

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0013688	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 05/30/2025
NAME OF PROVIDER OR SUPPLIER MORAINES RIDGE		STREET ADDRESS, CITY, STATE, ZIP CODE 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 05/29/2025 with additional information gathered through 05/30/2025, Surveyors conducted 3 complaint investigations and a verification visit at Moraine Ridge. Three complaints were unsubstantiated. Four of 5 previous deficiencies were corrected. One deficiency was identified. One of 1 deficiency was a repeat violation (see SOD X50W12, dated 09/06/2024). Under statutory provisions of Wis. Stat. Ch. 50, a \$200 revisit fee is being assessed. Census: 43	{U 000}		
{U 127}	89.23(3)(f) SERVICES SERVICE QUALITY. Meals and snacks served to tenants shall be prepared, stored and served in a safe and sanitary manner. This Rule is not met as evidenced by: Based on observation and interview the provider did not ensure the refrigerator and food storage areas were sanitarly maintained. Findings include: On 05/29/2025 at 10:50 AM, Surveyor toured the facility kitchen with Dietary Assistant B present. Surveyor observed the refrigerator where resident food was kept was not clean. Surveyor observed a reddish liquid puddle on the floor under a rack in the refrigerator. Additionally, Surveyor's shoes were sticking to the floor in the refrigerator.	{U 127}		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0013688	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R-C 05/30/2025
NAME OF PROVIDER OR SUPPLIER MORaine RIDGE			STREET ADDRESS, CITY, STATE, ZIP CODE 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 127}	Continued From page 1 Throughout the kitchen and adjoining service area (containing coffee and juice machines), Surveyor observed dried spills on the floors, cabinets and walls. The service area floor also contained black grimey looking areas which appeared to not have been cleaned in awhile. As Surveyor walked through the kitchen and adjoining service area, Surveyor's shoes were sticking to the floor. A cabinet near the coffee machine in the service area did not have a door, exposing water pipes. Surveyor also observed shelves (containing plates and bowls) that had dust and debris located on them. Dietary Assistant B confirmed the observations. During the tour, Surveyor interviewed Dietary Assistant B. Dietary Assistant B stated s/he started working in the kitchen in January 2025. Dietary Assistant B stated yesterday kitchen staff cleaned out the entire refrigerator. Dietary Assistant B stated this took a long time so the rest of the kitchen didn't get cleaned as good and are playing "catch up" today. Dietary Assistant B indicated there was a cleaning schedule for the kitchen areas but the facility has had some "not great" employees lately so it was most likely not being followed. Dietary Assistant B acknowledged the sticky floors and stated, "Looks like they [floors] didn't get mopped last night." On 05/29/2025 at 12:15 PM, Surveyor interviewed Administrator A. Administrator A stated yesterday the staff did a deep clean of the refrigerator and pulled out all the food and went through it. Administrator A acknowledged the floor did not get cleaned yesterday in the refrigerator. Administrator A stated, "We are doing that today, as well as the floor in the rest of the kitchen." Administrator A indicated the kitchen is scheduled for a deep clean next week where they plan to	{U 127}			

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0013688	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R-C 05/30/2025
NAME OF PROVIDER OR SUPPLIER MORAINES RIDGE			STREET ADDRESS, CITY, STATE, ZIP CODE 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 127}	Continued From page 2 order out food for the tenants and spend the day cleaning the kitchen.	{U 127}			