STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018628	A. BUILDING: _____ B. WING _____	C 05/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ABRIDGE CARE COTTAGE OF KEWAUNEE	1100 BAUMEISTER DR KEWAUNEE, WI 54216

(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 05/28/2025 with additional information gathered through 05/30/2025, Surveyor conducted a complaint investigation at Abridge Care Cottage of Kewaunee. As a result, 1 of 2 complaints was substantiated and 1 deficiency was identified. Census: 15	N 000		
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 record review and interview, the provider did not implement and follow the Individualized Service Plan (ISP) for 2 of 2 (Residents 1 and 2) residents reviewed. Resident 1's ISP indicated his/her incontinence products are to be changed twice per night. Resident 1's record did not contain documentation s/he was consistently changed on a nightly basis. Resident 2's ISP indicated his/her incontinence products are to be changed twice per night. Resident 2's record did not contain documentation s/he was consistently changed on a nightly basis. Findings include: On 02/10/2025, the Department received a complaint alleging care concerns. On 05/28/2025 at approximately 10:45 AM,	N 388		

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

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N 388	Continued From page 1 Surveyor requested Resident 1 and Resident 2's sample records including their face sheets, ISPs, observation notes, task administration record (TAR) and incident reports from Executive Director (ED) A. RESIDENT 1 - Surveyor reviewed Resident 1's record and identified the following: Resident 1 admitted to the facility on 12/06/2023 with diagnoses to include Alzheimer's Disease, diastolic dysfunction without heart failure, depression, anxiety, hypertension, paroxysmal atrial fibrillation (irregular heart rhythm episodes), diverticulitis, history of urinary tract infections, enlarged kidney and anemia. Resident 1 had an activated power of attorney (POA), was under hospice care and identified as a fall and elopement risk. Resident 1's ISP, signed 06/20/2024, noted s/he required "24-hour supervision ... cannot make needs known ... needs assistance with decisions ... uses a wheelchair." Resident 1 required staff assistance with all activities of daily living. Resident 1's ISP also documented the following: -Mobility: "Independent with use of wheelchair. Resident is able to scoot around in [his/her] wheelchair however does need redirection at times due to [his/her] cognitive impairment." -Transfer: "Staff assistance required. Resident requires assistance of one staff to transfer safely. In the morning, [s/he] may require the assistance of 2 due to increased weakness and body stiffness. In the evening hours resident may be more aggressive toward staff, which also may require 2 staff assistance."	N 388		

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N 388	Continued From page 2 -Toileting: "Full assist ... Hands on assistance and/or cuing as needed to maintain Q 2 hr awake and 2 x at NOC toilet schedule. Assist with dressing and undressing wash/wiping, and changing incontinence products. Remove soiled products immediately [sic all]." Surveyor reviewed Resident 1's TAR from April 2025 and May 2025 and noted the following dates under "Toileting Program - Full Assist" where there was no documentation on NOC shift: *04/03/2025 *04/04/2025 *04/06/2025 *04/09/2025 *04/10/2025 *04/11/2025 *04/12/2025 *04/13/2025 *04/14/2025 *04/16/2025 *04/17/2025 *04/19/2025 *04/20/2025 *04/21/2025 *04/23/2025 *04/30/2025 *05/03/2025 *05/04/2025 *05/10/2025 *05/17/2025 *05/18/2025 Between 04/01/2025 to 04/30/2025, 16 out of 30 days were not documented as completed by NOC shift staff. Between 05/01/2025 to 05/28/2025, 5 out of 28 were not documented as completed by NOC shift staff. (Surveyor note: There was only 1	N 388		

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N 388	Continued From page 3	N 388		

line on Resident 1's TAR for nightly checks when his/her ISP reflected 2 nightly checks.)

Surveyor reviewed Resident 1's observation notes and observed a note from 05/17/2025 at 6:00 AM which stated, "When writer arrived at 6 went to check on resident and [s/he] was doubled briefed and wedged in door way of bathroom laying on the floor with rug burns on back from scooting on the floor to bathroom." (Surveyor note: There was also no documentation on the TAR there was a NOC shift toileting check on 05/17/2025.)

RESIDENT 2 - Surveyor reviewed Resident 2's record and identified the following:

Resident 2 admitted to the facility on 09/01/2021 with diagnoses to include diabetes, depression, anxiety, paraplegia, hemiplegia and hemiparesis following cerebral infarction affecting right dominant side and hyperlipidemia.

Resident 2's ISP, signed 08/07/2024, noted s/he required "24-hour supervision ... makes needs known ... uses a wheelchair." Resident 2 required staff assistance with all activities of daily living. Resident 2's ISP also documented the following:

-Mobility: "Unable. Resident is unable to ambulate due to paralysis on the right side of body. Resident is able to propel self in wheelchair for short increments. If resident needs to travel more than 200 feet staff will need to assist resident by pushing wheelchair."

-Transfer: "Sit to stand. Resident requires use of sit or stand lift and 1 staff assist for all transfers."

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N 388	Continued From page 4 -Toileting: "Full assist. Hands on assistance and/or cuing as needed to maintain Q 2-3 hr while awake and 2 x at NOC toilet schedule. Assist with un/dressing, wash/wiping, and changing incontinence products. Remove soiled products immediately ... ***Resident is USUALLY able to recognize when [s/he] needs to use the toilet during awake hours and will utilize call button to request assistance; however, if staff notice it has been longer than 3 hours since [s/he] last used the restroom they should ask [him/her] if [s/he] needs to go. ***From the time resident goes to bed at night and the time resident rises for the day, resident does not go to the toilet. Resident chooses to be changed in bed overnight. ***Due to a history of frequent UTIs, resident should be encouraged to go to the toilet, but has a right to refuse. In that case, resident should be changed in bed at least two times on NOC shift *** [sic all]." Surveyor reviewed Resident 2's TAR from April 2025 and May 2025 and noted the following dates under "Toileting Program - Full Assist" where there was no documentation on NOC shift: *04/03/2025 *04/04/2025 *04/06/2025 *04/09/2025 *04/10/2025 - only 1 of 2 checks were documented *04/11/2025 *04/12/2025 *04/13/2025 *04/14/2025 *04/16/2025 - only 1 of 2 checks were documented *04/17/2025 *04/19/2025 *04/20/2025	N 388		

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N 388	Continued From page 5 *04/21/2025 *04/23/2025 *04/30/2025 *05/03/2025 *05/04/2025 *05/10/2025 *05/17/2025 *05/18/2025 Between 04/01/2025 to 04/30/2025, 14 out of 30 days were not documented as completed by NOC shift staff. In addition, 2 of the 30 days only documented 1 of the required 2 nightly checks. Between 05/01/2025 to 05/28/2025, 5 out of 28 days were not documented as completed by NOC shift staff. Surveyor reviewed Resident 1's observation notes and observed a note from 05/06/2025 at 5:15 PM which stated, "Orders from PCP received resident has UTI, will be treated with Macrobid 100mg BID for 5 days. Orders placed in chart." On 05/28/2025 at 11:39 AM, Surveyor interviewed Caregiver B who reported, "Third shift doesn't do anything. When I come in for first shift resident beds are soaked with urine." S/he stated, "[Resident 1] is on 2-hour checks because of incontinence and NOC shift doesn't change [him/her]. [S/he] will slide out of [his/her] bed and crawls to the bathroom. [S/he] will lay there until we find [him/her] there in the morning or [s/he] is soaked laying in bed." Caregiver B reported, "[Resident 2] is also on 2-hour checks because of incontinence and [s/he] is prone to UTIs. When I come in the morning, [s/he] is soaked in urine. [S/he] was even soaked this morning." Caregiver B stated staff should be documenting in the TAR,	N 388		

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N 388	Continued From page 6	N 388		

but that is not being done as those nightly alerts pop up for [him/her] when [s/he] comes in on first shift. Caregiver B reported s/he has reported the concerns to ED A and has even shown [him/her] resident beds soaked with urine from NOC shift, but nothing gets done.

During an interview with ED A on 05/28/2025 at approximately 12:15 AM, s/he stated "[Resident 2] rings when [s/he] needs to be changed. [S/he] rings once a night and knows when [s/he] needs to be changed." ED A reported, "[Resident 1] is on 2-hour checks at night due to incontinence." Surveyor reviewed the blank documentation on the TARs for both Resident 1 and Resident 2 with ED A. S/he stated, "Those were nights staff were picking up shifts and were not checking in the system. They didn't realize they needed to document their 2-hour checks. We have also had internet issues and when the system is down, staff are not able to document." ED A also reported, "We are revamping how we are doing 2-hour checks because of [Managed Care Organization C]. We were told if a resident's door is closed and staff knock, and the resident doesn't respond we can't open the door unless they are a high fall risk." ED A confirmed staff should be documenting their cares in the TAR. Surveyor also inquired about Resident 1's observation note from 05/17/2025 where s/he was found on the floor at approximately 6:00 AM double briefed. ED A acknowledged s/he just read the note and found it concerning. ED A reported Resident 1 should not have been double briefed and would look into it further. S/he stated, "[Resident 1] slides out of bed [his/herself] and scoots everywhere."

On 05/30/2025 at 9:05 AM, Surveyor interviewed Caregiver D who stated s/he works night shift.

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N 388	Continued From page 7 S/he stated, "[Resident 2] is stubborn. When I go in to change [him/her] at night [s/he] will tell me [s/he] is not wet and goes back to bed. [S/he] will refuse at times, but [s/he] usually allows me to change [him/her] at least once per night." Caregiver D reported, "With [Resident 1] you have to be careful. If you wake [him/her] too early [s/he] will not go back to bed. I sat outside of [his/her] room last night because [s/he] is so quick and will fall." Caregiver D acknowledged Resident 1 and Resident 2 required 2 nightly checks per their ISPs, but discussed these are not always being done due to refusals or other residents having behaviors. Caregiver D stated another resident screams and yells which wakes up other residents. S/he reported, "Sometimes I struggle getting things done." During an interview with ED A on 05/30/2025 at approximately 10:00 AM, s/he reported s/he looked into the internet issues and there is no record of any outages in their area. ED A acknowledged Surveyor's concerns there was no documentation Resident 1 and Resident 2 were consistently changed on a nightly basis in April 2025 and May 2025. ED A stated s/he was not sure if the lack of documentation was due to internet issues, staff not realizing they needed to document or staff forgetting. ED A reported s/he looked into Resident 1's observation note from 05/17/2025 and determined s/he was not double briefed, but was wearing a brief and incontinence pad. S/he stated s/he will address this at their next staff meeting, but in the meantime s/he put a note on the medication cart for all staff that this cannot occur.	N 388		