STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0020960	A. BUILDING: _____ B. WING _____	C 06/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALLOUEZ SENIOR LIVING 1 BY FRONTIDA	1901 LIBAL STREET GREEN BAY, WI 54301

(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 06/10/2025, with additional information gathered through 06/16/2025, Surveyors conducted 3 complaint investigations at Allouez Senior Living 1 By Frontida. Two of 3 complaints were substantiated. One complaint was unsubstantiated. Three deficiencies were identified. Census: 40	N 000		
N 352	83.32(3)(h) Rights of Residents: Receive medication 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. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure Resident 2 received his/her eye drops as prescribed by his/her practitioner. Findings include: The provider is licensed to serve up to 65 non-ambulatory residents who may be of physically disabled, terminally ill, of advanced age, and/or have irreversible dementia/Alzheimer's. On 03/21/2025, the department received complaint information alleging eye drops were not administered as prescribed.	N 352		

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
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N 352	Continued From page 1 On 06/11/2025, Surveyor reviewed Resident 2's record and noted s/he had orders for eye drops. Surveyor reviewed Resident 2's Observation notes and noted: 01/30/2025 2:12 PM LPN C wrote "Resident went to [eye care center] today and has new order for artificial tears drops in both eyes BID [twice a day] uploaded to chart." 02/04/2025 9:07 AM LPN C wrote "writer resent orders for refresh tears to pharmacy." 02/04/2025 12:20 PM LPN C wrote "[Pharmacy] called they have to order the new eye drops for resident; they will be in on 2/5/25." Surveyor reviewed Resident 2's Medication Administration Record (MAR) and noted an order for Refresh Optic Drops - Instill as directed 2 times a day. Start date: 02/04/2025 Surveyor noted on 02/04/2025 8:00 PM - marked as exception And on 02/05/2025 8:00 AM - marked as exception Surveyor reviewed Resident 2's Medication Exception Report for 02/04/2025 and 02/05/2025 and noted "Medication not available" for both dates and times. On 06/10/2025 at approximately 2:06 PM, Surveyor reviewed Power of Attorney for Healthcare (POAHC) G notes s/he provided to Surveyors: "On 01/30/2025 [Resident 2] had an appointment with the eye doctor at 12:30. I returned with [Resident 2] approximately at 2 pm. [Resident 2] was given a prescription for eye drops, I gave it to [LPN C]. [S/he] said [s/he] faxed it into [the pharmacy] ... On 01/31/2025 I asked [Resident 2] if [s/he] got any eye drops. [S/he] said no. I went to ask	N 352		

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N 352	Continued From page 2 [LPN C] and [s/he] said that it wasn't delivered yet ... On 02/04/2025, I asked [Resident 2] how [his/her] eyes were feeling. [S/he] said [s/he] still didn't receive any drops. So I questioned ...[LPN C] and [Executive Director A] ...[LPN C] told me it was faxed in but [the pharmacy] never received it, so it was faxed again. [Executive Director A] said [s/he] called [the pharmacy] and it was there ... On 02/06/2025 First day that [Resident 2] received eye drops. A week after they were prescribed." On 06/16/2025 at approximately 12:57 PM, Surveyor received and reviewed email correspondence from Regional Nurse F. "Per my emails, [LPN C] was having some trouble with scanning at that time and also [his/her] e-fax. As I do not have an exact explanation as to why this was delayed since [s/he] is no longer with us, this may be the cause of the delay. [S/he] re-faxed the order on 2/4 to receive eye drops on 2/5." On 06/16/2025 at approximately 3:00 PM, Surveyors interviewed Executive Director A who acknowledged Resident 2 did not receive his/her eye drops from 1/31/2025 through 02/05/2025 morning dose as prescribed. Cross Reference: Y3244 50.09(1)(L) Care	N 352		
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	N 389		

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N 389	Continued From page 3 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. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure individual service plans (ISP) were updated as needed and signed by the resident or the resident's legal representative for 3 of 4 resident records reviewed (Resident 1, Resident 3, and Resident 4). Resident 1 and Resident 3's ISPs were not reviewed and signed by Resident 1 and Resident 3. Resident 3 and Resident 4's ISP were not updated to reflect changes in their needs and interventions for those needs. (Resident 3's refusals, skin condition, insulin dependence, home health and therapy, and catheter care, and Resident 4's hair washing refusals). Note: Allouez Senior Living by Frontida 1 obtained their license through a change of ownership (CHOW) effective 01/01/2025. Resident 1, Resident 2, Resident 3, and Resident 4 were all residents prior to and at the time of the CHOW. Findings Include: On 03/21/2025, the department received	N 389		

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N 389	Continued From page 4	N 389		

complaint information alleging residents were not getting showers and care needs were not being met.

On 06/10/2025, Surveyor conducted a complaint investigation.

RESIDENT 1
On 06/10/2025, at approximately 2:00PM, Surveyor reviewed Resident 1's record and noted Resident 1 makes his/her own decisions. Review of, the 30-day the ISP dated, 02/11/2025, change of condition ISP dated, 03/04/2025 and the 6-month ISP dated, 06/04/2025, revealed Resident 1 did not sign the ISPs.

RESIDENT 3
On 06/11/2025, Surveyor reviewed Resident 3's record and noted Resident 3 made his/her own decisions and had diagnoses of stage 3 chronic kidney disease and diabetes mellitus.

Surveyor reviewed Resident 3's March 2025 medication administration record (MAR) and noted medication orders for One Touch flex monitor for "use when checking blood sugars twice daily" and Tresiba Flex 200 units/mL Insulin "inject 5 units subcutaneously once daily. Prime 2 units before each dose."
Menthol-Zinc Oxide ointment "Apply a thin layer topically to the affected area as needed to prevent skin breakdown."
Simply Saline Wound Wash "Clean wound with wound cleanser and change dressing every 3 days to left elbow [skin tear]"
Wound Foam Border 3x3 "Cleanse with saline and put and apply soft border dressing. Change every 3 days and as needed."

Surveyor reviewed Resident 3's January - March

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N 389	Continued From page 5 2025 observation notes and noted: 01/29/2025 " ...attempted to get resident washed up but [s/he] refused stating that [s/he] would like to only get cleaned up in the mornings." 01/31/2025 "[S/he] refuse[d] cares and just wanted to go to bed." 02/01/2025 "Resident refused to be washed up stating [s/he] got washed up already today ..." "resident is in bed Foley [catheter] emptied at 400 [mL] and dentures soaking for night." 02/03/2025 "The resident is up in [his/her] recliner watching television still refusing medication since 7am ...Staff has offered medication numerous times, including insulin ..." "resident refused cares but allowed pajamas to be put on." 02/07/2025 "Patient seen today for routine home health visit ...Catheter is draining clear, yellow, urine at this time ..." 02/10/2025 "resident refused cares but allowed for pajamas to be put on." 02/14/2025 "[S/he] said [s/he] had [his/her] showers yesterday and didn't want to take one today." 02/15/2025 "Resident refused to be washed up allowed pajamas to be put on ..." 02/17/2025 "Homehealth ...Upon arrival [Resident 3] was just coming from the common area. agreeable [sic] to PT [physical therapy] session but stated that [s/he] has pain on [his/her low back being 4/10. Skill therapy worked on transfer balance and [lower extremity] strengthening ...will continue to follow plan of care." Surveyor reviewed Resident 3's ISP dated 02/06/2025 and noted s/he required assistance from staff for all activities of daily living and medication administration. Resident 3's ISP was inconsistent with Resident 3's needs related ot insulin, blood sugar checks, care refusals,	N 389		

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N 389	Continued From page 6 medication refusals, showers, physical therapy, skin condition, continence status, and catheter placement. "Medication and Orders ...Blood Thinner [box checked]" "Blood Sugar Checks" and "All Other Insulin" boxes were not checked. "Medication Administration" "History of refusing up to 3 times per month" nor "History of refusing up to 5 times per month" boxes were not checked. "History of Refusing Care and Medical Orders ...Accepts Care [box checked]" "Skin Condition ... Good [box checked]" "Toileting/ Continence ...Occasionally incontinent in Bladder [box checked] ...Continent of Bladder [box checked]" "Catheter" box was not checked. Resident 3's ISP was silent to his/her need and use of home health care and skilled nursing for catheter management, wound care, and physical therapy. In addition, Resident 3's signature was not on his/her 30-day ISP dated 02/06/2025 identify it was reviewed with him/her. RESIDENT 4 On 06/10/2025 at approximately 11:13 AM, Surveyor and House Manager D toured the facility. Surveyor and House Manager D observed a resident in the common area, identified as Resident 4, with hair that appeared to be matted down, oily, and unkempt. Surveyor inquired with House Manager D what care needs Resident 4 needed assistance with. House Manager D indicated Resident 4 was known to refuse assistance with showering. On 06/10/2025, Surveyor reviewed Resident 4's record and noted s/he had diagnosis of adult	N 389		

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failure to thrive.
Surveyor reviewed Resident 4's most recent ISP dated 04/07/2025 and noted:
Bathing - "assist of one" was checked
"History of Refusing Care and Medical Orders:" Accepts Care" was checked
"Dementia Related Behaviors:" "Resistive or combative with cares or showers" "Refuses Cares"
Resident 4's ISP did not include any documentation about refusing cares and refusing his/her hair being washed.

Surveyor reviewed Resident 4's "Recorded Care Report" dated 05/01/2025 through 06/10/2025 where staff document resident tasks. Surveyor noted "Completed" and "Not Completed" for staff documentation of Resident 4's bathing tasks, but does not include any notes about Resident 4's hair being washed.

On 06/10/2025 at approximately 2:25 PM, Surveyors interviewed Executive Director (ED) A who stated Resident 4 refused having his/her hair washed all the time. ED A indicated Resident 4 required and received assistance with showers but would not let staff wash his/her hair. S/he said Resident 4 would allow the beautician to wash his/her hair in the salon bowl once a month. Surveyor inquired whether provider staff washed Resident 4's hair in the salon and ED A stated no. ED A indicated s/he believed Resident 4's ISP identified his/her refusals. ED A reviewed Resident 4's ISP and verified Resident 4's ISP did not identify Resident 4's refusals of washing his/her hair.

On 06/16/2025 at approximately 3:00 PM, Surveyors interviewed ED A and Senior Vice

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N 389	Continued From page 8 President of Operations H who acknowledged Resident 1 and Resident 3's ISP review signatures were missing and Resident 3 and Resident 4's ISPs were not updated to reflect changes and were inconsistent with care needs. Cross Reference: Y3244 50.09(1)(L) Care	N 389		
Y3244	50.09(1)(L) Care (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 (l) Receive adequate and appropriate care within the capacity of the facility. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure adequate and appropriate care was provided for 3 of 3 residents (Resident 1, Resident 2, and Resident 3). Resident 1 initially used a sit-to-stand for	Y3244		

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Y3244	Continued From page 9	Y3244		

transfers. On 01/02/2025, s/he was assessed to require a hoyer lift for transfers. Safety concerns regarding use of the hoyer began shortly after implementation. Use of the hoyer limited Resident 1's ability to get in and out of the bed and use the toilet. Resident 1 was a private pay resident and there was a delay obtaining the correct slings, hoyer and shower chair to provide Resident 1 with safe transfers and care. Incidents of limitations and safety concerns were noted between 01/11/2025 through 02/08/2025.
Resident 2 sustained a stage 2 genital wound and stage 2 wounds on his/her bottom that developed and progressed. Cream was not applied as needed and directed. Resident 2's ISP identified him/her to have his/her own teeth. Resident 2 complained of having a burning mouth and was found to have dentures that had not been removed or cleaned for an undetermined amount of time.
Resident 3 did not receive showers as scheduled and required assistance with bathing and dressing.
Resident 2 and Resident 3 were not provided dressing and bathing assistance when they contracted GI illness in January 2025.

Findings Include:

The provider is licensed to serve up to 65 non-ambulatory residents who may be of physically disabled, terminally ill, of advanced age, and/or have irreversible dementia/Alzheimer's.

Note: Allouez Senior Living by Frontida 1 obtained their license through a change of ownership (CHOW) effective 01/01/2025. Resident 1, Resident 2, and Resident 3 resided at the facility prior to and at the time of the CHOW.

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Y3244	Continued From page 10 On 01/15/2025, the department received a complaint alleging concerns with use of a hoyer for transfers of a resident. On 03/21/2025, the department received complaint information alleging resident needs were not being met and residents did not receive showers. On 06/10/2025, Surveyors conducted complaint investigations. RESIDENT 1: On 06/10/2025, at approximately 11:30AM, Surveyor interviewed Resident 1. Resident 1 reported s/he did not like the hoyer. Resident 1 explained how the hoyer would not go over the mattress and staff had to pull him/her onto the bed. Resident 1 reported there was one time s/he bumped his/her head when being pulled onto the bed. Resident 1 stated s/he had to use a bed pan. Resident 1 explained how s/he wanted to use the toilet and not the bed pan. Resident 1 stated, "I didn't like that." On 06/10/2025, at 11:51AM, Executive Director A (ED-A) reported Resident 1 was using a hoyer when the provider took over ownership of the facility. ED-A explained the previous provider took a lot of information with them, so they no longer have access. Due to this, ED-A reported s/he does not know how or whey the switch was made from sit-stand to a hoyer. ED-A confirmed Resident 1 used a bedpan at times. ED-A advised eventually, Resident 1 was able to return to the sit-to-stand. On 06/11/2025 at 2:23PM, Surveyor interviewed Family Member B (FM-B). FM-B confirmed Resident 1 is his/her own decision maker, but	Y3244		

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FM-B and other family members help advocate for Resident 1. FM-B clarified Resident 1 was private pay. FM-B reported prior to the change of ownership, Resident 1 used a sit-to-stand for all transfers. FM-B stated 2 days before the change of ownership, Licensed Practical Nurse C (LPN-C) assessed Resident 1 to need a hoyer. FM-B reported s/he does not know if physical therapy was involved in the assessment or not. FM-B explained the facility's hoyer was being used. FM-B did not recall LPN-C requesting purchase of a hoyer or sling until after implementation of use of the Hoyer. FM-B reported Resident 1 was very unhappy about the hoyer and shared his/her concerns with FM-B. FM-B listed the following concerns:
-The hoyer could not lift Resident 1 high enough to clear the mattress.
-Due to the hoyer not clearing the mattress, there were times Resident 1 slept in his/her recliner.
-Resident 1 prefers to evacuate in the toilet. After implantation of the hoyer, Resident 1 was told s/he would need to use a bedpan. FM-B felt this effected Resident 1's dignity.
-The hoyer broke and Resident 1 was dropped (was assessed at emergency department but no injury).
FM-B could not recall when the proper hoyer and sling were finally obtained, but believed it was the end of January or early February.

Note: On 06/11/2025, at 2:58PM, Surveyor verified with Executive Director A, the equipment was delivered on 02/06/2025.

On 06/11/2025, at 9:00AM, Surveyor reviewed Resident 1's assessment and initial individual support plan (ISP), dated 01/04/2025. The assessment and ISP noted Resident 1 needed to use a hoyer for transfers. The 30-day ISP noted

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Y3244	Continued From page 12	Y3244		

the same information. The ISP dated 06/04/2025, noted Resident 1 returned to the sit-to-stand lift.

OBSERVATION NOTES:
On 06/11/2025, at approximately 9:30AM, Surveyor reviewed Resident 1's observation notes from 01/02/2025, through 06/10/2025. The observation notes detailed several incidents of safety concerns and limitations for Resident 1.

Hoyer did not clear the mattress - 01/11/2025 at 7:50AM: "Yesterday after dinner Agency staff needed additional assistance in transferring resident into [his/her] bed with the Hoyer. I must say it was a little difficult because the lift only goes up so far which still leaves [his/her] body not leveled or higher than [his/her] bed. Some of [his/her] body is still lower than [his/her] bed mattress which makes it sort of difficult to get [him/her] completely in [his/her] bed and over enough from the edge of the bed so that [s/he] can be comfortable. The resident cried and stated that [s/he] hates it and wishes [s/he] was dead because of [his/her] size and all that [s/he] has to go through just to get up and in and out of bed. [S/he\ stated that it is very humiliating and painful."

Resident 1 slept in recliner due to hoyer - 01/14/2025 at 9:19PM: As we are not able to get resident into [his/her] bed safely with a hoyer lift, [s/he] stated that [s/he] would sleep in [his/her] chair. It takes 3-4 people to lift [him/her] up onto [his/her] bed, which NOBODY feels comfortable trying to attempt. This is putting our safety and [his/her's] at risk.

Hoyer Safety Concerns - 01/20/2025 at 7:44PM: Resident does not have the proper hoyer-lift provided to enable caregiver's [sic] to put

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ALLOUEZ SENIOR LIVING 1 BY FRONTIDA	1901 LIBAL STREET GREEN BAY, WI 54301

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[him/her] to bed without serious safety risks, as [s/he] cannot be lifted high enough to clear the height of the bed. Short of climbing onto a very poorly built bed and frame and pulling [him/her] UP ONTO the bed, there is no way. [His/Her] family is struggling as well, we understand this but are not sure if we should risk injury to her or us in this situation."

Bed Pan Usage - 01/22/2025 at 8:17PM: "Writer was doing rounds this afternoon on resident to see if [s/he] needed anything and to ask when [s/he] wanted [his/her] cares done, [s/he] likes to get them done in the afternoon [s/he] stated to writer that [s/he] had to go number two writer explained to [him/her] that we will have to transfer [him/her] to [his/her] bed to use the bed pan that we use a Hoyer lift now to transfer [him/her]. [S/he] told writer I'm not going to use the bed pan is one option or the other one would be to go in [his/her] brief we change it after, [S/he] then told writer I will get sick."

Hoyer Safety Concerns - 01/24/2025 at 6:34PM: LATE ENTRY - "Yesterday 1/23 [01/23/2025] writer and another caregiver were transferring resident to [his/her] bed to get changed and then to [his/her] recliner chair, when getting [him/her] into [his/her] recliner writer went to lock the wheel and the hoyer was off the ground on one side. writer continued to stand on the hoyer on the side that was lifting to reduce the chance of the hoyer falling over with [him/her] in it. writer continued to call for more assistance."

Bed Pan Usage - 02/08/2025 at 11:02AM: "Resident's [sibling] is in with [him/her] today. [Resident 1] had rang [his/her] pendant and when I entered the room [s/he] asked me to put [him/her] on the toilet because she had to

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Y3244	Continued From page 14 [urinate], I told her I could not do that as of right now and [s/he] kept questioning why. The [sibling] interrupted and also asked me why we never put [him/her] on the toilet, I informed [him/her] I did not have the toileting net on [Resident 1] and that it takes a long time for another care giver [sic] to come assist the majority of the time and toileting [Resident 1] requires two people. [Sibling] says [s/he] understands but does not know why [s/he] was asked to get [Resident 1] a hoyar [sic] net with the hole at the bottom if we aren't going to be putting [him/her] on the toilet." NURSING AND THERAPY OBSERVATION NOTES: On 06/11/2025, at 9:45AM, Surveyor reviewed nurse's notes and occupational therapy notes located in the same document as the observation notes. The notes indicated FM-B was notified of the need for a hoyer and sling on 01/08/2025. Further review of the notes showed a meeting with the home health agency/durable medical equipment (DME) provider was not initiated until 01/21/2025 to discuss hoyers and slings. The notes were as follows: Change to Hoyer - 01/02/2025 at 2:19PM: "Resident is a hoyer lift for ALL transfers, no exceptions. This is for your safety and [his/hers]. Possible need for shower sling and hoyer - 01/08/2025 at 2:34PM: Spoke with resident's [family member] regarding they [sic] shower chair and the [s/he] might need to purchase a shower sling and a hoyer they would have to rent one since [s/he] is private pay. Meeting for home health to discuss hoyers and slings - 01/21/2025 at 9:34AM: "writer call [DME Provider] to set up a meeting with therapy, care	Y3244		

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Y3244	Continued From page 15 manager and all 3 [family members] regarding hoyer and slings. awaiting [sic] call back. Email sent to [FM-B] regarding meeting and equipment." Obtaining the hoyer and sling - 01/22/2025 at 8:58AM: "[Medical Provider] called regarding an order for hoyer and sling, writer gave family all the information where to get the DME equipment twice. [Medical Provider] is reaching out to family to see where they want to orders sent too [sic]" Obtaining the hoyer and sling - 01/22/2025 at 11:27AM: Spoke with [FM-B], resident's [family member], regarding orders for hoyer lift and hospital bed. [S/he] has contacted [Medical Provider] and they will be faxing the orders to [DME Provider] as they have [his/her] insurance information." Fall - 01/28/2025 at 1:18PM: "Resident [family member] updated on fall [s/he] will meet resident at the [emergency room]" OT Assessment - 02/07/2025 at 7:03PM: Note by [DME Provider/Home Health Agency] - "[Resident 1] was seen for an initial occupational therapy evaluation, with continued recommendations for the use of a Hoyer lift for transfers. At this time, [s/he] would significantly benefit from a tilt-in-space shower chair, ideally with a built-in commode attachment, to enhance [his/her] safety, comfort and overall quality of life. This equipment would also eliminate the need for bed-level toileting, promoting greater dignity and efficiency in her daily care routine. Therapist plans to provide caregiver education on habitual ADL transfers ..." Note: bed-level toileting includes bedpans.	Y3244		

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Y3244	Continued From page 16 OT Assessment - 02/14/2025 at 2:36PM: Note by [DME Provider/Home Health Agency] - The note gave detailed directions on safe transfers and hygiene care. The therapist further noted, " ...At this time, [Resident 1] strongly prefers using the shower chair placed over the toilet rather than a bedpan. Therefore, I recommend continuing the Hoyer lift transfer to bed for clothing management before transferring [Resident 1] to the shower chair over the toilet for toileting ..." Resident 1 used a sit-to-stand lift prior to 01/02/2025. A hoyer lift was implemented on 01/02/2025. Resident 1 expressed safety and dignity concerns related to the hoyer. Review of the observation notes showed several instances of unsafe transfers and limitations of Resident 1's ability to get in his/her bed and void in the toilet. An OT assessment was finally completed on 02/07/2025 to recommend the appropriate equipment. Implementation of the hoyer occurred before all necessary equipment for safe transfers was obtained. On 06/16/2025 at approximately 3:00 PM, Surveyors interviewed Executive Director A who acknowledged concerns with Resident 1 having to use a hoyer lift, not having the appropriate sling, falling during a transfer, and autonomy and self-determination with transfers, bathing, and toileting. RESIDENT 2: Missed Cares On 06/10/2025 at approximately 2:00 PM, Surveyor interviewed POAHC G who indicated Resident 2 sustained great discomfort due to him/her getting wounds from staff not providing the assistance Resident 2 required.	Y3244		

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Y3244	Continued From page 17 On 06/10/2025 at approximately 2:06 PM, Surveyor reviewed Power of Attorney for Healthcare (POAHC) G's notes s/he provided to Surveyor. Surveyor noted POAHC G visited daily. 1/16/25 "[Resident 2] isn't feeling good ...[s/he] caught the flu. [S/he] was kind of ok in the morning, but I received a call around 1:30 saying that [Resident 3] was vomiting (very dark brown) and had diarrhea." 1/17/25 "[Resident 2] is still sick. Hasn't been changed out of [his/her] clothes in 3 days. Wearing the same Army sweatshirt and blue jeans." 1/23/25 "[Resident 2] is in the same clothes as yesterday. Not washed up or changed." On 06/10/2025, Surveyor reviewed Resident 2's record and noted s/he had diagnoses of vascular dementia, anxiety, chronic kidney disease, and type 2 diabetes. Resident 2 required assistance with all dressing, bathing, toileting, oral care, and catheter care. Surveyor reviewed Resident 2's provider observation notes and noted the following regarding Resident 2 being sick: 01/16/2025 "The resident did not eat anything this shift, [s/he] was vomiting w/ diarrhea today ..." 01/16/2025 "Resident has been really sick throwing up and diarrhea. Residents stool and vomit look identical to one another. Very dark in color. Resident hasn't eaten all shift but did drink." 01/16/2025 "An isolation has been scheduled. Start Date: 01/16/2025 End Date: 01/19/2025 Reason: Other Notes: GI illness, diarrhea and vomiting." 01/18/2025 "resident looks very weak ..."	Y3244		

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Surveyor noted there were no observation notes regarding assisting Resident 2 with cleaning up and/or dressing during his/her time of illness and isolation.

Surveyor reviewed Resident 2's "Care Tracking Sheet" and noted Bathing Assistance, Toileting Schedule and Weekly Housekeeping and Laundry. Resident 2's bathing was scheduled morning and night 6:00 AM and 2:00 PM. "Care Scheduled but not Recorded" was documented 01/14/2025-01/17/2025 2:00 PM, 01/18/2025 2:00 PM, 01/19/2025 2:00 PM-01/21/2025 06:00 AM, 01/22/2025-01/23/2025 2:00 PM.

On 06/10/2025 at approximately 11:34 AM, Surveyor interviewed House Manager D and inquired whether s/he was aware of Resident 2 had not been assisted with being cleaned up when s/he had a GI illness. House Manager D stated it was possible, but s/he could not remember for certain. Surveyor inquired if it would be documented in the record that Resident 2 did not have his/her cares completed. House Manager D stated "it should be documented."

On 06/10/2025 at approximately 2:10 PM, Surveyors interviewed Executive Director A who acknowledged Resident 2's record did not have documentation to verify s/he was assisted with cares January 16th - January 18th.

Oral Care
Surveyor reviewed Resident 2's provider observation notes:
01/30/2025 "During cares the resident states that [s/he] does not want to eat because the roof of [his/her] mouth is on fire. The resident has denture that is not being removed before bed because there was food packed under the

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dentures once removed which was hard to remove. [sic] All medication was administered, all cares were provided. Staff will continue to monitor resident."
01/30/2025 "Resident is having mouth pain on roof of mouth. Resident refusing to eat because of it. I can see it's from the lack of oral care and denture not being removed at night. I did take dentures out this morning and I am soaking them while giving resident's mouth a rest."
01/31/2025 "Resident Cares were done, while doing cares caregiver noticed resident's bottom area was leaking blood with open sores. Caregiver did wash area, clean and applied cream that was in the resident's bathroom."

Surveyor reviewed Resident 2's most recent ISP dated 02/14/2025 and noted Oral Care - "Own Teeth" and "Good [oral health]" boxes were checked. In the comments listed "dental implants."

On 06/16/2025 at approximately 3:00 PM, Surveyors interviewed Executive Director A who was not aware Resident 2 had dentures or that they were not being cared for.

Wound Care
On 06/10/2025 at approximately 2:06 PM, Surveyor reviewed Power of Attorney for Healthcare (POAHC) G's notes s/he provided to Surveyor.
"[Resident 2] had sores and a cream was to be put on these areas daily. They would miss several days and then they would be worse causing [Resident 2] great pain. The home health nurse ...would tell staff and still nothing."

Surveyor reviewed Resident 2's ISP and noted s/he required assistance with toileting and

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dressing, and wound care. "Outside Agency Services" - "Wound Care" box was checked and "Wound care to [genitals] since 1/21/25" was listed.

Surveyor reviewed Resident 2's provider observation notes and noted the following related to wounds:
01/04/2025 "Resident has no patch to hold catheter in place. Resident also had dried blood in depend [sic]. Resident had really small open area in rear perry [sic] area. zinc cream was applied."
01/10/2025 "Resident went to [his/her] appointment on 1.9.25 catheter changed without difficulties. New orders for Staff to reposition catheter frequently to help decrease skin breakdown from cahteter [sic], can use TAO [triple antibiotic ointment] as needed to [genitals]. Orders sent to [pharmacy]. Will upload into residents chart."
01/20/2025 "When toileting resident at beginning of shift I noticed [Resident 2's] foley [catheter] was very bloody, got the nurse to come and look at it and placed [his/her] strap higher up on [his/her] leg so that it isn't tugging so much, resident cleaned up and we will continue to monitor."
01/21/2025 "FAX sent to MD [physician] ...Could we also get an order for PRN home health to come in to do cather [sic] care and for a wound on [his/her] [genitals]? [S/he] has a large tear from [his/her] cather [sic]."
01/22/2025 "Writer went to take urine sample after resident stood up, blood coming from the skin of the [genitals], the nurse was notified but never came."
01/22/2025 "Writer went to check on resident [genitals] as staff stated there was large amounts of blood in toilet ..."

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Y3244	Continued From page 21 02/03/2025 "Staff reported no open areas to resident's coccyx at this time. Staff will continue to monitor and used [sic] barrier cream as needed." 02/03/2025 "resident shower completed after dinner. Laundry pulled. Resident could use some cream for [his/her] bottom as their [sic] is none left in the room, not other needs at this time." 02/04/2025 "Resident has MENTHOL-ZINC OXIDE OINT PRN for [his/her] bottom, please get from med cart when needed." 02/04/2025 Home Health Nurse (RN) E "Admission to [home health agency] and Therapy Services ...[S/he] was taken to the ER [emergency room] on 01/24/25 for drainage and concerns with [genital] skin for which antibiotic medication has been ordered and nystatin powder ordered ...There are several pressure ulcerations. Stage wo on right buttocks with scattered tearing and scaling as well. Stage two on left buttocks with pinpoint bleeding and scaling present. Stage two on [genitals]." 02/06/2025 [S/he] got [his/her] shower after dinner. I also drain [sic] [his/her] catheter [bag]. The hook on the bag broke and need to be replace. [sic] [S/he] also had some pain at [genitals]." 02/07/2025 RN E wrote "Patient seen today for routine home health visit. Patient sleeping in chair during visit and in a very foul mood. [S/he] complained the entire visit about the care at the facility. [S/he] reports that [s/he] got a shower yesterday and no cream has been placed to patient at all ...Bottom continues to have pressure injury present. Cream applied and photo taken. Wound to [genitals] visualized and cream applied. Patient yelled when writer did this ...No signs of infection noted at this time to either wound. [S/he] continued to be behavioral during visit and	Y3244		

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complain about the care at the facility, as well as that [s/he] wants to go home."

Surveyor reviewed Resident 2's January 2025 Medication Administration Record (MAR) and "Calmoseptine Ointment Tube" was listed as an as needed topical treatment. "Apply a thin layer topically to the affected area as needed." The MAR did not have any documentation identifying it had been applied in January 2025.
"Triple Antibiotic Ointment" "Apply to affected area [genital] as needed for skin abrasion." The MAR did not have any documentation identifying it had been applied in January 2025.
"Nystatin 100,000 unit/GM powder" "Apply to affected areas twice a day as need for red, irritated skin, or excessive moisture." The MAR did not have any documentation identifying it had been applied in January 2025.

On 06/16/2025 at approximately 9:00 AM, Surveyor interviewed RN E who provided catheter and wound care to Resident 2. RN E indicated s/he had a lot of concerns about Resident 2's care at the facility and had to provide education to staff at every visit about providing proper peri care, cleaning around the catheter, putting ointment on his/her genitals and putting barrier cream on his/her bottom. RN E indicated it was a PRN order however, s/he had requested it to be scheduled since the wounds quickly progressed to a stage 2. RN E stated Resident 2 was identified to have 2 wounds on his/her bottom and 1 on his/her genital. RN E stated at almost every visit, which was at time up to twice a week, there was not barrier cream on Resident 2's bottom or ointment on his/her genital. RN E stated s/he did not think Resident 2 received the care s/he needed.

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Y3244	Continued From page 23 On 06/16/2025 at approximately 3:00 PM, Surveyors interviewed Executive Director A who acknowledged concerns with Resident 2 sustaining worsening wounds to his/her genital and buttocks that were not followed up on timely. RESIDENT 3 Missed Cares & Showers On 06/10/2025 at approximately 2:00 PM, Surveyor interviewed POAHC G who indicated Resident 3 would sometimes go weeks without showering and would not have clothing changes daily despite needing assistance to do so. POAHC G said staff would say Resident 3 would refuse, however POAHC G questioned the staff's approach. S/he said Resident 3 had the flu in January and laid in bed from 1/18 through 1/21 without being washed up or changed. At approximately 2:06 PM, Surveyor reviewed POAHC G's notes s/he provided to Surveyor. Surveyor noted POAHC G visited daily. 01/20/2025 "[Resident 3] has been in bed since Saturday afternoon [1/18/25]. Never was washed up or changed." 01/21/2025 "[Resident 3] is doing a little better and is finally out of bed and sitting in [his/her] chair. [S/he] told me [s/he] was in bed for 3 full days ..." 01/22/2025 9:22 AM " ...[Resident 3] is still in bed but eating Frosted Flakes and [orange juice] ..." 11:15 AM "[Resident 3] is still laying in bed at this time. [S/he] wants to get up, but nothing. Finally after being persistent they got [him/her] up and ready for the day ..." Surveyor reviewed Resident 3's January 2025 provider observation notes: 01/17/2025 "Resident stated [s/he's] been	Y3244		

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ALLOUEZ SENIOR LIVING 1 BY FRONTIDA	1901 LIBAL STREET GREEN BAY, WI 54301

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Y3244	Continued From page 24	Y3244		

vomiting since 8 pm tonight. Bins were rinsed with soap and water."
01/18/2025 "An isolation has been scheduled. Start Date: 01/18/2025 End Date: 01/20/2025 Reason: Other Notes: Vomiting."
01/20/2025 "The resident is feeling nausea, refuse to eat or take [his/her] medication because [s/he] is afraid [s/he] will vomit. Resident B/G [blood (glucose) sugar check] was 63 this am [morning], the resident was given some orange juice and B/G will be rechecked. The resident is still in bed states [s/he] will push pendant when [s/he] ready to get up ..."
Surveyor note: No observation notes were entered on 01/19/2025. No other observation notes revealed Resident 3 being washed up or changed 01/18 through 01/21/2025.

Surveyor reviewed Resident 3's January 2025 "Care Tracking Sheet." The documentation key listed "X" as "No Care Scheduled," "-" as "Care Scheduled but not Recorded," "*[staff initials]" as "Outcome Not Completed, No or 0." Surveyor noted the following cares documentation:
Bathing Assistance: "No Care Scheduled" 01/01/2025-01/16/2025, 01/18/2025-01/19/2025, 01/21/2025-01/23/2025, 01/25/2025-01/26/2025, 01/28/2025-01/30/2025
"Care Scheduled but Not Recorded" 01/17/2025, 01/20/2025, 01/27/2025, 01/31/2025
Resident 3 was scheduled per the Care Tracking Sheet to be assisted with bathing only 5 times in January. 4 of the 5 times, documentation does not support s/he received a shower.
Skin Condition - Weekly Assessment (Shower): "No Care Scheduled" 01/01/2025-01/19/2025, 01/21/2025-01/26/2025, 01/28/2025-01/31/2025.
"Care Scheduled but not Recorded" 01/20/2025 and 01/27/2025
Toileting Schedule 7:00 AM, 3:00 PM, 11:00 PM:

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0020960	A. BUILDING: _____ B. WING _____	C 06/16/2025

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"No Care Scheduled" 01/01/2025-01/08/2025 7:00 AM.
"Care Scheduled but not Recorded" 62 days/times of 71 days/times 01/08/2025-01/31/2025. Nine of 71 scheduled toileting cares were signed off on.

Surveyor note: Resident 3's ISP identified his/her need for assistance with showers, skin assessments, dressing, and toileting. Dressing Assistance was not a listed task for care tracking.

On 06/10/2025 at approximately 11:34 AM, Surveyor interviewed House Manager D and inquired whether s/he was aware of Resident 3 not being cleaned up January 18-21st. House Manager D stated it was possible, but s/he could not remember for certain. Surveyor inquired if it would be documented in the record that s/he did not have his/her cares completed. House Manager D stated "it should be documented."

On 06/16/2025 at approximately 9:00 AM, Surveyor interviewed RN E who provided catheter care to Resident 3. S/he stated s/he had overall concerns about Resident 3's care at the facility, indicating s/he had to provide a significant amount of education to staff on peri care with a catheter and ensuring Resident 3 was washed up. RN E stated s/he did observe Resident 3 to not be changed regularly and had not had good hygiene from not receiving regular showers. Surveyor note: Resident 2 and Resident 3 moved from the facility in March 2025 due to dissatisfaction with care.

On 06/16/2025 at approximately 3:00, Surveyors interviewed Executive Director A who acknowledged Resident 3's record did not have documentation to verify s/he was assisted with

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Y3244	Continued From page 26 cares from January 18-21st when s/he was ill. Executive Director A stated it was possible that Resident 3 did not receive showers in January due to complications with the paperwork turnover during the change of ownership. Cross Reference: N0352 83.35(3)(d) Rights Of Residents: Receive Medication N0389 83.32(3)(h) Service Plans Updated Annually And With Changes	Y3244		