

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525653	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/05/2025
NAME OF PROVIDER OR SUPPLIER Complete Care at Germantown		STREET ADDRESS, CITY, STATE, ZIP CODE W173 N10915 Bernies Way Germantown, WI 53022	

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 0551</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Give the resident's representative the ability to exercise the resident's rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on staff interview and record review, the facility did not ensure protective placement was obtained for 1 resident (R) (R3) of 3 sampled residents.</p> <p>R3 had a court-ordered Guardian and was admitted to the facility on [DATE]. The facility did not petition for protective placement when R3's stay exceeded 60 days.</p> <p>Findings include:</p> <p>Wisconsin State Statute 55.055(1)(b) indicates: The guardian of an individual who has been adjudicated incompetent may consent to the individual's admission to a nursing home or other facility not specified in par. (a) for which protective placement is otherwise required for a period not to exceed 60 days. In order to be admitted under this paragraph, the individual must be in need of recuperative care or be unable to provide for his or her own care or safety so as to create a serious risk of substantial harm to himself, herself, or others. Prior to providing that consent, the Guardian shall review the ward's right to the least restrictive residential environment and consent only to admission to a nursing home or other facility that implements that right. Following the 60 day period, the admission may be extended for an additional 60 days if a petition for protective placement under s. 55.075 has been brought, or, if no petition for protective placement under s. 55.075 has been brought, for an additional 30 days for the purpose of allowing the initiation of discharge planning for the individual.</p> <p>On 3/4/25, Surveyor reviewed R3's medical record. R3 was admitted to the facility on [DATE] and had diagnoses including dementia without behavioral disturbance, stage 4 pressure injury, adult failure to thrive, dysphagia (difficulty swallowing), and osteomyelitis of vertebra (bone infection). R3's Minimum Data Set (MDS) assessment, dated 1/2/25, had a Brief Interview for Mental Status (BIMS) score of 99 which indicated R3 was not able to complete the assessment. R3 had a court-appointed Guardian since 6/10/19. R3's medical record did not contain an order for protective placement in the facility.</p> <p>On 3/4/25 at 11:24 AM, Surveyor interviewed Social Services Designee (SSD)-C who indicated when R3's Guardian decided to have R3 remain in the facility, SSD-C did not know there was anything more that needed to be done. SSD-C indicated SSD-C would check if protective paperwork was initiated for R3.</p> <p>On 3/5/25 at 10:55 AM, Surveyor interviewed SSD-C who indicated Director of Nursing (DON)-B was looking for protective placement paperwork for R3.</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525653	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/05/2025
NAME OF PROVIDER OR SUPPLIER Complete Care at Germantown		STREET ADDRESS, CITY, STATE, ZIP CODE W173 N10915 Bernies Way Germantown, WI 53022	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0551 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 3/5/25 at 10:57 AM, Surveyor interviewed DON-B who indicated DON-B contacted R3's case manager who indicated R3 did not have protective placement prior to being admitted to the facility. DON-B indicated R3's case manager stated they would request a legal consult to obtain a protective placement order for R3 to remain in the facility.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525653	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/05/2025
NAME OF PROVIDER OR SUPPLIER Complete Care at Germantown		STREET ADDRESS, CITY, STATE, ZIP CODE W173 N10915 Bernies Way Germantown, WI 53022	
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 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on staff interview and record review, the facility did not notify the Ombudsman of hospital transfers for 3 residents (R) (R15, R39, and R4) of 3 residents reviewed for hospitalization.</p> <p>R15 was transferred to the hospital on 9/11/24. The facility did not notify the Ombudsmen of R15's hospital transfer.</p> <p>R39 was transferred to the hospital on [DATE], 12/23/24 and 1/16/25. The facility did not notify the Ombudsmen of R39's hospital transfers.</p> <p>R4 was transferred to the hospital on [DATE]. The facility did not notify the Ombudsmen of R4's hospital transfer.</p> <p>Findings include:</p> <p>The facility's Transfer and Discharge policy, revised 10/2024, indicates: .5. The facility will maintain evidence that the notice was sent to the Ombudsmen .10. Emergency Transfers to Acute Care: .h. The Social Services Director, or Designee, will provide copies of notices for emergency transfers to the Ombudsman, but they may be sent when practicable, such as in a list of residents monthly if the list meets all requirements for content of such notices.</p> <p>1. On 3/3/25, Surveyor reviewed R15's medical record and noted R15 was transferred to the hospital on 9/11/24 due to a fall with injury that resulted in a broken left hip. R15's medical record did not indicate the Ombudsman was notified of R15's hospital transfer.</p> <p>2. On 3/3/25, Surveyor reviewed R39's medical record and noted R39 was transferred to the hospital on [DATE] due to aspiration pneumonia. R39 was also transferred to the hospital on [DATE] due to vomiting, atrial fibrillation, ulcerative esophagitis and weakness, and on 1/16/25 due to hematemesis and hypernatremia. R39's medical record did not indicate the Ombudsman was notified of R39's hospital transfers.</p> <p>3. On 3/3/25, Surveyor reviewed R4's medical record. R4's medical record indicated R4 was transferred to the hospital on [DATE] due to suprapubic catheter insertion obstruction. R4's medical record did not indicate the Ombudsman was notified of R4's hospital transfer.</p> <p>On 3/3/25, Surveyor requested Ombudsman notification of transfer and discharges from Nursing Home Administrator (NHA)-A.</p> <p>On 3/4/25 at 1:00 PM, Surveyor reviewed monthly transfer and discharge reports sent to the Ombudsman and noted R15, R39 and R4 were not listed on the reports.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525653	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/05/2025
NAME OF PROVIDER OR SUPPLIER Complete Care at Germantown		STREET ADDRESS, CITY, STATE, ZIP CODE W173 N10915 Bernies Way Germantown, WI 53022	

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 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 3/5/25 at 8:20 AM, Surveyor interviewed Social Services Designee (SSD)-C who indicated residents on Medicaid Part A who are transferred to the hospital do not show up on the monthly reports that are sent to the Ombudsmen. SSD-C confirmed the Ombudsmen does not receive notification of those transfers or discharges. Business Office Manager (BOM)-D (who was in SSD-C's office at the time of the interview) showed SSD-C how to run a report that included Medicaid Part A residents. Surveyor noted R15, R39, and R4 were on the report. SSD-C was unsure why the residents did not show up on the initial report run by SSD-C.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525653	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/05/2025
NAME OF PROVIDER OR SUPPLIER Complete Care at Germantown		STREET ADDRESS, CITY, STATE, ZIP CODE W173 N10915 Bernies Way Germantown, WI 53022	
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 0645</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>PASARR screening for Mental disorders or Intellectual Disabilities</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on staff interview and record review, the facility did not ensure 1 resident (R) (R46) of 2 sampled residents was screened through the Pre-admission Screen and Resident Review (PASRR) Level II process to determine if nursing home placement was appropriate and if specialized services were required.</p> <p>The facility did not ensure completion of a Level II PASRR Screen for R46 or follow a Qualified Mental Health Professional's (QMHP) request to refile a Level II PASRR Screen if R46 remained in the facility.</p> <p>Findings include:</p> <p>On 3/4/25, Surveyor reviewed R46's medical record. R46 was admitted to the facility on [DATE] and had diagnoses including schizophrenia, bipolar disorder, sleep terrors, panic disorder, post-traumatic stress disorder, and adjustment disorder with anxiety. R46's Minimum Data Set (MDS) assessment, dated 1/10/25, contained a Brief Interview for Mental Status (BIMS) score of 14 out of 15 which indicated R46 had intact cognition.</p> <p>On 3/4/25 at 10:37 AM, Surveyor reviewed a PASRR Level II determination document for R46 signed by a QMHP representative on 10/22/24. The document indicated the QMHP contacted the facility on 10/8/24, 10/11/24, and 10/16/24 to obtain additional information regarding the date of onset, symptoms, and previous treatment with no response from the facility. The QMHP canceled the PASRR Level II Screen due to an inability to reach the facility and not enough information to make a PASRR determination. The QMHP indicated if R46 still resided in the facility, the facility should re-submit another PASRR Level II for evaluation of R46's needs.</p> <p>On 3/4/25 at 11:32 AM, Surveyor interviewed Social Services Designee (SSD)-C who indicated the PASRR for R46 was not re-submitted because SSD-C was out of the office at the time and there was no coverage. SSD-C confirmed the PASRR should have been re-submitted.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525653	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/05/2025
NAME OF PROVIDER OR SUPPLIER Complete Care at Germantown		STREET ADDRESS, CITY, STATE, ZIP CODE W173 N10915 Bernies Way Germantown, WI 53022	
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 - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on observation, staff interview, and record review, the facility did not ensure food was stored and prepared in a safe and sanitary manner. This practice had the potential to affect more than 4 of the 53 residents residing in the facility.</p> <p>The facility did not cool food with an approved food cooling method.</p> <p>Findings include:</p> <p>On 3/3/25, Dietary Manager (DM)-E indicated the facility follows their own food safety policies and procedures.</p> <p>The facility's undated Cooling Procedures document indicates: Foods must be cooled as quickly as possible to prevent the growth of bacteria as the food drops through the danger zone. For hot food: Cool from 135 degrees Fahrenheit (F) to 70 degrees F in 2 hours or less and then from 70 degrees F to 41 degrees F in 4 hours or less. For food prepared at room temperature or using room temperature ingredients, cool from 70 degrees F to 41 degrees F in 4 hours or less. Cooling Methods: Refrigeration: Divide into smaller portions, use shallow 2 to 4 inch pans, do not cover until food reaches 41 degrees F, use containers that transfer heat (metal pans) .Ice Bath: Fill ice and water up to the level of food in the container, stir regularly .use ice paddle along with the refrigeration method or ice bath method .</p> <p>During an initial kitchen tour that began at 9:21 AM on 3/3/25, Surveyor and DM-E observed the following foods in the cooler:</p> <ul style="list-style-type: none"> ~ Cooked ground beef dated 3/3 ~ Cooked turkey dated 3/1 ~ A bowl of spaghetti sauce, noodles, and ground beef labeled Tuesday and dated 3/3 ~ Ground sausage dated 2/28 ~ Beef casserole dated 3/2 ~ Shredded pork dated 3/1 <p>DM-E indicated every Monday DM-E throws away food in the cooler that has been saved. DM-E indicated leftovers should not be saved for future meals.</p> <p>During a continuous kitchen observation that began at 10:00 AM on 3/4/25, Surveyor observed spaghetti being reheated in the oven for lunch. Surveyor requested the facility's food cooling log from DM-E who indicated the spaghetti was pre-cooked.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525653	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/05/2025
NAME OF PROVIDER OR SUPPLIER Complete Care at Germantown		STREET ADDRESS, CITY, STATE, ZIP CODE W173 N10915 Bernies Way Germantown, WI 53022	
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 - Some</p>	<p>On 3/4/25 at 11:44 AM, DM-E approached Surveyor and indicated DM-E could not find the cooling log. DM-E stated the foods observed in the cooler were thrown away. DM-E confirmed the spaghetti was not thrown away and was served to residents for lunch. DM-E thought the spaghetti was properly cooled after it was initially made but verified the cooling process was not documented. DM-E provided Surveyor with a copy of training provided to cooks on 3/4/25 that covered the cooling process and cooling logs and indicated the following: Food Cooling and Storage: Leftovers should be disposed of after each meal. Any pre-cooked food should be documented on the cooling log located on the clipboard in the cooking area. The clipboard and forms should not be removed or replaced. Any leftovers or foods not documented will be thrown out.</p> <p>On 3/4/25 at 12:15 PM, Surveyor observed residents in the main dining room eating spaghetti for lunch.</p>		