STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0010205	A. BUILDING: _____ B. WING _____	C 07/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GARDENS OF FOUNTAIN WAY	1050 FOUNTAIN WAY MENASHA, WI 54952

(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 07/16/2025, with information gathered through 07/21/2025, Surveyor conducted one (1) complaint investigation at Gardens of Fountain Way in Menasha. One (1) of 1 complaint was substantiated. As a result of the survey, 1 deficiency was issued. Census: 21	N 000		
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 1 of 1 (Resident 1) resident reviewed received adequate and appropriate care within the capacity of the facility.	Y3244		

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

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Y3244	Continued From page 1 Resident 1 was noted to have several wounds on coccyx and gential areas. Resident 1's record did not contain an assessment to evaluate the risk for skin breakdown. In addition, Resident 1's ISP (Individual Service Plan) did not contain interventions to prevent skin breakdown. In addition, upon review of the call light system, Resident 1's call light was not answered within 25 minutes on 17 occasions between 06/17/2025 and 07/16/2025. Findings Include: On 06/18/2025, the department received a complaint regarding resident care. On 07/16/2025, Surveyor conducted an onsite visit to the facility. A sample of residents was selected, including the record of Resident 1. Resident 1 was admitted to the facility on 08/08/2023 with diagnoses to include dementia, depression, obesity, neurogenic bladder, hypertension and chronic pain. Resident 1's record did not contain a skin assessment to evaluate Resident 1's risk for skin breakdown. A facility "Assisted Living Resident Evaluation & Level of Care" form dated, 03/05/2025, noted Resident 1 to have a right elbow and sacrum pressure wound and also a pressure wound to his/her genital area. The assessment did not contain measurements or stages. The assessment indicated treatment was ordered but did not indicate they type of treatment. In addition, the assessment indicated "Resident has pressure ulcer(s) and needs staff monitoring, care and assistance of an appropriately skilled	Y3244		

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Y3244	Continued From page 2	Y3244		

professional."

On 07/17/2025, Surveyor reviewed Resident 1's hospice records. Resident 1 was admitted to hospice on 05/30/2025. At the time of admission Resident 1 was noted to have a wound to genital area. As of 07/15/2025, the genital wound measured 2.5cm (centimeters) x 3.5cm x 0.1cm. Hospice records indicated the wound had an onset date of 02/01/2025. A hospice plan of care dated 05/30/2025 indicated Resident 1 had "altered skin integrity" and there was a need for observation/assessment and teaching related to preservation of skin integrity. Hospice instructed patient/caregiver on basic skin care with patient/caregiver verbalizing understanding of the causes and prevention of skin breakdown and preventative skin care. The hospice plan of care did not provide specific interventions to minimize the risk or prevent skin breakdown.

Resident 1's most recent facility ISP dated 03/24/2025 indicated Resident 1 uses a mechanical lift for all transfers with a 2 assist from caregivers, requires care team members to turn and reposition in bed and as necessary, needs assistance from one care team member for toilet use and peri care as needed, and Resident 1 has a foley catheter. Resident 1's ISP also indicated Resident 1 has actual skin impairment in genital area related to pressure ulcer. The ISP does not provide prevention techniques such as 2 hour repositioning or pressure reducing air mattress to be used to prevent skin breakdown. Additionally, Resident 1's ISP does not indicate that Resident 1 is receiving hospice services.

In addition, on 07/16/2025, Surveyor reviewed Resident 1's call light log times. The following

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Y3244	Continued From page 3	Y3244		

was noted:
06/17/2025 at 3:05PM - 1 hour, 24 minutes
06/17/2025 at 10:31PM - 27 minutes
06/18/2025 at 5:03AM - 25 minutes
06/25/2025 at 5:28PM - 25 minutes
07/05/2025 at 5:33PM - 26 minutes
07/05/2025 at 2:00PM - 55 minutes
07/05/2025 at 12:42PM - 33 minutes
07/06/2025 at 12:35PM - 27 minutes
07/09/2025 at 10:59PM - 25 minutes
07/09/2025 at 7:31AM - 32 minutes
07/10/2025 at 9:12PM - 52 minutes
07/11/2025 at 5:10PM - 44 minutes
07/11/2025 at 6:35AM - 29 minutes
07/12/2025 at 12:44PM - 1 hour, 13 minutes
07/13/2025 at 4:35AM - 54 minutes
07/14/2023 at 6:17PM - 37 minutes
07/14/2025 at 10:53PM - 28 minutes

On 07/16/2025 at 11:00 AM, Surveyor interviewed Caregiver C. Caregiver C indicated s/he works the first shift and is familiar with Resident 1. Caregiver C stated s/he assists Resident 1 with "mostly everything." Caregiver C further explained that meant assisting Resident 1 with changing after incontinence episodes, changing catheter bag from overnight bag to leg bag during the day, and transferring Resident 1 in a hoyer with the assistance of at least another caregiver, sometimes 2 other caregivers. Surveyor reviewed call light times with Caregiver C. Caregiver C did verify some of the times were much longer than the 5-10 minute window staff are supposed to answer the light in.

On 07/16/2025 at 11:30 AM, Surveyor interviewed Resident 1. Resident 1 had verbalized concerns related to long wait times when s/he pushes the call light. Resident 1 had also indicated staff assist with all toileting needs using a hoyer to

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Y3244	Continued From page 4 transfer Resident 1 to the toilet. On 07/21/2025 at 10:00 AM, Surveyor interviewed facility Nurse A and Director B regarding Resident 1's skin risk assessment, care plan and call light wait times. Director B verified the expectation for staff to answer call lights is generally 5-10 minutes. Additionally, Nurse A and Director B verified the facility did not have a skin risk assessment completed upon admission/annually/change in condition and the ISP did not reflect current prevention techniques to minimize or prevent wounds from occurring.	Y3244		