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 _____	06/06/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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 06/04/2024, with additional information gathered through 06/06/2024, Surveyors conducted an abbreviated survey at Bufflehead Lane. Eight deficiencies were identified. Census: 8	N 000		
N 220	83.17(2)(a) Employees screened for communicable disease. The CBRF shall obtain documentation from a physician, physician assistant, clinical nurse practitioner or a licensed registered nurse indicating all employees have been screened for clinically apparent communicable disease including tuberculosis. Screening for tuberculosis shall be conducted using centers for disease control and prevention standards. The screening and documentation shall be completed within 90 days before the start of employment. The CBRF shall keep screening documentation confidential, except the department shall have access to the screening documentation for verification purposes. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure Caregiver D was screened for tuberculosis within 90 days before the start of employment. Findings include: On 06/04/2024, Surveyors conducted an abbreviated survey. Surveyors reviewed Caregiver D's employee record and noted s/he was hired on 07/09/2014.	N 220		

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

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N 220	Continued From page 1 Surveyors reviewed a form titled "Risk-based Tuberculosis Screening Questionnaire" completed on 07/09/2014. Surveyor noted on the form a hand-written note which stated, "No TB [tuberculosis] skin test needed (within 30 days)." Surveyor noted no additional documentation of tuberculosis screening was found in Caregiver D's employee record. On 06/05/2024 at approximately 9:49 AM, Surveyors interviewed Program Manager A who acknowledged Caregiver D's record did not include tuberculosis screening.	N 220		
N 243	83.21(1)-(3) All employee training. The CBRF shall provide, obtain or otherwise ensure adequate training for all employees in all of the following: Resident rights. Training shall include general rights of residents including rights as specified under s. DHS 83.32(3). Training shall be provided as applicable under ss. 50.09 and 51.61 and chs. 54, 55, and 304, Stats., and ch. DHS 94, depending on the legal status of the resident or service the resident is receiving. Specific training topics shall include house rules, coercion, retaliation, confidentiality, restraints, self-determination, and the CBRF ' s complaint and grievance procedures. Residents ' rights training shall be completed within 90 days after starting employment. Client Group. Training shall be specific to the client group served and shall include the physical, social and mental health needs of the client group. Specific training topics shall include, as applicable: characteristics of the client group served, activities, safety risks, environmental considerations, disease processes,	N 243		

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N 243	Continued From page 2 communication skills, nutritional needs, and vocational abilities. Client group specific training shall be completed within 90 days after starting employment. Client Group. In a CBRF serving more than one client group, employees shall receive training for each client group. Recognizing, preventing, managing, and responding to challenging behaviors. Specific training topics shall include, as applicable: elopement, aggressive behaviors, destruction of property, suicide prevention, self-injurious behavior, resident supervision, and changes in condition. Challenging behaviors training shall be completed within 90 days after starting employment. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure Caregiver C obtained all training as required within 90 days after starting employment. Caregiver C did not have training in recognizing, preventing, managing and responding to challenging behaviors and required client groups within 90 days after starting employment. Findings include: On 06/04/2024, Surveyor reviewed Caregiver C's employee record. Recognizing, Preventing, Managing and Responding to Challenging Behaviors: The record for Caregiver C, hired 11/02/2022, did	N 243		

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N 243	Continued From page 3 not contain evidence of training or evidence of meeting an exemption for challenging behaviors training. Client Group: The facility was licensed to provide care and services to residents within the client groups of advanced age, developmentally disabled, emotionally disturbed/ mental illness, irreversible dementia/ Alzheimer's, physically disabled, terminally ill, and/or traumatic brain injury. The record for Caregiver C, hired 11/02/2022, did not contain evidence of training or evidence of meeting an exemption for client group training. On 06/04/2024 at approximately 2:53 PM, Surveyors interviewed Program Manager A who stated all training documents were provided but would check with human resources to see if there is evidence of client group and challenging behavior trainings. As of 06/06/2024 no additional evidence of training was provided.	N 243		
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.	N 406		

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N 406	Continued From page 4 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 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, interview and record review, the provider did not ensure outdated medications were separated from other medications in current use in the facility and disposed of. Resident 1 and Resident 3's as needed (PRN) medications expired in May 2024 and were not separated from other medications and disposed of. Resident 3 received the outdated medication since expiration. Resident 2's PRN medication expired in December 2023 and was not separated from other medications and disposed of. Resident 2 received the outdated medication since expiration. Findings include: On 06/04/2024, Surveyors conducted an abbreviated survey. Surveyors noted the facility was a combined duplex with one side facing East and one side facing West with a medication closet on each side. At approximately 10:45 AM, Surveyors and Program Manager A observed the West	N 406		

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BUFFLEHEAD LANE	2084 BUFFLEHEAD LN GREEN BAY, WI 54311

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N 406	Continued From page 5	N 406		

medication closet. Surveyors noted plastic baskets for each individual residents' current use medications, which housed Resident 1's medications.

RESIDENT 1
Surveyors reviewed Resident 1's medication cards and noted a medication card containing PRN Acetaminophen 325 mg with a "Dispense" date of 05/25/2023 and a "Do Not Use Beyond" date of 05/23/2024. The Acetaminophen 325 mg medication card contained 2 pills.

On 06/04/2024 at approximately 10:53 AM, Surveyors observed the East medication closet. Surveyors noted similar plastic baskets for each individual resident's current use medications, which housed Resident 2 and Resident 3's medications.

RESIDENT 2
Surveyors reviewed Resident 2's medications and noted a medication card containing PRN Acetaminophen 325 mg with expiration date 12/18/2023. Surveyors noted the Acetaminophen 325 mg medication card contained 44 pills. Surveyors reviewed Resident 2's medication administration record (MAR) and noted Resident 2 was administered the outdated Acetaminophen 325 mg on 05/18/2024.

RESIDENT 3
Surveyors reviewed Resident 3's medications and noted a medication card of PRN Acetaminophen 325 mg with a "Dispensed" date of 05/22/2023 and a "Do Not Use Beyond" date of 05/20/2024. The Acetaminophen 325 mg medication card contained 20 pills. Surveyor reviewed Resident 3's MAR and noted Resident 3 was administered the outdated Acetaminophen 325 mg on

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	0016562	A. BUILDING: _____ B. WING _____	06/06/2024

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N 406	Continued From page 6 05/29/2024. At approximately 10:55 AM, Surveyors inquired with Program Manager A how often PRN medications were checked for expiration dates. Program Manager A stated they try to do it monthly and indicated the facility staff had checked for expiration dates last month. At approximately 10:58 AM, Surveyors interviewed Operational Support Manager B who stated outdated medications were disposed of by slurry method. On 06/04/2024 at approximately 11:30 AM, Surveyors interviewed Program Manager A who verified outdated medications were not separated from current use medications and disposed of. Surveyors requested the provider's medication storage policy. As of 06/06/2024, Surveyors did not receive the medication storage policy.	N 406		
N 493	83.45(1)(b) Building integrity. Building integrity. The CBRF shall be structurally sound without visible evidence of structural failure or deterioration and shall be maintained in good repair. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure the facility was maintained in good repair. The East side basement of the facility had a quarter size or greater crack in the foundation wall spanning from the ceiling to the floor. The crack was wet to the touch, had standing water at the base of it, and pooled across the basement floor.	N 493		

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	0016562	A. BUILDING: _____ B. WING _____	06/06/2024

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BUFFLEHEAD LANE	2084 BUFFLEHEAD LN GREEN BAY, WI 54311

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N 493	Continued From page 7 Findings include: On 06/04/2024, Surveyors conducted an abbreviated survey. At approximately 10:25 AM, Surveyors, Program Manager A, and Operational Support Manager B toured the facility which was noted to be a combined duplex with a basement located on each side. Surveyors, Program Manager A, and Operational Support Manager B toured the basement on the East side of the duplex, which was utilized for storage only. Surveyors observed the following: -An approximate quarter size crack on the East wall that spanned the entirety of the foundation wall, from the ceiling of the basement to the floor. Surveyor noted the crack was moist and had dark brown stains on either side of the crack. -Standing water-like liquid was noted at the base of the crack at the floor and spanned from the middle of the East wall varying from 2 feet to 4 feet in pooling spots, and stretching approximately 9 feet to the middle of the room. -An approximate 8 foot by 4-foot dried liquid stain on the floor of the East and South corner of the basement, that was in alignment and touching the standing water's path. At approximately 10:27 AM, Program Manager B stated there was a lot of water due to there being a storm the night prior. S/he said the basement always leaked when it rained. Operational Support Manager B stated their maintenance staff had to take a look at it. On 06/04/2024 at approximately 2:53 PM, Surveyor interviewed Program Manager B who acknowledged awareness of the crack in the basement foundation wall. Surveyors inquired how long the crack had been there and Program Manager B stated s/he was unsure, but knew it	N 493		

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	0016562	A. BUILDING: _____ B. WING _____	06/06/2024

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N 493	Continued From page 8 had been a while.	N 493		
N 525	83.47(2)(d) Fire drills. Fire drills. 1. Fire evacuation drills shall be conducted at least quarterly with both employees and residents. Drills shall be limited to the employees scheduled to work at that time. Documentation shall include the date and time of the drill and the CBRF ' s total evacuation time. The CBRF shall record residents having an evacuation time greater than the time allowed under s. HFS 83.35(5) and the type of assistance needed for evacuation. Fire evacuation drills may be announced in advance. 2. At least one fire evacuation drill shall be held annually that simulates the conditions during usual sleeping hours. Fire evacuation drills may be announced in advance. Drills shall be limited to the employees scheduled to work during the residents ' normal sleeping hours. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure fire evacuation drills were completed quarterly in third and fourth quarter of 2023. Findings include: On 06/04/2024, Surveyors conducted an abbreviated survey at Bufflehead Lane. Surveyors reviewed 2023 provider fire evacuation drills. Surveyors noted documentation of fire evacuation drills conducted on 03/23/2023 at	N 525		

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	0016562	A. BUILDING: _____ B. WING _____	06/06/2024

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BUFFLEHEAD LANE	2084 BUFFLEHEAD LN GREEN BAY, WI 54311

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N 525	Continued From page 9 09:50 AM (quarter 1) and 06/23/2023 at 06:55 AM (quarter 2). No additional 2023 fire evacuation drills was noted. At approximately 9:30 AM, Surveyors inquired with Program Manager A whether fire evacuation drills were conducted in third and fourth quarter 2023. Program Manager A stated s/he did look for additional drills but was unable to locate them. On 06/04/2024 at approximately 11:30 AM, Surveyors interviewed Program Manager A who acknowledged there was no evidence of third and fourth quarter 2023 fire evacuation drills.	N 525		
N 612	83.55(3) Bath and toilet areas: hand drying. Hand drying. All sink areas shall have dispensers for single use paper towels, cloth towel dispensing units that are enclosed for protection against being soiled or electric hand dryers. This requirement does not apply to sink areas located in toilet rooms accessed directly from a resident bedroom. This Rule is not met as evidenced by: Based on observation and interview, the provider did not provide dispensers for single use paper towels in 4 of 4 resident bathrooms. Findings include: On 06/04/2024, Surveyors conducted an abbreviated survey. At approximately 10:03 AM, Surveyors, Program Manager A, and Operational Support Manager B toured the facility. Operational Support Manager B indicated there were 4 resident bathrooms that were shared amongst the 8 residents.	N 612		

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	0016562	A. BUILDING: _____ B. WING _____	06/06/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BUFFLEHEAD LANE	2084 BUFFLEHEAD LN GREEN BAY, WI 54311

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N 612	Continued From page 10 At approximately 10:14 AM, Surveyors observed a roll of paper towels on the counter of the sink in the 1st resident bathroom on the East side of the building. Surveyor observed an empty dispenser attached to the wall next to the sink. Program Manager A stated s/he was unable to find the correct size of paper towels to fit in the dispensers, so was providing the roll of paper towel from the grocery store until s/he could find the correct paper towels for the dispenser. At approximately 10:18 AM, Surveyors toured the 2nd resident bathroom on the East side and noted a roll of paper towels on the counter of the sink and an empty dispenser attached to the wall. Program Manager A stated the back 2 resident bathroom dispensers run repeatedly, dispensing paper towel when it was not needed. At approximately 10:34 AM, Surveyors and Program Manager A toured the 1st resident bathroom on the West side of the duplex and noted a roll of paper towels on the counter of the sink and an empty dispenser attached to the wall. At approximately 10:40 AM, Surveyors toured the 2nd resident bathroom on the West side of the duplex and noted a roll of paper towels on the counter of the sink and an empty dispenser attached to the wall. On 06/04/2024 at approximately 11:30 AM, Surveyors interviewed Program Manager A who verified dispensers for single use paper towels were not utilized in the resident bathrooms.	N 612		
N 617	83.55(6)(b) Bath and toilet areas: water temperature	N 617		

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BUFFLEHEAD LANE	2084 BUFFLEHEAD LN GREEN BAY, WI 54311

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N 617	Continued From page 11 The CBRF shall set the temperature of all water heaters connected to sinks, showers and tubs used by residents at a temperature of at least 140°F. The temperature of water at fixtures used by residents shall be automatically regulated by valves and may not exceed 115°F, except for CBRFs serving residents recovering from alcohol or drug dependency or clients of a government correctional agency. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure 1 of 2 water heaters connected to sinks, showers and tubs used by residents maintained a temperature of at least 140 degrees Fahrenheit. Findings include: On 06/04/2024, Surveyors conducted an abbreviated survey. At approximately 10:40 AM Surveyors, Program Manager A and Operational Support Manager B toured the basement on the West side of the duplex. Surveyors observed the temperature gauge for the water heater to be 105 degrees Fahrenheit. On 06/04/2024 at approximately 10:42 AM, Surveyors interviewed Operational Support Manager B who verified the temperature was below 140 degrees Fahrenheit.	N 617		
Z 010	50.065(2)(bb) DETERMINE FINAL DISPOSITION OF CHARGE If information obtained under par. (am) or (b)	Z 010		

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	0016562	A. BUILDING: _____ B. WING _____	06/06/2024

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Z 010	Continued From page 12 indicates a charge of a serious crime, but does not completely and clearly indicate the disposition of the charge or the conviction, the department or entity shall make every reasonable effort to contact the clerk of courts to determine the final disposition of the charge. If a background information form under sub. (6) (a) or (am) indicates a charge or a conviction of a serious crime, but information obtained under 011 par. (am) or (b) does not indicate such a charge, the department or entity shall make every reasonable effort to contact the clerk of courts to obtain a copy of the criminal complaint and the final disposition of the complaint. If information obtained under par. (am) or (b), a background information form under sub, (6) (a) or (am) or any other information indicates a conviction of a violation of s. 940.19 (1), 940.195, 940.20, 941.30, 942.08, 947.01, or 947.013 obtained not more than 5 years before the date on which that information was obtained, the department or the entity shall make every reasonable effort to contact the clerk of courts to obtain a copy of the criminal complaint and judgement of conviction relating to that violation. This Rule is not met as evidenced by: Based on record review and interview, the provider did not obtain the criminal complaint and judgement or conviction from the Clerk of Courts office upon learning of Caregiver C's criminal background. Findings include:	Z 010		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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BUFFLEHEAD LANE	2084 BUFFLEHEAD LN GREEN BAY, WI 54311

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Z 010	Continued From page 13 On 06/04/2024, Surveyors conducted an abbreviated survey. Surveyor reviewed Caregiver C's employee record and noted s/he was hired as a caregiver on 11/02/2022. Surveyor noted on 12/06/2021, Caregiver C was convicted of battery and disorderly conduct, and on 03/14/2022 was convicted of disorderly conduct in Brown County. No additional documentation was available from the provider regarding Caregiver C's convictions. On 06/05/2024 at approximately 9:49 AM, Surveyors interviewed Program Manager A who stated they would inquire with their business office about any additional documentation regarding Caregiver C's convictions. As of 06/06/2024, no additional documentation was provided to Surveyors.	Z 010		