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525600	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/16/2023
NAME OF PROVIDER OR SUPPLIER Aria at Mitchell Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 5301 W Lincoln Ave West Allis, WI 53219	
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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38253</p> <p>Based on observation, record review, and interview, the facility did not ensure residents with non-pressure injuries received treatment in accordance with professional standards of practice for 2 (R41 and R396) of 3 residents reviewed for non-pressure injuries.</p> <p>* R41's rectovaginal wound had a treatment order for calcium alginate to the wound base. Licensed Practical Nurse (LPN)-J did not apply the treatment as ordered by the physician until Surveyor intervened.</p> <p>* R396's right hip incisional wound treatment was to apply gentamycin followed by calcium alginate and cover with a border dressing. Surveyor observed Licensed Practical Nurse (LPN)-J apply gentamycin to the area surrounding wound, not directly to the wound base, and use calcium alginate from an opened package that was in R396's room.</p> <p>Findings:</p> <p>1. R41 was admitted to the facility on [DATE] with diagnoses of malignant neoplasm of the colon and fistula of the vagina to the large intestine requiring a colostomy, anemia, and rheumatoid arthritis. While at the facility, R41 developed a rectovaginal fistula. R41's significant change Minimum Data Set (MDS) assessment dated [DATE] indicated R41 was cognitively intact with a Brief Interview for Mental Status (BIMS) score of 14 and the facility assessed R41 as needing extensive assistance with bed mobility, transfers, dressing, eating, hygiene, and bathing.</p> <p>On 9/15/2023, R41 had a treatment order for the rectovaginal wound: quarter-strength Dakin soak to rectovaginal for 10 minutes, then apply Melgisorb Ag (calcium alginate with silver) to open area, cover with two ABD pads daily and as needed.</p> <p>On 10/5/2023 at 8:23 AM, Surveyor observed LPN-J providing wound care to R41. LPN-J removed the old dressing from R41's rectovaginal area. The dressing had a moderate amount of bloody drainage. LPN-J soaked the calcium alginate with silver dressing in the quarter-strength Dakin solution and applied the dressing to the rectovaginal area for 10 minutes. When the 10 minutes had passed, LPN-J removed the blood-soaked dressing and prepared to place two ABD pads to the area. Surveyor stopped LPN-J from continuing and asked LPN-J if R41 had a dressing that went onto the wound base. LPN-J read the treatment order and stated gauze should have been soaked in the Dakin solution rather than the calcium alginate. LPN-J opened a second package with calcium alginate with silver and applied the dressing to the wound base and then covered the dressing with two ABD pads.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: 525600	Facility ID: 525600
		If continuation sheet Page 1 of 24

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525600	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/16/2023
NAME OF PROVIDER OR SUPPLIER Aria at Mitchell Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 5301 W Lincoln Ave West Allis, WI 53219	
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 10/5/2023 at 9:24 AM, Surveyor shared with Director of Nursing (DON)-B the observation of LPN-J providing wound care to R41 and the concern LPN-J would not have completed the treatment correctly if Surveyor had not intervened. DON-B stated the order was written unclearly and DON-B would rewrite the order to be more clear. No further information was provided at that time.</p> <p>2. R396 was admitted to the facility on [DATE] with diagnoses of cerebral infarction, chronic obstructive pulmonary disease, cardiac arrest, osteomyelitis of the right femur due to right hip replacement, and diabetes.</p> <p>On 9/29/2023, R396 had a treatment order for the right thigh wound: cleanse with normal saline, pat dry, and apply calcium alginate and cover with border dressing daily.</p> <p>On 10/3/2023 after a wound culture had been completed, R396 had an order to apply gentamycin ointment 0.1% to the right thigh wound daily for 14 days.</p> <p>On 10/5/2023, the gentamycin was combined with the previous treatment order: cleanse with normal saline, pat dry, apply gentamycin followed by calcium alginate and cover with border dressing daily and as needed; do not reapply gentamycin for as needed changes.</p> <p>On 10/5/2023 at 8:05 AM, Surveyor observed LPN-J providing wound care to R396. LPN-J removed the old dressing from R396's right hip. The dressing had a small amount of serous drainage. R396 had a large incision to the right hip with an open area to the distal end of the incision where the wound base not visible. The surrounding skin was pink and healthy appearing. LPN-J cleansed the wound with normal saline and pat the area dry. LPN-J applied gentamycin to the surrounding skin, not directly to the wound base. LPN-J took calcium alginate out of an opened package. Surveyor asked LPN-J if the dressing package had been previously opened. LPN-J stated LPN-J had opened the package earlier so the dressing was all ready to be used. Surveyor asked LPN-J if a new package is opened each time the dressing change is completed. LPN-J stated the calcium alginate is a multi-use package but is designated to one resident and the opened package is left in R396's room to be used for multiple treatments. LPN-J cut a piece of the calcium alginate dressing and put the unused calcium alginate back in the packaging and placed the opened package in a bin in R396's room. LPN-J applied the calcium alginate to R396's wound base and covered it with a border dressing.</p> <p>On 10/5/2023 at 9:25 AM, Surveyor shared with Director of Nursing (DON)-B the observation of LPN-J providing wound care to R396 and the concerns LPN-J applied gentamycin to the surrounding skin rather than to the wound and the calcium alginate is used multiple times with the open packaging left in R396's room. DON-B stated the gentamycin should have been applied to the wound. DON-B stated the calcium alginate may say on the packaging that it could be used for multiple dressing changes and would get that information and supply it to Surveyor.</p> <p>On 10/5/2023 at 2:00 PM, DON-B provided the manufacturer's instructions for use of the calcium alginate. The instructions state: Do not re-use. Do not use if individual package is damaged/opened. Surveyor shared that information with DON-B. DON-B agreed a new package of calcium alginate should be used every time the dressing change is completed. No further information was provided at that time.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525600	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/16/2023
NAME OF PROVIDER OR SUPPLIER Aria at Mitchell Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 5301 W Lincoln Ave West Allis, WI 53219	
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 0686</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46517</p> <p>Based on observation, interview, and record review, the facility did not ensure that residents with a pressure injury or at risk for pressure injuries received necessary treatment and services, consistent with professional standards of practice, to prevent the development of pressure injuries and to promote healing for 1 (R39) of 3 Residents reviewed for pressure injuries. The facility did not routinely assess R39's skin condition, did not implement or update care plans in response to skin changes, and did not evaluate the effectiveness of current care planned interventions and implement effective and timely interventions to prevent R39's pressure injury from becoming an infected stage 4 pressure injury that led to two weeks of hospitalization .</p> <p>* R39 was admitted to the facility on [DATE] with no skin impairment.</p> <p>R39 was assessed to be at risk for the development of pressure injuries.</p> <p>On 05/16/23, R39 developed a Deep Tissue Injury (DTI) to the left ischial tuberosity. The facility indicated on 5/16/23 they ordered/requested a Roho cushion for R39 however it was not immediately available. There is no indication that staff assessed the appropriateness of continuing to use R39's high density foam pommel cushion to ensure it would not be a contributing factor in possible deterioration of the wound until the Roho was obtained. The facility did not get a Roho cushion until 5/30/23.</p> <p>A care plan initiated on 5/16/23 said to encourage R39 to reposition every 2-3 hours. MDS dated [DATE] indicated, however, that R39 needed extensive assist of 2 for transfer and bed mobility and needed partial/moderate assistance to roll left to right.</p> <p>On 05/17/23, a nurse's progress note documents the DTI was opened and the facility updated the physician and received new treatment orders. During the following week, the facility indicated that ongoing assessments of the wound were taking place, as noted on the facility 24-hour boards. However, review of the facility 24 hour boards for the dates of 5/16-5/23/23 do not identify that staff routinely completed the 24-hour board information, and it is noted the 24-hour boards do not contain the information/details that would constitute an assessment of the wound.</p> <p>On 05/23/23 a nurse practitioner (NP) documented that the DTI was an open and unstageable pressure injury due to 80% slough. Review of the facility 24 hour board does not indicate a decline in the wound to an unstageable pressure injury or new treatment details. The 24-hour board entries for this date indicate the dressing is intact. On 5/23/23, the facility implemented new treatment orders but did not update/revise other areas of R39's care plan; R39 continued to sit on a high density foam pommel cushion on the wheelchair, and R39 did not have nutritional, incontinence, nor repositioning care plans updated or revised.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525600	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/16/2023
NAME OF PROVIDER OR SUPPLIER Aria at Mitchell Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 5301 W Lincoln Ave West Allis, WI 53219	
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 0686</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>On 5/23/2023, the Nurse Practitioner discussed the plan of care for diligent offloading and incontinence cares and cushion in wheelchair at all times while up, no longer than 2 hours at a time in wheelchair. The intervention up no longer than 2 hours at a time in wheelchair was not implemented until 06/15/23, after R39 returned from the hospital for treatment, debridement, and IV (intravenous) therapy for an infected pressure injury, returning to the facility with a Stage 4 pressure injury. Some staff indicated that R39 was noncompliant with repositioning. There is no care plan addressing noncompliance or alternatives.</p> <p>On 05/30/23, the pressure injury was assessed as having 70% necrotic tissue, heavy seropurulent drainage with moderate odor and the surrounding peri wound skin was assessed as black/blue/reddened and hot. On 05/30/23 the facility sent R39 to the hospital, and the hospital sent R39 back to the facility the same day with oral antibiotics.</p> <p>At the facility's request, R39 went to the wound clinic on 06/01/23. The wound clinic had R39 admitted to inpatient for Intravenous (IV) Antibiotics and surgical debridement of the ischial pressure injury. R39 was in the hospital from 06/01/23 to 06/14/23. R39 returned to the facility on [DATE], the left ischial pressure injury was a stage four and R39 had a wound vac.</p> <p>Since re-admission to the facility, R39 continues with the pressure injury.</p> <p>R39 developed a facility acquired, unstageable pressure injury requiring hospitalization , debridement, and IV antibiotic for infection.</p> <p>The facility failure to implement interventions to prevent R39's deep tissue injury from becoming an infected stage 4 pressure injury created a finding of Immediate Jeopardy that began on 05/23/23. Surveyor notified the Nursing Home Administrator of the Immediate Jeopardy on 10/05/23 at 3:08 PM.</p> <p>The Immediate Jeopardy was removed on 10/6/23, however, the deficient practice continues at a scope and severity level of D (potential for harm/isolated) as the facility continues to monitor their plan.</p> <p>Findings include:</p> <p>The facility policy, not dated, entitled, Etiology and Risk Factors for Pressure Injury, documented:</p> <p>Definition:</p> <p>Pressure Injury-A pressure injury is localized damage to the skin and/or underlying soft tissue over a bony prominence or related to a medical device or other devices. The injury can present as intact skin or an open ulcer and may be painful. The injury occurs as a result of intense/prolonged pressure in combination with shear .A pressure injury is considered unavoidable if the resident developed a pressure ulcer even though the facility had evaluated the resident's clinical condition and pressure ulcer risk factors; defined and implemented interventions that are consistent with resident needs, goals, and revised the approaches as appropriate .</p> <p>Limit time in chairs:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525600	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/16/2023
NAME OF PROVIDER OR SUPPLIER Aria at Mitchell Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 5301 W Lincoln Ave West Allis, WI 53219	
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 - Immediate jeopardy to resident health or safety Residents Affected - Few	<p>All residents at risk for skin breakdown should avoid long periods of sitting in a chair without being repositioned. A teachable resident should, be taught to shift his/her weight approximately every 15 minutes while sitting in a chair. According to AHRQ [sic] guidelines, the resident should be repositioned, shifting the points of pressure at least every hour or be placed back in bed .</p> <p>Resident Choice:</p> <p>When a resident refuses, evaluate the basis for the refusal and identify potential alternatives.</p> <p>On 10/3 through 10/5/23, Surveyor reviewed R39's medical record which included in part, the following:</p> <p>R39 was admitted to the facility on [DATE] and had diagnoses including, Left-sided Hemiparesis related to Cerebral Vascular accident, Peripheral Vascular Disease, and Diabetes Mellitus type 2. R39 smoked tobacco.</p> <p>R39's Braden Scale Assessment score on 01/24/23 was 18, indicating R39 was at risk for pressure injury development.</p> <p>Interventions initiated on 01/24/23 included:</p> <p>Encourage good nutrition and hydration in order to promote healthier skin.</p> <p>Follow facility protocols for treatment of injury.</p> <p>Turn and reposition as necessary.</p> <p>On 01/25/23, the care plan was updated to include: Float heels while in bed.</p> <p>R39's care plans also included (in part):</p> <p>R39's fall risk care plan, initiated 01/24/23, documented the following intervention, 1/31/23 pommel cushion for wheelchair.</p> <p>R39's Nutrition care plan, initiated 01/26/23 documented,</p> <p>Resident is at Risk for Maintaining Nutritional Status R/T (related to): S/P (Status Post) CVA (Cerebral Vascular Accident), Insulin .G (Gastrostomy) Tube was pulled on March 17 as no longer needed for Nutrition Support .Has Increased Cal + Protein Needs R/T DTI PI (Pressure Injury). Q [sic] June 2023 Wt Stable at 30 + 90d .</p> <p>Sept Q [sic] Wt stable @ 1,3,6 mo review and had the following intervention in part:</p> <p>Provide 8 oz (ounces) Ensure + 30 mls (milliliters) Prostat SF [sic]+ 8oz Water TID (three times a day).</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525600	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/16/2023
NAME OF PROVIDER OR SUPPLIER Aria at Mitchell Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 5301 W Lincoln Ave West Allis, WI 53219	
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 0686</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>R39's admission Minimum Data Set (MDS) assessment dated , 01/31/23, assessed R39 to have a Brief Interview for Mental Status (BIMs) of 9, indicating R39 had moderate cognitive impairment. R39 had no pressure injuries upon admission but was assessed to be at risk for skin impairment r/t (related to) impaired mobility and incontinence and documented to follow current interventions listed in skin care plan.</p> <p>R39's Braden Scale Assessments scores on 02/1/23 was documented as 15 indicating at risk for the development of pressure injuries.</p> <p>R39's Bladder Incontinence care plan, initiated 02/06/23, documented, The resident has bladder incontinence r/t impaired mobility, and had the following interventions:</p> <p>Check and change every 2-3 hours and prn (as needed).</p> <p>Date Initiated: 01/27/2023</p> <p>Clean peri-area with each incontinence episode, establish voiding patterns.</p> <p>Date Initiated: 02/06/2023 .</p> <p>R39's Bowel Incontinence care plan documented, The resident (R39) has bowel incontinence r/t impaired mobility. This care plan was initiated on 02/08/23 and had the following interventions, all initiated on 02/08/23:</p> <p>Call light kept within reach.</p> <p>Check and change every 2-3 hours and prn [as needed]</p> <p>Provide loose fitting, easy to remove clothing</p> <p>Provide pericare after each incontinent episode</p> <p>Staff will assist with incontinence care as needed .</p> <p>R39's Nutrition care plan was updated on 3/10/23 to include</p> <p>3/10/23 .Provide 8 oz (ounces) Ensure + 30 mls (milliliters) Prostat SF [sic]+ 8oz Water TID (three times a day).</p> <p>3/10/23 .Provide FROZEN NUTRITION TREAT on Lunch Tray.</p> <p>***Give Shake when substitute needed .</p> <p>R39's Peripheral Vascular Disease care plan, initiated 03/22/23 documented the following intervention, Encourage resident to change position frequently, not sitting in one position for long periods of time.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525600	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/16/2023
NAME OF PROVIDER OR SUPPLIER Aria at Mitchell Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 5301 W Lincoln Ave West Allis, WI 53219	
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 0686</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>R39's quarterly MDS, dated [DATE], documented R39 had no pressure injuries but was at risk for pressure injury development and R39 should have a pressure reducing cushion and mattress; R39 was assessed as needing extensive assist of two staff for transfers and bed mobility. This MDS also indicates that R39 needed partial to moderate assistance rolling left to right.</p> <p>R39's Braden Scale Assessments score on 05/8/23 was documented as 16 indicating at risk for the development of pressure injuries.</p> <p>On 05/16/2023 at 12:05 PM a nursing progress note documented;</p> <p>It was reported to writer by CNA (Certified Nursing Assistant) that resident had an area of discoloration to left outer buttocks. Writer along with wound NP (nurse practitioner) assessed area. To the left ischial tuberosity there appears to be a DTI (deep tissue injury). CNA states that this morning the resident was sitting on the edge of the bed on mattress and upon grab bar calling out for help as she wanted to get in her w/c (wheelchair). Area may be bruising from sitting on outer edge of the grab bar but will consider to be a DTI. New orders received for site care. Resident will have application of air mattress. [R39's] weight is monitored weekly. Lab values also closely monitored by [NP-Q]. [R39] denies pain to the site and said [R39] did not know it was there. PMD (Primary Medical Doctor) updated as well as call placed to POA (Power of Attorney). Dietician updated.</p> <p>On 05/16/23 R39's Skin and Wound Evaluation form documented R39 had a Deep Tissue Injury that was In-House Acquired and measured 2.7 cm (centimeters) x (by) 1.8 cm. The wound bed was documented as 100% epithelial tissue, with no drainage, peri wound skin blanchable and there was an order for skin prep to the site. A resident Skin Impairment Data Collection sheet was provided to Surveyor that indicated the original date of area being noted was 5/16/23. This document indicated it was unwitnessed, but with a known origin, pressure area of (L) left ischial tuberosity. Pressure area 5/16/23. Location where impairment occurred was room. Skin preventative measures previously in place per plan of care checked is: preventative topical treatments, specialty alternating air mattress, protective boots. No anticoagulants. Immediate intervention put in place indicates: Roho ordered - wound consult - tx (treatment) monitoring. Surveyor noted the alternating mattress was documented as added on this date and had not previously been in place.</p> <p>R39's skin care plan was updated to indicate: The resident has actual impairment to skin integrity: 05/16/23 - Actual skin impairment - facility acquired - DTI to left ischial tuberosity.</p> <p>Encourage resident to turn and reposition every 2-3 hours, initiated: 05/16/2023</p> <p>Air mattress applied to bed. Check for function every shift, initiated: 05/16/2023</p> <p>Encourage resident to turn and reposition every 2-3 hours. Resident often refuses to change position. Resident educated on the importance of frequent position change to help prevent wounds and heal wounds.</p> <p>Date Initiated: 05/16/2023, and revised on 05/30/23</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525600	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/16/2023
NAME OF PROVIDER OR SUPPLIER Aria at Mitchell Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 5301 W Lincoln Ave West Allis, WI 53219	
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 0686</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>The care plan said to encourage resident to turn and reposition every 2-3 hours, yet the MDS assessment on 4/26/23 indicated R39 needed extensive assist of two for bed mobility and partial to moderate assistance rolling left to right.</p> <p>The Resident skin impairment data collection worksheet provided to Surveyor was noted to have added on 5/17/23: per Licensed Practical Nurse (LPN)-H small OA (open area) within DTI (0.6 x 0.4) pink red/surrounding tissue purple - scant drainage. MD aware - new treatment orders. Surveyor noted it is unclear if this area was assessed by an RN at this time as the documentation indicates the OA was conveyed to DON-B by LPN-H.</p> <p>On 5/17/2023 at 9:53 PM, a nurse progress note documented:</p> <p>Called [name of medical office] and updated NP [name of NP] about resident's wound to left outer hip now open and skin around wound is reddened. NP [name of NP] said to go ahead and apply Xeroform and bordered foam dressing to wound daily and PRN. NP said she will let regular NP know about wound change on resident.</p> <p>Surveyor noted R39's nutritional care plan was revised on 05/17/23 to include Give shake when substitute needed (for Frozen Nutritional Supplement with lunch which was added on 3/10/23). R39's nutritional care plan was not revised further until 06/22/23 when R39 received an order for Prostat, which is a protein supplement. R39's Nutrition care plan was revised on 06/22/23 to include the 30 mls of Prostat and 8oz water TID (three times a day) and also revised on 06/22/23 from Glucerna to Ensure.</p> <p>On 05/23/23 R39's Skin and Wound Evaluation form documented R39's DTI was now Unstageable with 20% granulation and 80% slough. It measured 2.6 cm x 2.9 cm x 0.1 cm with moderate serosanguineous drainage. Peri wound skin was documented as having erythema and normal temperature. The wound was documented as deteriorating, but healable. At this time the treatment was changed to medihoney and foam daily.</p> <p>Surveyor reviewed R39's Electronic Medication Administration Record (EMAR) and noted the wound care orders were changed appropriately and per physician's recommendations. Surveyor did not note any gaps in wound care treatments. Surveyor also reviewed R39's nurse's progress notes from 05/17/23 to 05/23/23 and noted the nurses progress notes did not mention any change to R39's wound. Multiple notes during this time document either dressing changed with no concerns, no drainage noted or dressing is clean, dry, and intact. However, the 24 hour boards do not contain any assessment information, nor do they include who completed the documentation on who entered the information on the 24 hour board. Per documentation, the first time the wound appeared with slough and fully opened was on 05/23/23 when the wound NP did a weekly assessment.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525600	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/16/2023
NAME OF PROVIDER OR SUPPLIER Aria at Mitchell Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 5301 W Lincoln Ave West Allis, WI 53219	
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 0686</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Surveyor interviewed Assistant Director of Nursing (ADON)-C on 10/5/23 at 8:19 AM. ADON-C informed Surveyor the wound first opened on 5/23/23 when NP-G was assessing the wound. Surveyor read R39's 5/17/23 progress note, which documented the wound being opened and receiving a new treatment. Surveyor asked if measurements and an assessment were done at that time. ADON-C informed Surveyor because it was the same wound as the DTI, there would not have been another risk management, and ADON-C stated she did not believe the staff would get another set of measurements or stage the wound. Surveyor explained the concern there was documentation R39's DTI changed on 05/17/23, but there was not a comprehensive wound assessment documented until 05/23/23. ADON-C reviewed R39's EMR and informed Surveyor, the staff did what they were supposed to do by notifying the doctor and getting a new order. ADON-C did not think another assessment would have been done at that time.</p> <p>Surveyor reviewed NP-G's progress note dated 05/23/23 which documented, .Wound Care Follow up . Patient seen resting in bed. Seen for wound to left ischium of surgery as a deep tissue pressure injury last week and has now developed into an unstageable pressure injury per wound RN (Registered Nurse). Patient denies pain, fever, chills. [R39] is eating and sleeping per her baseline .</p> <p>***Diagnosis that could affect wound healing***</p> <p>Cervical cancer</p> <p>Coronary artery disease</p> <p>Diabetes mellitus</p> <p>History of tobacco use</p> <p>Hypertlipidemia</p> <p>Hypertension</p> <p>Iron deficiency anemia</p> <p>Myocardial infarction</p> <p>***Interventions in Place***</p> <p>Pressure reduction devices, bed, cushion per facility protocol; nursing and wound care, nutritional support, PT/OT (physical therapy/occupational therapy) if needed.</p> <p>***Physical Examination***</p> <p>Left ischium (unstageable pressure injury)</p> <p>Full-thickness wound measuring 2.6 x 2.9 x 0.1 cm. 20% granulation, 80% slough. Moderate serosanguineous drainage. Peri wound denuded, fragile. No signs or symptoms of infection</p> <p>Status? [sic] decline</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525600	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/16/2023
NAME OF PROVIDER OR SUPPLIER Aria at Mitchell Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 5301 W Lincoln Ave West Allis, WI 53219	
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 0686</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Plan? [sic] Medihoney and bordered foam daily and as needed .</p> <p>Reviewed medical records</p> <p>Discussed plan of care with ADON</p> <p>Diligent offloading and incontinence cares</p> <p>Cushion in wheelchair at all times while up, no longer than 2 hours at a time in wheelchair</p> <p>Air mattress</p> <p>Protein supplementation as necessary per dietary</p> <p>Follow-up 1 week for reassessment .</p> <p>Surveyor noted R39's fall risk care plan was revised on 5/30/23 (7 days after the NP assessment and 14 days after the area developed) the pommel cushion was changed to a Roho for skin issue .</p> <p>R39's skin care plan was updated to include: The resident has actual impairment to skin integrity: 5/23/23 changed to Unstageable, with the following interventions;</p> <p>Encourage resident to turn and reposition every 2-3 hours. Resident often refuses to change position. Resident educated on the importance of frequent position change to help prevent wounds and heal wounds.</p> <p>Date Initiated: 05/16/2023, and revised on 05/30/23</p> <p>Roho cushion to wheelchair. Date Initiated: 05/30/2023</p> <p>Surveyor noted R39's plan of care was not updated to include up no longer than 2 hours at a time in wheelchair until 06/15/23 but was recommended by NP-G on 05/23/23. Surveyor also noted there were no incontinence care plan revisions at this time, even though NP-G indicated diligent offloading and incontinence cares.</p> <p>The next assessment of R39's wound occurred on 05/30/23 when NP-G came to the facility for her weekly wound rounds.</p> <p>R39's Skin and Wound Evaluation form, dated 05/30/23, documented: R39 had an unstageable wound measuring 4.1 cm x 5.6 cm x N/A (depth) with 30% epithelial tissue and 70% necrotic tissue, there was increased drainage, redness/inflammation and warmth with heavy seropurulent drainage and moderate odor after cleansing; the peri wound tissue had discoloration of black/blue with erythema and was hot. This form documented R39 was educated on the importance of repositioning in bed as much as tolerated and to not spend long amounts of time up in wheelchair.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525600	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/16/2023
NAME OF PROVIDER OR SUPPLIER Aria at Mitchell Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 5301 W Lincoln Ave West Allis, WI 53219	
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 0686</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>This form also documented R39 would be sent to the emergency room for further evaluation and documented R39 regularly refuses to get out of the wheelchair and spends a long amount of time in the wheelchair.</p> <p>R39 was sent to the hospital on 05/30/23 and the hospital sent R39 back to the facility on the same day with an order for oral antibiotics. Per facility documentation, the hospital did not feel the wound needed debridement.</p> <p>Surveyor reviewed R39's EMR and noted the following documented in nurses' progress notes between 05/23/23 and 05/30/23:</p> <p>On 5/24/2023, resident repos. [sic] as tolerated Q2 (every 2) hours. DTI to Lt. buttock. VS (vital signs) WNL (within defined limits).</p> <p>On 5/24/2023 16:43, Dressing change DTI of left buttock. No noted bleeding/drainage. No c/o (complaints of) of pain/discomfort.</p> <p>On 5/25/2023, repositioned as tolerated Q2 hours. DTI to Lt. buttock. VSS (vital signs stable). slept well.</p> <p>On 5/25/2023, Treatment done this shift to L buttock for DTI. Cleaned with normal saline, medihoney applied to open area and covered with a bordered foam.</p> <p>On 5/25/2023, Dressing changed to left buttock. Scant drainage and soiled with urine on old dressing. States wound hurts when touched.</p> <p>On 5/26/2023, resident repositioned as tolerated Q2 hours d/t (due to) inability to move on own and DTI to Lt. (left) buttock. VSS.</p> <p>On 5/28/2023, Patient had x-large BM (bowel movement) that covered wound dressing on L outer buttocks. Writer cleaned wound and reapplied dressing. No visible S/S (signs/symptoms) of infection. bleeding or C/O pain or discomfort.</p> <p>On 5/29/2023, Dressing changed to left buttock. VSS and BSS [sic]. C/o pain when wound was touched; otherwise, states it does not hurt.</p> <p>On 5/30/2023, resident repositioned as tolerated Q2 hours. DTI to Lt. buttock. drsg. CDI (clean, dry, intact). VS WNL.</p> <p>Surveyor noted there was no mention of a change in R39's wound appearance until 05/30/23 when NP-G did her weekly assessment. Surveyor noted the 05/24/23, 05/25/23, 05/26/23, and 05/30/23 progress notes document the left buttock as a DTI however as of 05/23/23 the area was assessed to be deteriorating and was assessed as unstageable with 80% slough and 20% granulation.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525600	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/16/2023
NAME OF PROVIDER OR SUPPLIER Aria at Mitchell Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 5301 W Lincoln Ave West Allis, WI 53219	
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 0686</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>On 5/30/2023 there was an Interdisciplinary Team (IDT) progress note in R39's EMR which documented, IDT met to discuss resident's skin issues. Resident currently has a pommel cushion in her wheelchair from a fall in January. It was discussed that a Roho cushion would be more beneficial at this time to help prevent skin breakdown and to promote healing. Cushions changed. Surveyor noted there was reference to changing the cushion to a Roho going back to the 5/16/23 Resident Skin Impairment Data Collection sheet that was provided to Surveyor by DON-B. This was the first mention of a follow up to changing the pommel cushion that Surveyor could locate. R39's care plan was updated to include the Roho cushion on 05/30/23.</p> <p>Surveyor was provided with information regarding the pommel cushion R39 sat on until replaced by the Roho cushion on 05/30/23.</p> <p>The manufacturer's information for the pommel cushion documented, The four 3D Quadra gel compartments allow for even distribution of gel under the ischials and seated areas while dual density foam layer provides a soft layer of comfort and molded foam base for support and pressure redistribution .and a coccyx relief cutout .</p> <p>There was nothing in the manufacturer's information documenting this cushion would be appropriate for someone who has a DTI or an unstageable pressure injury. Surveyor reached out to the company for additional information but has not heard back.</p> <p>Surveyor reviewed an Unavoidable Pressure Injury document completed by the facility and signed by the NP-G on 05/30/23 which documented:</p> <p>(R39) was not at end of life and was not on hospice, did not have a history of healed skin issues; (R39) had the following diagnoses-severe peripheral vascular disease; chronic bowel incontinence; diabetes; hemiplegia/paraplegia/quadruplegia; R39's serum albumin was below 3.9, hemoglobin less than 12 and protein less than 6.4; (R39) had pale and poor skin; and (R39) was non-compliant with recommendations regarding off-loading of pressure areas such as floating heels, cushions, alternating times up in the chair with times in bed; (R39) did not comply with diet or supplements to increase wound healing and (R39) refused to be turned/repositioned. Surveyor is uncertain if this form is for the development of the wound, the decline in the wound or the infection of the wound.</p> <p>Surveyor reviewed R39's lab work and noted lab work completed on 05/15/23 documented R39's albumin was 3.2 (low with a range of 3.8-5); Protein, Total 5.8 (low with a range of 6.1-8.2) and hemoglobin 10.2 (low with a range of 11.3-15.1). R39's lab results form 06/26/23 documented an albumin of 3 (low); Protein, Total of 6.5 (normal) and hemoglobin 9.3 (low).</p> <p>Surveyor reviewed R39's EMAR (Medication Administration Record) from May and noted a physician's order documenting, Encourage resident to reposition in bed and w/c every 2-3 hours, every shift, with a start date of 05/16/23. Surveyor noted this order was documented as completed every shift. There were no refusals documented.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525600	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/16/2023
NAME OF PROVIDER OR SUPPLIER Aria at Mitchell Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 5301 W Lincoln Ave West Allis, WI 53219	
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 0686</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Surveyor noted a physician's order documenting, Glucerna every evening shift for [sic] Give 8 oz, with a start date of 5/11/23. Surveyor noted this order was documented as completed every evening shift except 5/02/23 which documented R39 drank 50%. There were no refusals documented. Surveyor reviewed R39's April EMAR and noted the same Glucerna order which documented R39 refused the supplement two times; R39 drank 0% one day; R39 drank 50% one day and R39 drank 100% the remaining days in April.</p> <p>Of note, R39's Skin and Wound evaluation forms had a section entitled Goal of Care with three options to choose from: 1.) Healable, 2.) Slow to heal: wound healing slow or stalled but stable, little/no deterioration, 3.) Monitor/Manage: Wound healing not achievable due to untreatable underlying condition.</p> <p>On 05/16/23, 05/23/23 and 05/30/23 these Skin and Wound evaluation forms document</p> <p>1.) Healable.</p> <p>On 5/30/23 the facility made an appointment for R39 at the wound clinic. R39 was seen at the wound clinic on 06/01/23. The wound clinic consult form documented large full thickness left ischial eschar with surrounding cellulitis, developed over last 2-3 weeks .admit for IV antibiotics and surgical debridement. R39 was admitted to the hospital until 06/14/23 when R39 returned to the facility.</p> <p>Surveyor reviewed R39's hospital discharge history and physical, dated 6/11/23 (with a discharge date of [DATE]) which documented, Indication for admission: Infected Left ischial pressure wound, unstageable with necrosis and surrounding cellulitis .Hospital Course .underwent debridement on 06/02, repeat debridement on 06/07 and wound vac placement on 06/09 .Seen by infectious disease and was treated with cefepime, metronidazole, and vancomycin from 06/01-06/07.</p> <p>Upon readmission to the facility, R39's skin care plan was updated to include: The resident has actual impairment to skin integrity: 6/20/23 changed to stage 4. Resident not to be up in wheelchair for more than 2 hours per day to promote wound healing. Date Initiated: 06/15/2023. Surveyor noted this was originally recommended by the NP on 5/23/23 and not implemented until 6/15/23.</p> <p>On 6/15/23, R39 had the following active physician's order: Resident is not to be up in wheelchair for more than two hours a day to promote wound healing. Every shift for monitoring.</p> <p>On 9/13/23, R39 had the following active physician's orders:</p> <p>Wound TX: Left ischial tuberosity- Cleanse with NS (Normal Saline), pat dry. Apply Derma (hydrafera) blue from restorix and cover with super silicone dressing. Change three times a week and prn. one time a day every Tue, Thu, Sat for Wound Care AND as needed for wound care.</p> <p>R39's most recent MDS assessment, dated 09/30/23, documented R39 had one stage 4 pressure injury; R39 required extensive assistance of two staff for bed mobility and total staff assistance for transfers and R39's BIMS was a 9, indicating R39 had moderate cognitive impairment.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525600	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/16/2023
NAME OF PROVIDER OR SUPPLIER Aria at Mitchell Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 5301 W Lincoln Ave West Allis, WI 53219	
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 0686</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>On 10/03/23 at 8:52 AM, Surveyor observed R39 lying in bed with the head of the bed elevated about 45 degrees. Wound Nurse Practitioner (NP)-G and Assistant Director of Nursing (ADON)-C were outside of R39's room preparing for R39's wound care. ADON-C informed Surveyor R39 had the wound since May 16, 2023, and then it was unstageable. Per ADON-C, R39 went to the hospital for surgical debridement and now the wound is healing. ADON-C informed Surveyor, R39 had a lot of non-compliance issues such as sitting in the wheelchair all day. Per ADON-C, R39 has diabetes, smokes and leans to the left side due to a stroke. ADON-C informed Surveyor R39 is more compliant with off-loading and R39's son comes around 5 PM every day and that is when R39 gets up in the wheelchair. NP-G agreed with what ADON-C told Surveyor.</p> <p>On 10/03/23 at 8:54 AM, Surveyor observed NP-G and ADON-C perform wound care treatment on R39's left ischial tuberosity pressure injury. The wound appeared clean with no signs or symptoms of infection. Surveyor did not identify concerns with the observed wound care treatment.</p> <p>On 10/03/23 at 9:30 AM, Surveyor observed R39 lying in bed. R39 informed Surveyor R39's wound is getting better and does not hurt. R39 stated R39 usually gets out of bed in the afternoon when R39's son comes to visit and takes R39 out to smoke. Surveyor asked if staff provide education on repositioning or encourage R39 not to stay in the wheelchair for long periods. R39 could not remember and stated to Surveyor I do not think so. R39 informed Surveyor if staff suggested something like repositioning [R39] would do it. R39 did not think [R39] refused treatments, cares or repositioning. R39 did not have any concerns. At this time, Surveyor noted there was a Roho cushion in R39's wheelchair.</p> <p>On 10/04/23 at 1:25 PM, Surveyor observed R39 sitting upright in wheelchair. Surveyor asked R39 when staff assisted R39 into the wheelchair. Per R39, R39 got up before lunch and that is when R39 likes to get up. Surveyor asked how long R39 stays in the wheelchair. R39 informed Surveyor [R39] was unaware of how long [R39] stays up in the wheelchair because [R39] has never timed it. R39 did not think there was any time limit for [R39] to be up in the wheelchair. Surveyor asked R39 if staff encourage R39 to only stay in the wheelchair for a couple of hours and R39 replied I do not think so. Surveyor asked R39 if staff ask R39 to lay down or to change positions does [R39] ever refuse or not want to. R39 replied no, if staff want me to do something I do it.</p> <p>On 10/04/23 at 1:29 PM, Surveyor interviewed Certified Nursing Assistant (CNA)-I. CNA-I was on R39's unit and per CNA-I, was familiar with R39's care. Per CNA-I, R39 was only getting up in the wheelchair when R39's son was in the building, but now per CNA-I R39 can stay up in the wheelchair longer. CNA-I informed Surveyor prior to R39's DTI, R39 would get up in the wheelchair around 1:30 PM. CNA-I informed Surveyor R39 was incontinent of bowel and bladder and usually would not call for assistance after an incontinence episode. Per CNA-I staff usually had to initiate incontinence cares for R39. CNA-I stated she was the one who found the DTI and informed the nurse of the area. Per CNA-I, R39 did not have any other wounds prior to the DTI. CNA-I stated she thought R39's DTI opened quickly. CNA-I stated R39 was not non-compliant and did not refuse cares or repositioning, but per CNA-I if staff placed R39 on R39's right side with a pillow under R39's left side, R39 would occasionally remove the pillow. CNA-I informed Surveyor R39 could move side to side in bed by self. CNA-I stated this is the first week R39 can get up in the wheelchair and stay up longer than when she was restricted to the 2 hours.</p> <p>(continued on next page)</p>		

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

Printed: 05/14/2025
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525600	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/16/2023
NAME OF PROVIDER OR SUPPLIER Aria at Mitchell Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 5301 W Lincoln Ave West Allis, WI 53219	
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 - Immediate jeopardy to resident health or safety Residents Affected - Few	On 10/04/23 at 3:47 PM, Surveyor interviewed PM Supervisor Licensed Practical Nurse (LPN)-H. LPN-H informed Surveyor R39's wound started as a DTI and the facility got a treatment. Per LPN-H, day shift noted the wound was opened, LPN-H was not aware of when the DTI opened. LPN-H stated they were unaware of how the DTI formed, but when it was found she, LPN-H, encourage R39 to remain in bed and re-arranged R39's room so the bed was facing the hallway. Per LPN-H,[TRUNCATED]		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525600	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/16/2023
NAME OF PROVIDER OR SUPPLIER Aria at Mitchell Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 5301 W Lincoln Ave West Allis, WI 53219	
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** 38253</p> <p>Based on observation, record review, and interview, the facility did not ensure food was stored, prepared, or served in accordance with professional standards for food service safety potentially affecting all 48 residents in the facility.</p> <p>Food stored in the refrigerator and freezer were not labeled or dated, moldy vegetables were in the refrigerator, expired milk was used in cooking and was served to residents, and food temperatures were not documented on the temperature log for multiple meals during a week.</p> <p>Findings:</p> <p>The facility policy and procedure entitled Food Storage undated states: Procedure: .</p> <p>11. Leftover food will be stored in covered containers or wrapped carefully and securely. Each item will be clearly labeled and dated before being refrigerated.</p> <p>12. Refrigerator food storage: . f. All food should be covered, labeled and dated. All foods will be checked to assure that foods (including leftovers) will be consumed by their safe use by dates, or frozen (where applicable), or discarded.</p> <p>13. Frozen Foods: . c. All foods should be covered, labeled and dated.</p> <p>On [DATE] at 8:28 AM, Surveyor accompanied Dietary Manager (DM)-D on a tour of the kitchen and food storage areas. In the walk-in freezer, Surveyor observed frozen cooked chicken breasts in an open box lined with a plastic bag. The plastic bag was open, exposing the chicken breasts to the air. Surveyor observed frozen hamburger patties in an open box lined with a plastic bag. The plastic bag was open, exposing the hamburger patties to the air. Surveyor observed frozen meatballs wrapped in plastic wrap that were unlabeled and undated. Surveyor observed a sheet pan with aluminum foil covering the pan. DM-D stated there was leftover cake in the pan. The pan was unlabeled and undated.</p> <p>In the walk-in refrigerator on the first floor, Surveyor observed a sheet pan covered in aluminum foil with a corner of the aluminum foil ripped open exposing cake. The pan was unlabeled and undated. Surveyor observed a metal bin with four packages of ground meat thawing. Red juices were dripping into the bin. The meat was undated and unlabeled.</p> <p>In the walk-in refrigerator in the basement, Surveyor observed a box with lettuce that was open to the air, a box of grapes that were open to the air, two boxes of moldy cucumbers with liquid in the bottom of the box that were open to the air, and a rotten black onion in one of two netted bags of onions. DM-D stated all the food should have been labeled and dated and items should have been in closed containers or bags.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525600	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/16/2023
NAME OF PROVIDER OR SUPPLIER Aria at Mitchell Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 5301 W Lincoln Ave West Allis, WI 53219	
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>On [DATE] at 11:54 AM, Surveyor observed Dietary Aide plating the food for lunch service. A bin of ice with two pitchers of lemonade and two half-gallons of milk in the bin was on top of the food cart where the prepared trays were being placed. Surveyor noted the two half-gallons of milk had an expiration date of [DATE]. The milk had expired 20 days ago. Surveyor brought the expired milk to the attention of DM-D. DM-D removed the milk from the cart and went to get fresh milk from the refrigerator. DM-D returned from the refrigerator and reported to Surveyor the milk that was expired had been delivered to the facility the day before, on [DATE]. DM-D stated 9 crates of milk containing 6 half-gallons each were delivered, and all the milk had the same expiration date of [DATE]. DM-D stated they would substitute other beverages for the lunch meal and DM-D would contact the distributor.</p> <p>On [DATE] at 1:37 PM, Surveyor interviewed DM-D to determine if any of the expired milk had been consumed by any of the residents. DM-D stated milk was used to make scrambled eggs that morning and DM-D would provide a list of all the residents that ate scrambled eggs. DM-D showed Surveyor the crate the milk was delivered in. The crate had the expiration date of [DATE] stamped on the side of the box and a sticker with the delivery date of [DATE]. DM-D stated when the milk was delivered, DM-D looked at the sticker with the delivery date but did not look at the expiration date at that time. DM-D stated DM-D did not expect the distributor would deliver expired milk. Surveyor asked DM-D if any of the residents had consumed milk at breakfast with cereal or in a glass. DM-D stated DM-D would find out and get back to Surveyor.</p> <p>On [DATE] at 1:57 PM, Surveyor observed the lunch food cart being returned to the kitchen from one of the units by DA-L with an opened half-gallon of milk in the bin on top of the cart; the half-gallon of milk was approximately two-thirds full. Surveyor observed the milk to have the expiration date of [DATE]. Surveyor brought the milk to the attention of DM-D. DM-D asked DA-L where DA-L had obtained the milk and how many residents consumed the milk. DA-L stated the milk was pulled from the walk-in refrigerator. DM-D told Surveyor DM-D thought DM-D had gotten rid of all the expired milk. DM-D stated DM-D would let Surveyor know how many residents consumed the milk during lunch.</p> <p>On [DATE] at 3:07 PM during the daily exit with the facility, Surveyor shared with Nursing Home Administrator (NHA)-A and Director of Nursing (DON)-B the concern expired milk was consumed by multiple residents. DON-B stated DM-D had told NHA-A and DON-B about an hour ago about the milk being expired and given to residents. DON-B stated the Medical Director was contacted and all residents that consumed scrambled eggs and drank milk would be monitored for gastrointestinal symptoms for the next 72 hours.</p> <p>On [DATE] at 3:26 PM, DM-D provided to Surveyor a list of all the residents that had consumed scrambled eggs made with the expired milk and the residents that had consumed milk at lunchtime that day. 39 residents had eaten scrambled eggs at breakfast time and three residents had drunk milk at lunchtime. DM-D updated that list on [DATE] at 10:21 AM: five more residents had milk for breakfast, either in cereal, coffee, or in a glass. A total of 40 residents had consumed expired milk on [DATE].</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525600	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/16/2023
NAME OF PROVIDER OR SUPPLIER Aria at Mitchell Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 5301 W Lincoln Ave West Allis, WI 53219	
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>On [DATE] at 9:36 AM, Surveyor interviewed Cook-K regarding the temping of foods. Cook-K stated the food is temped as it comes out of the oven and is temped again when it is in the steam table. Cook-K stated there is a daily form they use for the temping of the food. Surveyor asked to look at the form for [DATE]. Temperatures were logged for each food item coming out of the oven and on the steam table for breakfast and lunch. The supper log was blank. Surveyor met with DM-D and shared the concern the supper temp log for [DATE] was not filled out. DM-D stated all foods should be temped twice, once from the oven and once from the steam table. Surveyor requested the last week of temp forms. DM-D provided [DATE]-[DATE].</p> <p>-[DATE]: the breakfast and lunch forms were blank</p> <p>-[DATE]: the breakfast form did not include temps for breakfast pizza or eggs in any form (scrambled, egg substitute, or pureed) and lunch form did not include temps for breaded fish, cooked vegetables</p> <p>-[DATE]: no log for any meal was found for that day</p> <p>-[DATE]: the supper form was blank</p> <p>On [DATE] at 11:49 AM, Surveyor met with NHA-A, DON-B, and DM-D to share the concern of unlabeled, undated food in the freezer and refrigerator, the use of expired milk, and temperatures of food not being recorded in the temp logs. NHA-A stated the facility is aware the kitchen is not what it should be and will be working on it to bring it up to standards. No further information was provided at that time.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525600	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/16/2023
NAME OF PROVIDER OR SUPPLIER Aria at Mitchell Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 5301 W Lincoln Ave West Allis, WI 53219	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>46517</p> <p>Based on observation, interview and record review the facility did not maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.</p> <p>On 10/03/23 Surveyor observed Licensed Practical Nurse (LPN)-R utilize a glucometer to conduct point of care testing for R23. LPN-R did not clean and disinfect the facility's shared glucometer according to the manufacturer instructions.</p> <p>This deficient practice had the potential to affect 9 residents residing on the third floor.</p> <p>Findings include:</p> <p>The third floor had two glucometers which were shared between 9 residents requiring point of care testing. The glucometers were not cleaned according to the facility policy and the manufacturers directions.</p> <p>The facility policy revised on 02/21/04, entitled, Infection Control Point of Care Devices, documented,</p> <p>.1) A shared or individual point of care device must be cleaned and disinfected before and after each use with a disinfectant wipe included on Environmental Protection Agency (EPA) List D. Ensure to follow the contact time requirement for the disinfectant product. If a device is visibly soiled, it is to be wiped clean before using a disinfectant wipe .</p> <p>The facility uses Microdot Bleach wipes to clean the glucometers. The Microdot Bleach wipe label read, . Disinfection:</p> <p>.5) Apply towelette and wipe desired surface to be disinfected. A 30 second contact time is required to kill the bacteria and viruses** on the label except a 1 minute contact time is required to kill Candida albicans and Trichophyton interdigitale, and a 3 minute contact time is required to kill Clostridium difficile spores. Reapply as necessary to ensure that the surface remains visibly wet for the entire contact time .</p> <p>On 10/03/23 at 11:19 AM, Surveyor observed Licensed Practical Nurse (LPN)-R perform point of care testing on R23. LPN-R informed Surveyor the residents on the third floor share two glucometers and she alternates using one while the other one dries from being cleaned. Surveyor asked LPN-R how the glucometers are cleaned. LPN-R pointed to the Microdot Bleach wipe container and stated I wipe one glucometer and let it sit for five minutes. Per LPN-R the glucometer will stay wet for three to four minutes.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525600	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/16/2023
NAME OF PROVIDER OR SUPPLIER Aria at Mitchell Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 5301 W Lincoln Ave West Allis, WI 53219	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 10/03/23 at 11:26 AM, Surveyor observed LPN-R wipe the used glucometer with a Microdot Bleach wipe and then place the glucometer on a paper towel on top of the medication cart. Surveyor noted LPN-R wiped the machine for less than five seconds and only one area by the button was visibly wet. Surveyor asked LPN-R if the glucometer was visibly wet. LPN-R pointed by the button of the machine and stated it is wet there. Surveyor asked if the rest of the glucometer was wet. LPN-R did not respond. After one minute Surveyor noted the glucometer did not appear wet at all. Surveyor asked LPN-R if the glucometer was wet and informed LPN-R it had only been a minute. LPN-R and Surveyor reviewed the Microdot Bleach wipes label and noted the label stated visibly wet for 3 minutes . LPN-R asked Surveyor how she would ensure the glucometers stayed wet for 3 minutes. Surveyor informed LPN-R she should check her facility policy and the Microdot recommendations for the appropriate way to clean the glucometers.</p> <p>On 10/03/23 at 11:36 AM, Surveyor interviewed Director of Nursing (DON)-B. DON-B informed Surveyor each floor had two glucometers and the nurses were instructed to use one glucometer than wipe it with the bleach wipe and keep the glucometer wrapped with the bleach wipe for three minutes. The other glucometer was to be used while the other one was wrapped in the bleach wipe. Surveyor explained the concern of the observation of LPN-R not cleaning the glucometer the way DON-B had described. Per DON-B she had just provided the nursing staff with education regarding the cleaning of the glucometers and LPN-R was at the training. Surveyor asked for a list of residents on the third floor who receive point of care testing.</p> <p>On 10/03/23 at 12:12 PM, DON-B provided Surveyor with a list of the residents on the third floor who receive point of care testing. Surveyor reviewed the residents and noted there was no documentation that any of the residents had blood borne pathogens. DON-B also showed Surveyor education from 09/29/23 with LPN-R's name on it. No additional information was provided.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525600	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/16/2023
NAME OF PROVIDER OR SUPPLIER Aria at Mitchell Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 5301 W Lincoln Ave West Allis, WI 53219	
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 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46214</p> <p>Based on observation, record review, staff and resident interviews, the facility did not ensure a pest control program effectively addressed rodents in the facility. This has the potential to affect all 48 residents that reside in the facility.</p> <p>Surveyors became aware of concerns with rodents, cockroaches and bed bugs within the facility.</p> <p>3 of 4 residents (R10, R14, R30) who attended the Surveyor's resident council group meeting held on 10/4/23 expressed concerns regarding rodents in the facility.</p> <p>Findings include:</p> <p>The facility does not have a pest control policy.</p> <p>On 10/03/23 at 8:15 AM, upon entrance to the facility, Surveyor observed food debris and wrappers on the ground in the front reception area and food debris along the 1st floor carpeted hallway. Tin Cat box traps were observed in corners, under heating vents and along walls of the corridors.</p> <p>On 10/03/23 at 10:38 AM, Surveyor observed an [Orkin] employee at the facility. He was carrying a black trash bag. The [Orkin] employee informed Surveyor that he was at the facility for the monthly routine service call. He stated that staff did not ask him to look into any specific area on today's visit. The [Orkin] employee stated he had not seen any rodents or bugs on today's visit yet, however on past visits there were findings of dead mice.</p> <p>On 10/04/23, at 08:24 AM, Surveyor interviewed Licensed Practical Nurse (LPN)-M who stated that she has not seen any mice but does hear that others have seen them. LPN-M stated that there are traps all around and when they do catch one it can start to smell.</p> <p>On 10/04/23, 08:36 AM, Surveyor spoke with Certified Nursing Assistant (CNA)-N who stated that she has not personally seen any mice on the 3rd floor, however the 1st floor does have them, and the bed bugs are coming in from the CBRF (Community Based Residential Facility) residents.</p> <p>On 10/04/23, at 11:00 AM, Surveyor held a resident council meeting with four residents. Residents in attendance resided on the 1st and 3rd floors. R10, R14 and R30 agreed that there was a mice problem in the facility. None of the residents observed a mouse directly but did hear staff and other residents talk about seeing mice. R30 stated that he has smelled an odor in the hallway like a mouse was dead in a trap.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525600	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/16/2023
NAME OF PROVIDER OR SUPPLIER Aria at Mitchell Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 5301 W Lincoln Ave West Allis, WI 53219	
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 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On 10/04/23, at 12:36 PM, Surveyor spoke with Social Services Director (SSD)-E who stated that she last saw a mouse this past Monday right outside her door. SSD-E stated that maintenance put a mouse trap outside her door after the incident. SSD-E stated that staff in general mention they have seen mice on both 1st and 3rd floor. SSD-E stated that last month one of her residents on the 1st floor saw a mouse in her room, however she has discharged now. SSD-E stated that she is aware that an outside pest control company comes in monthly as their own maintenance trying to put traps out as well. SSD-E stated that the problem is that many residents bring in food from the outside and store it in their rooms. They eat throughout the day so it's hard to stay on top of the crumbs. SSD-D showed Surveyor a plastic Ziploc bag that she was instructed to hand out to residents for them to store food in if she sees someone with open food in their room. She stated that the facility just got the Ziploc bags within the past month. SSD-E could not say if the bags were helping reduce the rodent problem in the building.</p> <p>On 10/05/23, at 07:44 AM, Surveyor interviewed Maintenance Director-F who has been working at the facility for the past 6 years. Maintenance Director-F confirmed that the facility has had a mouse problem and that they are addressing it with Tin Cats that are located throughout the building and that they do regularly catch mice. Maintenance Director-F stated that the reason there is a rodent problem is because the residents have food in their rooms . we try to stay on top of cleaning, and we put out our own traps in addition to the ones that [Orkin] puts out. Maintenance Director-F stated that with the changes in the season the rodents in the building can increase or decrease. She stated that the mice started to come in more towards the end of summer. She also stated that they are trying to find holes outside on the walls and caulk them.</p> <p>On 10/05/23, at 09:02 AM, Surveyor spoke to Human Resources (HR)-O who stated that she has not ever seen any mice herself but has seen dropping and heard other staff mention that they have seen mice. HR-O stated that where she works in the basement, there is a gnat problem and that all summer they are bad.</p> <p>On 10/05/23, at 09:07 AM, Surveyor spoke with Housekeeping-P who stated that residents have their rooms cleaned daily. This includes dusting, mopping and emptying garbage cans. Housekeeping-P stated that she has not observed any mice recently but has in the past. She stated that many residents eat in their rooms and that there is always a lot of food on the floors. They try to stay on top of it, but there always seems to be food on the floor. She thinks the food is attracting the mice.</p> <p>Surveyor reviewed [Orkin] invoices which documented;</p> <p>4/24/23 service type - standard Monthly</p> <p>Inspected all multi catch traps and monitors in Kitchen areas, maintenance areas, boiler areas, garbage room areas. No activity found. Changed glue boards and monitors as needed. Treated lobby and maintenance office for reported ant activity. Insect monitor placed in common area to target German cockroaches.</p> <p>5/22/23 service type - standard Monthly</p> <p>Performed service to all interior rodent devices. Rodent activity found. Glue boards replaced. Interior main building pest count: 12 mice found.</p> <p>(continued on next page)</p>		

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

Printed: 05/14/2025
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525600	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/16/2023
NAME OF PROVIDER OR SUPPLIER Aria at Mitchell Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 5301 W Lincoln Ave West Allis, WI 53219	
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 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>6/8/23 service type - standard Monthly</p> <p>Performed service to all interior rodent devices. Rodent activity found. Glue boards were replaced. Interior main building pest count: 7 mice found.</p> <p>6/28/23 service type - Odd Job 1st Service Bed Bug Inspected and treated with steri-fab and crossfire.</p> <p>7/6/23 - canine bed bug inspection</p> <p>7/7/23 service type - bed bugs</p> <p>Performed a bed bug treatment. No bed bug activity found.</p> <p>7/14/23 service type - bed bug - Odd job 1st service Treated bed, mattress, dresser drawers, recliner and baseboards for bed bugs. No bed bug activity found.</p> <p>8/1/23 service type -standard Monthly</p> <p>Serviced and inspected all interior and exterior rodent stations replacing bait and glue boards as needed. There is moderate mouse activity in the Manor kitchen. I placed snap traps throughout the kitchen and also changed the glue boards in the fly lights.</p> <p>Interior main building pest count: 7 mice found.</p> <p>8/31/23 - Bed bug service</p> <p>9/1/23 - standard monthly</p> <p>Serviced and inspected all interior and exterior rodent stations replacing bait and glue boards as needed. There is still moderate mouse activity in the kitchen at the manor however, there is less activity this month. Extra rodent stations and snap traps were placed out throughout the building to help reduce activity.</p> <p>Interior main building pest count: 1 mouse found.</p> <p>10/3/23 - standard monthly</p> <p>Serviced and inspected all interior and exterior rodent stations. Replacing bait and glue boards as needed. Also serviced and inspected interior. Fly lights replacing glue boards. There is minor rodent activity present better than last month.</p> <p>Interior main building pest count: 1 mouse found.</p> <p>Surveyor notes that on all 3 days of survey the two garbage cans with trash were located in the [NAME] Room where Surveyors were working from were not emptied. In the corner next to fireplace was a Tin Cat container to catch mice.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525600	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/16/2023
NAME OF PROVIDER OR SUPPLIER Aria at Mitchell Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 5301 W Lincoln Ave West Allis, WI 53219	
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 0925 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	<p>On 10/05/23, at 09:24 AM, Surveyor spoke with Nursing Home Administrator (NHA)-A who stated that he has never seen a mouse personally however he has heard staff reporting that they have seen the mice. NHA-A stated that they have a pest control company that comes in monthly for routine services and that they do find rodents throughout the facility as well as maintenance department also puts out traps of their own. The pest control company is finding mice in the traps in the hallways and common areas. NHA-A stated that one of the issues is that residents eat out of their rooms, and they are trying to stay on top of cleaning, but there still is food on the floors. NHA-A stated that last month they passed out Ziploc bags to the Caring Partners to pass out on rounds if they see residents with open food. NHA-A stated that outside of staff checking in daily and being mindful they have not implemented anything more. Surveyor expressed concern that even with current interventions in place there continues to be a pest control problem. NHA-A understood and stated that they could be doing more however they are under the impression that the number of mice being found was trending downward. NHA-A stated that they have not consulted with a pest control company to see if they have any specific recommendations to reduce the rodent problem nor have they implement any intervention to specifically address residents eating in their rooms, other than zip loc bags. NHA-A expressed that they will look into getting storage boxes that rodents can not chew threw for storage of resident food instead of Ziploc bags.</p> <p>No additional information was provided.</p>		