STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016347	A. BUILDING: _____ B. WING _____	C 09/13/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CENTURY OAKS OF APPLETON	2300 EAST GLENHURST LANE APPLETON, WI 54913

(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 09/12/2023, with additional information gathered through 09/13/2023, Surveyors conducted 3 complaint investigations at Century Oaks of Appleton. One complaint was substantiated. Two complaints were unsubstantiated. 2 deficiencies were identified. Census: 35	N 000		
N 388	83.35(3)(c) Implement, follow the individual service plan Implementation. The CBRF shall implement and follow the individual service plan as written. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure individual service plans were implemented as written for Resident 1. Findings Include: On 09/12/2023 at approximately 10:30AM, Surveyor observed the kitchen where meal trays were prepared. Surveyor observed resident specific diets posted in the kitchen on the side of a refrigerator. Resident 1's specific diet was not included. On 09/12/2023 at approximately 11:55AM, Surveyor reviewed Resident 1's Individual Service Plan (ISP) with the print date of 08/31/2022. The ISP documented Resident 1 had a specific diet. The ISP stated, "SPECIAL DIET ...[Resident 1] needs to have all of [his/her] foods cut or chopped into small, bite sized pieces ...[Resident 1] tends to avoid carbs [carbohydrates] because [s/he] has [his/her] whole life. [S/he] does not like noodles or rice ...If [Resident 1 likes what [s/he] is	N 388		

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
	0016347	A. BUILDING: _____ B. WING _____	C 09/13/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CENTURY OAKS OF APPLETON	2300 EAST GLENHURST LANE APPLETON, WI 54913

(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 388	Continued From page 1 eating [s/he] will eat all or most of [his/her] food. If [Resident 1] does not like what [s/he] is served, staff should offer [him/her] something else to eat to ensure [s/he] is eating. [Resident 1] is at high risk for weight loss due to advanced age, dementia and being a picky eater." On 09/12/2023 at approximately 12:40 PM, Surveyor went to Resident 1's room and observed his/her meal tray. Resident 1 was sitting in his/her sofa-chair, and the meal tray was on the table in front of him/her. Surveyor observed Resident 1 was served spaghetti and meatballs, green beans and ice cream. The spaghetti noodles and meatballs were served whole, and were not chopped. Resident 1 was provided only a spoon. Additionally, Resident 1's ISP noted s/he does not like noodles. Surveyor observed Resident 1 ate the ice cream, but did not eat the spaghetti, meatballs or green beans. Surveyor asked Resident 1 if s/he was enjoying his/her meal, s/he stated, "It's alright, I suppose." On 09/12/2023 at approximately 2:50PM, Surveyor interviewed Executive Director A (ED-A) regarding the observations of Resident 1's meal. ED-A stated s/he would ensure Resident 1's specific diet was listed in the kitchen where meal trays were prepared.	N 388		
N 431	83.38(1)(g) Health monitoring. As appropriate, the CBRF shall teach residents the necessary skills to achieve and maintain the resident ' s highest level of functioning. In addition to the assessed needs as determined under s. DHS 83.35(1), the CBRF shall provide or arrange services adequate to meet the needs of the residents in all of the following areas: Health	N 431		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016347	A. BUILDING: _____ B. WING _____	C 09/13/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CENTURY OAKS OF APPLETON	2300 EAST GLENHURST LANE APPLETON, WI 54913

(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 431	Continued From page 2	N 431		

monitoring. 1. The CBRF shall monitor the health of residents and make arrangements for physical health, oral health or mental health services unless otherwise arranged for by the resident. Each resident shall have an annual physical health examination completed by a physician or an advanced practice nurse as defined in s. N 8.02(1), unless seen by a physician or an advanced practice nurse as defined in s. N 8.02(1) more frequently. 2. When indicated, a CBRF shall observe residents ' food and fluid intake and acceptance of diet. The CBRF shall report significant deviations from normal food and fluid intake patterns to the resident ' s physician or dietician. 3. The CBRF shall document communication with the resident ' s physician and other health care providers, and shall record any changes in the resident ' s health or mental health status in the resident ' s record.

This Rule is not met as evidenced by:
Based on record review, observation, and interview, the provider did not ensure Resident 2's wound care orders were followed.

Resident 2 had a bunion on his/her toe that opened. Hospice assessed and monitored the open area. Resident 2's physician in collaboration, sent orders on how facility staff were to care for the wound. Provider staff did not have the order properly listed in the medication administration record (MAR) and did not follow

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016347	A. BUILDING: _____ B. WING _____	C 09/13/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CENTURY OAKS OF APPLETON	2300 EAST GLENHURST LANE APPLETON, WI 54913

(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 431	Continued From page 3	N 431		

Resident 2's wound care orders as listed. Resident 2's small open area progressed to a stage 2 ulcer requiring medicinal treatment and skilled nursing oversight.

Findings include:

On 08/25/2023, the department received complaint information alleging wound care orders were not being followed.

On 09/13/2023, Surveyor reviewed Resident 2's record and noted s/he was admitted to the facility on - with diagnoses of coronary artery disease, dementia, chronic kidney disease, anxiety, and depression. Resident 2 received hospice services.

Surveyor reviewed Resident 2's individual service plan (ISP) dated 08/31/2022 and noted Resident 2 required full assistance from staff with activities of daily living (ADLs). Surveyor noted, "WASH BOTH EARS & TOES [Skin Care/Skin Care Needs] Wash bilateral ears and right 2nd through 5th toes daily with warm water and soap, Pat dry. Will reevaluate in one week to see if that is helpful ...TUBI-GRIP STOCKING [Medication Administration/Medication Monitoring] Apply tubi-grip stocking in AM and off, remove in PM" Surveyor noted there was no guidance to staff for monitoring or care needed for Resident 2's left toe bunion (1st digit) listed in his/her ISP.

According to WebMD, "A bunion is a bony, often painful bump at the base of the big toe. It can happen if your big toe leans slightly toward your other toes. Over time, the base of the big toe pushes outward against the first metatarsal bone, which is directly behind it." https://www.webmd.com/skin-problems-and-treat

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016347	A. BUILDING: _____ B. WING _____	C 09/13/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CENTURY OAKS OF APPLETON	2300 EAST GLENHURST LANE APPLETON, WI 54913

(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 431	Continued From page 4	N 431		

ments/understanding-bunions-basics Information retrieved 09/13/2023.

According to Alliance Foot & Ankle Specialists, "A bunion may not seem to be a serious problem, but it can turn into a foot wound and lead to complications. If a bunion rubs against the inside of a shoe, it can cause blisters or open sores, and if left untreated, the wounds can become infected ... Even minor foot wounds can turn into something more severe if left untreated and ignored."
https://www.footdoc.org/library/tarrant-county-foot-doctor-dont-ignore-wounds.cfm Information retrieved 09/13/2023.

On 09/13/2023, Surveyor reviewed hospice visit notes and physician orders. Resident 2 was admitted to hospice on 04/25/2022 and his/her left toe bunion wound onset was 05/09/2023. Surveyor noted the following visit notes:
08/18/2023 "TOTAL WAT [wound assessment tool] SCORE: N/A
DEPTH DESCRIPTION: NON-BLAN [non-blanched]
GRANULATION TISSUE: INTACT
EDGES: INDIST [indistinct] ...
EXUDATE TYPE: NONE
EXUDATE AMOUNT: NONE ...
EPITHELIALIZATION: 100%
NECROTIC [dying body tissue] TISSUE TYPE: NONE
NECROTIC TISSUE ESCHAR: NONE
TOTAL NECROTIC TISSUE SLOUGH: 0-25%
TOTAL NECROTIC TISSUE ESCHAR: 0-25%
EDGE/SURROUNDING TISSUE - MACERATION: ABSENT ...
"DISCONTINUE CORN PAD TO LEFT FOOT TREATMENT. WOUND CARE LEFT FOOT BUNION. CLEANSE AREA WITH NORMAL

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016347	A. BUILDING: _____ B. WING _____	C 09/13/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CENTURY OAKS OF APPLETON	2300 EAST GLENHURST LANE APPLETON, WI 54913

(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 431	Continued From page 5 SALINE WOUND WASH AND PAT DRY. SWAB WITH BETADINE, LET DRY. COVER WITH DRY GAUZE AND PAPER TAPE. HOSPICE NURSE TO ASSESS AND PROVIDE CARE ONCE A WEEK. FACILITY STAFF TO DO ONCE A WEEK AND AS NEEDED IF DRESSING IS SOILED/FALLING OFF PATIENT TOLERATED WELL." 08/28/2023 "TOTAL WAT [wound assessment tool] SCORE: 31 LENGTH X WIDTH X HEIGHT (CM): 2.8 X 2.4 X 0 SURFACE AREA (SQ CM): 6.72 DEPTH DESCRIPTION: PART THICK ... GRANULATION TISSUE: <25% EDGES: DISTINCT ... EXUDATE TYPE: SEROSANG [serosanguineous fluid/wound drainage] EXUDATE AMOUNT: SCANT [moist, minimal amount of fluid] ... EPITHELIALIZATION: <25% NECROTIC TISSUE TYPE: YELLOW NECROTIC TISSUE ESCHAR: 50-<75% TOTAL NECROTIC TISSUE SLOUGH [yellow, white material in wound bed]: 51-75% TOTAL NECROTIC TISSUE ESCHAR: 0-25% EDGE/SURROUNDING TISSUE - MACERATION: PRESENT" On 09/13/2023, Surveyor reviewed June 1 - August 14 2023 MARs and noted Resident 2's wound care order as "WOUND CARE - LEFT TOE (BUNION) Continue current wound care orders to L [left] bunion: CLEANSE AREA WITH NORMAL SALINE AND PAT DRY. SWAB WITH BETADINE, LET DRY. SKIN PREP TO PERIWOUND, LET DRY. COVER WITH TEGARDERM. If area becomes more red, tender, or starts to have increased drainage, update PCP."	N 431		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016347	A. BUILDING: _____ B. WING _____	C 09/13/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CENTURY OAKS OF APPLETON	2300 EAST GLENHURST LANE APPLETON, WI 54913

(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 431	Continued From page 6 Surveyor reviewed Resident 2's August 15-31, 2023 MAR and noted there were no wound care orders listed on his/her MAR. Surveyor noted controversial documentation in June and July with some days, staff initialed acknowledging the wound care was completed and then 13 of 30 days in June, 14 of 31 days in July, and 6 of 14 days in August, staff identified that the wound care did not need to be done. The MARs did not indicate what days wound care needed to be done by provider staff. Surveyor noted a note from staff on Resident 2's MAR on 07/04/2023 stating "There was a lot of drainage." On 09/13/2023, Surveyor reviewed Resident 2's Community Care Inc (managed care organization) RN E's visit notes: 08/24/2023 "[Caregiver D] stated [to RN E] there are no orders for CBRF for wound care and that hospice continues their visits." 08/25/2023 "Writer spoke with [RN C] re: wound to [Resident 2's] foot. Writer reports last NP [Nurse Practitioner] visit from Bluestone [physician services] notes unstageable pressure injury to left foot. Writer questions if this area is result of pressure or a different type of wound. RN reports they were not noting this as pressure but reports [s/he] is having [NP] assess wound on Monday as the wound is looking worse. RN reports dressing changes are to be completed daily, with the RN coming twice weekly to do dressing changes. RN reports [s/he] has noted staff are not completing the dressing changes as ordered. RN reports [s/he] has forwarded orders to facility 4 [times]. RN also has put reminder note in [Resident 2's] room on [his/her] wall to change the dressing. RN will follow up with writer after visit on Monday." 08/28/2023 "Writer assess both feet, noting no	N 431		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016347	A. BUILDING: _____ B. WING _____	C 09/13/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CENTURY OAKS OF APPLETON	2300 EAST GLENHURST LANE APPLETON, WI 54913

(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 431	Continued From page 7	N 431		

open areas to the right foot and one open area to the left foot with dressing. Area has yellow slough covering it. Hospice RN and NP planning to visit with [Resident 2] later today to assess wound and determine appropriate treatment." 08/30/2023 "Location of pain ...left great toe bunion area. Pain frequency is intermittent. Pain quality describes pain as other: 'tingling', What makes pain worse: when touched or dressings changed ...Health Related Services for other wound cares: Dressing changes to left foot bunion twice weekly."

On 09/12/2023 at approximately 3:30 PM, Surveyor interviewed RN C who stated Resident 2's left big toe wound care was not completed by provider staff which likely contributed to the progression of the wound. RN C stated there were many times where him/her or the hospice caregiver would come to the facility and the wound would be uncovered. RN C stated s/he had faxed orders for the wound to the facility at least 4 times, had provided education to staff numerous times on how to clean and dress the wound (prior to September), and ended up taping up directions in Resident 2's room to give staff guidance. RN C stated it was difficult to communicate with a consistent staff at the facility and had not had success in connecting with management. RN C stated since the toe ulcer was now identified as a stage 2, s/he completed the wound care with the new orders.

On 09/12/2023 at approximately 11:00 AM, Surveyor interviewed Resident 2 and observed his/her left big toe which had a visible prominent bump and his/her big toe was angled inward. A padded bandage was on the bunion and the area around the bandage was visibly reddened and inflamed. Resident 2 stated his/her toe hurt

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016347	A. BUILDING: _____ B. WING _____	C 09/13/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CENTURY OAKS OF APPLETON	2300 EAST GLENHURST LANE APPLETON, WI 54913

(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 431	Continued From page 8 especially when it got bumped. On 09/12/2023 at approximately 2:30 PM, Surveyor interviewed Executive Director (ED) A and Director of Wellness RN (RN) B who stated the previous nurse had been overseeing Resident 2's wound care. ED-A stated Resident 2's wound had progressively gotten worse. RN-B indicated Resident 2's bunion open in May 2023 and the previous treatment was to put betadine on it, gauze, and paper tape. ED-A voiced the order was for the wound to be dressed 2 times a week and staff were to tell hospice if the wound had become weepy or soiled. RN-B indicated Resident 2's wound care orders have changed, so only the hospice nurse completes the wound care now. ED-A stated their direction to staff had been to call hospice and RN B to update if there were concerns or changes in Resident 2's toe. On 09/13/2023 at approximately 3:25 PM, Surveyors interviewed ED-A. Surveyor stated Resident 2's wound care orders were not properly documented in the MAR and there was inconsistency on documentation and acknowledgement of wound care completion by staff. Resident 2's wound had since worsened and required further treatment for a stage 2 ulcer. No additional information was provided during interview.	N 431		