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	0016562	A. BUILDING: _____ B. WING _____	C 10/28/2025

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BUFFLEHEAD LANE	2084 BUFFLEHEAD LN GREEN BAY, WI 54311

(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 10/22/2025, with additional information gathered through 10/28/2025, Surveyors investigated 1 complaint at Bufflehead Lane. The complaint was substantiated and 3 new deficiencies were identified. Census 8	N 000		
N 161	83.12(3)(a) Investigate injuries of unknown source. 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. This Rule is not met as evidenced by: Based on record review and interview, the provider did not investigate an injury to a resident that could not be explained by the resident for Resident 1. Findings Include: On 10/23/2025, Surveyor reviewed email correspondence regarding bruising on Resident 1's arms. The emails were as follows: Email on 09/22/2025, at 10:13AM, from Service Coordinator D (SC-D) with the CP Center to Guardian C, Program Manager B (PM-B) and the managed care organization team: " ... [Resident 1] came in with pretty significant bruising to both forearms and scrapes on [his/her]	N 161		

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

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N 161	Continued From page 1 elbows..." PM-B replied to all on 09/22/2025, at 10:24AM: " ... [Resident 1] has been unsteady for the past few days. [S/he] is at times refusing to walk and trying to drop to the ground. [S/he] at this point, to the best of my knowledge, hasn't had any actual falls as staff have always been able to catch [him/her] before [s/he] falls. I believe this is what is causing the bruising on [his/her] arms. [S/he] has been scratching at [his/her] arms and neck..." On 10/28/2025, at 9:30AM, Surveyor interviewed SC-A. SC-A informed Surveyor it was common for Resident 1 to bump into things. Caregivers reported s/he may have hit his/her elbow on the toilet paper holder. SC-A reported s/he is fairly certain the bruises could have been from bumping his/her arms in bathroom. Staff reported s/he did not have any actual falls and they did not grab his/her forearms. SC-A confirmed there was not a formal investigation or documentation of an investigation regarding the bruises. Cross Reference N0161 DHS 83.12(3)(a) Investigate Injuries of Unknown Source Cross Reference N0389 DHS 83.35(3)(d) Service Plans Updated Annually or on Changes	N 161		
N 353	83.32(3)(i) Rights of Residents: Adequate treatment In addition to the rights under s. 50.09, Stats., each resident shall have all of the following rights: Prompt and adequate treatment. Receive prompt and adequate treatment that is appropriate to the resident ' s needs.	N 353		

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N 353	Continued From page 2 This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure residents received prompt and adequate treatment for Resident 1. On 09/25/2025, Resident 1 was admitted to the intensive care unit with a urinary tract infection, severe dehydration, conjunctivitis, tinea, 2 stage 1 pressure wounds and bruising to the forearms. Resident 1 began showing signs and symptoms of a change in condition on 09/22/2025. Findings Include: On 10/10/2025, the department received a complaint alleging concerns with care. On 10/22/2025, Surveyor reviewed Resident 1's Individual Support Plan (ISP), dated 06/18/2025. The ISP noted Resident 1 had the following diagnosis: Mental deficiency, depression (unspecified), cognitive behavioral changes, expressive language disorder, anxiety (generalized) and edema in both legs and feet. The ISP further noted the following: Communication Skills: "[Resident 1] is nonverbal [s/he] uses smiles, grimaces, hand-flapping and teeth grinding to show pleasure/displeasure ... Staff will pay attention to [Resident 1's] facial expressions and identify [his/her] needs ... Staff are all aware of [Resident 1's] facial expressions and what they may mean." Physical Disabilities/Mobil Status: "[Resident 1] is ambulatory but will usually only walk when holding someone's hand. [S/he] will sometimes get up and walk a few steps on [his/her] own but not often."	N 353		

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N 353	Continued From page 3 Eating/Drinking: "[Resident 1] is a very aggressive eater. [S/he] will try to put [his/her] entire meal in [his/her] mouth all at once. Because of this, [s/he] is fed by staff to ensure [s/he] does not choke ..." On 10/23/2025, Surveyor reviewed Resident 1's Clinical Report from June 2025 through September 2025. The Clinical Report is where caregivers document their observations. The Clinical Report noted the following: 09/22/2025 - 6AM-2PM: "[Resident 1] was very unsteady walking. [S/he] kept leaning over trying to make [him/herself] fall. No falls [s/he] was leaning into me while walking. 09/23/2025 - 2PM-8:00PM: "barely at dinner ...no appts [sic] but is not eating or holding [his/her] weight up while walking or sitting ..." 09/25/2025 - 6AM-2PM: "Staff tried to assist client in feeding breakfast, however, client was spitting out food most likely to being sick. Client did not eat lunch at the facility due to being hospitalized ... Program Manager took client to [hospital] around 9:30 am to get seen due to being sick ..." On 10/22/2025, at 9:04AM, Surveyors interviewed Service Coordinator A (SC-A) for the Bufflehead Lane home. SC-A reported Resident 1 could walk but needed guidance and was nonverbal but would make noises and point. SC-A reported a few days before Resident 1 was taken to the emergency department, s/he was not standing as well. Resident 1 was dropping to the ground, but did not have any falls. Prior to Resident 1's admission to the hospital, SC-A identified Resident 1 experienced issues with standing, but	N 353		

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only intermittently. SC-A confirmed PM-B contacted the PCP's office on 09/24/2025, but they did not get back to Program Manager B (PM-B) until later in the day. At that time, the PCP advised to monitor and wait until the morning. SC-A reported after the hospital admission, Guardian C would not communicate with him/her or PM-B. SC-A stated the last update they had regarding Resident 1's condition was that s/he was admitted for dehydration and an elevated sodium level.

On 10/22/2025, at 9:22AM, Surveyors interviewed PM-B, the manager for the Bufflehead Lane home. PM-B reported a week prior to Resident 1's hospital admission, s/he would occasionally not want to walk. PM-B stated this has happened before. The day before admission is when it seemed to be more abnormal. The day before admission, Resident 1 began not wanting to eat. PM-B advised s/he contacted the PCP's office on 09/24/2025. PM-B told the PCP Resident 1 was having issues walking and was not eating as much. PM-B reported the PCP advised to monitor and if not better, take Resident 1 to the emergency department and Guardian C was updated on 09/24/2025. PM-B reported s/he did not notice any type of skin conditions or redness to the eyes. PM-B confirmed the CP Center reported Resident 1 was having trouble walking and transferring.

On 10/22/2025, at 3:00PM, Surveyor interviewed Guardian C. Guardian C reported Resident 1 attends the CP Center on Mondays and Wednesdays. Guardian C explained the first s/he was notified Resident 1 was experiencing a change of condition was on 09/22/2025 from the CP Center. On 09/22/2025, Service Coordinator D (SC-D) from the CP Center contacted Guardian

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C through email. Guardian C recalled the email from SC-D stated Resident 1 had significant bruising to the forearms, was unsteady during transitions and was now using a spare wheelchair from the CP Center. SC-D also reported to Guardian C Resident 1 seemed agitated, fatigued and antsy. Guardian C explained over the past year to year and a half, Resident 1 has slowly been less steady and not walking as much, but thought it was due to the natural progression of cerebral palsy. Guardian C advised this behavior was different.

Guardian C reported on 09/24/2024, at approximately 9:30AM, s/he received an email from PM-B. The email stated Resident 1 was spitting out food, refusing to walk and dropping to the ground. Guardian C's main concern was Resident 1 not eating. PM-B informed Guardian C s/he called the primary care physician (PCP) on 09/24/2025. PM-B further told Guardian C if the PCP did not want to schedule, PM-B would take Resident 1 to urgent care, but would follow up once s/he heard back from the PCP. Guardian C explained s/he understood PM-B would be taking Resident 1 to urgent care if no appointment was made. Guardian stated s/he responded to the email by thanking PM-B for getting Resident 1 seen today, 09/24/2025. Guardian C explained by approximately 2:00PM, on 09/24/2025, s/he did not receive any updates. Finally, at approximately 6:00PM, Guardian C called the Bufflehead home phone and spoke to a caregiver but could not recall his/her name. The caregiver reported PM-B had to leave for a family emergency around 2:00PM. Guardian C asked how Resident 1 was doing. The caregiver informed him/her Resident 1's eyes were red, s/he did not want to walk and ate less than 20%. The caregiver informed Guardian C that PM-B would be taking Resident

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1 to be seen by a doctor in the morning (09/25/2025) because PM-B was more familiar with Resident 1. Guardian C stated this concerned him/her as Resident 1 did not seem to be feeling well over the past couple of days. Guardian C asked about calling for emergency medical services (EMS) if things worsened. The caregiver advised s/he would need to obtain permission from management.

Guardian C reported the next morning, 09/25/2025, s/he had not received any updates. Guardian C sent a follow up email to PM-B requesting an update. PM-B responded to the email at approximately 8:45AM. PM-B informed Guardian C the PCP said not eating sounds like s/he could be constipated. The PCP said to give MiraLAX and if no bowel movement by the morning to "take [him/her] in this morning." PM-B advised s/he was "taking [him/her] in" this morning just after 9:00AM. Guardian C was concerned because s/he thought PM-B was taking Resident 1 to urgent care on 09/24/2025 as this was the last update s/he received.

Guardian C reported on 09/25/2025, s/he received a call from the hospital advising Resident 1 was being admitted. Guardian C expressed s/he was shocked and confused because the last s/he heard Resident 1 was being taken to urgent care. At approximately 1:30PM, Guardian C received an email from PM-B informing him/her Resident 1 was being admitted for high sodium levels due to dehydration. Guardian C reported a couple hours later, s/he received a call from the intensive care unit (ICU). The ICU advised Resident 1 was admitted with a high sodium level due to dehydration, pink eye and a urinary tract infection (UTI). Guardian C was also informed Resident 1

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had a fungal infection that spread from the toes to his/her feet. Additionally, Resident 1 was found to have pressure wounds.

On 10/23/2025, Surveyor reviewed email correspondence regarding Resident 1's change in condition. The emails were as follows:

Email on 09/22/2025, at 10:13AM, from SC-D (CP Center) to Guardian C, PM-B and the managed care organization team:

" ... [Resident 1] came in with pretty significant bruising to both forearms and scrapes on his/her elbows. [S/he] was also very unsteady going to transition so [s/he] was put in one of our wheelchairs ..."

PM-B replied to all on 09/22/2025, at 10:24AM:

" ... [Resident 1] has been unsteady for the past few days. [S/he] is at times refusing to walk and trying to drop to the ground. [S/he] at this point, to the best of my knowledge, hasn't had any actual falls as staff have always been able to catch [him/her] before [s/he] falls. I believe this is what is causing the bruising on [his/her] arms. [S/he] has been scratching at [his/her] arms and neck. I got [his/her] nails clipped as low as I was able to, so I am hoping that helps with the scratching ..."

Email on 09/24/2025, at 9:38AM, from PM-B to Guardian C:

" ... [Resident 1] has still been refusing to walk or trying to drop to the ground when walking. In addition to this [s/he] has been spitting food out when eating and sometimes not closing [his/her] mouth all the way when [s/he] is eating or drinking. [S/he] does have a slight fever today

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N 353	Continued From page 8 (99.0). I do have a call in to [his/her] doctor and plan on taking [him/her] in to be checked out. If they don't want to schedule an appt, I plan on taking [him/her] to urgent care. I will update you after I talk to the doctor ..." Guardian C replied on 09/24/2025, at 9:48AM: "Good Morning [PM-B] - Thank you so much for getting [him/her] to the doctor today. This is very odd behavior for [him/her.]" Guardian C replied again on 09/24/2025, at 1:57PM: "Hi [PM-B] - Any news back on [Resident 1]?" PM-B replied on 09/25/2025 at 8:46AM: "My apologies. I typed out a response but it looks like it didn't send. When we talked to the Drs [sic] office on the phone they said it sounds like [s/he] is constipated. We were told to give a dose of MiraLAX to see if that produced a bowel movement, and if there were no results to take [him/her] in this morning. I am taking [him/her] in just after 9am. I will update you when we are there ..." On 10/23/2025, Surveyor reviewed Resident 1's current medication orders. There were no orders as needed orders, including MiraLAX. On 10/23/2025, Surveyor reviewed Resident 1's September Medication Administration Record (MAR) and confirmed there was no MiraLAX administered. On 10/23/2025, Surveyor reviewed Resident 1's After Visit Summary dated 10/15/2024 noted	N 353		

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N 353	Continued From page 9 Resident 1 had a diagnosis of GU (genitourinary) symptoms. According to the Cleveland Clinic, genitourinary syndrome is: "[genital] atrophy or atrophic [genital-itis] frequently affects [gender] transitioning to [formal term midlife transition]. It's a condition where the lining of your [genitals] gets drier and thinner from a lack of [gender specific hormone] ... The condition also includes urinary tract problems such as urinary tract infections (UTIs) and urinary incontinence." https://my.clevelandclinic.org/health/diseases/15500-vaginal-atrophy Information obtained on 10/28/2025 at 2:27PM. On 10/28/2025, at 9:30AM, Surveyor interviewed SC-A regarding the administration of MiraLAX for constipation. SC-A confirmed Resident 1 had no as needed orders. SC-A advised Resident 1 previously had an order but was not using it and the physician discontinued it. SC-A reported when PM-B contacted the physician's office on 09/24/2025, it was only regarding Resident 1 not wanting to walk. SC-A did not know it was also about Resident 1 not eating. SC-A explained if a resident needs an as needed medication, the physician would be contacted and send the order to the pharmacy. SC-A confirmed Resident 1 did not have any MiraLAX on 09/24/2025, as there was no order. SC-A stated PM-B recalled the previous provider stating there was a history of UTI, but upon admission to the home, there was no diagnosis of UTI history. Guardian C requested the cranberry pill be added to his/her medications. SC-A advised PM-B has stated Resident 1 would periodically exhibit the dropping behavior if not feeling well or was not sleeping well.	N 353		

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N 353	Continued From page 10 On 10/27/2025, Surveyor reviewed Resident 1's emergency department and hospital documentation from admission 09/25/2025 through discharge on 10/13/2025. The hospital documentation noted the following: " ... patient found to be severely hypernatremic, patient does appear somewhat dry on exam with dry mouth, likely secondary to decreased oral intake over some period of time ... [physician] in the ICU plan to start patient on 75 mL/h of normal saline ... will have frequent sodium draws ..." "RN [registered nurse] attempts straight cath [catheter] with no urine collected. Bladder scan shows 0mL. MD [medical doctor] aware. "13:00 [1:00PM] Wound Coccyx Left Pressure Injury ...Stage 1 ...Wound Coccyx Medial Pressure Injury ... Stage 1 ... Skin Abnormality Types Bruise Location(s): scattered..." "Patient was found to have sodium of 182 in the ED [emergency department] ... [S/he] is admitted to the ICU for further management ..." "Progress note: ... Pt [patient] remains hospitalized with CP, severe hypernatremia, acute UTI ..." "Assessment/Plan Severe Hyperchloremic Hypernatremia Suspecting lack of PO, dehydration ... Altered mental status Likely secondary to above Acute Kidney Injury Likely pre-renal - see above Bilateral conjunctivitis [pink eye] Bacterial vs viral ... Elevated liver enzymes ...Rash in right foot likely tinea ...confirmed is fungal skin infection ... wound to left 5th toenail ..."	N 353		

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N 353	Continued From page 11 "Acute metabolic encephalopathy on baseline cognitive impairment -secondary to severe hypernatremia as above + UTI ..." According to the Merck Manuals, (comprehensive medical reference published by Merck & Co.), hypernatremia is: "High Level of Sodium in the Blood ... Usually, hypernatremia results from dehydration ... " https://www.merckmanuals.com/home/hormonal-and-metabolic-disorders/electrolyte-balance/hypernatremia-high-level-of-sodium-in-the-blood Information obtained on 10/28/2025 at 1:59PM. According to Hopkins Medicine, Tinea is defined as: "Tinea is a fungal infection of the skin ... sometimes known as ringworm. This is because it can cause red patches on the skin in the shape of rings. But it's not caused by worms. It's caused by different types of fungi. Tinea infection can affect any part of the body. This includes the feet, nails, and genital area ..." https://www.hopkinsmedicine.org/health/conditions-and-diseases/tinea-infections-ringworm Information obtained on 10/28/2025, at 2:10PM. On 09/22/2025, SC-D from the CP Center notified PM-B and Guardian C through email stating Resident 1 was not walking, unsteady, using a spare wheelchair and appeared fatigued and antsy. PM-B responded and acknowledged Resident 1 was unsteady for the past few days and at times refused to walk and would try to drop to the ground. On 09/24/2025, PM-B emailed Guardian C advising s/he placed a call to the PCP's office. PM-B further stated if the PCP could not get him/her into an appointment, PM-B would take Resident 1 to urgent care. Guardian C understood PM-B was taking Resident 1 to urgent	N 353		

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N 353	Continued From page 12 care on 09/24/2025. Guardian C did not receive any updates from until the following morning, 09/25/2025. PM-B updated Guardian C by email on 09/25/2025 stating the PCP advised to monitor, give MiraLAX and take Resident 1 in the morning. Guardian C was not informed of waiting an additional day until the morning of 09/25/2025. Resident 1 did not have any orders for as needed MiraLAX and no it was not given. Review of the Clinician Report (observation notes), Resident 1 was eating and drinking intermittently on 09/23/2024 - 09/25/2025 and was unsteady with ambulation from 09/22/2025 through 09/25/2025. Resident 1 was admitted to the hospital's intensive care unit on 09/25/2025 with diagnosis of severe hypernatremia, urinary tract infection, 2 stage 1 coccyx wounds, conjunctivitis (pink eye), bruising to the forearms and tinea on the feet (fungal infection known as ringworm). Cross Reference N0161 DHS 83.12(3)(a) Investigate Injuries of Unknown Source Cross Reference N0389 DHS 83.35(3)(d) Service Plans Updated Annually or on Changes	N 353		
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	N 389		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016562	A. BUILDING: _____ B. WING _____	C 10/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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N 389	Continued From page 13 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 update the individual service plan (ISP) when there was a change in abilities and physical condition for Resident 1. On 09/25/2025, Resident 1 was admitted to the intensive care unit. Prior to being admitted, Resident 1 began dropping and having difficulty walking. At admission, s/he was diagnosed with a urinary tract infection and severe dehydration. Resident 1 also had bruises to the forearms. The ISP did not include information regarding changes in ambulation, history of UTI, or how s/he would communicate discomfort. Findings Include: On 10/10/2025, the department received a complaint alleging concerns with care. On 10/22/2025, Surveyor reviewed Resident 1's Individual Support Plan (ISP), dated 06/18/2025. The ISP noted Resident 1 had the following diagnosis: Mental deficiency, depression (unspecified), cognitive behavioral changes, expressive language disorder, anxiety (generalized) and edema in both legs and feet. The ISP further noted the following: Communication Skills: "[Resident 1] is nonverbal [s/he] uses smiles, grimaces, hand-flapping and teeth grinding to show pleasure/displeasure ... Staff will pay attention to [Resident 1's] facial expressions and identify [his/her] needs ... Staff	N 389		

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N 389	Continued From page 14	N 389		

are all aware of [Resident 1's] facial expressions and what they may mean."

Physical Disabilities/Mobil Status: "[Resident 1] is ambulatory but will usually only walk when holding someone's hand. [S/he] will sometimes get up and walk a few steps on [his/her] own but not often.

Toileting: "[Resident 1] uses pull up briefs and is toileted every 2 hours while [s/he] is awake. Staff should give [him/her] approximately 15-20 minutes on the toilet to give [him/her] tie [sic] to go. After [s/he] is in bed for the night, staff will check [his/her] brief every 2 hours and change as needed. [S/he] is very cooperative to brief changes in bed."

On 10/22/2025, Surveyor reviewed Resident 1's September 2025 and October 2025 medication administration record (MAR). The MAR identified Resident 1 took Cranrx gummies 250mg daily.

On 10/22/2025, Surveyor reviewed Resident 1's after visit summary dated 10/15/2024. The after-visit summary identified genitourinary symptoms.

On 10/22/2025, at 9:22AM, Surveyors interviewed PM-B, the manager for the Bufflehead Lane home. PM-B identified Resident 1 would occasionally not want to walk. PM-B described this as normal, but only occasional. PM-B reported when showing pain, Resident 1 would grind his/her teeth, but also does this often. If experience pain, s/he may vocalize louder.

On 10/22/2025, at 3:00PM, Surveyor interviewed Guardian C. Guardian C explained over the past year to year and a half, Resident 1 has slowly

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been less steady and not walking as much, but figured it was due to the natural progression of cerebral palsy. Guardian C reported Resident 1 had a history of UTI's. Guardian C advised Resident 1 was nonverbal but made vocalizations.

On 10/23/2025, at 9:30AM, Surveyor interviewed Service Coordinator D (SC-D) from the CP Center. SC-D confirmed Resident 1 attended the CP Center a couple times a week. SC-D advised on 09/22/2025, s/he notices bruising to Resident 1's forearms that appeared abnormal. SC-D reported s/he notified Guardian C, PM-B and Resident 1's managed care organization team. PM-B responded to the email and advised Resident 1 was unsteady the last few days. Although PM-B reported there were no falls, bruising may have been due to caregivers catching him/her and scrapes may have been due to him/her scratching.

On 10/28/2025, at 9:30AM, Surveyor interviewed SC-A. SC-A identified caregivers would use the ISP to learn resident's needs, in addition to the program manager and other caregivers would provide education. SC-A reported Resident 1 was ambulatory but preferred someone to hold his/her hand for guidance. SC-A explained Resident 1 would occasionally drop and not want to walk, but it was intermittent. SC-A reported Resident 1 may exhibit dropping when s/he was not feeling well or not sleeping well. SC-A informed Surveyor it was not uncommon for Resident 1 to bump into things and have some bruising. Caregivers reported s/he may have hit his/her elbow on the toilet paper holder. SC-A reported if Resident 1 was experiencing displeasure, s/he may grunt and show signs of anxiety. SC-A advised PM-B recalled Resident 1 had a history of UTI's at a

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previous facility. Upon admission to the home, there was no diagnosis of UTI history. Guardian C requested the cranberry pill be added to his/her medications.

SC-A, PM-B and Guardian C identified Resident 1 had intermittent instances of not wanting to walk, but this was not included in the ISP. Resident 1 showed increased symptoms of not wanting to walk and dropping days prior to the hospital admission. There was no information on the ISP for caregivers to determine what Resident 1's baseline for ambulation versus what would be abnormal.

The ISP noted Resident 1 was nonverbal and identified some of his/her nonverbal cues. The ISP did not differentiate what would indicate pain or discomfort. Interviews revealed when in discomfort, Resident 1 may grunt and show signs of anxiety. Additionally, interviews revealed Resident 1 would exhibit not wanting to walk and dropping behavior when s/he was not feeling good or was having trouble sleeping.

On 09/22/2025, SC-D identified Resident 1 had bruising to both forearms. SC-A reported Resident 1 often bumps into things that can cause bruising. This was not identified in the ISP, or interventions to prevent bumping resulting in bruising.

It was identified Resident 1 experienced UTIs at a previous facility. Resident 1 takes Cranrx gummies for genitourinary symptoms. There was no information in Resident 1's ISP that included signs and symptoms or prevention for UTIs.