STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0014024	A. BUILDING: _____ B. WING _____	C 01/29/2024

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CENTURY RIDGE OF GREEN BAY II	2510 BLUESTONE PL 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 01/10/2024, with information gathered through 01/29/2024, Surveyors investigated one complaint and conducted a standard survey at Century Ridge of Green Bay II. The complaint was substantiated, and the standard survey resulted in seven (7) new deficiencies. Census: 18	N 000		
N 169	83.12(5)(a) Notification: incident, injury, changes. The CBRF shall immediately notify the resident's legal representative and the resident's physician when there is an incident or injury to the resident or a significant change in the resident's physical or mental condition. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure immediate notification to the resident's legal representative of a physical change in condition for Resident 1. Findings Include: On 07/18/2023, the department received a complaint alleging residents were not being provided adequate cares. On 01/18/2024 at approximately 4:15PM, Surveyor reviewed the Interdisciplinary Communication from PRN Home Health and Therapy, LLC. The communication document	N 169		

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

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 169	Continued From page 1 noted the following: Surveyor interviewed Guardian F on 01/11/2024 at 11:47AM. Guardian F confirmed s/he is the guardian for Resident 1. Guardian F reported having communication issues with the provider. Guardian F explained, on 01/03/2024, s/he received a call from the home health agency. The home health nurse reported caregivers advised Resident 1 was vomiting daily for at least three weeks. Guardian F explained this was the first time s/he was notified of this change in condition. On 01/18/2024 at approximately 4:15PM, Surveyor reviewed the Interdisciplinary Communication from PRN Home Health and Therapy, LLC. The document noted the following: "01-04-2024 01:58 PM(CST) : Pt [patient] seen yesterday for scheduled visit ... Staff also notified writer that pt has been vomiting daily for 3x weeks. This has not been reported at previous visits. Patient and staff reported that [s/he] does not have nausea but every time [s/he] eats or takes medication [s/he] vomits. Facility staff reported this is due to esophagus issues ... due to these things, writer called guardian to update and to inform of writer notifying MD. Guardian not aware of vomiting ... Requested order for ...speech therapy d/t [due to] dx [diagnosis] of dysphasia and difficulty swallowing ..." On 01/17/2024 at approximately 11:00AM, Surveyor interviewed Administrator A. Administrator A explained Resident 1 has cancer on one of his/her kidneys beginning end at the end of October 2023. Administrator A reported s/he believed the pain from the kidney cancer was likely contributing to nausea, gagging and vomiting, which began shortly after the onset of	N 169		

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N 169	Continued From page 2 the pain. The physician prescribed morphine for the pain and a medication for vomiting/nausea. On 01/29/2024, at approximately 9:00AM, Surveyor interviewed Administrator A regarding notifying the guardian of the change in condition. Administrator A confirmed the guardian was most likely notified by the home health agency. Cross Reference N0389 DHS 83.35(3)(d) Service Plans Updated Annually or On Changes	N 169		
N 230	83.19 Orientation Before an employee performs any job duties, the CBRF shall provide each employee with orientation training which shall include all of the following: (1) Job responsibilities; (2) Prevention and reporting of resident abuse, neglect and misappropriation of resident property; (3) Information regarding assessed needs and individual services for each resident for whom the employee is responsible; (4) Emergency and disaster plan and evacuation procedures under s. HFS 83.47(2); (5) CBRF policies and procedures; (6) Recognizing and responding to resident changes of condition. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure caregivers were provided with orientation training to include job responsibilities, prevention and reporting abuse, neglect and misappropriation, assessed needs of individuals services, emergency and disaster plans and evacuation procedures, CBRF policies and procedures and recognizing and responding	N 230		

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 230	Continued From page 3 to changes of condition for 2 out of 2 caregivers, Caregiver C and Caregiver D. Findings include: The facility is licensed as a Class CNA (non-ambulatory) CBRF (Community-Based Residential Facility), to provide services for up to 20 residents who may be advanced aged, terminally ill and/or have irreversible dementia and/or Alzheimer's. On 01/10/2024, Surveyor conducted a review of 2 employees to verify compliance orientation training requirements. Surveyor requested training records from Administrator A for Caregiver C and Caregiver D. Review of the record for Caregiver C, hired 06/09/2022, revealed no evidence of training for orientation training. Caregiver C's record contained an undated document titled, "Employee Checklist." The following items were left blank and unchecked: -Job responsibilities. -Information regarding assessed needs and individual services. -Emergency and disaster plan and evacuation procedures -Recognizing and responding to resident changes of condition. Review of the record for Caregiver D, hired 07/28/2020, did not contain evidence of orientation training. Caregiver D's record contained an undated document titled, "Employee Checklist." The following items were left blank and unchecked:	N 230		

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N 230	Continued From page 4 -Job responsibilities. -Prevention and reporting of resident abuse, neglect and misappropriation of resident property. -Information regarding assessed needs and individual services for each resident for whom the employee is responsible. -Emergency and disaster plan and evacuation procedures. -Recognizing and responding to resident changes of condition. On 01/17/2024 at approximately 10:30AM, Surveyor Interviewed Administrator A. Administrator A stated s/he could not locate any documentation to confirm Caregiver C and Caregiver D received orientation training.	N 230		
N 243	83.21(1)-(3) All employee training. The CBRF shall provide, obtain or otherwise ensure adequate training for all employees in all of the following: Resident rights. Training shall include general rights of residents including rights as specified under s. DHS 83.32(3). Training shall be provided as applicable under ss. 50.09 and 51.61 and chs. 54, 55, and 304, Stats., and ch. DHS 94, depending on the legal status of the resident or service the resident is receiving. Specific training topics shall include house rules, coercion, retaliation, confidentiality, restraints, self-determination, and the CBRF ' s complaint and grievance procedures. Residents ' rights training shall be completed within 90 days after starting employment. Client Group. Training shall be specific to the client group served and shall include the physical, social and mental health needs of the client group. Specific training topics shall include, as	N 243		

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N 243	Continued From page 5 applicable: characteristics of the client group served, activities, safety risks, environmental considerations, disease processes, communication skills, nutritional needs, and vocational abilities. Client group specific training shall be completed within 90 days after starting employment. Client Group. In a CBRF serving more than one client group, employees shall receive training for each client group. Recognizing, preventing, managing, and responding to challenging behaviors. Specific training topics shall include, as applicable: elopement, aggressive behaviors, destruction of property, suicide prevention, self-injurious behavior, resident supervision, and changes in condition. Challenging behaviors training shall be completed within 90 days after starting employment. This Rule is not met as evidenced by: Based on interview and record review the provider did not ensure 2 of 2 employees obtained all training as required within 90 days after starting employment. Caregiver C and Caregiver D did not have training in resident rights within 90 days after starting employment. Caregiver C and Caregiver D did not have training in recognizing, preventing, managing, and responding to challenging behaviors within 90 days after starting employment. Caregiver C and Caregiver D did not have training in required client groups within 90 days after starting employment.	N 243		

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N 243	Continued From page 6 Findings include: On 01/10/2024, Surveyor conducted a review of 2 employees to verify compliance with all employee training requirements. Surveyor requested training records from Administrator A for Caregiver C and Caregiver D. RESIDENT RIGHTS The records for Caregiver C, hired 06/09/2022, and Caregiver D, hired 07/28/2020, did not contain evidence of training or evidence of meeting an exemption for resident rights. On 01/10/2024, at approximately 12:20 PM, Surveyor interviewed Administrator A. Administrator A confirmed the provider did not have evidence Caregiver C and Caregiver D completed or met an exemption for resident rights training. RECOGNIZING, PREVENTING, MANAGING AND REPSONDING TO CHALLENING BEHAVIORS: On 11/10/2024 at approximately 9:50AM, Surveyor toured the building with Manager B. During the tour, Manager B identified Resident 2 has severe dementia. Occasionally, s/he exhibits behaviors that need redirection from caregivers. The records for Caregiver C, hired 06/09/2022, and Caregiver D, hired 07/28/2020, did not contain evidence of training or evidence of meeting an exemption for challenging behaviors training. On 01/10/2024, at approximately 12:20 PM, Surveyor interviewed Administrator A. Administrator A confirmed the provider did not have evidence Caregiver C and Caregiver D completed or met an exemption for challenging	N 243		

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N 243	Continued From page 7 behaviors training. CLIENT GROUP The facility was licensed to provide care and services to residents within the client groups advanced aged, terminally ill and/or have irreversible dementia and/or Alzheimer's. The records for Caregiver C, hired 06/09/2022, and Caregiver D, hired 07/28/2020, did not contain evidence of training or evidence of meeting an exemption for client group training. On 01/10/2024, at approximately 12:20 PM, Surveyor interviewed Administrator A. Administrator A confirmed the provider did not have evidence Caregiver C and Caregiver D completed or met an exemption for client group training specific to advanced aged, terminally ill and/or have irreversible dementia and/or Alzheimer's. On 01/17/2024 at approximately 10:30AM, Surveyor Interviewed Administrator A. Administrator A reported s/he was unable to retrieve any information or records from the agency uses to provide training; therefore, there was no evidence to show the caregivers received the required trainings.	N 243		
N 247	83.22(1)-(4) Task specific training. The CBRF shall provide, obtain or otherwise ensure adequate training for employees performing job duties in all of the following: Assessment of residents. All employees responsible for resident assessment shall successfully complete training in the assessment of residents prior to assuming these job duties. Specific training topics shall include: assessment methodology, assessment of changes in	N 247		

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N 247	Continued From page 8 condition, sources of assessment information, and documentation of the assessment. Individual service plan development. All employees responsible for service plan development shall successfully complete training in individual service plan development prior to assuming these job duties. Specific training topics shall include: identification of the resident ' s needs and desired outcomes, development of goals and interventions, service plan evaluation and review of progress. Provision of personal care. All employees responsible for providing assistance with activities of daily living shall successfully complete training prior to assuming these job duties. Specific training topics shall include, as appropriate: bathing, eating, dressing, oral hygiene, nail and foot care, toileting and incontinence care, positioning and body alignment, and mobility and transferring. Dietary training. All employees performing dietary duties shall complete dietary training within 90 days after assuming these job duties. Specific training topics shall include: determining nutritional needs, menu planning, food preparation and food sanitation. This Rule is not met as evidenced by: Based on interview and record review the provider did not ensure 2 of 2 employees obtained all task specific training. Caregiver C and Caregiver D, had responsibilities for providing assistance with activities of daily living, did not have training in the provision of personal care prior to assuming these duties.	N 247		

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N 247	Continued From page 9 Findings include: The facility is licensed as a Class CNA (non-ambulatory) CBRF (Community-Based Residential Facility), to provide services for up to 20 residents who may be advanced aged, terminally ill and/or have irreversible dementia and/or Alzheimer's. On 01/10/2024, Surveyor conducted a review of 2 employees to verify compliance with task specific training requirements. Surveyor requested training records from Administrator A for Caregiver C and Caregiver D. PROVISIONS OF PERSONAL CARE The records for Caregiver C, hired 06/09/2022, and Caregiver D, hired 07/28/2020, did not contain evidence of training or evidence of meeting an exemption for personal care training. On 01/10/2024, at approximately 10:30AM, Surveyor interviewed Caregiver D. Caregiver D reported s/he provides personal cares for residents which included changing briefs and clothes if needed, showers and toileting. On 01/10/2024, at approximately 10:45AM, Surveyor interviewed Caregiver C. Caregiver C identified s/he is responsible for providing morning cares for residents including one resident who uses a sit-to-stand mechanical lift. On 01/10/2024, at approximately 12:20 PM, Surveyor interviewed Administrator A. Administrator A confirmed Caregiver C and Caregiver D are responsible for providing personal cares. Administrator A confirmed the provider did not have evidence Caregiver C and	N 247		

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N 247	Continued From page 10 Caregiver D completed or met an exemption for provision of personal care training prior to assuming these job duties. On 01/17/2024 at approximately 10:30AM, Surveyor Interviewed Administrator A. Administrator A reported s/he was unable to retrieve any information or records from the agency uses to provide training; therefore, there was no evidence to show the caregivers received the required trainings.	N 247		
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 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 record review, observation and interview, the provider did not ensure Individual Support Plans (ISP) were updated upon a change in a resident's needs, abilities or physical or mental condition for Resident 1. Resident 1's ISP was not updated after a	N 389		

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N 389	Continued From page 11 significant change of condition that affected his/her mobility, which increased skin integrity needs. The change of condition also limited Resident 1's ability to eat due to the onset of dysphagia symptoms. Resident 1's change of condition required him/her to have a catheter and no longer voided urine in the toilet. The addition of the catheter required a change to the way peri care was completed. Additionally, the change of condition included the need for pain management and administration of morphine. During the change of condition, Resident 1 experienced significant weight loss and multiple urinary tract infections (UTI). Findings Include: On 07/18/2023, the department received a complaint alleging residents were not being provided adequate cares. RECORD REVIEW: On 01/18/2023, at approximately 4:41PM, Surveyor reviewed Resident 1's Facesheet, which indicated s/he was admitted on 08/09/2019. On 01/18/2024 at approximately 4:45PM, Surveyor reviewed Resident 1's undated ISP with a print date of 01/16/2024. The ISP noted the following: EATING: "Requires no assistance with eating meals ...maintain healthy eating habits ...." TOILETING: "Provide verbal prompting as well as physical assistance as needed with toileting needs ... [Resident 1] is incontinent of urine during HS [afternoon] ..."	N 389		

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N 389	Continued From page 12 PAIN HISTORY & MANAGEMENT: "No chronic pain issues to date. Remain free from pain ..." MOBILITY & WALKING - FULL ASSIST: "Provide full assistance to resident with walking needs .... Requires hands-on assistance with helping stand up, helping use any walking devices, and helping sit down/lay down. MOBILITY & WALKING - INDEPENDENT: "Can walk and ambulate independently ...Resident understands for safety reasons he is able to ambulate with a walker, and wheelchair for long distance and medical appointments." On 01/18/2024 at approximately 4:15PM, Surveyor reviewed the Interdisciplinary Communication from PRN Home Health and Therapy, LLC. The communication document included assessments and notes from the therapist. The information conflicted with the information in Resident 1's ISP and reflected the current needs following a change of condition. The documentation noted the following: PHYSICAL THERAPY EVALUATION on 12/20/2023: " ...Pt. (patient) currently requires sit to stand mechanical lift for all transfers and is dependent in all ADLs (activities of daily living). Per [Manager B], pt was walking independently up until 2 months ago, was completing transfers using 2WW (two wheeled walker). [Manager B] reports [his/her] pain in abdomen and bladder limits [his/her] significantly and is likely progressing ... [Resident 1] is not able to ambulate at this time. Trialed sit to stand in front of the hallway rail needing mod assist x 2 with pain reported on abdominal area. Pain relived [sic] with resting ...	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 13	N 389		

[Resident 1] has poor safety awareness and poor insight into [his/her] deficits ..."

OPCCUPATIONAL THERAPY (OT) EVALUATION on 12/20/2023:
" ...Pt. was eating breakfast upon OT Arrival, OT Observed [him/her] being fed [his/her] meals due to [his/her] tremors and lack of coordination, however, did demonstrate ability to bring [his/her] cup to [his/her] mouth and take sips. Pt. also observed [him/her] coughing/gagging and spitting up [his/her food into a dumpster, per staff this is normal and pt is not on diet modifications. Therapist notified SLP (speech language pathologist) of this concern and [s/he] stated no straws and to have [Manager B] downgrade to mechanical soft until SLP can come and do an evaluation ... Pt remains dependent in Upper Body and Lower Body Dressing and toileting hygiene tasks, per staff ..."

NURSING EVALUATION on 12/20/2023:
" ...[S/he] does have an indwelling Foley catheter .... tremors in [his/her] bilateral hands ....[S/he also has bilateral pressure injuries - both stage 2 to [his/her] buttocks ... Focus of skilled nursing will be catheter care and management, as well as skin integrity management concerns ..."

SKILLED NURSING NOTE DATED 01/22/2024:
On 01/22/2024, at approximately 5:00PM, Surveyor reviewed the Skilled Nursing Visit Note from PRN Home Health and Therapy, LLC. The note stated the following:

" ...Staff report that [s/he has been eating minimal food and that [s/he] has no issues with swallowing at all ... Patient lying in bed during visit and had a pale, off white color to [his/her] face and arms. [s/he] appeared very tired ...Asked patient if [s/he]

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0014024	A. BUILDING: _____ B. WING _____	C 01/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CENTURY RIDGE OF GREEN BAY II	2510 BLUESTONE PL 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 389	Continued From page 14	N 389		

swallowing and [s/he] nodded yes. Staff entered room at this time and brought food in, setting it on [his/her] bedside table and began to leave. Informed them that [s/he] reports difficulty swallowing and they stated they would return to feed him, as they always do ... After staff left asked patient if they do assist [him/her] with feeding and [s/he] shook [his/her] head no ..."

" ...removed brief and checked catheter ... very dark urine present in the catheter bag, with no note of the last time it had been emptied ... Inquired to patient if they had changed his brief yet today, and [s/he] confirmed that they had not been in to do that as of visit time around 1145 [sic] ..."

On 01/18/2024 at approximately 4:15PM, Surveyor reviewed the notes section of the Interdisciplinary Communication from PRN Home Health and Therapy, LLC. This notes sections documented the following:

"01-04-2024 01:58 PM: ...Urine appeared dark with large amounts of mucous and sediment present in tubing. Staff reported pus coming from [genitals]. Catheter change completed during visit. [genitals] appeared red and inflamed, large amount of green/yellow thick mucous present around [genitals]. Previous catheter was adhered to [genitals] due to the build up [sic] of mucous and appeared as peri care had not been completed recently ... When removing catheter, a large amount of green mucous came out of urethra ..."

"01-04-2024 02:12PM: EMERGENCY ROOM VISIT- NO HOSPITALIZATION ... 1/4 [01/04/2024] Agency Notified ... when looking for UA results on HSHS portal. Reason- foley was

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0014024	A. BUILDING: _____ B. WING _____	C 01/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CENTURY RIDGE OF GREEN BAY II	2510 BLUESTONE PL 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 389	Continued From page 15	N 389		

dislodged after being replaced ... found to have suprapubic pain which resolved after ER [emergency room] RN [registered nurse] replaced foley. Results; UTICould [sic] have been prevented by; facility calling the on-call nurse."

"01/15/2024 3:31:24 PM: EMERGENCY ROOM VISIT- HOSPITALIZATIONDate [sic] 1/12/24 [01/12/2024] Agency Notified ... By EPIC Reason-acute kidney injury Admission diagnosis-AKIResults- [sic] admitted to St. Vincent hospitalCould [sic] have been prevented ..."

On 01/24/2024, at 11:44AM, Surveyor reviewed Resident 1's discharge documents from St. Vincent's Emergency Department. The discharge document noted the following:

12/07/2023: Diagnosis - Urinary Tract Infection.
01/04/2024: Diagnosis - Bladder Infection.
01/18/2024: Admitted to St. Vincent's Hospital from emergency room visit on 01/12/2024 and discharged on 01/18/2024. The discharge document noted Resident 1 was diagnosed with UTI-MRSA (methicillin resistant staph aureus) due to an indwelling foley catheter. This discharge also noted Resident 1 experienced a witnessed aspiration event and was evaluated by speech-language pathologist. A a level 5 dysphagia diet with aspiration precautions was recommended.

According to Medline Plus, "When you have an indwelling urinary catheter, you are more likely to develop a urinary tract infection (UTI) in your bladder or kidneys ...." Additionally, to prevent UTI's when using a catheter, "Clean around the catheter opening every day. Clean the catheter with soap and water every day. Clean your rectal area thoroughly after every bowel movement.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0014024	A. BUILDING: _____ B. WING _____	C 01/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CENTURY RIDGE OF GREEN BAY II	2510 BLUESTONE PL 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 389	Continued From page 16	N 389		

Keep your drainage bag lower than your bladder. This prevents the urine in the bag from going back into your bladder. Empty the drainage bag at least once every 8 hours, or whenever it is full. Have your indwelling catheter changed at least once a month. Wash your hands before and after you touch your urine."
*Information was retrieved on 01/24/2024 at 1:02PM from https://medlineplus.gov/ency/article/000483.htm.

On 01/17/2024 at approximately 4:00PM, Surveyor reviewed Resident 1's History and Physical Exam dated 11/06/2023 and 12/06/2023. Both documents specified Resident 1 had a diagnosis of dysphagia. The document from 12/06/2023 noted Manager B reported Resident 1 was experiencing, "Periods with coughing and gagging."

Review of Resident 1's discharge summaries from St. Vincent Emergency Department showed Resident 1 lost a significant amount of weight.

Discharge Summary, dated 11/15/2023: 260 lbs.
Discharge Summary, dated 12/07/2023: 241 lbs.
Discharge Summary, dated 01/04/2024: 226 lbs.

The National Institute on Deafness and other Communication Disorders associated with The National Institute of health stated the following about dysphagia:

"People with dysphagia have difficulty swallowing and may even experience pain while swallowing (odynophagia). Some people may be completely unable to swallow or may have trouble safely swallowing liquids, foods, or saliva. When that happens, eating becomes a challenge. Often, dysphagia makes it difficult to take in enough

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0014024	A. BUILDING: _____ B. WING _____	C 01/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CENTURY RIDGE OF GREEN BAY II	2510 BLUESTONE PL 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 389	Continued From page 17	N 389		

calories and fluids to nourish the body and can lead to additional serious medical problems .... Dysphagia can be serious. Someone who cannot swallow safely may not be able to eat enough of the right foods to stay healthy or maintain an ideal weight ..."
*Information obtained on 01/29/2024 at 4:02PM from https://www.nidcd.nih.gov/health/dysphagia.

OBSERVATIONS:

On 01/10/2024 at approximately 12:30PM, Surveyor observed caregivers removing Resident 1 from the dining room table by using his/her wheelchair. Resident 1 was observed to be gagging and vomiting in a small blue bucket. Caregivers took Resident 1 to his/her room. Surveyor observed a sit-to-stand in lift Resident 1's room.

INTERVIEWS:

On 01/10/2024 at approximately 10:30AM, Surveyor interviewed Caregiver D. Caregiver D informed Surveyor Resident 1 cannot walk independently. Resident 1 uses a sit to stand mechanical lift and wheelchair. Caregiver D also identified Resident 1 voids urine by using a catheter.

On 01/17/2024, at approximately 11:45AM, Surveyor interviewed Caregiver E. Caregiver E reported over the last couple of months, Resident 1 has been gagging and vomiting. Caregivers always keep a bucket nearby while Resident 1 is eating. Caregiver E reported s/he feels Resident 1 needs good supervision when s/he eats. Caregiver E reported Resident 1 does not currently have a specific diet texture, but s/he thinks they have tried a pureed. Caregiver E

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0014024	A. BUILDING: _____ B. WING _____	C 01/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CENTURY RIDGE OF GREEN BAY II	2510 BLUESTONE PL 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 389	Continued From page 18 identified Resident 1 uses a sit-to-stand lift for transfers and is "dead weight" because of how much pain s/he is experiencing. On 01/17/2024 at approximately 11:00AM, Surveyor interviewed Administrator A. Administrator A explained Resident 1 has cancer on one of his/her kidneys. Issues with the kidney caused Resident 1 to experience pain. Administrator A reported there has been an increase in urinary tract infections (UTI) due to these issues. Administrator A explained the pain started at end of October and gradually got worse. Administrator A reported s/he believes the pain from the kidney issues is likely contributing to nausea and gagging. The physician has prescribed morphine for the pain and a medication for vomiting/nausea. Resident 1 is being followed by a Urologist. On 01/18/2024, Resident 1 had an appointment to discuss the procedure and when/if it will be scheduled. On 01/29/2024 at approximately 9:00AM, Administrator A reported Resident 1 saw the Urologist on Friday, 01/26/2024. The catheter that was placed approximately at the end of October 2023 or early November 2023 was removed at the visit. Administrator A stated it was determined Resident 1 was not a good candidate for surgery. Administrator A advised Resident 1 is now using a hoyer lift. Administrator A confirmed they have now introduced a moist-minced texture for Resident 1 while they are pending a swallow study. Administrator A reported s/he updated Resident 1's ISP sometime last week. On 01/29/2024 at approximately 4:55PM, Surveyor reviewed the revised ISP. The section regarding eating, was updated to include, " ...Cut food into bite sized pieces and ensure food is soft	N 389		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0014024	A. BUILDING: _____ B. WING _____	C 01/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CENTURY RIDGE OF GREEN BAY II	2510 BLUESTONE PL 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 389	Continued From page 19	N 389		

and moist. Monitor for choking and vomiting issues." The discharge document from 01/18/2024 advised a level 5 dysphagia diet as recommended by the speech-language pathologist.

According to the International Dysphagia Diet Standardization Institute, a level 5 Minced and Moist Diet is described as:

"- Soft and moist, but with no liquid leaking/dripping from the food
-Biting is not required
-Minimal chewing required
-Lumps of 4mm in size
-Lumps can be mashed with the tongue
-Food can be easily mashed with just a little pressure from a fork
-Should be able to scoop food onto a fork, with no liquid dripping and no crumbles falling off the fork.
*Information was retrieved on 01/29/2024 at 6:00PM from: https://iddsi.org/IDDSI/media/images/ConsumerHandoutsAdult/5_Minced_Moist_Adults_consumer_handout_30Jan2019.pdf

The updated ISP revealed the mobility and transfer section was updated to include the use of 2-person assist and sit-to-stand or hoyer. This section of this ISP did not identify Resident 1 no longer walks and uses a wheelchair as his/her primary means of mobility.

The Pain History & Management section of the ISP stated, "Staff uses a Wong-Baker pain scale and verbal cues to address pain issues." It does not specify how caregiver should address the pain, such as offering pain medication.

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	0014024	A. BUILDING: _____ B. WING _____	C 01/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CENTURY RIDGE OF GREEN BAY II	2510 BLUESTONE PL GREEN BAY, WI 54311

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N 389	Continued From page 20 CONCLUSION: Review of examinations completed by medical professionals documented Resident 1's change in condition. The OT, PT and Nursing evaluations by PRN Home Health and Therapies, LLC were completed on 12/20/2023. The assessments reflected Resident 1's change in condition, which included decreased mobility, increased dysphagia symptoms, new onset of pain treated with morphine and the use of a catheter since approximately late October or early November 2023. Resident 1's current ISP, did not address the use of a catheter or how caregivers should provide peri care to decrease the onset of UTI's. The ISP did not identify the need for 2-person assist with a sit-to-stand due to pain and weakness. The ISP indicated Resident 1 could eat independently and did not mention the new onset of dysphagia symptoms or the need for additional assistance or supervision during meals. The assessments identified Resident 1 now is at risk for a decrease in skin integrity as evidenced by the nurse's observation on 12/20/2024 of bilateral pressure injuries to the buttocks; however, this was not addressed in the ISP. Additionally, the ISP noted Resident 1 had no chronic pain issues. Resident 1 was being treated with morphine for pain symptoms potentially related to the tumor on his/her kidney. The onset of the change of condition occurred in late October to early November 2023. There were no changes made to the ISP prior to the survey entrance on 01/10/2024. Cross Reference N0169 DHS 83.12(5)(a) Notifications: Incident, Injury, Changes	N 389		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0014024	A. BUILDING: _____ B. WING _____	C 01/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CENTURY RIDGE OF GREEN BAY II	2510 BLUESTONE PL GREEN BAY, WI 54311

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N 525	83.47(2)(d) Fire drills. Fire drills. 1. Fire evacuation drills shall be conducted at least quarterly with both employees and residents. Drills shall be limited to the employees scheduled to work at that time. Documentation shall include the date and time of the drill and the CBRF ' s total evacuation time. The CBRF shall record residents having an evacuation time greater than the time allowed under s. HFS 83.35(5) and the type of assistance needed for evacuation. Fire evacuation drills may be announced in advance. 2. At least one fire evacuation drill shall be held annually that simulates the conditions during usual sleeping hours. Fire evacuation drills may be announced in advance. Drills shall be limited to the employees scheduled to work during the residents ' normal sleeping hours. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure quarterly fire drills (including at least one fire evacuation drill simulating the conditions during usual sleeping hours) were conducted with both employees and residents including the total evacuation time in calendar years 2022 and 2023. The facility is licensed as a Class CNA (non-ambulatory) CBRF (Community-Based Residential Facility), to provide services for up to 20 residents who may be advanced aged, terminally ill and/or have irreversible dementia and/or Alzheimer's. Findings include:	N 525		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0014024	A. BUILDING: _____ B. WING _____	C 01/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CENTURY RIDGE OF GREEN BAY II	2510 BLUESTONE PL GREEN BAY, WI 54311

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N 525	Continued From page 22 On 01/10/2024 at approximately 11:45 AM, Surveyor was provided a binder with fire drills. Upon review of the binder for 2023 drills, Surveyor noted there were no drills for the 3rd and 4th and no nighttime simulated drill. Additionally, the drills documented for 2022 and 2023 did not indicate the total evacuation time. The provider's fire drill form had a section that stated, "Were all residents evacuated within the appropriate guidelines?" The person filling out the form checked "yes" or "no" with no indication of the exact evacuation time. On 01/10/2024 at approximately 12:13 PM, Surveyor interviewed Administrator A regarding the missing drills for 2023 and no record of the total evacuation time for 2022 and 2023 drills. Administrator A explained s/he is certain the drills were completed but did not know the documentation was not in the binder. Administrator A informed Surveyor the when the licensee created the form, they felt it would meet the requirements. Administrator A ensured Surveyor the form will be updated to include the total evacuation time moving forward.	N 525		
N 526	83.47(2)(e) Other evacuation drills. Other evacuation drills. Tornado, flooding, or other emergency or disaster evacuation drills shall be conducted at least semi-annually. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure they conducted semi-annual disaster evacuation drills such as tornado, flooding or other emergencies for the	N 526		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0014024	A. BUILDING: _____ B. WING _____	C 01/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CENTURY RIDGE OF GREEN BAY II	2510 BLUESTONE PL 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 526	Continued From page 23 calendar year 2023. The facility is licensed as a Class CNA (non-ambulatory) CBRF (Community-Based Residential Facility), to provide services for up to 20 residents who may be advanced aged, terminally ill and/or have irreversible dementia and/or Alzheimer's. Findings include: On 01/10/2024 at approximately 11:45 AM, Surveyor was provided a binder with drills. Surveyor reviewed the drills for 2022 and 2023. Surveyor noted only one disaster drill was conducted on 06/07/2023. No other drills were presented for review. On 01/10/2024 at approximately 12:13 PM, Surveyor interviewed Administrator A regarding the other disaster drills. Administrator A reported she was not aware the second drill was not documented. Administrator A informed Surveyor s/he will ensure it is completed moving forward.	N 526		