

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

Printed: 07/01/2025
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525635	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/13/2024
NAME OF PROVIDER OR SUPPLIER Milwaukee Catholic Home		STREET ADDRESS, CITY, STATE, ZIP CODE 2330 N Prospect Ave Milwaukee, WI 53211	
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 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<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** 21855</p> <p>Based on interview and record review the Facility did not notify a Resident's representative and attending physician when there was a change of condition involving 1 (R25) of 20 residents reviewed for notification of a representative.</p> <p>* R25 developed a stage 2 pressure injury to the left heel. There was no documentation R25's representative or attending physician were updated when the change of condition occurred.</p> <p>Findings include:</p> <p>Facility policy entitled, Pressure Injury Protocol, last revised 2/2023 states:</p> <p>Stage 2 Pressure Injury .</p> <p>L. Keep physician and resident's representative advised of current treatment plan.</p> <p>Surveyor noted according to the State Operations Manual, S483.10(g)(14) Notification of Changes.</p> <p>(i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is- .</p> <p>(B) 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).</p> <p>R25 was admitted to the facility on [DATE] with diagnoses that include hemiplegia unspecified affecting right dominant side, type 2 diabetes mellitus, pressure ulcer of left heel - unstageable, pressure ulcer of left and right buttock - stage 2, cognitive communication deficit, and muscle weakness. R25 has a responsible party listed as his representative to contact.</p> <p>The Quarterly MDS (Minimum Data Set) dated 1/3/2024 indicates R25 has a BIMS (Brief Interview for Mental Status) of 15, indicating cognitively intact for daily decision making. R25 is dependent on a caregiver for eating, oral hygiene, toileting, bathing, and upper/lower body dressing.</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: 525635	Facility ID: 525635 If continuation sheet Page 1 of 17

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525635	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/13/2024
NAME OF PROVIDER OR SUPPLIER Milwaukee Catholic Home		STREET ADDRESS, CITY, STATE, ZIP CODE 2330 N Prospect Ave Milwaukee, WI 53211	
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 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>On 02/07/24 at 10:36 AM during record review of the electronic medical record Surveyor noted there was no documentation R25's resident representative and attending physician were updated regarding the development of a stage 2 pressure injury to the left heel, discovered on 1/29/2024.</p> <p>On 02/08/24 at 01:22 PM Surveyor spoke with DON (Director of Nursing)-B who stated they were just notified today that R25 has a pressure injury on heel. No documentation that the resident representative or attending physician were notified could be provided.</p> <p>On 02/08/24 at 01:33 PM Surveyor spoke with LPN (Licensed Practical Nurse)-G who confirmed the doctor and representative were not notified then (1/29/2024) when pressure injury to left heal was discovered by LPN-G.</p> <p>On 02/08/24 at 03:05 PM during the end of day meeting these concerns were shared with NHA (Nursing Home Facilitator) -A and DON-B. No additional information was provided.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525635	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/13/2024
NAME OF PROVIDER OR SUPPLIER Milwaukee Catholic Home		STREET ADDRESS, CITY, STATE, ZIP CODE 2330 N Prospect Ave Milwaukee, WI 53211	
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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46214</p> <p>Based on observation, interview and record review the facility did not revise resident care plans for 2 (R84 and R25) of 20 resident care plans reviewed.</p> <p>*R84 developed a facility acquired stage 3 pressure injury to the right buttock. R84's care plan was not revised to include interventions for the stage 3 pressure injury.</p> <p>*R25 developed a facility acquired stage 2 pressure injury to the left heel. R25's care plan was not revised to include interventions for the stage 2 pressure injury.</p> <p>Findings include:</p> <p>The facility's policy entitled, Comprehensive Care Plan, revised date 9/2023, states: Each resident will have a person-centered comprehensive care plan developed and implemented to meet his or her preferences and goals, and address the resident's medical, physical, mental and psychosocial needs.</p> <p>#6. The resident's care plan will be reviewed after each assessment, except discharge assessments, and revised based on changing goals, preferences and needs of the resident and in response to current interventions.</p> <p>#7. The resident's care plan will include services provided or arranged by the facility.</p> <p>1. R84 was admitted to the facility on [DATE] for aftercare following a fall with fracture. R84 also has diagnoses that include, parkinsonism, type 2 diabetes, chronic kidney disease and anemia.</p> <p>R84's Quarterly MDS (Minimum Data Set) assessment, dated 1/10/24, indicates that R84 is at risk for development of pressure injuries. BIMS (Brief Interview of Mental Status) score of 15 indicates R84 is cognitively intact. A BRADEN score taken on 11/15/23 documents a score of 17 indicating R84 is at risk for pressure injuries.</p> <p>On 02/08/24, at 09:39 AM, during the screening process R84 was observed sitting up in a chair in their room. R84 stated that they had been in the facility for several months recovering from a fall. R84 stated that they did have an open sore on their buttock and sees the wound doctor.</p> <p>Surveyor reviewed R84's progress notes. On 1/31/24 a wound note was documented. It documents, Dr.-K saw resident 1/30/24 for right buttock wound. New order received.</p> <p>Surveyor reviewed R84's physician orders documented as Cleanse open area to right upper butt with soap and water f/b (followed by) xeroform and cover with mepilex daily, start 1/30/24. And Cleanse wound on right buttock with wound cleanser. Xeroform gauze f/b foam border dressing once daily. start 1/31/24.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525635	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/13/2024
NAME OF PROVIDER OR SUPPLIER Milwaukee Catholic Home		STREET ADDRESS, CITY, STATE, ZIP CODE 2330 N Prospect Ave Milwaukee, WI 53211	
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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Surveyor reviewed R84's initial wound note dated 1/30/24 which documents, initial wound evaluation, stage 3 to the right buttock measuring 1cm x 1.5cm x 0.1 cm with moderate serous and 100% granulation tissue.</p> <p>Surveyor reviewed R84's care plan and was unable to locate a care plan for a pressure injury to buttock.</p> <p>On 02/12/24, at 01:05 PM, Surveyor spoke with RN Manager-D who informed Surveyor that floor nurses as well as nurse managers are responsible for updating care plans for residents. She started that typically RN Managers are responsible for ensuring that care plans are audited and that interventions are appropriate. Surveyor asked if a facility acquired stage 3 pressure injury should be included in a care plan. RN Manager-D stated, absolutely, it is a change in skin condition. Surveyor informed RN Manger that they were unable to locate a care plan for R84 and the stage 3 pressure injury to buttock. RN Manager-D stated they would look into it.</p> <p>On 02/12/24, at 02:10 PM, at the end of day meeting with Nursing Home Administrator ((NAME))-A and Director of Nursing-B (DON), Surveyor shared a concern regarding R84 and the lack of a care plan for the facility acquired stage 3 pressure injury to buttock. DON-B stated that it would be best practice to include that pressure injury within the plan of care. Surveyor requested a care plan policy and procedure.</p> <p>No further information was provided as to why R84's care plan was not revised after the development of a facility stage 3 pressure injury.</p> <p>21855</p> <p>2. R25 was admitted to the facility on [DATE] with diagnoses that include hemiplegia unspecified affecting right dominant side, type 2 diabetes mellitus, pressure ulcer of left heel - unstageable, pressure ulcer of left and right buttock - stage 2, cognitive communication deficit, and muscle weakness.</p> <p>The Quarterly MDS (Minimum Data Set) dated 1/3/2024 indicates R25 has a BIMS (Brief Interview for Mental Status) of 15, indicating cognitively intact for daily decision making. R25 is dependent on a caregiver for eating, oral hygiene, toileting, bathing, and upper/lower body dressing. R25 does not have an activated Power of Attorney.</p> <p>On 02/07/24 at 10:36 AM Surveyor reviewed R25's skin assessment dated [DATE] which revealed that an open area to the left heel was discovered as a new skin problem. A description of the skin problem states: resident had bed bath this shift o/a left heel was noted area was cleaned f/b xeroform dressing and mepilex wound doctor to f/u tomorrow.</p> <p>On 02/07/2024 R25's care plan for impaired skin integrity related to incontinence, impaired mobility was reviewed dated 8/21/2021 with most recent interventions added 1/3/2024 to include:</p> <ul style="list-style-type: none"> - Pressure reduction sitting/wheelchair surface applied 8/20/21 -Complete risk assessment for R25 as per protocol <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525635	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/13/2024
NAME OF PROVIDER OR SUPPLIER Milwaukee Catholic Home		STREET ADDRESS, CITY, STATE, ZIP CODE 2330 N Prospect Ave Milwaukee, WI 53211	
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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Heel boots to both feet when in bed. Occ refuses</p> <p>-Wound consult PRN</p> <p>On 02/08/24 at 01:22 PM Surveyor spoke with DON (Director of Nursing)-B who stated they were just notified today that R25 has a pressure injury on left heel.</p> <p>On 02/08/24 at 01:50 PM Surveyor spoke with RN (Registered Nurse) Case Manager-F who stated facility was made aware at noon today of the pressure injury. LPN (Licensed Practical Nurse)-G found it and did not notify manager or supervisor, as per facility protocol, so assessment could be done. Per RN Case Manager-F, R25 had a pressure injury there a couple years ago but does not like boots or to offload heels, likes to lay on back. Also, RN Case Manager-F stated that R25's weight was stable because gets a supplement.</p> <p>Surveyor noted no new interventions were added to the care plan after discovery of the pressure injury to left heel on 1/29/2024, until 2/8/2024. At this time a problem of potential for inadequate energy/protein intake r/t self feeding deficit aeb (as evidenced by) max assist 1:1 feeding for all meals and chronic poor skin integrity was added. With interventions effective 2/8/2024 to include:</p> <ul style="list-style-type: none"> - Monitor skin integrity -Allow adequate time to eat; provide cues; encouragement, and assistance -Assess/record/report to MD s/x of malnutrition, factors interfering with nutrition, significant weight loss -Encourage food/fluid intake during food related activities -Provide diet/texture/supplement as ordered -Record and monitor meal/fluid/supplement intake -Obtain and monitor weights as ordered -Report any swallowing problems to RN, MD, ST and/or RD. Will intervene and TX prn <p>On 02/08/24 at 03:05 PM during the end of day meeting the lack of revision of care plan concerns were shared with NHA (Nursing Home Facilitator) -A and DON-B. No additional information was provided.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525635	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/13/2024
NAME OF PROVIDER OR SUPPLIER Milwaukee Catholic Home		STREET ADDRESS, CITY, STATE, ZIP CODE 2330 N Prospect Ave Milwaukee, WI 53211	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 21855</p> <p>Based on observation, interview, and record review the facility did not ensure that residents with pressure injuries received necessary treatment and services consistent with professional standards of practice to promote healing and prevent new pressure injuries from developing for 1 of 9 (R25) residents reviewed for pressure injuries.</p> <p>* R25 did not have a comprehensive assessment with measurements or treatment put in place when a new stage two pressure ulcer of left heel was discovered on 1/29/2024 and was missing weekly assessments and measurements for 10 days until 2/8/2024. R25 was observed to not have heels supported off the bed or heel boots on during this time.</p> <p>Finding include:</p> <p>The facility policy titled Pressure Injury Documentation Sheets with a revision date of 11/2022 documents in part:</p> <p>Policy:</p> <p>It is the policy of facility to have documentation for all pressure related injuries. These sheets will enable staff to evaluate progress on a weekly/PRN basis.</p> <p>Procedure:</p> <p>1.Wound measurements will be done weekly by the Certified Wound Nurse or designee. Documentation will be noted on the Wound Assessment form in EMR .</p> <p>3. Progress of any pressure related injuries will be re-evaluated by the Certified Wound Nurse or designee weekly and/or PRN. Physician and resident's representative will be updated as indicated. Documentation of MD notification will be recorded on the Skin Intervention Team Summary.</p> <p>4. Information regarding presence of pressure related injuries will be transferred to the care plan. Follow protocol for staging.</p> <p>5. The Unavoidable Pressure Injury Tool is completed with newly acquired pressure injuries.</p> <p>R25 was admitted to the facility on [DATE] with diagnoses that include hemiplegia unspecified affecting right dominant side, type 2 diabetes mellitus, pressure ulcer of left heel - unstageable, pressure ulcer of left and right buttock - stage 2, cognitive communication deficit, and muscle weakness. R25 does not have an activated Power of Attorney.</p> <p>The Quarterly MDS (Minimum Data Set) dated 1/3/2024 indicates R25 has a BIMS (Brief Interview for Mental Status) of 15, indicating cognitively intact for daily decision making. R25 is dependent on a caregiver for eating, oral hygiene, toileting, bathing, and upper/lower body dressing. R25 transfers with a hooyer lift.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525635	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/13/2024
NAME OF PROVIDER OR SUPPLIER Milwaukee Catholic Home		STREET ADDRESS, CITY, STATE, ZIP CODE 2330 N Prospect Ave Milwaukee, WI 53211	
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 - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R25 had a Braden Scale for Predicting Pressure Sore Risk evaluation done on 1/3/2024 and scored a 12, putting R25 at high risk of developing a pressure injury. The evaluation was repeated on 2/8/2024 and R25 scored a 12 again.</p> <p>R25 has a potential for impaired skin integrity care plan in place effective 8/21/2021. Appropriate interventions implemented include (in part):</p> <ul style="list-style-type: none"> -Air mattress pressure reduction support surface in bed, effective 8/20/2021. -Pressure reduction sitting/wheelchair surface, effective 8/20/2021. -Reposition R25 every 2 hours when in bed and with rounds and as needed - as will allow, prefers to lay on back, effective 8/21/2021 -Assist R25 with repositioning every 2 hours in bed, with rounds and as needed. Utilize pillow/support devices if needed to protect bony prominences as he will allow, prefers to lay on his back, effective 9/20/2022. -Encourage R25 to wear heel boots to both feet when in bed, often refuses, effective 11/3/2021. <p>Surveyor noted no care plan interventions added between 1/29/2024 and 2/8/2024.</p> <p>Through record review Surveyor noted the MAR (Medication Administration Record) for February 2024, R25 has an order for Ensure Plus three times daily starting 2/2/2024 for nutrition and skin integrity. Per the Treatment record for February 2024 there are no interventions in place for or to prevent heel pressure injuries. In the Physician Orders for February 2024 there is an order to apply heel boots to both heels dated 8/20/2021.</p> <p>On 02/07/24 at 9:30 AM Surveyor observed R25 who had no heel boot on either foot, socks were on feet, resting on bed, R25 was on his back in high fowlers position. On 02/08/24 at 09:25 AM Surveyor observed R25 resting on back in high fowlers position in the bed with bare feet directly on bed. Surveyor noted in both observations heels were not supported off the bed or heel boots in place per care plan and Physician Orders.</p> <p>On 02/07/24 at 10:36 AM Surveyor reviewed R25's skin assessment on the electronic medical record dated 1/29/2024, completed by LPN (Licensed Practical Nurse)-G, which revealed that an open area to the left heel was discovered as a new skin problem. A description of the skin problem states: resident had bed bath this shift o/a left heel was noted area was cleaned f/b xeroform dressing and mepilex wound doctor to f/u tomorrow.</p> <p>On 2/8/2024 at 11:41am Surveyor requested R25's wound documentation for January and February and was provided R25's skin integrity reports and the Wound Evaluation and Management Summary for January, no documents for February. Surveyor noted no previous finding of current left heel pressure injury open area until 1/29/2024.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525635	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/13/2024
NAME OF PROVIDER OR SUPPLIER Milwaukee Catholic Home		STREET ADDRESS, CITY, STATE, ZIP CODE 2330 N Prospect Ave Milwaukee, WI 53211	
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 - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>After the 1/29/2024 initial assessment, there was no comprehensive assessment or measurements completed until 10 days later on 2/8/2024. On 2/8/2024 the Initial Wound Assessment provided shows a stage two pressure injury to the left heel, facility acquired. The length was 0.20 and width 0.20 with no depth. Zero percent slough and 99% granulation with a pink color. This was completed by RN (Registered Nurse) Manager-F on 2/8/2024 at 1:11pm.</p> <p>On 02/08/24 at 01:22 PM Surveyor spoke with DON (Director of Nursing)-B who stated they were just notified today that R25 has a pressure injury on left heel.</p> <p>On 02/08/24 at 01:33 PM Surveyor spoke with LPN-G who stated forgetting to report the pressure injury but was doing the treatments. LPN-G stated having a verbal order from nursing manager for heel treatment of xeroform and mepilex. Per LPN-G R25 missed wound doctor on Tuesday due to going out for lunch. LPN-G states found out Tuesday this week but forgot to put the order in the computer. Did treatment last 2 days. LPN-G states the protocol would be for Nurse Manager to put order in computer. LPN-G told Surveyor the doctor and POA were not notified on the day found.</p> <p>On 02/08/24 at 01:33 PM Surveyor observed R25's right heel which had no wound and the stage two pressure injury to R25's left heel after the heel boot and dressing were removed. LPN-G cleaned skin around area, then completed the treatment of xeroform and mepilex to left heel, dated the dressing, and put heel boot back on.</p> <p>On 02/08/24 at 01:50 PM Surveyor spoke with RN Manager-F who stated facility was made aware at noon today of the pressure injury. LPN-G found it and did not notify manager or supervisor, as per facility protocol, so assessment could be done. RN Manager-F notified the doctor, and a verbal order was received. RN Manager-F started the wound assessment and unavoidable pressure injury paperwork. Per RN Manager-F, R25 had a pressure injury there a couple years ago but does not like boots or to offload heels, likes to lay on back.</p> <p>Surveyor noted R25 had a stage two pressure injury that was discovered on 1/29/2024 which was not comprehensively assessed until 2/8/2024. At this time orders were placed for treatment protocol. There was a 10-day lapse before the pressure injury was assessed and treatment orders obtained. Surveyor noted observations on 2/7/2024 and 2/8/2024 where resident's heels were directly on bed, no heel boots on or feet supported off bed.</p> <p>On 02/08/24 at 03:05 PM during the end of day meeting these pressure injury concerns were shared with NHA (Nursing Home Facilitator)-A and DON-B. No additional information was provided.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525635	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/13/2024
NAME OF PROVIDER OR SUPPLIER Milwaukee Catholic Home		STREET ADDRESS, CITY, STATE, ZIP CODE 2330 N Prospect Ave Milwaukee, WI 53211	
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 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Provide safe, appropriate dialysis care/services for a resident who requires such services.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47094</p> <p>Based on observation, interview, and record review, the facility did not ensure that 2 (R14 and R46) of 3 residents reviewed received dialysis services consistent with professional standards of practice.</p> <p>* R14 was admitted to the facility needing dialysis and did not have physician orders for hemodialysis and frequency of the dialysis. There was no communication between the facility and the dialysis facility with each visit.</p> <p>* R46 did not have a physician's order documenting the frequency of dialysis treatments or the location of the dialysis center in the community. There was no communication between the facility and the dialysis center with each visit.</p> <p>Findings include:</p> <p>The facility policy entitled Dialysis Services revised on 1/2024 states: [Facility name] will work collaboratively with the resident's dialysis center to ensure a unified coordination of services.</p> <p>Procedure: .</p> <p>4. Facility will send a consult sheet along with resident to appointments for communication purposes.</p> <p>5. Facility will collaborate with dialysis facility regarding resident's weights, labs, medications, vital signs, fluid status and other necessary measures.</p> <p>6. Any changes in the resident's condition will be communicated to the resident's physician, dialysis center, and the resident's representative.</p> <p>1. R46 was admitted to the facility on [DATE] and has diagnoses that include end stage renal disease, dependence on renal dialysis, anemia in chronic kidney disease, chronic kidney disease stage 5, and dementia. R46's admission minimum data set (MDS) dated [DATE] indicated R46 had moderately impaired cognition with a brief interview for mental status (BIMS) score of 9. Dialysis is checked while a resident.</p> <p>R46's care plan documents, Need for enhanced barrier precaution during direct cares related to subclavian hemodialysis catheter initiated 12/20/2023 and revised on 1/11/2024 with the following interventions:</p> <ul style="list-style-type: none">- Monitor weights.- Keep dressing clean, dry, and intact. Dressing changes will be done by dialysis nurse when out to dialysis.- Monitor for signs and symptoms of infection around subclavian hemodialysis catheter. <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525635	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/13/2024
NAME OF PROVIDER OR SUPPLIER Milwaukee Catholic Home		STREET ADDRESS, CITY, STATE, ZIP CODE 2330 N Prospect Ave Milwaukee, WI 53211	
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 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>- Monitor labs ordered by Medical Doctor (MD).</p> <p>R46's Resident Summary that the certified nursing assistants use for guidance on providing cares for resident's documents:</p> <p>- Dialysis Monday, Wednesday, Friday (M, W, F)</p> <p>- Do not take to dining room for lunch on dialysis days</p> <p>- Feed (R46) [residents name] early in the nurse's station or send bag lunch to dialysis.</p> <p>Surveyor reviewed R46's physician orders:</p> <p>-FYI Hemodialysis: Dialysis double lumen ports. Do not touch Hemodialysis ports to the right side of her chest. If dressing is not intact call the supervisor. (Order date 12/15/2023)</p> <p>Surveyor could not locate dialysis communication in R46's electronic medical record or a physician order for R46's dialysis documenting the frequency of dialysis treatments, or location of the dialysis center.</p> <p>Surveyor asked Nursing Home Administrator (NHA)-A if there were dialysis binders on the units. NHA-A stated the facility does not have binders, but packets are sent with residents for dialysis. NHA-A stated it is hard to get the packets back and the dialysis centers do not fill out the communications sheets. NHA-A stated it has been an ongoing battle to get the sheets filled out.</p> <p>Surveyor received patient summary reports from [dialysis facility] that were faxed to the facility on [DATE] at 3:04:43 PM. Surveyor noted that the patient summary report was not provided or obtained at the end of each dialysis treatment and the report did not provide before and after assessments to the facility on the day of treatment.</p> <p>On 2/13/2024 at 8:48 AM Surveyor shared concerns with Director of Nursing (DON)-B that Surveyor could not locate a physician order or communication notes for R46 dialysis. DON-B stated if there is not an order in the medical chart then DON-B would have to get that from R46's physician. DON-B stated that it is hard to get communication from the dialysis center. DON-B stated requesting the communication forms from dialysis is not something the facility has been asking the dialysis center for but understands there still has to be communication between the facility and the dialysis center. No further information was provided at this time.</p> <p>21855</p> <p>2. R14 was admitted to the facility on [DATE] with diagnoses of peripheral vascular disease, chronic kidney disease with heart failure and stage five chronic kidney/end stage renal disease, dependence on renal dialysis, other specified anxiety disorders, type two diabetes mellitus with diabetic neuropathy, glaucoma, failure to thrive, and atrial fibrillation. The Quarterly MDS (Minimum Data Set) dated 1/10/2024 indicates R14 has a BIMS (Brief Interview for Mental Status) of 15, indicating cognitively intact. R14 needs partial to moderate assistance with bathing, dressing upper body and transfers. R14 needs substantial to maximum assistance dressing lower body and putting on/taking off footwear. R14 uses a manual wheelchair for locomotion.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525635	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/13/2024
NAME OF PROVIDER OR SUPPLIER Milwaukee Catholic Home		STREET ADDRESS, CITY, STATE, ZIP CODE 2330 N Prospect Ave Milwaukee, WI 53211	
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 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>R14 receives dialysis services at [name] Dialysis Center three times a week.</p> <p>Through record review Surveyor determined there weren't any physician orders regarding R14's hemodialysis and frequency/days of such. A discharge summary from hospital to facility dated 10/4/2023 has discharge instructions that include continue outpatient dialysis as per Tue/Th/Sat schedule and follow up with Dr. [name] for your ERSD (End Stage Renal Disease), no physician orders were obtained.</p> <p>On 02/13/2024 at 08:51 AM Surveyor spoke with DON (Director of Nursing)-B who stated if not in the computer they do not have orders for days of dialysis.</p> <p>On 02/13/2024 at 08:51 AM Surveyor spoke with DON-B who indicated the Facility was working on finding communication for dialysis. DON-B stated it was hard to get them (dialysis) to fill out the form, so hard to get communication. DON-B stated it has become an ongoing battle, but if there is a change, they (dialysis) will call nurses on floor to update.</p> <p>On 02/13/24 at 09:10 AM the Facility provided four consultation forms completed by [name] Dialysis Center dated 1/2/2024, 1/25/2024, 2/8/2024 and 2/10/2024. Surveyor noted no other pre or post assessment documentation for other appointments was provided.</p> <p>On 02/13/24 at 09:50 AM the Facility provided treatment details reports from [name] Dialysis Center for February, which were faxed on 2/13/2024 to the facility, not provided at end of each appointment. Surveyor noted this does not provide before and after assessments to the facility on the day of treatment.</p> <p>The Facility was unable to provide Surveyor with a dialysis order. In addition, the Facility was unable to provide Surveyor with evidence of ongoing communication and collaboration between the Facility and the dialysis center regarding dialysis care and services for R14. On 2/13/2024 at the facility exit meeting these concerns were shared with NHA (Nursing Home Facilitator) -A and DON-B. No additional information was provided.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525635	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/13/2024
NAME OF PROVIDER OR SUPPLIER Milwaukee Catholic Home		STREET ADDRESS, CITY, STATE, ZIP CODE 2330 N Prospect Ave Milwaukee, WI 53211	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 21855</p> <p>Based on record review and interview, the Facility did not ensure the drug regimen of each resident was reviewed at least once a month by a licensed pharmacist, and that irregularities identified by the pharmacist were reviewed, and action taken to address the identified concerns. This was observed with 1(R14) of 5 residents reviewed for medication regimen review.</p> <p>* R14 did not have monthly Pharmacy Medical Record Reviews completed and recommendations reviewed by the attending physician or Medical Director.</p> <p>Findings include:</p> <p>The Facility policy titled Medication Regimen Review (MRR) last approved 8/17/2023 documents (in part):</p> <p>Procedure</p> <p>1. The Consultant Pharmacist will conduct MRRs if required under a Pharmacy Consultant Agreement and will make recommendations based on the information available in the residents' health record .</p> <p>7. The pharmacist will address copies of residents' MRRs to the Director of Nursing and the attending physician and to the Medical Director. Facility staff should ensure that the attending physician, Medical Director, and Director of Nursing are provided with copies of the MRRs</p> <p>8. Facility should encourage Physician/Prescriber or other Responsible Parties receiving the MRR and the Director of Nursing to act upon the recommendations contained in the MRR</p> <p>8.1 For those issues that require Physician/Prescriber intervention, Facility should encourage Physician/Prescriber to either accept or act upon the recommendations contained within the MRR or reject all or some of the recommendations contained in the MRR and provide an explanation as to why the recommendation was rejected.</p> <p>8.2 The attending physician should document in the residents' health record that the identified irregularity has been reviewed and what, if any, action has been taken to address it.</p> <p>R14 was admitted to the facility on [DATE] with diagnoses which include other specified anxiety disorders, chronic kidney disease with heart failure and stage five chronic kidney/end stage renal disease, dependence on renal dialysis, type two diabetes mellitus with diabetic neuropathy, glaucoma, failure to thrive, and atrial fibrillation. The Quarterly MDS (Minimum Data Set) dated 1/10/2024 indicates R14 has a BIMS (Brief Interview for Mental Status) of 15, indicating cognitively intact. R14 needs partial to moderate assistance with bathing, dressing upper body and transfers. R14 needs substantial to maximum assistance dressing lower body and putting on/taking off footwear. R14 uses a manual wheelchair for locomotion.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525635	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/13/2024
NAME OF PROVIDER OR SUPPLIER Milwaukee Catholic Home		STREET ADDRESS, CITY, STATE, ZIP CODE 2330 N Prospect Ave Milwaukee, WI 53211	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>On 02/12/24 at 12:38 PM Surveyor reviewed R14's electronic medical record. The monthly drug regimen pharmacist consultant review/reports (or MRR) were not in the medical record. The Facility did not receive a monthly pharmacist medication review report from the admitted [DATE] till date of survey, when issue was brought to the Facility's attention by Surveyor requesting the information.</p> <p>On 02/12/24 at 02:21 PM Surveyor spoke with DON (Director of Nursing)-B who stated that the consultation reports for November and December were not done for R14. The pharmacist consultant changed, the previous retired, and R14 was somehow missed.</p> <p>The new pharmacy consultant was able to send the Facility a combined November and December drug regimen review as well as a January 2024 review today (2/12/2024).</p> <p>The November 1, 2023, through December 31, 2023, pharmacist consultation report was provided to the Surveyor on 02/12/24 at 02:21 PM which included the recommendation to discontinue PRN Lorazepam or specify a finite duration of medical need (e.g., stop date) and specify an indication for use (anxiety).</p> <p>The facility would have identified the concern with the Lorazepam prior to Surveyor bringing this to the facility's attention had they received the November through December pharmacist consultation report.</p> <p>Per DON-B, once received (on 2/12/24), the physician for R14 reviewed the pharmacist's recommendations and gave verbal orders with follow through on the recommendations.</p> <p>The physician's orders were provided 02/12/24 at 02:57 PM for the five resulting medication recommendations and were dated 2/12/2024. In regards to a PRN Lorazepam order, on 2/12/2024 the physician ordered change to QD (once a day), PRN X60 days.</p> <p>Per DON-B to ensure this does not happen again the Facility will go through census and make sure everyone gets included monthly for correction.</p> <p>On 2/13/2024 at the facility exit meeting these concerns were shared with NHA (Nursing Home Facilitator) -A and DON-B. No additional information was provided.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525635	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/13/2024
NAME OF PROVIDER OR SUPPLIER Milwaukee Catholic Home		STREET ADDRESS, CITY, STATE, ZIP CODE 2330 N Prospect Ave Milwaukee, WI 53211	
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 0791</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide or obtain dental services for each resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47094</p> <p>Based on observation, interview, and record review the facility did not ensure a resident received routine dental services for 1 (R1) of 1 resident reviewed for dental services.</p> <p>The facility did not arrange routine dental services for R1.</p> <p>Findings include:</p> <p>The facility policy entitled Dental Services revised on 1/2024 states: The facility will assist residents in obtaining routine and 24-hour emergency dental care.</p> <p>PROCEDURE:</p> <p>1.The facility-</p> <p>a.Will provide or obtain from an outside resource, the following dental services to meet the needs of each resident: i. routine dental services (to extent covered under the State plan) .</p> <p>b.Will, if necessary or if requested, assist the resident- i. In making appointments; and ii. By arranging for transportation to and from the dental services locations.</p> <p>R1 was admitted to the facility on [DATE] and has diagnoses that include dysphagia- oropharyngeal phase (difficulty swallowing), dementia, anxiety disorder, altered mental status, anorexia (lack or loss of appetite for food), and cognitive communication deficit. R1's quarterly minimum data set (MDS) dated [DATE] indicated R1 had intact cognition with a brief interview for mental status (BIMS) score of 15 and the facility assessed R1 needing set up assistance with eating and oral hygiene, had upper and lower dentures, and indicated no concerns with R1's oral dental status.</p> <p>On 2/7/2024 at 9:38 AM Surveyor observed R1 sitting in R1's recliner chair without dentures in R1's mouth. Surveyor asked R1 if R1 had any concerns with R1's dentures. R1 stated there were no concerns but did not wear the dentures all the time by choice. Surveyor asked R1 if the dentures fit properly in R1's mouth. R1 stated that they did but R1 has not seen a dentist since being admitted to the facility. Surveyor asked R1 if R1 would like to see a dentist. R1 replied that R1 has no concerns but would be nice to see a dentist.</p> <p>Surveyor reviewed R1's medical record and was unable to locate a dental consultation for R1.</p> <p>On 2/13/2024 at 9:43 AM Surveyor interviewed Director of Nursing (DON)-B who stated a Dentist would come to the facility to do routine dental exams on the residents but has stopped going to the facility since COVID-19 in 2020. DON-B stated the facility is trying to find another dentist who will go to the facility for residents' routine oral exams. Surveyor asked DON-B if any resident has seen a dentist since 2020. DON-B stated that if a resident requests to go out to see the dentist or is having an issue that needs attention, then an appointment is made. DON-B stated Social Services (SS)-I assists in making appointments if needed or requested.</p> <p>(continued on next page)</p>		

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

Printed: 07/01/2025
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525635	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/13/2024
NAME OF PROVIDER OR SUPPLIER Milwaukee Catholic Home		STREET ADDRESS, CITY, STATE, ZIP CODE 2330 N Prospect Ave Milwaukee, WI 53211	
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 0791 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>On 2/13/2024 at 11:33 AM Surveyor interviewed SS-I who stated if a resident wants to see a dentist, the family will make arrangements for the appointment. Surveyor asked SS-I what happens if the family is not aware of the need for a routine dental appointment. SS-I stated that it is reviewed at quarterly reviews and care conferences. Surveyor asked SS-I if a routine dental exam for R1 has ever been brought up or suggested at R1's quarterly review or care conference. SS-I stated SS-I does not recall if it has ever been brought up or discussed with R1's family. SS-I stated SS-I is not aware of R1 having any issues or concerns with her dental care.</p> <p>On 2/13/2024 DON-B and Nursing Home Administrator (NHA)-A were made aware of Surveyors concerns that R1 was not provided with routine dental services. No further information was provided at this time.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525635	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/13/2024
NAME OF PROVIDER OR SUPPLIER Milwaukee Catholic Home		STREET ADDRESS, CITY, STATE, ZIP CODE 2330 N Prospect Ave Milwaukee, WI 53211	
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 - Some	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>46214</p> <p>Based on observation, record review and interview, the facility did not ensure food was stored and prepared safely, in 1 (kitchen on 2nd floor) of 2 kitchens. This deficient practice has the potential to affect residents residing on 2 East who receive their meals from the second-floor kitchenette.</p> <p>*Cook-C used gloved hand to touch ready to eat food after touching multiple surfaces.</p> <p>Findings:</p> <p>The facility policy, entitled Food Safety Requirements - Use, Storage, Procurement, dated 1/2018, states: It is the policy of this Milwaukee Catholic Home to provide safe and sanitary storage, handling, and consumption of all foods including those brought to residents by family and other visitors.</p> <p>Factors implicated in foodborne illnesses:</p> <p>Poor personal hygiene - personal health and hygiene are significant factors in preventing foodborne illness . Proper hand washing techniques and exclusion of infectious workers from handling food are critical for prevention of foodborne illness.</p> <p>On 02/08/24 at 07:49 AM, Surveyor along with Director of Dining Services-E observed Cook-C in the second-floor kitchenette prepare and serve food to residents on 2 East. Cook-C was observed to wash hands and don gloves. She then approached the steam table and began sorting through meal tickets, placing them on the shelf ticket holder. Cook-C then grabbed a plate with same gloved hand and scooped hashbrowns, grabbed a sausage patty with gloved hand, chopped it with knife to bit size pieces and then grabbed French toast with gloved hand. Cook-C then grabbed the meal ticket and placed it under the plate and then placed the plate on the plate warmer shelf. Cook-C then grabbed French toast with gloved hand, scooped scrambled eggs, grabbed bacon with gloved hand and then grabbed the meal ticket and placed it under the plate and then placed the plate on the plate warmer shelf. Cook-C grabbed French toast with gloved hand and scooped scrambled eggs, grabbed the meal ticket and placed it under the plate and placed the plate on the plate warmer shelf. This pattern continued for two more plates where Cook-C picked up French toast and a pancake with gloved hand and then wiped gloved hands down the front of apron. Cook-C then grabbed another bunch of meal tickets and began to sort through them with the same gloved hands.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525635	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/13/2024
NAME OF PROVIDER OR SUPPLIER Milwaukee Catholic Home		STREET ADDRESS, CITY, STATE, ZIP CODE 2330 N Prospect Ave Milwaukee, WI 53211	
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 - Some	<p>At 08:00 AM, Cook-C opened the refrigerator door with gloved hands to get out yogurt and began to scoop yogurt into cups. Cook-C then used gloved hands to grab mixed fruit from a container to add to the top of the yogurt cups. Cook-C did this multiple times to fill 5 yogurt parfaits. Cook-C then returned to the steam table to continue to make resident food. Cook-C grabbed a pancake with gloved hand, scooped scrambled eggs and grabbed bacon with gloved hand. She proceeded to do this for two more plates of food. Cook-C then opened a bread bag and removed 4 slices of bread with gloved hand and put in toaster. Cook-C then went to prep table and used gloved hand to pick up a handful of diced tomatoes and placed them into a cup and used gloved hand to pick up diced mushrooms and placed then into a cup. The [NAME] then placed the tomatoes and mushroom on the grill and proceeded to crack three eggs. It was at this point Cook-C then stopped and removed the gloves, washed hands and donned new gloves.</p> <p>On 02/08/24, at 08:13 AM, Surveyor spoke with Director of Dining Services-E and asked what the expectation was for plating pancakes, French toast, bacon and sausage. Director of Dining Services-E stated that a barrier should be used at all times. She stated that she too, observed Cook-C picking up prepared food with a gloved hand and verified that tongs should have been used. Director of Dining Services-E stated that she would provide immediate corrective education and provide Surveyor with a policy.</p>		