STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015625	A. BUILDING: _____ B. WING _____	09/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COTTONWOOD MANOR ASSISTED LIVING	1450 S MILITARY AVE GREEN BAY, WI 54304

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N 000	Initial Comments On 09/09/2025 with additional information gathered through 09/12/2025, Surveyor conducted a standard survey at Cottonwood Manor Assisted Living. As a result, 3 deficiencies were identified. Census: 29	N 000		
N 383	83.35(1)(c) Listed areas for assessments. Assessment. Areas of assessment. The assessment, at a minimum, shall include all of the following areas applicable to the resident: 1. Physical health, including identification of chronic, short-term and recurring illnesses, oral health, physical disabilities, mobility status and the need for any restorative or rehabilitative care. 2. Medications the resident takes and the resident ' s ability to control and self-administer medications. 3. Presence and intensity of pain. 4. Nursing procedures the resident needs and the number of hours per week of nursing care the resident needs. 5. Mental and emotional health, including the resident ' s self-concept, motivation and attitudes, symptoms of mental illness and participation in treatment and programming. 6. Behavior patterns that are or may be harmful to the resident or other persons, including destruction of property. 7. Risks, including, choking, falling, and elopement. 8. Capacity for self-care, including the need for any personal care services, adaptive equipment or training. 9. Capacity for self-direction, including the ability to make decisions, to act independently and to make wants or needs known. 10. Social participation, including interpersonal relationships, communication skills, leisure time activities, family and community contacts and vocational needs.	N 383		

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

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N 383	Continued From page 1	N 383		

This Rule is not met as evidenced by:
Based on observation, record review and interview, the provider did not ensure Resident 5 was assessed for all risks including choking.

Resident 5 was at risk for choking due to loose-fitting dentures and refusals for a soft diet.

Findings include:

On 09/09/2025, Surveyor conducted an onsite visit to the facility.

On 09/09/2025 at approximately 3:20 PM while on a tour accompanied by Office Manager (OM) A, Surveyor observed Resident 5 who was laying upright in his/her bed with a wheelchair at his/her bedside. Surveyor observed a corndog and a piece of cake on a tray table next to his/her bed. Surveyor observed as Resident 5 proceeded to sit up in bed and move his/her legs down the side of the bed. Surveyor interviewed Resident 5 who stated s/he was waiting for his/her corndog to cool down as the cook recently brought it in for him/her to eat and it was still hot. While Surveyor interviewed Resident 5, s/he proceeded to talk and take bites of his/her corndog. Surveyor observed Resident 5's dentures move in his/her mouth while s/he talked and ate.

On 09/10/2025 at 11:06 AM, Surveyor requested Resident 5's record from Executive Director (ED) B to include the individual service plan (ISP), face sheet, progress notes, care tasks, medication administration record, assessments and diet

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N 383	Continued From page 2	N 383		

orders. At 12:48 PM, Surveyor received and reviewed the requested information and noted the following:

Resident 5 admitted on 05/16/2024, was non-ambulatory and had diagnoses to include but not limited to, congestive heart failure, severe protein-calorie malnutrition, dysphagia and mild cognitive impairment. Resident 5's ISP (current as of 09/10/2025) identified his/her needs for staff assistance with medication management, transfers, toileting, showering and dressing. Resident 5 admitted to hospice services on 09/11/2024, had an activated power of attorney (POA) and managed care organization (MCO).

Resident 5's ISP reflected, "NUTRITION/EATING ... Meal assistance as requested or needed to promote quality of life ... Provide meal three times daily and snacks ... Follow special diet daily: Regular Diet ... Report changes in normal food and fluid intake." "HYGIENE ... Independently maintains oral, skin, and daily grooming ... Requires encouragement with oral, skin and daily grooming ... Resident wears dentures on both." "PERSONAL SAFETY r/t [sic] COGNITIVE IMPAIRMENT ... Frequent safety checks ... Resident is visually checked on frequently through the day and night to promote safety and encourage participation in activities ..."

Resident 5's record did not contain an assessment for the risk of choking and there was no documentation pertaining to his/her loose-fitting dentures.

During an interview with Nurse C on 09/09/2025 at 4:15 PM, s/he reported Resident 5 has been declining for the past 2 weeks. Nurse C stated,

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N 383	Continued From page 3 "[S/he] is resistant with cares and eating, and will often refuse." Nurse C reported the facility has tried to offer him/her softer foods, but s/he refuses. On 09/11/2025 at 9:30 AM, Surveyor interviewed ED B who confirmed Resident 5 is on a regular diet and when they tried a softer diet s/he did not like it. ED B acknowledged Resident 5's dentures are loose and it is not safe for him/her to eat with the way that they are. S/he stated, "This has been going on for a little while. We have tried the denture grip, but [s/he] didn't like it." Surveyor asked ED B if Resident 5 had an assessment completed to ensure s/he was able to safely eat without choking. ED B confirmed there was no assessment completed.	N 383		
N 406	83.37(1)(g) Disposition of medications. Disposition of medications. 1. When a resident is discharged, the resident ' s medications shall be sent with the resident. 2. If a resident ' s medication has been changed or discontinued, the CBRF may retain a resident ' s medication for no more than 30 days unless an order by a physician or a request by a pharmacist is written every 30 days to retain the medication. 3. The CBRF shall develop and implement a policy for disposing unused, discontinued, outdated, or recalled medications in compliance with federal, state and local standards or laws. The CBRF shall arrange for the stored medications to be destroyed in compliance with standard practices. Medications that cannot be returned to the pharmacy shall be separated from other medication in current use in the facility and stored in a locked area, with access limited to the administrator or designee. The administrator or	N 406		

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N 406	Continued From page 4 designee and one other employee shall witness, sign, and date the record of destruction. The record shall include the medication name, strength and amount. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure 4 of 4 resident medications reviewed (Resident 1, Resident 2, Resident 3 and Resident 4) were disposed of after 30 days of the expiration date. Findings include: On 09/09/2025, Surveyor conducted an onsite visit to the facility. On 09/09/2025 at 3:25 PM while on a tour of the facility accompanied by Office Manager (OM) A, Surveyor observed the medication cart identified as the "green" cart. OM A reported there were 2 medication carts used by staff to pass resident medications, the "green" cart and an additional one near the activity area. Surveyor observed the "green" cart and the following was identified: - Resident 1 had 20 tablets of Acetaminophen 325 mg to be taken as needed and an expiration date of 06/10/2025. Resident 1 also had 30 tablets of Famotidine 20 mg to be taken as needed and an expiration date of 04/30/2025. - Resident 2 had 26 tablets of Acetaminophen 500 mg to be taken as needed and an expiration date of 07/21/2025. - Resident 3 had 15 capsules of Benzonatate 200 mg to be taken as needed and an expiration date	N 406		

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N 406	Continued From page 5 of 03/01/2025. Resident 3 also had tablets of Quetiapine 25 mg to be taken as needed and an expiration date of 03/17/2025. - Resident 4 had 25 tablets of Cyclobenzaprine 10 mg to be taken as needed and an expiration date of 06/09/2025. On 09/09/2025 at 3:45 PM, Surveyor observed the second medication cart near the activity area. Surveyor observed the "as needed" medications in the cart and noted additional resident medications were also expired. OM A acknowledged Surveyor's concerns and stated s/he would let Executive Director (ED) B know. During an interview with ED B on 09/09/2025 at 3:41 PM, s/he acknowledged Surveyor's concerns regarding the expired resident medications. ED B confirmed the medications were expired and stated, "Staff should be going through them." On 09/11/2025 at 9:30 AM, Surveyor interviewed ED B who stated their wellness director will be doing weekly medication cart audits going forward. ED B reported the medication technicians should have been checking the as needed medications when they completed the monthly cycle fills, but that was not being done.	N 406		
N 481	83.43(1) Environment safe, clean, and comfortable Environment. The CBRF shall provide a living environment that is safe, clean, comfortable, and homelike. All common dining and living areas shall contain furnishings appropriate to the intended use of the room.	N 481		

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N 481	Continued From page 6	N 481		

This Rule is not met as evidenced by:
Based on observation and interview, the provider did not ensure a living environment that was safe, clean and homelike.

Findings include:

The provider is licensed to provide care for up to 35 residents who are physically disabled, advanced age, developmentally disabled and/or irreversible dementia/Alzheimer's.

On 09/09/2025 at 2:55 PM during a tour of the facility accompanied by Office Manager (OM) A, Surveyor observed the following:

Entire building:

*A shared shower room and bathroom (near and adjacent to Resident 5's room) had a black-like substance resembling mold in the grout of the shower. There was a strong odor of urine and a dried yellow substance behind the base of the toilet.
*The screens throughout the building were filled with cotton-like debris and cobwebs. The windowsills were dusty and had dead insects.
*Dark colored carpeting in a hallway (near Resident 6's room) had crumbs and lint particles.
*A ceiling vent in the laundry room (near the activity area) had a layer of dust. There was a pile of soiled bedding sitting on the counter and a garbage bag of articles on the floor.
*The bottom corners of the walls in a hallway (near Resident 2's room) was missing plaster and drywall exposing the wire mesh underneath.

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N 481	Continued From page 7 Resident 1's room: *There were approximately 4-5 small brown colored stains on the carpet. Resident 2's room: *The brown wooden blinds had a layer of dust. *A dresser with a television on top had a layer of dust. Resident 5's room: *There was a strong odor of urine. *A garbage can in the bathroom was filled with soiled briefs and disposable incontinence pads. Resident 6's room: *There were several black sticky spots on the floor near the entrance and exit to the room. Resident 7's room: *There was a strong odor of urine. *There were large dark colored stains on the carpet near the bed. *The toilet paper holder in the bathroom was broke. The toilet paper was sitting behind the toilet on a metal grab bar. *A pile of soiled laundry was sitting in the shower on the shower seat. There was also a laundry basket full of dirty clothes in the bedroom. *A fitted bed sheet and incontinence pad on the bed had brown colored stains. A white pillowcase was dirty and yellow in color. Resident 8's room: *The brown wooden blinds had a layer of dust.	N 481		

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N 481	Continued From page 8 Resident 9's room: *There was a strong odor of urine. *A section of the grout in front of the shower was loose. There was also a black-like substance resembling mold in the grout. *There were ants throughout the bathroom. *The laminate flooring in the bathroom near the side of the toilet was not secure along the baseboard. During an interview with Resident 2 on 09/09/2025 at 1:04 PM, s/he stated, "My room is supposed to be cleaned every week, but it has not been cleaned in 2 weeks. They don't dust. They empty my waste basket and clean my toilet. That is it." On 09/09/2025 at 1:20 PM, Surveyor interviewed Resident 6 who stated, "My room has not been cleaned in 2 weeks. I need help. The black marks on my floor are sticky and have been there for 2-3 weeks. My stockings stick to it. It makes me mad." During an interview with Resident 9 on 09/09/2025 at 4:04 PM, s/he stated, "I've had ants in my bathroom for quite a while. I am not sure where they are coming from. Maintenance use to spray for them, but they haven't for a while." On 09/09/2025 at 2:00 PM, Surveyor interviewed Executive Director (ED) B who reported they have a cleaning company come to the facility twice per week to do light housekeeping in resident rooms which consists of vacuuming, moping, cleaning of the bathrooms and bedrooms. ED B reported staff are responsible for cleaning carpets if needed as well as dusting and emptying	N 481		

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N 481	Continued From page 9 garbages. ED B stated they have a meeting scheduled for next week to address some concerns with the cleaning company. On 09/09/2025 at approximately 4:50 PM, Surveyor interviewed ED B who acknowledged Surveyor's concerns. The provider did not ensure they provided a living environment that was safe, clean, comfortable and homelike.	N 481		