| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 0018352 | A. BUILDING: _____ B. WING _____ | R-C 11/17/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| COUNTRY SIDE MANOR EAST | 4221 KADLEC DRIVE SHEBOYGAN, WI 53083 |

| (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 11/17/2025, Surveyors investigated two (2) complaints and conducted two (2) verification visits at Country Side Manor East for Statement of Deficiencies (SOD) GWB811 and 54G611. Two of two compliants were substantiated. Four deficiencies were identified. One of four deficiencies was a repeat violation identified in SOD 54G612, dated 11/17/2025 - N0352 83.32(3)(h) - repeat violation. One of four deficiencies will be cited a 2nd time.<br><br>Under statutory provisions of Wis. Stat. ch. 50, a $200 revisit fee is being assessed.<br><br>Census: 14 | {N 000} | | |
| N 161 | 83.12(3)(a) Investigate injuries of unknown source.<br><br>Investigating injuries of unknown source. A CBRF shall investigate any of the following: 1. An injury that was not observed by any person. 2. The source of an injury to a resident that cannot be adequately explained by the resident. 3. An injury to a resident that appears suspicious because of the extent of the injury or the location of the injury on the resident.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not investigate injuries to residents that cannot be explained by the residents.<br><br>Findings Include:<br><br>On 11/17/2025, Surveyors requested incident reports from Administrator (ADM) L. ADM L provided incident reports dated: | N 161 | | |

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

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| N 161 | Continued From page 1<br>* 04/03/2025 - Resident 5 - Staff "noted an abrasion (approx. 1/4" - ½" under [his/her] eye and a dark purple bruise to [his/her] right eyelid from the inner corner to the outside edge." [sic] Resident statement "[S/he] wouldn't let me up."<br><br>* 07/19/2025 - Resident 2 "hit another resident, as [s/he] walked away [s/he] pushed another resident almost knocking [him/her] down, and then another resident try [sic] to go after [Resident 2]."<br><br>On 11/17/2025, Surveyors reviewed observation notes for Resident 2. Notes dated 11/07/2025, stated, "Resident had a skin tear on [his/her] right outer arm along with a large bruise. "Writer is unsure how this happened and the resident could not elaborate on what happened or how it happened."<br><br>On 11/17/2025 at 9:03 AM, Surveyors interviewed Caregiver (CG) N. CG N acknowledged s/he was aware of bruising around Resident 5's eye about 2 or 3 months ago. CG N stated Resident 5 was in staff bathroom and pushed on counter and sink fell to floor. CG N stated there was no redness/bruising at the time of incident, but did see bruising a few days later. CG N stated Wellness Director (WD) J stated it was from the sink incident a few days prior.<br><br>On 11/17/2025 at approximately 12:36 PM, Surveyors interviewed ADM L and RN M. ADM L stated s/he was unable to find an investigation for the 04/03/2025 abrasion or the 07/19/2025 incident report identifying residents involved and was unable to identify if there were injuries to other residents. ADM L did not have an investigation for Resident 5's skin tear and bruise that resident could not explain how s/he had | N 161 | | |

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| N 161 | Continued From page 2<br>gotten on 11/07/2025. ADM L acknowledged s/he was unable to find an investigation for the 04/03/2025 and 07/19/2025 incidents, both incidents prior to him/her becoming the administrator, and the 11/07/2025 incident when Resident 5 had a skin tear and bruise.<br><br>The provider did not investigate injuries to residents that cannot be explained by the residents. | N 161 | | |
| N 164 | 83.12(4)(b) Reporting when law enforcement is called.<br><br>A CBRF shall send a written report to the department within 3 working days after any of the following occurs: Any time law enforcement personnel are called to the CBRF as a result of an incident that jeopardizes the health, safety, or welfare of residents or employees. The CBRF ' s report to the department shall provide a description of the circumstances requiring the law enforcement intervention. This reporting requirement does not apply to residents under the jurisdiction of government correctional agencies.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not ensure a report was sent to the department within 3 working days when law enforcement was called to the facility as a result of an incident that jeopardized the health, safety or welfare of residents or employees.<br><br>Findings include:<br><br>On 11/17/2025, Surveyors requested incident reports from Administrator (ADM) L. ADM L provided incident report dated: | N 164 | | |

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| N 164 | Continued From page 3<br>* 07/21/2025: Resident 2 was very agitated, charging toward other residents. "Staff were instructed to contact the police for assistance."<br><br>On 11/17/2025 at 11:38 AM, Surveyor reviewed the facility folder, no self-reports were received in 2025.<br><br>On 11/17/2025 at approximately 12:36 PM Surveyors interviewed ADM L. ADM L confirmed s/he was unable to find documentation that the 07/21/2025 incident had been self-reported when the police responded to the facility.<br><br>The provider did not ensure a report was sent to the department within 3 working days when law enforcement was called to the facility as a result of an incident that jeopardized the health, safety or welfare of residents or employees. | N 164 | | |
| {N 352} | 83.32(3)(h) Rights of Residents: Receive medication<br><br>In addition to the rights under s. 50.09, Stats., each resident shall have all of the following rights: Receive medication. Receive all prescribed medications in the dosage and at intervals prescribed by a practitioner. The resident has the right to refuse medication unless the medication is court ordered.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not ensure 1 out of 1 resident reviewed for medication administration received medications as prescribed by a practitioner. Resident 1 did not receive medications as ordered in November 2025. | {N 352} | | |

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| {N 352} | Continued From page 4<br>This is a repeat deficiency. See Statement of Deficiency (SOD) 54G611, dated 08/06/2025.<br><br>Findings include:<br><br>On 11/17/2025, Surveyors requested Resident 1's record from Administrator (ADM ) L. Surveyors reviewed Resident 1's medical record and MAR (Medication Administration Record) for November 2025, for Verification Visit 54G611, with correction date of 11/10/2025. Resident 1's record showed admission to the facility on 10/20/2022 with diagnoses of Type II diabetes mellitus, lipoprotein deficiency, hypertension, and Alzheimer's disease. Surveyors observed the following:<br>Boost High Protein Low Sugar *Vanilla* - 8:00 AM - 11/11/2025 charted 1 "Med not available on cart-Must call nurse on call" "was nurse notified? no"<br>Lidocaine 4% - 8:00 AM - 11/11/2025, 11/12/2025, 11/13/2025 and 11/14/2025 charted 1 "Med no available on cart - MUST CALL NURSE ON CALL"<br>Lidocaine 4% - 8:00 PM - 11/14/2025 charted 1 "Med no available on cart - MUST CALL NURSE ON CALL" There was no documentation the nurse was called on 11/11/2025, 11/12/2025 and 11/13/2025 8:00 AM and 11/14/2025 8:00 AM or 8:00 PM. The Lidocaine 4% had an end date of 11/15/2025.<br><br>On 11/17/2025 at 12:14 PM, Surveyors interviewed RN M. RN M provided the order for Lidocaine 4% to be discontinued. RN M provided Surveyors with an order for Lidocaine 4% stating, "Resident was discharged from hospice. While on hospice service [s/he] was receiving Lidocaine patches and hospice was paying for them. They have a high copay. May we please discontinue?" Form was dated 11/11/2025. On the form, "May discontinue Lidocaine Patches as requested," | {N 352} | | |

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| {N 352} | Continued From page 5<br>was hand printed below the physician progress notes. The form did not have a physician signature or date. RN M acknowledged the medication was discontinued 11/15/2025, and that the form was not signed or dated by the physician. RN M acknowledged s/he had realized when looking at the order it was not signed by doctor. RN M stated pharmacy will call the doctor today to get a signed order.<br><br>On 11/17/2025 at approximately 12:36 PM, Surveyors interviewed ADM L. ADM L acknowledged the missing medications on Resident 1's MAR.<br><br>The provider did not ensure 1 out of 1 resident reviewed for medication administration received medications as prescribed by a practitioner. | {N 352} | | |
| N 389 | 83.35(3)(d) Service plans updated annually or on changes<br><br>Individual service plan review. Annually or when there is a change in a resident ' s needs, abilities or physical or mental condition, the individual service plan shall be reviewed and revised based on the assessment under sub. (1). All reviews of the individual service plan shall include input from the resident or legal representative, case manager, resident care staff, and other service providers as appropriate. The resident or resident ' s legal representative shall sign the individual service plan, acknowledging their involvement in, understanding of and agreement with the individual service plan.<br><br>This Rule is not met as evidenced by: | N 389 | | |

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| N 389 | Continued From page 6<br><br>Based on record review and interview, the provider did not ensure 4 of 4 individual services plans (ISPs) reviewed were updated when there was a change of condition in the resident's needs, abilities, or physical or mental condition or annually.<br><br>Findings include:<br><br>On 11/17/2025 at approximately 8:30 AM, Surveyor requested ISPs for Resident 2, Resident 3 and Resident 5 from Administrator (ADM) L.<br><br>Resident 2 was admitted to the facility on 08/30/2024. Surveyors reviewed the ISP dated 10/14/2025. The ISP identified regular diet, however Surveyor observed a Notification of Change in ISP Form, dated 10/23/2025, identifying diet changed to mechanical soft, watch for pocketing and choking. Resident 2's ISP did not identify Resident 2 was on hospice since 10/17/2025.<br><br>Resident 3 was admitted to the facility on 01/16/2023. Surveyors reviewed the ISP dated 07/11/2025. The ISP did not have anything documented for behaviors and Resident 3 being inappropriate with other Residents.<br><br>Resident 5 was admitted to the facility on 09/24/2021. Surveyors reviewed Resident 5's ISP dated on 09/06/2025. The ISP did not identify Resident 5's falls and monitoring Resident 5's whereabouts to ensure other residents are not inappropriate with him/her. Resident 5's ISP did not reflect s/he was admitted to hospice.<br><br>Resident 9 was admitted to the facility on 03/02/2022. Surveyors reviewed Resident 9's | N 389 | | |

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| N 389 | Continued From page 7<br>ISP dated 04/22/2025. Resident 9's ISP did not identify any behaviors. Review of incident report dated 10/19/2025, reflected Resident 9 had his/her hands on Resident 5.<br><br>On 11/17/2025 at 8:20 AM, ADM L stated Resident 9 had placed his/her hands on Resident 5. ADM L confirmed s/he had completed the investigation, but acknowledged the ISP had not been updated to reflect behaviors.<br><br>On 11/17/2026 at 8:30 AM, Surveyor interviewed Caregiver N. Caregiver N confirmed Resident 2 and Resident 5 were on hospice.<br><br>On 11/17/2025 at 9:06 AM, Surveyors interviewed Caregiver (CG) N. CG N stated they "need to keep [Resident 5] and [Resident 3] separated." CG N acknowledged Resident 3 and Resident 5 do not try in interact. CG N stated, "We were just told to keep them apart." CG N stated Resident 2 had a recent decline and was admitted to hospice. CG N stated Resident 5 was also on hospice. CG N stated staff are good at passing updates from shift to shift.<br><br>On 11/17/2025 at 10:22 AM, Surveyors interviewed Caregiver (CG) O. CG O stated s/he knows Resident 5's family requests [him/her] to be apart from Resident 3, but unsure why.<br><br>On 11/17/2025 at 10:40 AM, CG N confirmed s/he was aware of Resident 3 and Resident 5's previous interaction as it was passed on by staff and then family. CG N stated s/he believed this interaction was over a year ago.<br><br>On 11/17/2025 at 12:36 PM, Surveyors interviewed ADM L and RN M. ADM L stated s/he was aware Resident 3 and Resident 5 should be | N 389 | | |

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| N 389 | Continued From page 8<br>separated, but whatever happened was before s/he started. ADM L confirmed the ISP was not updated to ensure staff monitor the interactions between Resident 3 and Resident 5. RN M stated staff are to sign/date the Notification of Change in ISP form, and then the ISP is updated. RN M acknowledged no staff had signed/dated the form since it was completed by RN M on 10/23/2025. RN M stated they will be reeducating staff to ensure they are signing the updates.<br><br>The provider did not update the ISP when resident had a change of condition/behavior. | N 389 | | |