STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016822	A. BUILDING: _____ B. WING _____	C 10/18/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REFLECTIONS AT MORAINE RIDGE	**2919 ST ANTHONY DR 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 10/18/2023, Surveyors conducted a standard licensure survey and one complaint investigation at Reflections At Moraine Ridge. Three deficiencies were identified and the complaint was substantiated. Census: 7	N 000		
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. This Rule is not met as evidenced by: Based on observation and interview the provider did not ensure the resident living environment that was safe and clean. Findings include: On 10/18/2023 at approximately 6:18 PM, Surveyors toured the environment of the facility, the following was observed during the tour: 1.) Laundry room by room #8 had lint built up on the dryer vent and clothing sitting on the dryer vent while it was running, creating a fire hazard. 2.) Laundry room by room #17 had lint built up behind the dryer and the dryer venting was not connected. 3.) The emergancy light by room #13 was not	N 481		

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

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N 481	Continued From page 1 funtioning properly, the light was stuck on. 4.) The kitchenette area was left unsecured with no staff around and there were unsecure chemicals under the sink. The chemicals were lysol spray and one step cleaner. 5.) There were no paper towels in the common bathroom/shower room. 6.) The two common bathrooms/shower rooms did not have keyed locks. The locks were easily opened using a flat device to turn the locking mechanism. On 10/18/2023 at approximately 8:07 PM, Surveyor toured the facility with Administrator A. Surveyor shared findings with Administartor A. Administrator A stated, "Ok."	N 481		
N 489	83.44(2)(a) Rooms clean and free from odors. The CBRF shall keep all rooms clean and shall make reasonable attempts to keep all rooms free from odors. This Rule is not met as evidenced by: Based on interview and observation, the provider did not ensure that all rooms were clean and free from odor. Resident 1's room had a strong urine-like scent emanating throughout. Findings Include: On 10/18/2023, at approximately 7:00 PM, Surveyor was touring the facility and noticed a urine-like scent emanating from Resident 1's	N 489		

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N 489	Continued From page 2	N 489		

room. Surveyor entered the room and observed a laundry basket in the bathroom that contained soiled clothing. Surveyor asked Med Passer C if Resident 1's room always had a urine-like scent. Med Passer C stated Resident 1 dealt with incontinence.

On 10/18/2023, Surveyor reviewed Resident 1's record.

Resident 1 moved into the facility, 12/06/2018, with diagnoses including lymphoma and mild cognitive impairment.

Resident 1's "Care Plan," dated 10/04/2023, documented:
"Laundry/Bedding Change: Staff is to change residents bedding as scheduled, was the bedding along with any personal laundry. Weekly [Wed (Wednesday)] @ 8:00 AM."
"Bathing: Shower uses a shower chair. Hospice does assist with showering 1 time per week Full assist needed with bathing. Requires additional assistance due to resistance/refusal to bathing. If resident refuses Shower - do sponge bath/bed bath. ... Weekly [Mon (Monday), Fri (Friday)] @ 9:00 AM, As Needed"
"Toileting: Resident is incontinent of Bladder/Bowels staff assist with changing depends and hygiene ..."
"Toileting Schedule: Resident is toileted every two hours while awake. Assistance with incontinence products and peri-care needed."

On 10/18/2023, at approximately 7:15 PM, Surveyor requested Administrator A to observe Resident 1's room with him/her. Administrator A stated this is not the norm for Resident 1 and requested Med Passer C to come into the room. Surveyor stated Resident 1 was sleeping and

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N 489	Continued From page 3 s/he did not want to disturb him/her to determine if s/he was sleeping in a soiled bed. Surveyor stated the bathroom smelled strongly of a urine-like scent and pointed out the laundry basket with soiled clothing. Surveyor walked over to Resident 1's wheelchair and picked up the seat cushion and immediately noticed a strong urine-like scent emanating from the seat cushion. Administrator A stated the concern would be addressed immediately. On 10/18/2023, at approximately 7:30 PM, Med Passer C informed Surveyors that Resident 1 "always smelled like urine and staff could bathe [him/her] ten times a day and [s/he] will still smell like urine."	N 489		
N 527	83.47(2)(f) Horizontal evacuation. Horizontal evacuation. The CBRF shall have approval from the department before including horizontal evacuation in the emergency and disaster plan. CBRFs using horizontal evacuation shall document the total evacuation time of the fire zone evacuated. This Rule is not met as evidenced by: Based on record review and interview, the provider did not obtain Department approval before implementing the horizontal evacuation in the emergency and disaster plan. Findings include: The Community Based Residential Facility (CBRF) is licensed as a class CNA (nonambulatory) to provide care for the following resident types: terminally ill, advanced aged and irreversible dementia/Alzheimer's.	N 527		

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N 527	Continued From page 4 On 10/19/2023, at approximately 7:00 PM, Review of the fire drill records noted the residents were evacuated to the other side of the fire doors located inside the CBRF. On 10/19/2023, at approximately 7:14 PM, Compliance Officer B confirmed the provider did not request Department approval for horizontal evacuation. Compliance Officer B acknowledged the findings and stated they would submit a waiver request to the Department for review.	N 527		