STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0009664	A. BUILDING: _____ B. WING _____	R-C 04/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COUNTRY TERRACE APPLETON	749 W PARKWAY BLVD APPLETON, WI 54914

(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 04/03/2025 with information gathered through 04/15/2025, Surveyor conducted a verification visit and 2 complaint investigations at Country Terrace Appleton. Two (2) previous deficiencies were corrected. One (1) of 2 complaints was substantiated. As a result of the survey, 3 deficiencies will be recited. See Statement of Deficiency (SOD) 9SXK12, dated 06/27/2022, SOD 5DF712, dated 05/13/2024 and SOD 5DF713, dated 10/10/2024 for additional information. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census:13	{N 000}		
{N 406}	83.37(1)(g) Disposition of medications. Disposition of medications. 1. When a resident is discharged, the resident ' s medications shall be sent with the resident. 2. If a resident ' s medication has been changed or discontinued, the CBRF may retain a resident ' s medication for no more than 30 days unless an order by a physician or a request by a pharmacist is written every 30 days to retain the medication. 3. The CBRF shall develop and implement a policy for disposing unused, discontinued, outdated, or recalled medications in compliance with federal, state and local standards or laws. The CBRF shall arrange for the stored medications to be destroyed in compliance with standard practices. Medications that cannot be returned to the pharmacy shall be separated from other medication in current use in the facility and stored in a locked area, with access limited to the	{N 406}		

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

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{N 406}	Continued From page 1 administrator or designee. The administrator or designee and one other employee shall witness, sign, and date the record of destruction. The record shall include the medication name, strength and amount. This Rule is not met as evidenced by: Based on observation, staff interview and record review the provider did not establish an effective procedure for the proper destruction and disposal of unused, discontinued, or outdated medications. In 1 of 1 medication carts in the facility, medications for 1 of 13 (Resident 3) residents were discovered as expired. Resident 3 had Azelastine HCL 0.05% eye drops with an unknown open date and an expiration date of "Expires 28 days after opening." Facility staff continued to administer the eye drops. This is being cited for a 4th time. See Statement of Deficiencies (SOD) 9SXK12, dated 06/27/2022; SOD 5DF712, dated 05/31/2024 and SOD 5DF713, dated 10/10/2024 for additional details. Findings include: On 04/03/2025, Surveyor conducted a verification visit to the facility. At approximately 10:45 AM, Surveyor observed 1 of 1 medication carts in the facility with Director A. Surveyor and Director A observed the following: Resident 3 had Azelastine HCL 0.05% eye drops with no open date noted on the bottle or packaging. The written prescription label on the packaging stated, "Expires in 28 days after	{N 406}		

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{N 406}	Continued From page 2 opening." The packaging did not contain an expiration date. Surveyor reviewed Resident 3's March and April 2025 MAR (Medication Administration Record). Resident 3 had an order for Azelastine HCL 0.05% drops to instill 1 drop into both eyes twice daily for allergic conjunctivitis. Resident 3 received the eye drops at 8AM from 03/01/2025 through 04/03/2025. Resident 3 received the eye drops at 8PM on 03/01/2025 through 04/02/2025. On 04/03/2025 at 10:45 AM, Surveyor interviewed Director A. Director A verified the prescription did not contain an open date therefore s/he did not know the expiration date. Director A stated s/he would reeducate staff on writing the open date when opening the bottle of eye drops and then counting 28 days ahead to figure out the expiration date.	{N 406}		
{N 450}	83.41(2)(c) Nutrition: menus. Menus. 1. The CBRF shall make reasonable adjustments to the menu for individual resident ' s food likes, habits, customs, conditions and appetites. 2. The CBRF shall prepare weekly written menus and shall make menus available to residents. Deviations from the planned menu shall be documented on the menu. This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not ensure weekly written menus were made available to residents and deviations from the menu were documented.	{N 450}		

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{N 450}	Continued From page 3 This is a repeat deficiency for the 3rd time. See Statement of Deficiency (SOD) 5DF712, dated 05/31/2024 and SOD 5DF713, dated 10/10/2024 for additional details. Findings include: On 02/06/2025, the department received a complaint regarding food. On 04/03/2025 at approximately 9:00 AM, Surveyor conducted an onsite visit to the facility. Upon entrance, Director A indicated the facility uses PFG (Performance Food Group) as their food supplier. Director A stated s/he did not have time last week to put food order in, so the facility did not receive their weekly food order on Tuesday. Director A stated Assistant Director B went to the store on Tuesday to get food for the week. Director A stated s/he is working on getting the food order placed for PFG to deliver food next Tuesday. At approximately 10:00 AM, Surveyor toured the kitchen area. Surveyor observed a dry erase board hanging on the wall near the kitchen. The board stated, "April 3, 2025; B [Breakfast]: Cereal; L [Lunch]: Chili Cheese hot dogs; mac+cheese; D [Dinner]: Chicken noodle veggie soup with tossed salad" Surveyor asked Director A for a weekly or monthly menu as Surveyor did not observe one posted. Director A pulled a menu from a binder in a kitchen cabinet that was located behind the kitchen door. Surveyor reviewed the menu and noted the following: Menu was titled "CT #3 Appleton Fall/Winter 2024 - Regular Week 4." Director A indicated they were following this menu but transitioning soon to the	{N 450}		

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{N 450}	Continued From page 4 Spring/Summer menu. Director A pointed to "Thursday Mar 10" as today's menu. The menu indicated the following: Thursday's breakfast was "Cereal of Choice, bacon omelet, wheat toast" Thursday's lunch was "Vegetable Frittata, sweet potato fries, tossed salad, wheat bread, peach cobbler" Thursday's dinner was "Pork Steak w/sour cream, garden rice, green peas, wheat roll, strawberries" Director A acknowledged the menu posted did not match the printed menu. Surveyor requested to see recipe's for the food items on the menu. Surveyor asked Director A and Assistant Director B why Assistant Director B didn't pick up groceries to follow the menu if Assistant Director B went to the store on Tuesday. Director A and Assistant Director B did not answer Surveyor. Director was unable to locate recipe's in the kitchen. Assistant Director B stated staff can "Google" the recipe if they don't know how to make something. Director A stated the recipe binder was located in his/her office. Surveyor and Director A proceeded to Director A's office. Director A searched office for recipes. Director A stated s/he made a mistake and proceeded to hand Surveyor a new menu from PFG. Director A stated the menu s/he handed to Surveyor in the kitchen was from Sysco, not from the current food supplier, PFG. The PFG menu was titled, "CT 3 FW 24-25 - Week 4". Director A pointed to "Thursday" on the menu as the menu for 04/03/2025. The menu indicated the following: Thursday's breakfast was "Cold Cereal, Egg & Cheese Muffin, assorted fruit, coffee cake" Thursday's lunch was "Glazed Baked Ham, baked potato, baby carrots, fruit cobbler" Thursday's dinner was "Corn Chowder soup,	{N 450}		

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{N 450}	Continued From page 5 chicken, green bean casserole, coleslaw, saltine crackers, chocolate cake w/P'Btr frosting" Director A acknowledged the PFG menu still did not match the posted menu in the facility today. Director A was unable to provide recipes for the food on the menu. Director A stated s/he will be going to the store today to get food items that staff can make so the menu is followed for the rest of the week. Director A stated s/he will call the facility's dietician and discuss the ordering process to ensure the food is delivered timely and the menus can be followed.	{N 450}		
{N 481}	83.43(1) Environment safe, clean, and comfortable Environment. The CBRF shall provide a living environment that is safe, clean, comfortable, and homelike. All common dining and living areas shall contain furnishings appropriate to the intended use of the room. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure a living environment that was safe, clean, comfortable and homelike. This is a repeat deficiency for the third time. See Statement of Deficiency (SOD) 5DF712, dated 05/31/2024 and SOD 5DF713 dated 10/10/2024 for additional details. Findings Include: On 04/03/2025, Surveyor conducted a verification visit at the facility. At approximately 9:30AM,	{N 481}		

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{N 481}	Continued From page 6 Surveyor toured the facility with Director A, the following was noted: *carpet in the main living room had several black spots by the main entrance door *wainscotting throughout the facility had multiple scuffs, scrapes and dents *seven blue-green flowered chairs had multiple grey and black stains on them Resident 4: *carpeting in bedroom had large black stains near the entry of the bathroom which appeared to be fecal matter Resident 1: *carpeting in bedroom had stains, lint and crumbs throughout the entire room Resident 2: *recliner chair contained rips and stains Surveyor interviewed Director A during tour of facility. Director A acknowledged Surveyor's concerns and stated upper management is aware of the carpeting, wainscotting and chairs. Director A was unsure if there were any plans to replace or clean the items. Director A also stated that Resident 2's family was in process of replacing Resident 2's chair. Director A stated s/he just talked with the family and gave them measurements of the chair for them to find a new one.	{N 481}		