STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0013688	A. BUILDING: _____ B. WING _____	C 10/27/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORAINE RIDGE	**2929 SAINT 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
U 000	INITIAL COMMENTS On 10/18/2023, with information gathered through 10/27/2023, Surveyors conducted 6 complaint investigations at Moraine Ridge - RCAC. Seven deficiencies were identified. Five of 7 complaints were substantiated. 6 deficiencies identified. Census: 62	U 000		
U 117	89.23(2)(a)2.b SERVICES SUFFICIENT SERVICES. Minimum required services. A residential care apartment complex shall have the capacity to provide all of the following services to all tenants, either directly or under contract: b. Personal services: daily assistance with all activities of daily living which include dressing, eating, bathing, grooming, toileting, transferring and ambulation or mobility. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure the capacity to provide personal services, such as daily assistance with all activities of daily living (ADLs), which include dressing, eating, bathing, grooming, toileting,	U 117		

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

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U 117	Continued From page 1 transferring and ambulation or mobility for 1 of 2 tenants. Tenant 2 did not receive timely assistance with toileting and bathing. Findings Include: On 06/05/2023, the department received a complaint that alleged the provider did not meet tenants' needs for toileting and bathing assistance. On 10/19/2023, the department received a complaint that alleged tenants did not receive timely assistance with personal cares. On 10/18/2023, Surveyor reviewed Tenant 2's record. Tenant 2's "Individual Service Plan," dated 10/04/2023, documented: "Grooming: Resident can perform all grooming tasks (wash hands/face, sponge bath, comb hair, shave, use deodorant) independently. Assist as needed. 05/16/2023 - needs assistance with bed bath. Resident uses left hand to complete most of the tasks but states that [s/he] has a harder time getting [his/her] hair combed on the right side." "Bathing: If resident refuses shower schedule again for next day. Weekly (Mon) @ 7:00 AM, As Needed. Prefers morning showers. Shower Chair." "Toileting: Resident remain continent but requires assistance with toileting/peri care." "Resident is continent/incontinent of bowel/bladder. Resident requires assistance/is independent in toileting needs. Resident is able to get on/off toilet and complete peri care without	U 117		

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U 117	Continued From page 2	U 117		

assistance. Resident requires prompting, reminders/cueing but can toilet independently. Resident remains continent but requires assistance with toileting/peri care. Resident occasionally needs assistance with the use of incontinence products or related hygiene needs. Resident requires daily or more often assistance with the use of incontinence products or related hygiene needs." Surveyor noted this statement appeared to be a default statement that had not been updated to reflect the tenant.

Tenant 2's "Observations" documented:
10/14/2023 5:00 AM - Writer couldn't get to resident pendant right away
10/07/2023 3:45 AM - Resident pushed pendant to have brief changed
10/04/2023 6:00 AM - Resident pushed pendant to have brief changed
09/29/2023 2:30 AM - Resident pushed pendant to have brief changed
09/28/2023 3:45 AM - Writer couldn't get to resident pendant right away
09/25/2023 12:00 AM - Writer couldn't get to resident pendant right away
09/24/2023 5:30 AM - Resident couldn't get to resident's pendant ... Writer changed resident brief
09/20/2023 2:00 AM - Writer changed resident brief
09/19/2023 2:30 AM - Resident pushed pendant to have brief changed
09/15/2023 2:45 AM - Resident pushed pendant to have to get [his/her] brief changed.
09/11/2023 5:45 AM - Writer couldn't get to resident pendant right away
09/09/2023 12:00 AM - Resident pushed pendant to get [his/her] brief changed, 4:00 AM -Resident pushed pendant to get [his/her] brief changed
09/08/2023 2:30 AM - Writer couldn't get to

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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U 117	Continued From page 3	U 117		

resident pendant right away; 4:30 AM - Writer helped resident with changing [his/her] brief
09/07/2023 5:30 AM - Resident pushed pendant to get brief changed
09/06/2023 4:45 AM - Writer couldn't get to resident pendant right away
09/02/2023 3:00 AM - Writer [sic: Resident] pushed pendant to have [his/her] brief changed

Tenant 2's October 2023 "Task Administration Record" documented:
"10/02/2023 1:00 PM - Bathing - Refused"
"10/09/2023 1:00 PM - Bathing - Refused: Stated [his/her] arthritis was bad and [s/he] didn't want to sit in the shower cold"
"10/16/2023 8:00 AM - Bathing"

Based on Tenant 2's "Observations" and "Task Administration Record," s/he received one shower between 10/02/2023 and 10/16/2023.

On 10/18/2023, Surveyor requested the staff schedule from Compliance Officer A which documented there is one staff member scheduled from 11:00 PM to 7:00 AM. The current census was 62.

On 10/18/2023, at approximately 5:00 PM, Surveyors interviewed Compliance Officer A, Licensed Practical Nurse B and Executive Director C. Surveyor stated Tenant 2's individual service plan documented that s/he preferred his/her showers at 7:00 AM and the task administration record documented staff were trying to complete Tenant 2's showers in the afternoon. Compliance Officer A stated that the timing of Tenant 2's showers would be discussed with staff. Surveyor stated that it had been documented numerous times that staff were unable to respond to the residents' pendants right

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	0013688	A. BUILDING: _____ B. WING _____	C 10/27/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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U 117	Continued From page 4	U 117		

away. Executive Director C stated that a reasonable response time would be 5 to 7 minutes. Executive Director C stated, "The [NOC Shift Supervisor F] has high standards for [him/herself] and would document if [s/he] felt [s/he] did not respond in a timely manner."

On 10/20/2023 at 8:33 AM, Compliance Officer A emailed Surveyor and stated, "We will check with [him/her] to see if [s/he] is agreeable to changing [his/her] shower time and update the care plan accordingly."

On 10/25/2023, at approximately 3:10 PM, Surveyor interviewed Tenant 2's Family Member (FM) E. FM E stated that Tenant 2 dealt with arthritis and his/her pain increases as the day progresses. FM E stated, "Once [Tenant 2] is up for the day, [s/he] does not want to get undressed, get cold, and take a shower. When [Tenant 2's] pain increases, [s/he] is not able to pick up [his/her] legs to step into the shower; it causes [him/her] too much pain." FM E stated s/he was informed by the provider's beautician that staff should take [Tenant 2] into the community shower room as the shower is wheelchair accessible. FM E stated, "The beautician had commented to [him/her] that [Tenant 2's] hair appeared to not have been washed in quite some time." FM E stated, "[Tenant 2] basically wears Depends now due to staff not being able to respond quick enough when [s/he] presses [his/her] call pendant."

On 10/26/2023 at 9:20 AM, Compliance Officer A emailed Surveyor and stated, "We do have a shower room for the residents at [facility] who are in wheelchairs, and is available for any assisted residents who need that type of setting. However, often times when the caregiver

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0013688	A. BUILDING: _____ B. WING _____	C 10/27/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORAINE RIDGE	2929 SAINT 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
U 117	Continued From page 5 suggests bringing them to that shower, the resident refuses, as they don't want to leave their apartment to shower."	U 117		
U 122	89.23(2)(c) SERVICES SUFFICIENT SERVICES. Emergency assistance. A residential care apartment complex shall ensure that tenant health and safety are protected in the event of an emergency and shall have the capacity to provide emergency assistance 24 hours a day. A residential care apartment complex shall have a written emergency plan which describes staff responsibilities and procedures to be followed in the event of fire, sudden serious illness, accident, severe weather or other emergency and is developed in cooperation with local fire and emergency services. This Rule is not met as evidenced by: The provider did not ensure that tenant health and safety were protected in the event of an emergency by developing an emergency plan in cooperation with local fire and emergency services. Tenant 2, Tenant 3, Tenant 5, and Tenant 6 were designated as a point of rescue when the tenants were documented as having the ability to exit within 4 minutes.	U 122		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0013688	A. BUILDING: _____ B. WING _____	C 10/27/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORAINE RIDGE	2929 SAINT 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
U 122	Continued From page 6 Findings include: On 10/18/2023, Surveyors reviewed Tenant 2's, Tenant 3's, Tenant 5's and Tenant 6's record. Tenant 2's "Individual Service Plan (ISP)," dated 10/04/2023, documented: "Mental Status: Resident is oriented to person, place and time. Staff requires to occasionally orient resident." "Evacuation Capability: Point of rescue. Keep resident in room with door closed until rescue arrives." Tenant 3's ISP, dated 08/17/2023, documented: "Capacity for Self Direction: Makes own decisions." "Evacuation Capability: Point of rescue. Keep resident in room with door closed until rescue arrives." Tenant 5's ISP, dated 09/19/2023, documented: "Capacity for Self Direction: Makes own decisions." "Evacuation Capability: Point of rescue." Tenant 6's ISP, dated 09/15/2023, documented: "Mental Status: Resident is oriented to person, place and time. Staff requires to occasionally orient resident." "Evacuation Capability: Point of rescue. Keep resident in room with door closed until rescue arrives." On 10/18/2023, at approximately 5:00 PM, Surveyors interviewed Compliance Officer A, Licensed Practical Nurse B and Executive Director C. Surveyors asked why Tenant 2, Tenant 3, Tenant 5 and Tenant 6 were considered	U 122		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0013688	A. BUILDING: _____ B. WING _____	C 10/27/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORAINE RIDGE	2929 SAINT ANTHONY DR GREEN BAY, WI 54311

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U 122	Continued From page 7	U 122		

a point of rescue in the event of an evacuation emergency and if the provider's evacuation plan outlined that the tenants were a point of rescue with the fire department's approval. Surveyors did not receive a response. Surveyors noted there were currently 62 assisted living tenants.

On 10/26/2023, Surveyor reviewed the provider's program statement on file with the department which documented: "[Facility Name] is a residential care apartment complex (RCAC) designed specifically for the elderly who choose to live in a community setting. The campus contains an apartment building with 100 apartments, 60 of which are licensed to provide assisted living services under a RCAC certification."

On 10/27/2023 at 8:32 AM, Surveyor emailed Compliance Officer A to forward a copy of the providers emergency plan.

On 10/27/2023, at approximately 10:00 AM, Surveyor reviewed the providers "Emergency Evacuation Plan," dated 03/26/2020, which documented:
"Point of Rescue: Residents who have an evacuation time of 4 minutes or more or are not able to be evacuated safely, particularly if that resident is in his/her room when the fire alarm sounds, shall be a point of rescue. This means that the resident shall be instructed to remain in their room with the door closed and await rescue by the fire department ... the fire department must be notified of each point of rescue along with a copy of the floor plan including the rooms that include point of rescue residents. ... Staff should attempt to evacuate 'Point of Rescue' residents, but only if that resident will be able to exit the building safely on their own, in under 4

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	0013688	A. BUILDING: _____ B. WING _____	C 10/27/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORAINE RIDGE	2929 SAINT ANTHONY DR GREEN BAY, WI 54311

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U 122	Continued From page 8 minutes. Staff are NOT to use one on one assist to evacuate residents. ... Residents in common areas - outside the fire doors should be moved to the hallways behind the fire doors - away from the fire. ... If staff is unable to evacuate 'Point of Rescue' residents, resident should be instructed to stay in their apartments, closing all doors including the door leading to the hallway. Time permitting, staff should give the resident a wet towel or wash cloth to put over the resident's mouth and nose. ..." On 10/27/2023 at 10:25 AM, Surveyor emailed Compliance Officer A, Licensed Practical Nurse B and Executive Director C and asked for confirmation that the fire department had reviewed the RCAC emergency plan, since the individual service plans that Surveyors had reviewed during the survey process all stated that the tenant was a point of rescue. Compliance Officer A stated the tenants were not point of rescues.	U 122		
U 129	89.23(4)(a)2. SERVICES PROVIDER QUALIFICATIONS. Service Providers. Nursing services and supervision of delegated nursing services shall be provided consistent with the standards contained in the Wisconsin nurse practice act. Medication administration and medication management shall be performed by or, as a delegated task, under the supervision of a nurse or pharmacist.	U 129		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0013688	A. BUILDING: _____ B. WING _____	C 10/27/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORAINE RIDGE	2929 SAINT 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
U 129	Continued From page 9	U 129		

This Rule is not met as evidenced by:
Based on record review and interview the provider did not ensure 2 of 2 tenants (Tenant 4 and Tenant 5) received all medication as prescribed in the dosage and intervals prescribed by the tenant's physician.

Tenant 4's September 2022 Medication Administration Record (MAR) did not document 9 instances of medication administration.
The documented number of lidocaine patches did not align with the number of documented administrations in Tenant 5's MARs.

Findings include:

On 06/01/2023 and 06/20/2023, the department received complaints that alleged residents did not receive their scheduled medications and medications were not administered as prescribed.

Example 1: Tenant 4

On 10/18/2023 at approximately 1:30 PM, Surveyor reviewed Tenant 4's facility record. The following was reviewed:

Tenant 4's September 2022 MAR indicated 9 instances where medications were not documented as given. The following medications were included: diltiazem, poly glycol 3350 powder, barrier cream, and atorvastatin.

Atorvastatin 20 MG tabs were ordered nightly at 8:00 PM. Order dated 09/09/2022.
Diltiazem 30 MG tab was ordered 3 times daily 8:00 AM, 2:00 PM, and 8:00 PM. Order dated 04/05/2022.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0013688	A. BUILDING: _____ B. WING _____	C 10/27/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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(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
U 129	Continued From page 10	U 129		

Barrier cream 3 times daily 10:00 AM, 2:00 PM, and 4:00 PM. Order dated 09/09/2022.
Polyglycol 3350 powder is 1 time daily at 8:00 AM. Order dated 09/06/2023.

On 10/18/2023 at approximately 3:40 PM, Surveyors shared findings with Licensed Practical Nurse B. Licensed Practical Nurse B stated according to the medication administration records, it appeared staff just forgot to sign off as the medications were given.

On 10/18/2023 at approximately 3:45 PM, Compliance Officer A stated to Surveyor, the staff would receive retraining on medication documentation.

Example 2: Tenant 5 - Lidocaine Patches

On 10/18/2023, Surveyor reviewed Tenant 5's record.

Tenant 5's May and June 2023 MAR documented:
"Lidocaine 5% patch - Apply One Patch Topically to Lower Back. Remove and Discard Patch Within 12 Hours or as Directed by MD (medical doctor). Scheduled 8:00 AM and 8:00 PM."
Lidocaine patch totals are as follows:
05/04/2023 - 19 Total
05/08/2023 - 17 Total, administered 5/06, 05/07, 05/08: 19-3=16 Total
05/11/2023 - 16 Total, documented refused 2: 16-0=16 Total
05/18/2023 - 13 Total, administered 05/11, 05/12, 05/13, 05/14, 05/15, 05/16, 05/17: 16-7=9 Total
05/22/2023 - 9 Total, administered 05/18, 05/19, 05/20, 05/21: 9-4=5 Total
05/25/2023 - 7 Total, administered 05/22, 05/23, 05/24: 5-3=2 Total

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0013688	A. BUILDING: _____ B. WING _____	C 10/27/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORAINE RIDGE	2929 SAINT 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
U 129	Continued From page 11 05/29/2023 - 4 Total, administered 05/25, 05/26, 05/27, 05/28: 2-4=-2 Total 06/08/2023 - 28 Total 06/12/2023 - 25 Total, administered 06/08, 06/09, 06/10, 06/11: 28-4= 24 Total 06/19/2023 - 20 Total, administered 06/12, 06/13, 06/14, 06/15, 06/16, 06/17, 06/18: 24-7=17 Total 06/22/2023 - 13 Total, administered 06/19, 06/20, 06/21: 17-3=14 Total 06/29/2023 - 11 Total, administered 06/22, 06/23, 06/24, 06/25, 06/26, 06/27, 06/28: 14-7= 7 Total Surveyor noted that Tenant 5's May 2023 MAR documented the 8:00 AM medication administration of the Lidocaine patch occurred after 11:00 AM 9 times out of 25 opportunities and 13 out of 29 opportunities on the June 2023 MAR. On 10/18/2023, at approximately 5:00 PM, Surveyors interviewed Compliance Officer A, Licensed Practical Nurse B and Executive Director C. Compliance Officer A stated the staff would receive retraining on medication documentation.	U 129		
U 173	89.27(2)(a)1. SERVICE AGREEMENT CONTENTS. A service agreement shall identify all of the following: (a) Services. 1. The type, amount and frequency of the services to be provided to the tenant, including services which will be available to meet unscheduled care needs.	U 173		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0013688	A. BUILDING: _____ B. WING _____	C 10/27/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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(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
U 173	Continued From page 12	U 173		

This Rule is not met as evidenced by:
Based on observation, record review and interview, the provider did not update 1 of 1 tenant's service agreement to reflect the tenant's physical and functional limitations.

Tenant 2 was documented as having a catheter and being bedbound when s/he was not.

Findings include:

On 10/18/2023, at approximately 11:45 AM, Surveyors communicated with Tenant 2 in his/her apartment when staff arrived to assist him/her to lunch as Tenant 2 had just received his/her electric wheelchair and was still learning how to operate the device.

On 10/18/2023, Surveyor reviewed Tenant 2's record.

Tenant 2 moved into the RCAC, 05/21/2020, with diagnoses including: Type 2 diabetes mellitus with diabetic neuropathy and hyperglycemia, major depressive disorder, dysarthria (difficulty speaking) and aphasia following cerebral infarction (stroke), muscle weakness and osteoarthritis.

Tenant 2's "Risk Agreement Report," dated 08/18/2020, documented:
"Resident does not want to fall but wants to remain as independent as possible."

Tenant 2's "Individual Service Plant," dated 10/04/2023, documented:
"Toileting: Resident remains continent but requires assistance with toileting/peri care. Staff

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0013688	A. BUILDING: _____ B. WING _____	C 10/27/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORAINE RIDGE	2929 SAINT ANTHONY DR GREEN BAY, WI 54311

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U 173	Continued From page 13	U 173		

to assist resident to the bathroom with EZ-stand." "Resident is continent/incontinent of bowel/bladder. Resident requires assistance/is independent in toileting needs. Resident is able to get on/off toilet and complete peri care without assistance. Resident requires prompting, reminders/cueing but can toilet independently. Resident remains continent but requires assistance with toileting/peri care. Resident occasionally needs assistance with the use of incontinence products or related hygiene needs. Resident requires daily or more often assistance with the use of incontinence products or related hygiene needs. Resident requires staff assistance to perform catheter or ostomy care. Resident requires staff assistance to empty or clean urinal/bedside commode. Resident requires assistance with additional monitoring due to frequent constipation/diarrhea. Resident requires assistance with toileting schedule. Resident requires monitoring/measuring of output or bowel program. Resident is incontinent/continent of bowel/bladder Resident uses depends/pads for incontinent. CAUTION BED BOUND RESIDENT: Resident requires 2 hour toileting to bathroom/commode/via urinal/via bedpan. Ensure placement of bed pad on bed at all times. Resident requires assistance with peri-care." Surveyor noted this statement appeared to be a default statement that had not been updated to reflect the tenant.

Tenant 2's "Task Administration Record" which is utilized by staff stated the same language that was outlined on his/her individual service plan.

Tenant 2's "Observations" documented: "10/04/2023 - Resident pushed pendant to have brief changed, writer got resident up and dressed for the day."

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0013688	A. BUILDING: _____ B. WING _____	C 10/27/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORAINE RIDGE	2929 SAINT ANTHONY DR GREEN BAY, WI 54311

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U 173	Continued From page 14 "09/11/2023 - Resident is in the bathroom combing [his/her] hair and washing [his/her] face." "09/07/2023 - Fall risk assessment Resident has diagnosis of DM2 (diabetes), cataracts, hearing loss, hemiplegia and hemiparesis (weakness on one side of the body), osteoarthritis, muscle weakness, difficulty walking, and other lack of coordination. These all increase [his/her] risk of falls as well as [his/her] prescribed medications. Resident uses an EZ-stand with assistance from staff to go to the bathroom." On 10/18/2023, at approximately 5:00 PM, Surveyors interviewed Compliance Officer A, Licensed Practical Nurse B and Executive Director C. Surveyor read Tenant 2's individual service plan. Licensed Practical Nurse B stated that Tenant 2 did not have any type of catheter, was not bedbound and the commode Tenant 2 utilized was a commode over the toilet. Compliance Officer A and Licensed Practical Nurse B stated they would review the individual service plan to ensure template language was not used. On 10/25/2023, at approximately 3:10 PM, Surveyor interviewed Tenant 2's Family Member (FM) E. FM E stated staff had tried to utilize an EZ-stand with Tenant 2 but it was too difficult to maneuver on the carpet in the apartment and there was not enough room in the bathroom. FM E stated Tenant 2 was not bedbound and did not have a catheter.	U 173		
U 211	89.28(6) RISK AGREEMENT UPDATING. The risk agreement shall be updated when the tenant's condition or	U 211		

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U 211	Continued From page 15	U 211		

service needs change in a way that may affect risk, as indicated by a review and update of the comprehensive assessment, by a change in the service agreement or at the request of the tenant or facility.

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not ensure the risk agreement was updated for 1 of 1 tenant when the tenant's condition or service needs changed in a way that affected risk.

Tenant 5's risk agreement was not updated when s/he began to self-administer the medication Sertraline (antidepressant).

Findings include:

On 06/01/2023, the department received a complaint that alleged tenants were not receiving their scheduled medications.

On 10/18/2023, Surveyor reviewed Tenant 5's record.

Tenant 5's "Risk Agreement," signed and dated 12/18/2019 by Tenant 5 and Licensed Practical Nurse (LPN) B, documented:
"Resident self administers the following medications - Albuterol HFA Refresh Eye Tramadol and Vitamin B12 Staff will admin (administer) all other medications order by MD (medical doctor). Resident may continue to Self Administer the following medications with approved MD order and continues to meet standards with no safety concerns."

Tenant 5's May and June 2023 Medication

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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U 211	Continued From page 16 Administration Record did not document that Tenant 5 was prescribed Sertraline. Tenant 5's "Physician communication Form," dated 12/12/2022, documented: "Ok for pt (patient) to self administer Sertraline at 5:30 AM." Tenant 5's "Individual Service Plan," dated 09/20/2022, documented: "Medications Administered by Staff" "Resident will self admin Carbidopa/Levodopa per request medication will continue to be delivered from [pharmacy]-staff to give resident medication" On 10/18/2023, at approximately 5:30 PM, Surveyor interviewed Compliance Officer A, LPN B and Administrator C. LPN B stated Tenant 5 held some of his/her medications and believed Sertraline was one of the medications. Surveyor stated Tenant 5's current risk agreement did not outline that s/he self-administered Sertraline.	U 211		
U 267	89.34(16) TENANT RIGHTS Rights of tenants. A tenant of a residential care apartment complex shall have all the rights listed in this section. These rights in no way limit or restrict any other rights of the individual under the U.S. Constitution, civil rights legislation or any other applicable statute, rule or regulation. Tenant rights are all of the following: (16) MEDICATIONS. Except as provided for in the service agreement, to have the facility not interfere with the	U 267		

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U 267	Continued From page 17	U 267		

tenant's ability to manage his or her own medications or, when the facility is managing the medications, to receive all prescribed medications in the dosage and at the intervals prescribed by the tenant's physician and to refuse medication unless there is a court order.

This Rule is not met as evidenced by:
Based on record review and interview the provider did not ensure 1 of 1 tenant received all medication as prescribed in the dosage and intervals prescribed by the tenant's physician.

Tenant 5's MAR documented s/he did not receive his/her scheduled hydrocortisone ointment as prescribed.
Tenant 5's MAR documented s/he received doses of hydrocodone when the medication had been placed on hold.

This is a repeat deficiency. See Statement of Deficiency (SOD) 2LHP11, dated 03/10/2021.

Findings include:

On 06/01/2023 and 06/20/2023, the department received complaints that alleged residents did not receive their scheduled medications and medications were not administered as prescribed.

On 10/18/2023, Surveyor reviewed Tenant 5's record.
Example 1: Hydrocortisone ointment
Tenant 5's May 2023 MAR documented:
"Hydrocort (hydrocortisone) 2.5% Oint (ointment) - apply topically to upper back 3 times daily scheduled for 7 days. Scheduled: 8:00 AM, 2:00

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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U 267	Continued From page 18	U 267		

PM, 8:00 PM."
Ointment was documented as administered, starting 05/12 at 8:00 PM, until 05/17 at 2:00 PM.
05/17 9:37 PM - Must Call RD On Call
05/18 8:00 AM and 2:00 PM documented at 3:02 PM - Not in Med Cart
05/18 19:51 (7:51 PM) - documented as administered
05/19 7:52 AM - Not in Med Cart
05/19 12:24 PM - Refused by Patient
05/19 19:15 (7:15 PM) - documented as administered
05/20 6:16 AM - Refused by Patient

On 10/18/2023, at approximately 5:00 PM, Surveyors interviewed Compliance Officer A, Licensed Practical Nurse B and Executive Director C. Licensed Practical Nurse B stated the med passers are responsible to track medications and ensure they are reordered in a timely manner.

On 10/23/2023, at approximately 5:30 PM, Surveyor interviewed Tenant 5's Family Member (FM) D. FM D informed Surveyor that s/he had concerns about Tenant 5 receiving his/her scheduled hydrocortisone cream in May. FM D explained that Tenant 5 had been dealing with an itchy rash, which was suspected, by his/her physician, to be caused by the pain patches s/he applied daily. FM D forwarded Tenant 5's medical documentation to Surveyor.

On 10/24/2023, Surveyor reviewed Tenant 5's medical documentation.

Tenant 5's [urgent care] "After Visit Summary," dated 05/12/2023, documented:
"For shoulder rash/itching, use the hydrocortisone 3 times a day for a week, then as needed."

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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U 267	Continued From page 19	U 267		

Example 2: Hydrocodone

On 10/18/2023, Surveyor reviewed Tenant 5's record.

Tenant 5's September 2023 MAR documented: "Hydrocod/apap (hydrocodone) - Take One Tablet by mouth every 4 to 6 hours as needed. Start Date: 09/11/2023."
Hydrocodone was administered from 09/11 to 09/14. Then acetaminophen and tramadol were used for pain management on 09/15 and 09/16. Hydrocodone was administered 3 times between 09/17 and 09/18. The medication was written to be discontinued on 09/15/2023.
The MAR documented the Hydrocodone was placed in a hold pattern starting on 09/19/2023.

On 10/23/2023, at approximately 5:30 PM, Surveyor interviewed Tenant 5's FM D. FM D informed Surveyor that s/he had concerns about Tenant 5 receiving doses of Hydrocodone after the medication had been discontinued. FM D forwarded Tenant 5's medical documentation to Surveyor.

On 10/24/2023, Surveyor reviewed Tenant 5's medical documentation.

Tenant 5's spine and pain paperwork, dated 09/12/2023, documented:
"Butran's patch to be filled today. Patient can continue hydrocodone for the first 3 days (Tue/Wed/Thur) and then it should be discontinued."

On 10/18/2023, at approximately 5:00 PM, Surveyors interviewed Compliance Officer A, Licensed Practical Nurse B and Executive

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U 267	Continued From page 20 Director C. Licensed Practical Nurse B stated they had not received any documentation that stated the hydrocodone had been discontinued prior to 09/19/2023. Surveyor requested clarification as to why the hydrocodone had not been administered after 09/14 and started again on 09/17. Licensed Practical Nurse B did not have a response.	U 267		