STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016351	A. BUILDING: _____ B. WING _____	R-C 07/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AMERICAN GRAND ASSISTED LIVING SUITES	900 MEADOW LN NEENAH, WI 54956

(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 07/14/2025, Surveyor conducted an onsite visit to conduct an investigation into one complaint and to complete verification visits for Statement of Deficiency (SOD) 8IN913, dated 02/19/2025 and SOD E4BB11, dated 11/27/2024. The complaint was substantiated. Two (2) of 2 deficiencies were uncorrected for SOD 8IN913. One (1) of 3 deficiencies were uncorrected for SOD E4BB11. A total of 3 new deficiencies were identified and all were repeat deficiencies. Census: 68 Under statutory provisions of WI Stat. Ch. 50 a $200 revisit fee is being assessed.	{N 000}		
N 389	83.35(3)(d) Service plans updated annually or on changes 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.	N 389		

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016351	A. BUILDING: _____ B. WING _____	R-C 07/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AMERICAN GRAND ASSISTED LIVING SUITES	900 MEADOW LN NEENAH, WI 54956

(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 389	Continued From page 1 This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not ensure Resident 8's individual service plan (ISP) was updated based on assessment to meet his/her needs for assistance with showers. Resident 8 relied on staff assistance for showers at least weekly. Resident 8 tended to refuse showers and as of 07/14/2025 had not received a shower in more than 2 months (last shower 05/08/2025.) The ISP was not updated based on assessment to determine potential causes for the refusals or to identify strategies caregivers could use to encourage acceptance of showers. This is a repeat deficiency being cited for the sixth time. See Statement of Deficiencies (SODs): SOD QP0C11, dated 12/11/2019 SOD QP0C12, dated 01/19/2021 SOD QP0C13, dated 09/16/2021 SOD QP0C15, dated 10/14/2022 SOD E48B11, dated 11/27/2024 Findings include: The Department received a complaint alleging concerns with the provider's response to shower refusals. RECORD REVIEW on 07/14/2025 at 1:07 PM: Surveyor reviewed Resident 8's records. Resident 8 was admitted on 05/18/2025 with a diagnosis of ALS. "Amyotrophic lateral sclerosis...known as ALS, is a nervous system disease that affects nerve cells	N 389		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016351	A. BUILDING: _____ B. WING _____	R-C 07/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AMERICAN GRAND ASSISTED LIVING SUITES	900 MEADOW LN NEENAH, WI 54956

(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 389	Continued From page 2 in the brain and spinal cord. ALS causes loss of muscle control. The disease gets worse over time...Eventually ALS affects control of the muscles needed to move, speak, eat and breathe. There is no cure for this fatal disease." Source: https://www.mayoclinic.org/diseases-conditions/amyotrophic-lateral-sclerosis/symptoms-causes/syc-20354022, retrieval date 07/15/2025. Surveyor reviewed Resident 8's ISP, current as of 07/14/2025. It read in part, --"Self-Concepts - appears withdrawn and angry most of the time. [S/he] refuses help from staff and [the care team] to address this." --"Bathing - Requires full assistance including physical and verbal assistance...Requires hands-on assistance with washing, shampooing and getting in and out tub/shower...often refuses [his/her] shower. When [s/he] refuses...staff need to document the refusal in [his/her] daily observation notes." The ISP included conflicting information about the frequency of showers; identifying the need for showers once a week but also noting they should be given on Mondays and Thursdays. Surveyor noted the ISP did not include strategies or interventions to encourage Resident 8 to accept assistance with showers. Surveyor reviewed a "6 Month Assessment" dated 03/06/2025. The bathing section of the assessment mirrored the language in the bathing section of the ISP. It did not include information that a root cause analysis was completed to determine potential reasons for refusing bathing assistance.	N 389		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016351	A. BUILDING: _____ B. WING _____	R-C 07/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AMERICAN GRAND ASSISTED LIVING SUITES	900 MEADOW LN NEENAH, WI 54956

(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 389	Continued From page 3	N 389		

Progress notes dating back to 06/01/2025 documented persistent shower refusals. A note dated 07/03/2025 authored by RN B read, "...LLE (lower left extremity) with noted swelling 2plus [sic] edema, weeping/leaky fluid from leg and quarter size reddened open area to lateral side of LLE...refuses any care/treatment to leg...and/or personal cares. Last noted shower May 8th, 2025. Currently [Resident 8] presents with foul smelling body odor, dander to head/scalp/face and body (bilateral arms) Outer ear also presents with dander..."

INTERVIEWS/OBSERVATIONS on 07/14/2025:

Surveyor interviewed Caregiver H at 9:43 AM. S/he stated Resident 8 refuses showers and care "all the time."

Surveyor interviewed Caregiver I at 10:40 AM. S/he said Resident 8 "always refuses" showers and the last one s/he received was months ago. S/he said they try to ask 3 times and encourage but s/he still refuses. Surveyor asked if there were any specific strategies or interventions related to shower acceptance identified in Resident 8's ISP and s/he said, "I don't think so. Just assist as needed."

Surveyor interviewed Caregiver J at 2:27 PM. S/he said it had been months since Resident 8 last received a shower. Caregiver J said Resident 8 struggles to remain positive due to his/her disease progression and lack of control in his/her life. Caregiver J said during showers, "I think [s/he]'s afraid [s/he] might fall...I think a shower chair might help...[S/he] is so unstable with walking...(and is) declining physically..." Caregiver J said Resident 8 refuses showers so often, some staff are "not even trying" to encourage

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016351	A. BUILDING: _____ B. WING _____	R-C 07/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AMERICAN GRAND ASSISTED LIVING SUITES	900 MEADOW LN NEENAH, WI 54956

(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 389	Continued From page 4 showers anymore. Surveyor attempted to interview Resident 8 at 10:00 AM. Surveyor observed s/he was incontinent of urine and s/he told Surveyor s/he didn't want to talk at that time. Surveyor tried a second time to talk with Resident 8 and s/he said maybe later. Surveyor returned to Resident 8's room at approximately 12:00 PM and s/he agreed to talk. Surveyor observed Resident 8's hair was very greasy and there were pieces of what appeared to be skin dander on his/her scalp and ears. Resident 8 volunteered to show Surveyor his/her legs and both extremities were red and inflamed. Resident 8 also said s/he is developing sores on his/her buttocks. Resident 8 confirmed s/he declines showers and said s/he doesn't want showers from caregivers who are smaller in size because s/he is worried they will drop him/her. Surveyor interviewed Behavioral Health Specialist (BHS) L. BHS L explained s/he works for an outside medical provider and makes regular visits to the facility. BHS L said Resident 8 is not one of his/her patients, but through his/her work with other residents s/he has observed caregivers do not always approach residents in a way that makes them likely to accept cares. S/he said caregivers could benefit from education and management oversight to ensure they are utilizing effective strategies with residents who are prone to refuse. BHS L said if caregivers get resistance from a resident, "they give up right away." Surveyor interviewed Administrator A, Registered Nurse (RN) B and Manager M at 3:05 PM. The managers confirmed Resident 8 has not had a shower in more than 2 months. They expressed frustration with Resident 8's persistent pattern of refusals and concern regarding the risks of skin	N 389		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016351	A. BUILDING: _____ B. WING _____	R-C 07/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AMERICAN GRAND ASSISTED LIVING SUITES	900 MEADOW LN NEENAH, WI 54956

(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 389	Continued From page 5 breakdown. Administrator A and RN B said they had not completed an assessment to determine the root cause of the shower refusals and agreed the ISP did not include interventions or strategies caregivers should use to encourage acceptance of showers. RN B said s/he knows Resident 8 "does have a fear of falling or slipping" during a shower and wants the person giving the shower to be "sturdy." Administrator A said at one point they tried to schedule showers with one of Resident 8's preferred caregivers, but that plan was no longer in place. Administrator A and RN B said they would conduct an assessment of Resident 8's needs for acceptance of showers and update the ISP accordingly. Cross Reference: N0432 DHS 83.38(1)(h) Medication Administration	N 389		
{N 432}	83.38(1)(h) Medication administration. 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: Medication administration. The CBRF shall provide medication administration appropriate to the resident ' s needs. This Rule is not met as evidenced by: Based on observation, interview and record review, the provider did not ensure Resident 8's	{N 432}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016351	A. BUILDING: _____ B. WING _____	R-C 07/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AMERICAN GRAND ASSISTED LIVING SUITES	900 MEADOW LN NEENAH, WI 54956

(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 432}	Continued From page 6 needs for medication administration were met. Resident 8 was prescribed aspirin and omega 3 and relied on facility staff to administer medications. --The medications were not present in the medication cart on 07/14/2025. --Caregivers and managers were unsure how long Resident 8 had been without the medications. --Caregivers documented refusals during times when the medication was not present. --Managers were unsure if refill requests should go through the family or pharmacy. This is a repeat deficiency. See SOD 8IN913, dated 02/19/2025. Findings include: The Department received a complaint about the provider's administration and documentation of medications. On 07/14/2025 at 12:00 PM, Surveyor interviewed Resident 8. Resident 8 said recently the provider assumed management of his/her medications and s/he was frustrated they weren't doing a good job. On 07/14/2025 at 1:05 PM, Surveyor reviewed Resident 8's July 2025 medication administration record (MAR) and noted the following: --Aspirin tablet/81 mg scheduled once daily: 10 refusals were documented, 1 date left blank and on 07/08 and 07/14 it was documented the medication was "not in cart." (The medication was documented as administered once, on 07/09.) --Omega 3 (fish oil), 1 tablet/1200 mg-360mg	{N 432}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016351	A. BUILDING: _____ B. WING _____	R-C 07/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AMERICAN GRAND ASSISTED LIVING SUITES	900 MEADOW LN NEENAH, WI 54956

(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 432}	Continued From page 7 scheduled every other day: 5 refusals were documented and on 07/08 it was documented "not in cart" --On 07/14/2025 at 10:22 AM, Caregiver N documented Resident 8 refused aspirin. On 07/14/2025 at 1:48 PM, Surveyor and Caregiver N observed Resident 8's available medications in the medication cart and neither aspirin nor fish oil were present. Caregiver N said it was his/her first day back from vacation, s/he did not know how long Resident 8 had been out of the medications and it was the responsibility of Resident 8's family to provide them. Caregiver N confirmed s/he did not administer the aspirin earlier in the day and had not yet taken steps to report to his/her manager or Resident 8's family that the medications were unavailable. Caregiver N did not indicate why s/he documented the medication was refused when it was actually unavailable. On 07/14/2025 at 2:27 PM, Surveyor interviewed Caregiver J. Caregiver J said the provider is responsible for administering Resident 8's medications. S/he said, "[Resident 8] used to have it in [his/her] room and they took it out... [S/he] is unable to open the bottles [him/herself] that's why it is in the med cart and passed by staff." Caregiver J confirmed s/he was the medication passer on 07/12/2025, which was one of the dates a refusal for aspirin was documented. Caregiver J explained s/he first approached Resident 8 and asked if s/he was willing to take the medication because s/he often refuses, and Resident 8 said no. Caregiver J said s/he charted the refusal, but subsequently determined the medication was not there. Caregiver J said s/he did not know how long the medication had been unavailable and s/he did not	{N 432}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016351	A. BUILDING: _____ B. WING _____	R-C 07/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AMERICAN GRAND ASSISTED LIVING SUITES	900 MEADOW LN NEENAH, WI 54956

(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 432}	Continued From page 8 report to anyone the need to get a refill. On 07/14/2025 at 3:05 PM, Surveyor interviewed Administrator A, Registered Nurse (RN B) and Manager M. --All 3 managers stated they were unaware the medications were unavailable and did not know how long it had been since Resident 8 received them. RN B looked through the record for the last time the pharmacy delivered the medications and did not find a record of it. --During the interview Manager B called the pharmacy and learned the medications are not provided by the pharmacy. --RN B said based on the update from the pharmacy, Caregiver N's statement that the family supplies the medications was accurate. RN B said regardless of whose responsibility it is to supply the medications, s/he was concerned staff did not report the need for refills and were charting refusals when in fact the medication was unavailable. RN B said s/he audits the MARs daily, but did not catch the notations the medications were not in the cart. --Administrator A provided Surveyor with an after visit summary dated 05/14/2025 which confirmed the orders for the 2 medications were still current. During the aforementioned record review, Surveyor reviewed Resident 8's current individual service plan (ISP). Surveyor noted the ISP did not accurately reflect Resident 8's current needs around medication administration or whose responsibility it was to ensure they were refilled. The ISP read, "does not take any medications." Cross Reference: N0389 DHS 83.35(3)(d) Service Plans Updated Annually Or on Change	{N 432}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016351	A. BUILDING: _____ B. WING _____	R-C 07/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AMERICAN GRAND ASSISTED LIVING SUITES	900 MEADOW LN NEENAH, WI 54956

(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
{Y3234}	Continued From page 9	{Y3234}		
{Y3234}	50.09(1)(e) Treatment (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: (e) Be treated with courtesy, respect and full recognition of the resident's dignity and individuality, by all employes of the facility and licensed, certified or registered providers of health care and pharmacists with whom the resident comes in contact. This Rule is not met as evidenced by: Based on record review and interview, Caregiver G and Caregiver H did not treat all residents with courtesy and respect and full recognition of their dignity and individuality. Findings include: The Department received a complaint about a caregiver mistreating a resident. Prior to conducting the onsite visit, Surveyor reviewed the provider's compliance history. During the previous survey in February 2025, a deficiency was issued related to Caregiver G's treatment of Resident 7.	{Y3234}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016351	A. BUILDING: _____ B. WING _____	R-C 07/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AMERICAN GRAND ASSISTED LIVING SUITES	900 MEADOW LN NEENAH, WI 54956

(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
{Y3234}	Continued From page 10 EXAMPLE 1 - CAREGIVER G Surveyor interviewed Caregiver J on 07/14/2025 at 2:27 PM. S/he expressed concerns about Caregiver G and said in the past, "[Caregiver G] and [Resident 7] used to get into it bad. If [Caregiver G] is on meds, [s/he] has to get someone else to pass [Resident 7]'s meds. They're not supposed to have contact. To me, there's a bigger problem, it's not just about [Resident 7]." Surveyor interviewed Resident 10 on 07/14/2025 at 11:11 AM. Surveyor observed s/he used a wheelchair for ambulation. S/he said caregivers gossip and argue in front of [him/her] and Caregivers G and Caregiver H are mean to Caregiver I. Resident 10 said s/he also has had "problems" with Caregiver G. Resident 10 gave an example recently when s/he called the staff phone for assistance emptying his/her commode. During the call, Caregiver G got frustrated with Resident 10 and said, "I ain't [sic] got time for this" and hung up. Resident 10 said eventually a caregiver came but s/he felt Caregiver G's response was inappropriate. Surveyor interviewed Resident 11 on 07/14/2025 at 11:39 AM. Surveyor observed s/he was elderly, used a wheelchair for ambulation and prior to the interview a caregiver helped transfer him/her from the chair to the recliner. Resident 11 said Caregiver G is "immature" and "sometimes gets mad at me." Surveyor asked what s/he gets mad about and Resident 11 replied, "Anything. I just need extra help sometimes and [s/he] says 'You can do it on your own.' So, when they are short (staffed) I should get myself done...get to my chair and get to the bathroom."	{Y3234}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016351	A. BUILDING: _____ B. WING _____	R-C 07/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AMERICAN GRAND ASSISTED LIVING SUITES	900 MEADOW LN NEENAH, WI 54956

(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
{Y3234}	Continued From page 11 During an interview with management staff on 07/14/2025 at 4:36 PM, Administrator A and Registered Nurse (RN) B described Caregiver G as immature and said they are trying to phase him/her out by not offering hours. EXAMPLE 2 - CAREGIVER H During the aforementioned interview with Caregiver J s/he also shared concerns about Caregiver H's treatment of residents, including Resident 8. S/he stated Caregiver H has said to Resident 8, "You need a shower, you stink." and "Fine if you're not going to accept...help getting in the shower then I'm not going to do nothing for you." [sic] Caregiver H said s/he has had to intervene and tell Caregiver H to go outside and take a break when s/he is talking disrespectfully to residents. Surveyor interviewed Resident 8 on 07/14/2025 at 12:00 PM. Surveyor observed s/he relied on a wheelchair or walker for ambulation and appeared frail. Resident 8 said s/he is unhappy at the facility, some staff are "bad" and Caregiver H tells him/her transfers take "too long." Surveyor interviewed Caregiver I on 07/14/2025 at 10:40 AM. S/he described concerns about Caregiver H and said s/he, "comes in and tells everyone (staff) what to do" and at times s/he can "get rougher" verbally than s/he should with residents. Caregiver I gave an example involving Resident 8. S/he explained Resident 8 is diagnosed with ALS (symptoms include muscle weakness) and needs staff assistance with transfers. Caregiver I said on a good day Resident 8 can transfer with one staff but if s/he is feeling weak s/he may need two, and usually transfers take some time. Caregiver I said 3 days	{Y3234}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016351	A. BUILDING: _____ B. WING _____	R-C 07/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AMERICAN GRAND ASSISTED LIVING SUITES	900 MEADOW LN NEENAH, WI 54956

(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
{Y3234}	Continued From page 12	{Y3234}		

ago s/he called for Caregiver H to assist with Resident 8's transfer because s/he was feeling weak and asked for two staff. Caregiver H said to Resident 8, "You're a one assist, not a two assist" and told Resident 8 his/her transfers take too long. Caregiver I said s/he proceeded to transfer Resident 8 alone but Caregiver H remained in the room. As Resident 8 was in the bathroom getting situated, Caregiver H said to Resident 8, "God [expletive] we don't have time for this!" Caregiver I said this bothered him/her but "I didn't tell anyone. I'm afraid of [Caregiver H] to be honest." Caregiver I explained recently, Caregiver H got into a physical fight with another caregiver in front of a resident and that contributes to his/her reluctance to report concerns to management.

During the aforementioned interview with Resident 11, s/he confirmed Caregiver H got into a physical fight with Caregiver O while they were in Resident 11's room. Resident 11 said Caregiver O was vacuuming and Caregiver H told him/her to stop because s/he felt it was too late in the evening. Caregiver O didn't stop so Caregiver H unplugged the vacuum, which lead to a physical fight between the two. Resident 11 said s/he witnessed the fighting in his/her room and it continued in the hallway. Resident 11 said, "I kept yelling for help...I got scared."

During an interview with management staff on 07/14/2025 at 3:05 PM, Administrator A provided Surveyor with documentation of a "Staff to Staff Altercation" between Caregivers H and O on 06/22/2025. The incident began at 6:30 PM when Caregiver O ignored requests to stop vacuuming. Caregiver H responded by unplugging the vacuum and this led to a physical fight in Resident 11's room. The police were called and both were issued tickets. Caregiver O did not

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016351	A. BUILDING: _____ B. WING _____	R-C 07/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AMERICAN GRAND ASSISTED LIVING SUITES	900 MEADOW LN NEENAH, WI 54956

(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
{Y3234}	Continued From page 13 return to employment and Caregiver H was "counseled on [his/her] behavior which seems to have been in self-defense; however such behavior is unacceptable...was also directed to apologize to [Resident 11.]" Administrator A told Surveyor that while it appeared Caregiver O was the initial aggressor in the physical fight, it was completely inappropriate for Caregiver H to escalate the situation in front of a resident, especially when RN B was present and available assist. Surveyor shared the reported concerns about Caregiver H's treatment of Resident 8 related to transfers. Administrator A and RN B confirmed when Resident 8 is feeling weak, s/he may need the assistance of two staff and this was the first time they'd heard concerns that Caregiver H refused to help.	{Y3234}		