STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018152	A. BUILDING: _____ B. WING _____	R-C 04/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAMBRIDGE SENIOR LIVING	2525 WARD AVE HUDSON, WI 54016

(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 04/14/2025, Surveyor conducted a complaint investigation and verification visit at Cambridge Senior Living. Data was collected through 04/15/2025. Two of 2 complaints were substantiated. Five violations were identified. Two of 5 violations were repeat deficiencies. See Statement of Deficiencies (SOD) SCQV11, dated 04/18/2023, SOD SCQV12, dated 08/02/2023; and SOD SCQV13, dated 05/14/2024. Under statutory provisions of Wis. Stat. ch. 50, a $200 revisit fee is being assessed. Census: 42	{N 000}		
N 351	83.32(3)(g) Rights of Residents: Physical restraints In addition to the rights under s. 50.09, Stats., each resident shall have all of the following rights: Freedom from physical restraints. Be free from physical restraints except upon prior review and approval by the department upon written authorization from the resident ' s primary physician or advanced practice nurse prescriber as defined in s. N 8.02(2). The department may place conditions on the use of a restraint to protect the health, safety, welfare and rights of the resident. This Rule is not met as evidenced by: Based on observation, interview, and record	N 351		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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N 351	Continued From page 1	N 351		

review, the provider did not ensure Resident 1 was free from restraint. Resident 1's mattress was changed to a scoop mattress to prevent Resident 1 from rolling out of his/her bed.

Findings include:

On 04/14/2025 at approximately 9:30 AM, Surveyor interviewed Family Member (FM) E. FM E stated Resident 1's physical condition had recently declined. FM E stated Resident 1 was weaker and needed more assistance with transfers. FM E discussed Resident 1's recent falls that resulted in interventions, including a new bed and scoop mattress to prevent further falls. FM E showed Surveyor Resident 1's scoop mattress. FM E stated the mattress prevented Resident 1 from rolling out of bed but it also ensured Resident 1 would stay in bed until staff came in to assist.

On 04/14/2025, Surveyor reviewed Resident 1's record. Resident 1 was admitted on 08/23/2022 with diagnoses that included Alzheimer's disease. Resident 1 admitted to hospice services on 02/27/2023.

According to Resident 1's progress notes, s/he had unwitnessed falls on 03/24/2025 and 03/27/2025. On 03/27/2025, Resident 1 was assessed by Hospice Registered Nurse (HRN) G. HRN G documented that Resident 1 was confused, his/her speech was nonsensical, and his/her lungs were diminished. HRN G wrote, "Writer will order a scoop mattress and low hospital bed due to increased falls this week. facility [sic] provided a fall mat." HRN G wrote a follow up note on 03/27/2025, indicating s/he provided a verbal update and orders to the provider's nurse, Registered Nurse (RN) H.

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N 351	Continued From page 2 On 04/14/2025 at 3:25 PM, Surveyor interviewed Vice President (VP) A, Administrator C, and Regional Director of Operations (RDO) D. Surveyor asked about Resident 1's scoop mattress, but none of the managers knew when the mattress was implemented or the reason for it. RDO D stated RN H, the nurse who spoke with Resident 1's hospice team, was on vacation. VP A agreed the scoop mattress would be considered a restraint and would require approval from the Department, if Resident 1 was unable to navigate over the scoop independently. VP A stated they would email Surveyor additional information regarding Resident 1's mattress. As of 04/15/2025, Surveyor did not receive additional information from the provider about Resident 1's scoop mattress.	N 351		
N 352	83.32(3)(h) Rights of Residents: Receive medication In addition to the rights under s. 50.09, Stats., each resident shall have all of the following rights: Receive medication. Receive all prescribed medications in the dosage and at intervals prescribed by a practitioner. The resident has the right to refuse medication unless the medication is court ordered. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure residents received medication as prescribed. On 01/26/2025, 8 residents (Resident 1, Resident 5, Resident 6, Resident 7, Resident 8, Resident 9, Resident 10, and Resident 11) did not receive	N 352		

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAMBRIDGE SENIOR LIVING	2525 WARD AVE HUDSON, WI 54016

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N 352	Continued From page 3 their morning medications. Resident 4 did not receive his/her prescribed pain medication between 01/22/2025 and 01/27/2025. Findings include: On 01/27/2025, the Department received a complaint indicating residents did not receive their mediations as prescribed. On 01/29/2025, the Department received a second complaint related to the provider's medication services. On 04/14/2025 at 8:42 AM, Surveyor interviewed Caregiver B. Caregiver B explained that medication passers were not allowed to administer medications to residents until the medications were entered into the medication administration record (MAR). Caregiver B stated s/he frequently found medication cups containing medication in the resident rooms. Caregiver B said that today s/he found a pill on the floor outside Resident 6's room. Caregiver B said s/he believed staff were not following the provider's policy to observe residents swallow/ingest the medication when they administered medications. Caregiver B said, "Some people seem to forget that we are supposed to watch residents take their medications." On 04/14/2025, Surveyor reviewed the provider's medication error reports for 2025. Based on these reports, the provider did not administer medications to 8 residents on 01/26/2025. The reason listed on the medication error reports read, "Lack of sufficient training by facility RN	N 352		

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N 352	Continued From page 4 (registered nurse)... Staff education will be provided by Regional RN to all newly trained staff." The following residents did not receive their scheduled morning medications on 01/26/2025: - Resident 1 missed 4 medications. - Resident 5 missed 10 medications. - Resident 6 missed 5 medications. - Resident 7 missed 6 medications. - Resident 8 missed 6 medications. - Resident 9 missed 5 medications. - Resident 10 missed 1 medication. - Resident 11 missed 1 medication. On 04/14/2025, Surveyor reviewed Resident 4's record. Resident 4 was admitted to the facility on 07/14/2024. Resident 4 was admitted to the hospital on 01/18/2025 with acute cholecystitis. Resident 4 was referred to surgery, but due to significant scarring and inflammation, a cholecystectomy could not be performed. Resident 4 was discharged back to the facility on 01/22/2025 with a Foley catheter and new gallbladder drains. Based on the hospital discharge paperwork, dated 01/22/2025, Resident 4 experienced pain after the drain placement which was treated with oxycodone and acetaminophen. Resident 4 was discharged to the facility with orders for acetaminophen 500 mg tablets, take 2 tablets by mouth 3 times daily for 7 days, then 1 tablet every 4 hours as needed for pain. Resident 4's January MAR indicated Resident 4's updated acetaminophen orders were added to the MAR on 01/27/2024, 5 days after Resident 4 returned to the facility. Resident 4 received his/her first dose of the medication at 4:00 PM on 01/27/2025. On 04/14/2025 at 2:23 PM, Surveyor interviewed	N 352		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018152	A. BUILDING: _____ B. WING _____	R-C 04/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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N 352	Continued From page 5 Administrator C. Administrator C stated Resident 4's family contacted Administrator C on 01/26/2025 with concerns related to Resident 4's care, noting Resident 4's hospice agency reported Resident 4 appeared to be in pain. Administrator C said s/he conducted an internal investigation and found RN F did not enter Resident 4's updated acetaminophen orders into Resident 4's MAR until 01/27/2025. Administrator C stated RN F was terminated partly due to his/her failure to adequately train staff and accurately input Resident 4's medications. Surveyor reviewed the provider's caregiver misconduct investigation report, dated 02/04/2025. The report read, "Upon reviewing medication orders from the hospital, it is noted that there was an error with transcription of the pain medication, Tylenol 500 3x/day (3 times per day). The document was not initialed and added to [Resident 4's] MAR as many of the other orders were. It may be that this was awaiting clarification orders as the patient already had a standing order for Tylenol, however, documentation regarding follow up on this medication was not found. The patient did receive [his/her] standing order Tylenol 3x/day at 650mg on 1/26/2025 and the corrected scheduled order was entered on 1/27/2025."	N 352		
{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 observation, record review, and interview, the provider did not implement	{N 388}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018152	A. BUILDING: _____ B. WING _____	R-C 04/15/2025

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{N 388}	Continued From page 6 Resident 3's individual service plan (ISP) as written. Resident 3 did not receive showers or personal grooming in accordance with his/her ISP. This is a repeat violation. See Statement of Deficiencies (SOD) SCQV11, dated 04/18/2023, SOD SCQV12, dated 08/02/2023, and SOD SCQV13, dated 05/14/2024. Findings include: On 04/14/2025 at 10:20 AM, Surveyor interviewed Resident 3 in his/her room. Resident 3's hair was combed and styled but appeared greasy. S/he also had noticeable facial hair approximately 1/4 inch long on his/her chin. Resident 3 stated staff assisted him/her with shaving and showers. Resident 3 could not recall the last time s/he received a shower or facial grooming. Surveyor reviewed Resident 3's record. Resident 3 was admitted on 07/13/2023. His/her ISP, updated on 07/10/2024, read, "BATHING... Staff will provide physical assistance during baths/showers. Staff will assist [Resident 3] into and out of the shower and assist [Resident 3] with hard to reach areas as necessary... GROOMING/ORAL HYGIENE... [Resident 3] has personal grooming device/s to assist with specific grooming tasks... Staff will provide physical assistance during grooming/oral hygiene." According to the Resident 3's Plan of Care (POC), a report indicating when services were scheduled and when staff charted on them, Resident 3 was scheduled to receive 2 showers	{N 388}		

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	0018152	A. BUILDING: _____ B. WING _____	R-C 04/15/2025

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{N 388}	Continued From page 7 per week. In April, Resident 3 had scheduled showers on 04/02/2025, 04/04/2025, 04/09/2025, and 04/11/2025. Individual task charting indicated Resident 3 received a shower last on 04/02/2025. Staff charted "No" to Resident 3 receiving a shower on 04/04/2025, "Not Applicable" on 04/09/2025, and "Resident Refused" on 04/11/2025. Resident 3's caregiver tasks included a "PRN (as needed) Shower" task. Staff did not document under this task at any point in the previous 30 days. On 04/14/2025 at 3:25 PM, Surveyor interviewed Vice President (VP) A, Administrator C, and Regional Director of Operations (RDO) D. Surveyor asked the provider to discuss the changes made since the last survey when the provider received a citation for not ensuring Resident 3's services were completed per his/her ISP. VP A stated they added a PRN shower option, so if staff were unable to successfully complete Resident 3's scheduled shower, the next shift would attempt until the task was completed. VP A stated staff were supposed to document each attempt under the PRN shower task. VP A confirmed that if there was no charting under the PRN shower task, staff would not have completed or attempted a shower outside Resident 3's scheduled shower days.	{N 388}		
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	N 389		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAMBRIDGE SENIOR LIVING	2525 WARD AVE HUDSON, WI 54016

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N 389	Continued From page 8 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 involvement in, understanding of and agreement with the individual service plan. This Rule is not met as evidenced by: Based on observation, interview, and record review, the provider did not ensure individual service plans (ISP) were updated when residents experienced a change in condition. Resident 1's ISP did not reflect Resident 1's needs related to mobility, transfers, nutrition, and cognition. This is a repeat violation. See Statement of Deficiencies (SOD) SCQV11, dated 04/18/2023 and SOD SCQV12, dated 08/02/2023. Findings include: On 04/14/2025 at approximately 9:30 AM, Surveyor interviewed Resident 1's child, Family Member (FM) E. FM E stated Resident 1's condition had deteriorated recently, and the provider was looking to move Resident 1 back to the first floor where there would be more staff available. FM E stated Resident 1 used to reside on the 1st floor but after his/her spouse passed away, the provider moved him/her to the 2nd floor where more independent residents lived. FM E stated Resident 1 had 2 falls in a week about 2 weeks ago. FM E discussed the changes to Resident 1's care after the falls, indicating	N 389		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018152	A. BUILDING: _____ B. WING _____	R-C 04/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAMBRIDGE SENIOR LIVING	2525 WARD AVE HUDSON, WI 54016

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N 389	Continued From page 9 Resident 1 received a new lower bed and a scoop mattress. FM E showed Surveyor Resident 1's scoop mattress. FM E also discussed Resident 1's changes to mobility and transfer assistance since the falls, indicating s/he required more assistance with activities of daily living (ADLs). Surveyor reviewed Resident 1's record. Resident 1 was admitted on 08/23/2022 and admitted to hospice on 02/27/2023. Resident 1's record included a hospice comprehensive assessment and plan of care report dated 04/02/2025. The report indicated Resident 1 had experienced a neurological, functional, nutritional, and cognitive decline since the previous comprehensive assessment on 03/19/2025. The report read: "Admitted to hospice services with a terminal diagnosis of Alzheimer's disease with late onset ... " NEUROLOGICAL DECLINE: Now: Patient consistently sleeping 19-20 hours a day. Episodes of increased confusion and irritation, refusal of showers and staff unable to change [his/her] mind. Episode of not knowing who [FM E] was ... continues to need repetitive directions to complete a task (showering, transfers, etc.). Continues to withdrawl [sic] by placing blanket over [his/her] head ... FUNCTIONAL DECLINE: Now: Episode of needing full assist of 2, PT (patient) unable to bear weight at all. Hoyer lift ordered due to decline. Requires 1-2 for transfers or Hoyer lift, dependent on level of fatigue. Tends to need more assistance in the evenings.	N 389		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018152	A. BUILDING: _____ B. WING _____	R-C 04/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAMBRIDGE SENIOR LIVING	2525 WARD AVE HUDSON, WI 54016

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N 389	Continued From page 10 Previously: Assist of 1 with pivot transfers and physical cares. More labor intensive. PT able to stand for 10-20 seconds while holding onto wall bar with transfer but becoming more unsteady. Propels wheelchair with legs from [his/her] room to the dining area (75-80 feet). No longer able to ambulate due to weakness and fatigue. PT is incontinent & (and) wears briefs. Will still ask to use the bathroom during the day. Occasional bowel incontinence, 2-3 times a month. NUTRITIONAL DECLINE: Now: lost 11.4 lbs (pounds) ... Refusing meals 7-10 times a week. Will have snacks 4-7 times a week ... eats 1 meal daily. Sometimes a meal will consist of a cupcake, a small orange, or a few bites of mashed potatoes ... [FM E] recently brought Ensure to offer patient if [s/he] does not eat a meal. [FM E] agreed to possible transfer PT back to 1st floor to provide additional assistance with meals/cares. No definitive date yet ... Previously: Eating 25% or less of 3 meals a day ... COGNITIVE/MOOD DECLINE: Now: Increase in intermittent agitation ... More likely to have agitation in the evening. Will refuse cares, showers, or getting out of bed ... [FM E] states PT has hallucinations ... withdrawn ... does not interact. Confused, PT does not know who [FM E] or staff is at times. Previously: Patient is happy to have visits ... some increased confusion, especially when waking up. Repeative [sic] explanations needed but PT receptive. Will engage in surface conversations but will close [his/her] eyes if not engaged."	N 389		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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N 389	Continued From page 11 The report indicated Resident 1 received orders for Hoyer lift transfers on 03/21/2025. Surveyor reviewed Resident 1's assessment, dated 08/14/2024c, and ISP, dated 08/22/2024. Resident 1's ISP indicated: - Resident 1 was independent with eating; there was no indication that s/he had nutritional concerns. - "[Resident 1] will receive reminders and cues for toileting ... [Resident 1] is physically able to toilet [him/herself] and has a history of doing so. Staff are to remind [Resident 1] every 4 hours in an attempt to minimize [Resident 1's] toileting [him/herself]." - "Mobility ... 2-wheeled walker and wheelchair owned by Resident-does not currently use." The ISP also read, "[Resident 2] can self-propel once in wheelchair without assistance." - Fall interventions included reminders to call for assistance and to use appropriate footwear, a 4-hour toileting schedule, a lower bed, and a fall mat. The ISP did not reference Resident 1's need for transfer assistance, scoop mattress, increased confusion, mood changes, or hallucinations. The ISP referenced Resident 1's spouse "who lives in the facility with [Resident 1]," as being a source of Resident 1's anxiety; the ISP was not updated when Resident 1's spouse died. On 04/14/2025 at 3:25 PM, Surveyor interviewed Vice President (VP) A, Administrator C, and Regional Director of Operations (RDO) D. VP A stated the provider should reassess residents whenever they experience a change in 2 ADLs. The needs outlined in the assessment were then added to the ISP. VP A and RDO D reviewed Resident 1's record and confirmed the provider	N 389		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018152	A. BUILDING: _____ B. WING _____	R-C 04/15/2025

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N 389	Continued From page 12 last assessed Resident 1 on 08/14/2024. Surveyor discussed the discrepancies between Resident 1's ISP and Resident 1's hospice assessment and plan of care report. Administrator C stated s/he was unaware of Resident 1's most recent hospice assessment but s/he did not agree with the results. The provider did not review Resident 1's most recent hospice assessment but they also did not complete their own assessment. As a result, Resident 1's ISP was not updated to reflect Resident 1's condition and needs.	N 389		
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	Y3244		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018152	A. BUILDING: _____ B. WING _____	R-C 04/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAMBRIDGE SENIOR LIVING	2525 WARD AVE HUDSON, WI 54016

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Y3244	Continued From page 13	Y3244		

provider did not ensure Resident 2 received adequate and appropriate services that were within the provider's capacity. Resident 2's home health agency ordered a walking program on 03/27/2025. As of 04/14/2025, Resident 2 had not received services per the order.

Findings include:

On 04/14/2025, Surveyor reviewed Resident 2's record. Resident 2 was admitted to the facility on 11/02/2023. Resident 2's individual service plan (ISP), updated 12/20/2024, read, "Other: Staff to have [Resident 2] walk to lunch every day. Due to cognitive impairment ... [s/he] does not remember to do simple tasks. Remind [Resident 2] to complete [his/her] exercises."

Resident 2's progress note indicated s/he had physical therapy orders. On 03/27/2025, Resident 2 received orders from physical therapy to "walk with patient 3x/day for 150 ft (feet) or as tolerated." The order indicated staff needed to follow behind Resident 2 with his/her wheelchair, use a gait belt, and have Resident 2 walk with his/her front - wheeled walker. On 04/07/2025, Resident 2's home health agency documented in his/her progress notes to remind staff to walk with Resident 2 daily.

On 04/14/2025 at 3:25 PM, Surveyor interviewed Vice President (VP) A, Administrator C, and Regional Director of Operations (RDO) D. RDO D stated the provider did not provide physical therapy. RDO D stated s/he missed the progress note and orders from physical therapy, but if s/he would have seen them, s/he would have educated therapy immediately that staff did not provide physical therapy to residents. RDO D said s/he would have requested home health to

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018152	A. BUILDING: _____ B. WING _____	R-C 04/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAMBRIDGE SENIOR LIVING	2525 WARD AVE HUDSON, WI 54016

(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
Y3244	Continued From page 14 provide these services to Resident 2. The provider's program statement, dated 03/01/2024, read, "Cambridge Senior Living offers Hospice Agreements, on-site contracted therapy and Retreat Stays ... Cambridge Senior Living has Hospice & Therapy Agreements in place to provide these services right in the comforts of your own room here ... The services offered at Cambridge Senior Living help to maintain the highest possible level of functioning of the residents we serve ... services available: Pharmacy, Skilled Therapy, Home Health, Hospice and Senescence Care." On 04/14/2025, Surveyor received an email from the provider that included a report of Resident 2's daily services (i.e. Plan of Care) from 03/01/2025 through 04/13/2025. According to this report, Resident 2 was to receive the following service from 03/01/2025 to 04/13/2025: "Staff to have resident walk to lunch every day with a gait belt and walker, following with a wheelchair. Due to cognitive impairment... [s/he] does not remember to do simple tasks." Staff documented on this task daily, but the documentation did not indicate if the task was completed, refused, or omitted. The provider scheduled staff to complete a walk with Resident 2 daily (to lunch) in the same way physical therapy ordered on 03/27/2025; however, the provider did not arrange for Resident 2 to receive the additional 2 walks per day. The provider was capable of providing walking assistance to Resident 2 three times a day as ordered by physical therapy on 03/27/2025, but the service was not provided.	Y3244		