Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019637	A. BUILDING: _____ B. WING _____	02/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GARDENS AT LUTHER MANOR (THE)	**4603 N 92ND STREET WAUWATOSA, WI 53225**

(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
N 000	Initial Comments On 02/13/2024 with information gathered through 02/15/2024, Surveyor conducted a standard survey at The Gardens at Luther Manor. One deficiency identified. Census: 13	N 000		
N 387	83.35(3)(b) Service plan development: parties involved Development. The CBRF shall involve the resident and the resident ' s legal representative, as appropriate, in developing the individual service plan and the resident or the resident ' s legal representative shall sign the plan acknowledging their involvement in, understanding of and agreement with the plan. If a resident has a medical prognosis of terminal illness, a hospice program or home health care agency, as identified in s. HFS 83.38(2) shall, in cooperation with the CBRF, coordinate the development of the individual service plan and its approval under s. HFS 83.38 (2) (b). The resident ' s case manager, if any, and any health care providers, shall be invited to participate in the development of the service plan. This Rule is not met as evidenced by: Based on record review and staff interview, the provider did not involve 1 of 1 resident reviewed (Resident 1) and the resident's legal representative, as appropriate, in developing the individual service plan (ISP) and did not have the plan signed acknowledging their involvement in, understanding of, and agreement with the plan.	N 387		

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

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N 387	Continued From page 1 Findings include: On 02/13/2024, Surveyor reviewed Resident 1's record. Resident 1's record identified the following: -Resident 1 was admitted to the facility on 11/08/2024. -Resident 1 had diagnoses of Alzheimer's disease, dementia, hypertension, and heart disease with heart failure. -Resident 1's current ISP, dated 11/08/2023, had no signature. On 02/13/2024 at 7:38 PM, Surveyor interviewed Director of Nursing (DON) A. DON A reported at the time the resident was admitted to the facility in November 2023, it appeared that there was not a signed ISP. DON A reported the provider reviewed all files to ensure all documentation was present and found many pieces of important documentation was not completed. DON A reported Resident 1 has had updates to his/her ISP to address his/her falls and a care conference had been scheduled with his/her spouse/Power of Attorney (POA) to sign the ISP.	N 387		