STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0014325	A. BUILDING: _____ B. WING _____	C 11/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROGERS	1719 ROGERS ST APPLETON, WI 54914

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N 000	Initial Comments On 11/05/2025 with additional information gathered through 11/10/2025, Surveyors conducted a standard survey and complaint investigation at Rogers in Appleton. As a result one deficiency was identified. The complaint was substantiated. Census: 6	N 000		
N 431	83.38(1)(g) Health monitoring. As appropriate, the CBRF shall teach residents the necessary skills to achieve and maintain the resident ' s highest level of functioning. In addition to the assessed needs as determined under s. DHS 83.35(1), the CBRF shall provide or arrange services adequate to meet the needs of the residents in all of the following areas: Health monitoring. 1. The CBRF shall monitor the health of residents and make arrangements for physical health, oral health or mental health services unless otherwise arranged for by the resident. Each resident shall have an annual physical health examination completed by a physician or an advanced practice nurse as defined in s. N 8.02(1), unless seen by a physician or an advanced practice nurse as defined in s. N 8.02(1) more frequently. 2. When indicated, a CBRF shall observe residents ' food and fluid intake and acceptance of diet. The CBRF shall report significant deviations from normal food and fluid intake patterns to the resident ' s physician or dietician. 3. The CBRF shall document communication with the resident ' s physician and other health care providers, and shall record any changes in the resident ' s health or mental health status in the resident ' s record.	N 431		

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

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N 431	Continued From page 1 This Rule is not met as evidenced by: Based on record review and interview the provider did not monitor the health of residents and make arrangements for physical or mental health as needed for 1 (Resident 1) of 1 resident reviewed. The provider did not ensure Resident 1 made appointments with health providers to monitor weights, weight loss, depression, and anxiety. The provider did not monitor and document Resident 1's weekly weights. Findings include: The provider's Health Monitoring Policy and Procedure dated 09/18/2025 states: Consumers should see a primary physician routinely; to stay on top of health ...Clarity Care should facilitate appointments for Annual Physicals and more often as recommended by their doctor ...Some symptoms are hard to categorize, but it's still important to know if they occur. The following could be signs of a problem that may need to be addressed by your doctor ...unexplained weight loss or gain. On 06/19/2025, the department received a complaint which indicated regarding health monitoring of residents. On 11/05/2025, Surveyor reviewed Resident 1's medical record. Resident 1 was admitted to the facility on 11/01/2019 with diagnoses that included cerebral palsy, depression, anxiety, and Gastroesophageal Reflux Disease (GERD). Resident 1 did not have a Power of Attorney for	N 431		

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Health Care (POAHC) or guardian of person. Resident 1 made own health care decisions, and (family member) assisted in making these decisions. Resident 1 was not on Hospice.

Surveyor reviewed appointments for Resident 1 in 2024 and 2025. Resident 1 had increased depression, anxiety, and continued weight loss for over a year. Resident 1 required medication adjustments and monitoring for depression and anxiety as well as weight loss management.

Resident 1 had an initial appointment with Psychiatrist (P)-E on 02/21/2024. Resident 1 had diagnoses of neurocognitive disorder secondary to cerebral palsy, depression, and anxiety. A follow up appointment was scheduled in 4 weeks. Resident 1 was a No call, no show on 03/14/2024 and 02/11/2025. Surveyor received an email from Clarity Care Regional Director (CCRD)- D on 11/06/2025. CCRD-D was unaware of these appointments and did not know why the appointments were missed.

Surveyor noted several medication adjustments for Resident 1 made by P-E. Resident 1 was initially on Zoloft for depression but was found to be ineffective. Resident 1 was then put on Remeron (Mirtazapine) for depression and as an appetite stimulant, Lorazepam for anxiety, and Zyprexa for agitation and mood stabilization. Medications were adjusted at times to help control Resident 1's depression and anxiety; the medications needed to be monitored for efficacy.

Surveyor reviewed a post procedure note provided by CCRD-D in an email on 11/06/2025. Resident 1 had an Esophagogastroduodenoscopy (EGD) with Esophageal Dilation & Biopsy which was

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unremarkable with [Doctor I] (the reason for EGD/dilation was not documented). A visit with [Urologist-J] on 08/13/2024 (Surveyor was unable to verify if this Urology appointment was kept).

Surveyor noted from a facility observation history note dated 04/17/2024 that Resident 1 had a swallow study, and the only recommendation was to slow down drinking. An observation history note dated 04/30/2024 indicated Resident 1 had a UTI for which s/he was treated.

Resident 1's primary care provider was Advanced Practice Nurse (APNP)- F was monitoring Resident 1's general health with focus on weight loss. Resident 1 had appointments with APNP- F in 2024 however, Surveyor was not able to obtain them from CCRD-D. Surveyor reviewed a letter from APNP- F from 10/27/2025 indicating APNP would no longer be providing care for Resident 1 due to missed appointments. Resident 1 had missed appointments with APNP-F on the following dates: 02/12/2025, 06/29/2025, and 10/27/2025. Surveyor received an email from CCRD-D on 11/06/2025 indicating the 02/12/2025 appointment was missed since it was an after hospital follow up appointment made. The appointment was not on CRD-D's calendar and assumed staff did not know about the appointment even though it was on the after visit summary. Resident 1 missed an appointment with APNP-F on 06/19/2025 because per CCRD-D's email on 11/06/2025, Resident 1's family member was going to take Resident 1 to the appointment but forgot. This appointment was rescheduled for 06/25/2025. Resident 1 also missed an appointment on 10/27/2025 with APNP-F. An email from CCRD-D TO Surveyor on 11/11/2025 indicated this appointment was missed because a staff member had changed the

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time of the appointment and never told anyone. APNP-F's nurse called on 10/27/2025 inquiring what was going on and Staff indicated there was not van transport available, however there was a van available. CCRD-D was unaware of the time change and did not have it on the calendar. CCRD-D also made an appointment with another Ascension doctor for 11/11/2024 to establish care with an internist.

Surveyor reviewed Resident 1's weights which were to be done weekly. However, the provider did not measure Resident 1's weight weekly as outlined in Resident 1's Individual Service Plan (ISP)/care plan on 09/09/2025.

Surveyor reviewed Resident 1's Individual Service Plan (ISP) /Care plan dated 09/09/2025 which stated, General Health: Resident 1's weight will be taken once a week due to Resident 1's weight loss. If Resident 1's weight drops to 90 pounds, call the doctor & report to supervisor. Resident 1's weight loss may have possibly been due to multifactorial causes.

From 11/06/2024 to 10/27/2025, the provider did not measure Resident 1's weekly weights on the weeks of 11/11/2024, 12/02/2024, 02/10/2025, 02/17/2025, 02/24/2025, 03/03/2025, 03/10/2025, 05/26/2025, 06/09/2025, 08/18/2025, 09/08/2025, 09/29/2025, and 10/13/2025. Highest weight was 103.8 on 11/06/2024 and weight on 10/27/2025 was 95 pounds. Since July 2025 Resident 1 had an average weight of 93 pounds. Resident 1 had refused to be weighed twice.

- On 11/05/2025 at 11:38 AM, Surveyor interviewed CCRD-D who verbalized Resident 1 was not weighed at the facility the week of 02/03/2025 because Resident 1 was hospitalized

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N 431	Continued From page 5 with Influenza A, acute hypoxemia, respiratory failure and viral sepsis. CCRD-D did not explain reason for other missed weights. Resident 1's weight on 03/19/2025 was 95.2 pounds and on 04/23/2025 weight was 97 pounds which was a 1.89 % weight gain. Resident 1's weight on 05/07/2025 was 92 pounds which was a 4.12 % weight loss. Significant weight loss is usually considered 5 % or more of a person's body weight. (Surveyor used the following formulas to determine weight loss and weight gain: Weight Gain Percentage = [(Final Weight - Initial Weight) / Initial Weight] x100. Weight Loss Percentage = [(Starting Weight - Current Weight) / Starting Weight] × 100.) Resident 1 did not have a significant weight loss, however the provider did not do weekly weights. Resident 1's weight was not less than 90 pounds from 11/06/2024 to 10/27/2025. Surveyor reviewed Resident 1's meal intakes for February 2024 and October 2025. During February 2024,Surveyor noted Resident 1 ate meals of 0-25 % for 14 days out of 28 days in Feb 2024. Surveyor was uncertain what facility did to notify medical provider at the time re the weight loss. Surveyor noted Resident 1 ate 25 % for 14 of her meals in the month of October 2025. Resident 1 was initially on Ensure supplement but was stopped due to diarrhea. Surveyor noted in 05/27/2025 visit note orders from APNP-N were written for Ensure Start Ensure 3 days per week and Carnation Breakfast daily. Weekly weight checks. Call for any weight change greater than 5 pounds from baseline of 95 pounds. Also Call Dr. Ambas to update and provide med changes since loss of appetite could have been due to behavioral issues.	N 431		

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N 431	Continued From page 6 Surveyor reviewed visit notes from [Pyschiatrist-E] on 06/04/2025 and 09/08/2025. Medication reviews were completed. Resident 1 continued Remeron for depression and appetite stimulant, Lorazepam as needed (PRN) for anxiety, and Zyprexa for agitation and mood stabilization. Resident 1 continued to eat poorly due to no appetite, not being hungry, and refusals to eat. Resident 1 also continued to have depression and anxiety. Surveyor reviewed a letter from Family Member-G to CCRD-D. Resident 1 had a visit with APNP-N on 06/24/2025 during which time a feeding tube was discussed since Resident 1 was still not wanting to eat although weight was stable. Nursing Home care was also discussed. Resident 1 refused both options. A big decline was noted in the last year. No guardianship of health needed at that time. Resident 1 was to be continued to be encouraged to eat. The weight loss may have been due to Resident 1's illnesses (UTI, GERD, Influenza A, acute hypoxemia, respiratory failure and viral sepsis and behavioral issues such as increased depression and anxiety, lack of appetite, and refusal to eat.)	N 431		