STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0012195	A. BUILDING: _____ B. WING _____	C 04/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUPERIOR ROAD ADULT FAMILY HOME	620 SUPERIOR ROAD GREEN BAY, WI 54311

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M 000	INITIAL COMMENTS On 04/07/2025 with additional information gathered through 04/15/2025, Surveyor conducted a complaint investigation and abbreviated survey at Superior Road Adult Family Home. As a result, 1 deficiency was identified. One of 1 complaints was substantiated. Census: 4	M 000		
M 424	88.06(3)(f) REVIEW OF ISP The individual service plan shall be reviewed at least once every 6 months by the licensee, the resident or the resident's guardian, the service coordinator, if any, the designated representative, if any, the placing agency with the resident participating in a manner appropriate for the resident's level of understanding and method of communication. This review is to determine continued appropriateness of the plan and to update the plan as necessary. A plan shall be updated, in writing, whenever the resident's needs or preferences change substantially or when requested by the resident or the resident's guardian. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure Resident 1's individual service plan (ISP) was updated when s/he experienced a change of condition. Resident 1 was incontinent of bowel, relied on	M 424		

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

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staff assistance 3 times weekly for showers, utilized an urostomy bag (permanent urinary drainage pouch) and was at risk for pressure injuries. Resident 1 would often show up to dialysis soiled, unclean and smelling of body odor. Staff reported Resident 1 would refuse showers and Resident 1's record documented only 10 showers over the course of 2 months. Resident 1's ISP was not updated based on assessment to identify a tendency to refuse showers or interventions to ensure his/her needs for showers were met.

On 02/24/2025, Resident 1 received a new diagnosis of Purple Bag Syndrome and the ISP was not updated to include instructions and/or interventions related to this diagnosis.

Findings include:

On 11/14/2024, the Department received a complaint alleging hygiene and care concerns.

On 04/07/2025 at approximately 9:45 AM, Surveyor entered the facility and observed a strong odor of urine. During a tour of the facility, Surveyor observed a white board in a hallway near the kitchen with handwritten notes. Surveyor noted there was a note pertaining to Resident 1 which stated "shower - dialysis days; laundry - dialysis days; bedding - dialysis days." Surveyor also observed a urinary collection bag hanging in the shower near the laundry room. Surveyor observed the bag was purple in color. House Manager (HM) A stated it was Resident 1's "catheter bag."

On 04/07/2025, Surveyor reviewed Resident 1's record and noted s/he was admitted to the facility on 03/21/2005 with diagnosis to include mild

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mental retardation, spina bifida with paraplegia, anemia, right hip dislocation, depression, anxiety, sleep apnea, high blood pressure, high cholesterol, poor circulation, tendinitis and kidney failure. Resident 1 was his/her own legal decision maker.

Resident 1's ISP, dated 12/26/2024 indicated, "[Resident 1] requires 24-hour supervision. Mobility: Utilizes an electrical wheelchair for all of [his/her] mobility needs and a Hoyer lift for all transfers. Toileting: [Resident 1] wears a brief at all times due to incontinence, also an Ostomy bag is worn, night bag and leg bags are inter changed. Staff will assist with emptying and wiping off the spout with an alcohol swab after as this becomes difficult for [Resident 1] at times. Staff utilize a vinegar/water solution to clean out [Resident 1's] leg and night bags. After they clean these items, they are placed over shower bar with spouts open to allow drying and avoiding bacteria from accumulating ... Bathing: [Resident 1] utilizes a shower chair on Mon-Wed- and Fri ...needs staff assistance ...[Resident 1] will sometimes request [his/her] shower at night when noc (night) shift arrives ...[Resident 1] will have a bed bath on days [s/he] does not shower. General Health: ...[S/he] has been seeing [Hospital D] due to a pressure sores on [his/her] bottom. Reoccurring Illnesses: Zinc oxide cream is applied to bottom daily to prevent pressure sores ... Transportation: ...[Transport Service] will transport [Resident 1] to all Dialysis appointments on Tuesdays, Thursdays and Saturdays [sic all]."

Surveyor Note: The ISP stated showers were scheduled Mondays, Wednesdays and Fridays. However, interviews and observation of the white board reflected showers occurred on dialysis days which were Tuesdays, Thursdays and

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M 424	Continued From page 3 Saturdays. On 04/08/2025 at approximately 11:00 AM, Surveyor reviewed Resident 1's charting documentation from 12/01/2024 to 02/01/2025. The charting prompt for "Hygiene" read, "Were hygiene activities completed? Document what was completed and what type of assistance was needed. Examples: Shower, Shave, Oral Care, Trim Nails." Showers were charted on the following dates: 01/31/2025 - "bed bath change outfit" 01/30/2025 - "showerd [sic] this morning" 01/29/2025 - "[Resident 1] was assisted with cares and getting into wheelchair." 01/25/2025 - "showered in care to [his/her] bottom [sic all]." 01/23/2025 - "wash up this morning put cream on [his/her] bottom." 01/21/2025 - "shower skin." 01/17/2025 - "bed bath." 01/16/2025 - "showerd [sic]." 01/15/2025 - "shower and oral care." 01/11/2025 - "showered." Surveyor note: According to the documentation, Resident 1 was not receiving showers 3 times per week and only received 10 of 24 showers between 12/01/2024 and 02/01/2025. On 04/08/2025 at approximately 1:00 PM, Surveyor reviewed a doctor visit note from 02/24/2025 when Resident 1 received a new diagnosis of Purple Bag Syndrome. The note read, "Patient is known to our office for neurogenic bladder (condition where damage to the brain, spinal cord, or nerves controlling the bladder leads to a loss of bladder control) secondary to spina bifida status post cystectomy	M 424		

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(surgical procedure involving the removal of all or part of the bladder) and urinary diversion. Patient also has a history of an atrophic left kidney as well as nephrolithiasis (kidney stones). Patient also has end-stage renal disease for which [s/he] gets hemodialysis on Tuesdays, Thursdays and Saturdays...[S/he] is noted to have purple bag syndrome. [S/he] denies any recent urinary tract infections ...[His/her] stoma is pink and [his/her] urostomy is draining cloudy, pale, odorous urine ...There is no treatment for this unless patient is symptomatic with UTI (Urinary Tract Infection). Common for Foley bag to become colonized with bacteria. We also discussed [his/her] odorous urine is likely due to a fluid restriction and being unable to flush urinary tract given that [s/he] is on hemodialysis. Patient's caregiver is instructed to call our office if [s/he] develops any signs or symptoms of urinary tract infection."

During an interview with HM A and Service Coordinator (SC) B on 04/07/2025 at 10:30 AM, HM A reported Resident 1 was currently in the hospital and s/he did not know when Resident 1 would return. HM A reported Resident 1 was non-ambulatory, utilized a power wheelchair and a Hoyer lift for transfers. S/he also stated Resident 1 has a "stoma for urine" and required full assistance for all activities of daily living. HM A stated Resident 1 attends dialysis on Tuesdays, Thursdays and Saturdays and a transport service picks him/her on those days at 7 AM. S/he reported on dialysis days, "NOC shift would get [him/her] up at 5 AM, shower [him/her], get [him/her] dressed, in [his/her] wheelchair, served breakfast, teeth brushed and hair combed." HM A reported Resident 1 refused showers at times especially in the winter as s/he doesn't like to get his/her hair wet. HM A stated if Resident 1 refused staff should re-attempting and if s/he still

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refuses, then they should offer a bed bath. SC B confirmed, "[S/he] refuses half the days." HM A stated, "[S/he] has an odor to [him/her], but we are working on this. [S/he] was diagnosed with Purple Bag Syndrome on 02/24/2025 and we think that is what it is. It's not treatable."

On 04/09/2025 at 1:51 PM, Surveyor interviewed Direct Support Professional (DSP) C who started s/he typically worked the 7:00 AM to 3:00 PM shift, but there have been times s/he also worked the night shift. DSP C reported night shift would normally provide showers for Resident 1 on dialysis days. Surveyor reviewed the charting documentation and noted DSP C worked night shift on 01/14/2025 from 3:00 PM to 7:00 AM and a shower was not documented. (Surveyor note: January 14, 2025 was a Tuesday and a scheduled dialysis day). When Surveyor inquired about this, DSP C stated "I was told by HM A I didn't have to worry about showers. I assumed it was taken care of on another shift. I was never shown how to shower [him/her]. I had to train myself on a lot of things."

During an interview with Administrator (ADM) E on 04/09/2025 at 3:27 PM, s/he confirmed staff document cares in the charting notes, and while unlikely, there could be handwritten notes as well. Surveyor asked for any additional documentation of showers to be provided by 04/10/2025; ADM E did not provide additional documentation by 04/10/2025. ADM E confirmed the ISP identified shower days that were different then the white board instructions and acknowledged this could be confusing for staff. ADM E also acknowledged Resident 1's ISP was not updated to reflect his/her new diagnoses of Purple Bag Syndrome or the associated interventions identified by his/her physician to actively monitor and report

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M 424	Continued From page 6 any signs and symptoms of UTIs. On 04/15/2025 at 10:55 AM, Surveyor interviewed Social Worker (SW) F who stated Resident 1 has been showing up to dialysis "soiled and disheveled with matted hair, food on [his/her] face and clothes, and smells strongly of body odor." SW F reported there are also concerns with Resident 1's wheelchair. S/he stated, "It smells of urine and it is not cleaned regularly or if at all." SW F stated, "This has been going on for 6 months. We have called the home several times, relay our concerns and nothing happens. [Resident 1] comes in the next day and is just the same. We shouldn't have to call a home to tell them to bathe a resident. [Resident 1] is not showered or changed very often." SW F stated, "[Resident 1] is prone to wounds on [his/her] coccyx and proper hygiene is extremely important."	M 424		