| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 0020768 | A. BUILDING: _____ B. WING _____ | C 06/04/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| HERITAGE ON HAMPTON ASSISTED LIVING F/ | 4615 W HAMPTON AVE MILWAUKEE, WI 53218 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
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| N 000 | Initial Comments<br><br>On 06/04/2026, Surveyors completed a complaint investigation at Heritage on Hampton Assisted Living Facility LLC. As a result, 2 deficiencies were identified. The complaint was substantiated.<br><br>Census: 26 | N 000 | | |
| N 448 | 83.41(2)(a) Nutrition: diet.<br><br>Diets. 1. The CBRF shall provide each resident with palatable food that meets the recommended dietary allowance based on current dietary guidelines for Americans and any special dietary needs of each resident. 2. The CBRF shall provide a therapeutic diet as ordered by a resident ' s physician.<br><br>This Rule is not met as evidenced by:<br>Based on record review, observation and interview, the provider did not ensure 1 of 1 resident (Resident 1) was provided with doctor ordered therapeutic diet. Resident 1 was to receive a nutritional supplement with max protein 2 times a day.<br><br>This is a repeat deficiency. See Statement of Deficiency (SOD) QAVZ11, dated 09/30/2025.<br><br>Findings include:<br><br>On 05/07/2026, the Department received a complaint alleging therapeutic diets were not being followed.<br><br>Record Review | N 448 | | |

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

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| N 448 | Continued From page 1<br><br>On 05/20/2026, at 11:30 AM, Surveyors reviewed Resident 1's file. Resident 1 was admitted on 05/13/2025 with diagnoses including paraplegia. Surveyors did not locate or review any evidence of Resident 1 being offered, or refusals of Ensure high protein drinks offered at breakfast or dinner mealtimes from April to May 20th, 2026, in her/his record.<br><br>On 05/21/2026, at approximately 3:05 PM, Surveyors reviewed an email from Licensee A and Administrator B. The email contained an image of a 24 pack of Boost High Protein 20 gram shakes and a 24 pack of Boost original 10-gram protein shakes with a receipt dated 05/20/2026. The email included a messaged which stated "... I purchased [Resident 1] (2) cases of protein supplement shakes. I placed both of them in her/his room near her/his bed yesterday. I informed [Resident 1] of there [sic] location..."<br><br>After visit summaries:<br><br>05/12/2025 Hospital orders with admission to the facility - Nutrition supplement therapy: continue Ensure High Protein/Low Carbohydrates (CHO) three times a day with meals.<br><br>04/20/2026 - Ensure Max Protein was ordered for pressure injury of skin of sacral region, unspecified injury stage, take 1 can by mouth in the morning and 1 can in the evening. A letter was included from the doctor's office, " ...Increase daily protein and vitamin C. Ensure max protein has been ordered to your pharmacy ..."<br><br>05/14/2026 - Medication list indicated Ensure Max Protein was still ordered twice a day. | N 448 | | |

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| N 448 | Continued From page 2<br>Observations<br><br>On 05/20/2026, at 10:20 AM, Surveyor toured Resident 1's room. Resident 1's room did not contain any evidence of protein drinks.<br><br>Interviews<br><br>On 05/20/2026, at approximately 10:10 AM, Surveyors interviewed Resident 1. Resident 1 reported s/he did not receive Ensure drinks as outlined in her/his orders. Resident 1 reported s/he believed her/his sacral wound has progressed from a stage 2 wound to a stage 3 wound as a result of staff not caring for her/his wound as outlined by her/his wound care instructions and not receiving her/his protein drink for wound healing. Resident 1 reported the meals served in the facility are not adequate. Resident 1 showed Surveyor a picture on her/his phone dated March 23rd which showed two pieces of ham and slice of bread. Resident 1 reported s/he developed a new wound on her/his left heel while residing at the facility which has also deteriorated.<br><br>On 05/20/2026, at approximately 11:10 AM, Surveyors interviewed Floor Manager D. Floor Manager D reported only 1 resident regularly received Ensure drinks with meals, Floor Manager D did not report Resident 1 received Ensure. Surveyors inquired if Resident 1 received Ensure protein drinks with her/his meals. Floor Manager D reported "...[Resident 1] gets Ensures sometimes when s/he asks for them, s/he does not get them regularly...". Floor Manager D was unaware of the prescribed interval Resident 1 was supposed to receive Ensure protein drinks for her/his wound healing.<br><br>On 05/20/2026, at approximately 11:45 AM, | N 448 | | |

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| N 448 | Continued From page 3<br><br>Surveyors interviewed Cook E. Cook E reported s/he was giving Resident 1 3 Ensures a day and was told to drop it down to 1 a day with dinner. Cook E reported Licensee A or Administrator B informed her/him Resident 1 was to only receive 1 Ensure a day with a meal. Cook E reported s/he sends an ensure up with lunch or dinner daily for Resident 1.<br><br>On 05/20/2026, at 12:00 PM, Surveyors interviewed Licensee A. Licensee A reported s/he was unaware there was an order for Ensure and thought it was only a recommendation. Licensee A reported s/he was only giving Resident 1 an Ensure 1 time a day at dinner. Licensee A reported s/he did not look at the paperwork, as s/he assists with the transport to appointments. Licensee A reported s/he turns in the paperwork to the front desk, and they would look it over. Licensee A reported Resident 1 refuses the Ensure and s/he had text messages from staff. Licensee A was unable to locate any text messages regarding Resident 1 refusing her/his Ensure.<br><br>Cross Reference: Z3244 50.09(1)(L) Care | N 448 | | |
| Y3244 | 50.09(1)(L) Care<br><br>(1) RESIDENTS' RIGHTS. Every resident in a nursing home or community based residential facility shall, except as provided in sub. (5), have the right to<br><br>(l) Receive adequate and appropriate care within the capacity of the facility. | Y3244 | | |

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| Y3244 | Continued From page 4 | Y3244 | | |

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not ensure 1 of 1 resident (Resident 1) received adequate and appropriate services that were within the provider's capacity. Resident 1's bandage was not changed as ordered by her/his physician.

This is a repeat deficiency. See Statement of Deficiency (SOD) QAVZ11, dated 09/30/2025.

Findings include:

On 05/07/2026, the Department received a complaint alleging wound care was not being completed as ordered.

Record Review

On 05/20/2026, at 11:30 AM, Surveyors reviewed Resident 1's file. Resident 1 was admitted on 05/13/2025 with diagnoses including paraplegia.

After visit summaries (AVS):

04/20/2026 - Wound care orders - cleanse sacral wound every day and as needed with Vasche wound cleanser. Apply wound barrier around outer edges of whole wound. Cut strip of iodoform

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| Y3244 | Continued From page 5<br>and lay over entire wound base, cover with gauze and secure with Medi pore tape.<br><br>05/14/2026 - Wound care orders stage 3 pressure injury - Cleanse wound with gentle non-scented soap and water, pat dry. Apply Aquacel Ag to wound bed on coccyx and cover with ABD and fabric tape. Change every other day or daily for heavy drainage. Do not allow dressing to stay wet on patients. Apply Aquacel Ag to wound on heel and cover with dry dressing. Change every other day or daily depending on drainage. Resident 1's bandage changes were noted on three different sources of documentation below:<br><br>Wound Care Dates<br>04/18/2026 wound care done - Watch and Observe Progress Notes<br>04/22/2026 at 11:30 AM, changed bandage - Toileting Schedule Documentation Sheet<br>04/25/2026 at 5:30 PM bandage changed - Toileting Schedule Documentation Sheet<br>04/25/2026 at 10:00 PM changed bandage - Toileting Schedule Documentation Sheet<br>04/26/2026 at 8:00 PM, bandage changed - Toileting Schedule Documentation Sheet<br>04/27/2026 at 11:20 PM, wound cleaned bandage changed - Toileting Schedule Documentation Sheet<br>05/01/2026 at 6:00 PM, wound changed/clean - Open area check sheet<br>05/01/2026 Wound care/clean - 2 Hour Check and Rotation<br>05/03/2026 bandage changed - Open area check sheet<br>05/04/2026 bandage changed - Open area check sheet<br>05/04/2026 at 10:25 PM, changed bandage - Open area check sheet | Y3244 | | |

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| Y3244 | Continued From page 6<br>05/05/2026 bandage changed - Open area check sheet<br>05/06/2026 bandage changed - 2 Hour Check and Rotation<br>05/08/2026 bandage changed - 2 Hour Check and Rotation<br>05/10/2026 wound cleaned/ bandage changed<br>05/11/2026 at 2:30 PM, bandage changed - Open area check sheet<br>05/13/2026 bandage changed - 2 Hour Check and Rotation<br>05/15/2026 at 11:00 PM, bandage changed - Open area check sheet<br>05/16/2026 at 12:55 PM, bandage changed - Open area check sheet<br>05/17/2026 bandage changed - Open area check sheet<br>05/18/2026 bandage changed - 2 Hour Check and Rotation<br>05/19/2026 at 12:15 AM, bandage changed - Open area check sheet<br>05/19/2026 bandage changed - Open area check sheet<br><br>Resident 1's bandage was not changed for a total of 10 separate days when doctor orders indicated it was to be changed daily between 04/20/2026 and 05/14/2026.<br><br>On 06/01/2026, at 9:00 AM, Surveyor reviewed the following clinic notes:<br><br>04/20/2026 - "Patient in clinic for wound (evaluation), (treatment) and recommendations ...stage 3 wound over sacrum ...6 centimeters (cm) x 6 cm x 2 cm ...wound is moist with moderate [amount of drainage] ..."<br><br>05/04/2026 - " ...Wound assessed at this time ...removed dressing with [moderate amount of | Y3244 | | |

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| Y3244 | Continued From page 7 | Y3244 | | |

drainage]. Note that wound edges are more macerated than previous ... wound size remains as previously measure [sic] ..."

Interviews

On 05/20/2026, at approximately 10:12 AM, Surveyor interviewed Resident 1. When Surveyor entered room, there was a malodorous scent. Resident 1 reported "[Administrator B] cleans my wound when s/he can, [RN Consultant C] never has...". Resident 1 reported her/his wounds are not cleaned on a regular basis as outlined in her/his orders. Resident 1 reported s/he has had bandage on for multiple days before staff has changed it on multiple occasions within the last three months. Resident 1 reported s/he could smell an odor coming from her/his wound when the bandage was not changed regularly. Resident 1 reported s/he has been showered and placed back in bed without having a bandage placed over her/his wound on multiple occasions within the recent 3 months. Resident 1 reported s/he believed her/his sacral wound has progressed from a stage 2 wound to a stage 3 wound as a result of staff not caring for her/his wound as outlined by her/his wound care instructions and not receiving her/his protein drink for wound healing. Resident 1 reported s/he developed a new wound on her/his left heel while residing at the facility which has deteriorated.

On 06/04/2026 at 1:30 PM, Surveyors interviewed Licensee A. Licensee A reported s/he did not believe they had missed any wound care. Licensee A reported s/he thought the wound care was completed, just not documented. Licensee A reported s/he is constantly in contact with Resident 1 and will follow up on Resident 1's concerns if s/he feels her/his care is not

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| Y3244 | Continued From page 8<br>completed. Licensee A reported Resident 1 had tendency not to follow her/his doctor's orders.<br><br>Cross Reference: N0448 83.41(2)(a) Nutrition: Diet | Y3244 | | |