STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018275	A. BUILDING: _____ B. WING _____	R-C 07/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLARITY CARE MANETTE	1796 CABINET MAKER COURT GREEN BAY, WI 54303

(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 07/16/2025, Surveyors conducted a complaint investigation and verification visit at Clarity Care Manette. The complaint was substantiated. Two of 3 previous deficiencies were corrected. Four deficiencies were identified. One deficiency was a repeat violation, see Statement of Deficiency 69T611, dated 02/18/2025. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee will be assessed. Census: 4	{N 000}		
N 161	83.12(3)(a) Investigate injuries of unknown source. Investigating injuries of unknown source. A CBRF shall investigate any of the following: 1. An injury that was not observed by any person. 2. The source of an injury to a resident that cannot be adequately explained by the resident. 3. An injury to a resident that appears suspicious because of the extent of the injury or the location of the injury on the resident. This Rule is not met as evidenced by: Based on record review and interview, the provider did not investigate multiple occurrences of bruising or injury on Resident 1. Findings include: On 03/13/2025, the department received complaint information alleging misconduct. On 07/16/2025 at approximately 9:10 AM, Surveyors conducted a complaint investigation. Surveyors reviewed Resident 1's record and noted s/he moved to the facility on 06/17/2002	N 161		

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

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N 161	Continued From page 1 with diagnoses of down syndrome, osteoarthritis of the knees, and chronic kidney disease. Resident 1 had a guardian and was able to verbally make his/her needs known. Surveyor reviewed Resident 1's January-July 2025 observation notes and noted the following references to injuries without adequate explanation and follow up: 04/19/2025 "[Resident 1] shower is done, I have seen black mark on [his/her] knee I asked what happened to [him/her] [s/he] said [s/he] doesn't know." 05/12/2025 "[Resident 1] came back from being with family for [holiday weekend] with a sprain on [his/her] hand [sic] family did not provide discharge papers [sic] Dr. might call to have meds dropped off if needed." 06/01/2025 "[Resident 1] has bruise on [his/her] left leg, and left arm and when staff asked [him/her] about it, [s/he] said [s/he] doesn't know how [s/he] get [sic]it." 06/26/2025 "[Resident 1] is Crying & Complaining Of Pain In [Her/His] Left Foot. Resident Stated [S/he] Needs To Go To The Hospital. There Are No Physical Bruises, Though Legs & Arms Were Trembling While Walking To Kitchen Table For Breakfast." At approximately 1:00 PM, Surveyors interviewed Care Management Director (CMD) A who reviewed his/her own computer and records and did not have any information on the injuries noted in the observations and any explanation or follow up to them. CMD A verified investigations were not conducted for the referenced injuries.	N 161		
N 164	83.12(4)(b) Reporting when law enforcement is called.	N 164		

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N 164	Continued From page 2 A CBRF shall send a written report to the department within 3 working days after any of the following occurs: Any time law enforcement personnel are called to the CBRF as a result of an incident that jeopardizes the health, safety, or welfare of residents or employees. The CBRF ' s report to the department shall provide a description of the circumstances requiring the law enforcement intervention. This reporting requirement does not apply to residents under the jurisdiction of government correctional agencies. This Rule is not met as evidenced by: Based on record review and interview, the provider did not send a written report to the department within 3 working days after law enforcement personnel were called to the CBRF regarding Resident 1 being on the ground. Findings include: On 07/16/2025 at approximately 11:00 AM, Surveyors reviewed Resident 1's individualized service plan and noted s/he had diagnoses of down syndrome. Resident 1 was under guardianship and required 24/7 supervision. Resident 1 had a history of falls. Surveyor reviewed Resident 1's incident reports and noted on 01/29/2025 at 3:19 PM, provider staff classified an incident as a fall - unwitnessed. "was [sic] in house making supper, the doorbell rang and it was the driver who brought [Resident 1] home. they [sic] stated [s/he] got out of the van and then sat on the ground and they could not get [him/her] up. when [sic] I saw that I called my supervisor and I call [sic] 911." "Resident Statement: When 911 came [s/he] said [s/he] want [sic] to go to the hospital because [s/he] had	N 164		

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N 164	Continued From page 3 heart pain." Resident 1 was transported to the hospital. At approximately 12:53 PM, Surveyors interviewed Care Management Director A who verified s/he did not have record of reporting law enforcement involvement with Resident 1 to the department.	N 164		
N 352	83.32(3)(h) Rights of Residents: Receive medication In addition to the rights under s. 50.09, Stats., each resident shall have all of the following rights: Receive medication. Receive all prescribed medications in the dosage and at intervals prescribed by a practitioner. The resident has the right to refuse medication unless the medication is court ordered. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 2 residents (Resident 1 and Resident 2) received all prescribed medications in the dosage and at intervals prescribed. Resident 1's MiraLAX was not present for administration 13 doses. Resident 1's dosage time for Omeprazole changed from 6:00AM to 4:00PM. Omeprazole was administered at 6:00AM for 39 days after the order changed. Resident 1's order for Lubiprostone was changed from twice daily to once daily. Lubiprostone continued to be administered twice daily after the order changed for 30 days. Resident 2 did not receive 192 applications of ketacanizole 2% cream for athlete's foot from	N 352		

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N 352	Continued From page 4 February through July 2025 as prescribed. Findings include: The provider is licensed to provide services for up to 5 residents who may be developmentally disabled, physically disabled, emotionally disturbed/mentally ill, of advanced age, terminally ill, have a traumatic brain injury, and/or have Alzheimer's/dementia. On 03/13/2025, the department received complaint information alleging residents were not receiving medications as prescribed and were receiving medications not prescribed. On 07/16/2025, Surveyors conducted a complaint investigation. Surveyors reviewed Resident 1 and Resident 2's Medication Administration Records (MARs). The MARs' legends included the following "No Pass Reasons" - OTH = Other (provide reason in notes); DF = Dose Finished (Notify Lead to add end date); SNP = Supply not present (Notify Lead for Pharmacy/Pres [sic] RESIDENT 1 On 07/16/2025, Surveyor reviewed Resident 1's undated individual support plan (ISP), with a print date of 07/16/2025. Resident 1 had the following diagnosis: changes in bowel movement, increase serum lipase level, abdominal pain, pit of stomach, inflammation of the small intestine and irritable bowel syndrome. The ISP specified Resident 1 has a guardian and requires assistance with medication administration. On 07/16/2025, Surveyor reviewed Resident 1's January 2025 through April 2025 MARs. Review	N 352		

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N 352	Continued From page 5 of the MARs reflected Resident 1 was not administered all medications as prescribed for the following: MiraLAX (Polyethylene Glycol): -Dissolve 8.5g ½ cap full of powder in 240mL of water drink by mouth daily. MiraLAX was prescribed on 01/07/2025 and discontinued on 02/27/2025. The administration of the medication was documented as SNP (supply not present). SNP was documented for the following dates: 01/11, 01/12, 01/13, 02/05, 02/08, 02/09, 02/10, 02/14, 02/19, 02/22, 02/23, 02/24 and 02/27. Omeprazole 20mg -Take 1 cap by mouth daily before supper. Take 30 minutes prior to eating at 4:00PM. Order was prescribed on 03/05/2025. Omeprazole was administered at 6:00AM instead of 4:00PM as ordered for the following dates: 03/06/2025 through 04/13/2025. Lubiprostone 8mcg - take one cap twice daily with meals was prescribed on 02/26/2025 and discontinued on 04/01/2025. A new order for Lubiprostone 8mcg - take one cap daily with breakfast was prescribed on 04/01/2025. Review of the MAR reflected the medication continued to be administered twice daily at 8:00AM and 4:00PM for the following dates: 04/01/2025 through 05/01/2025. RESIDENT 2 On 07/16/2025, Surveyor reviewed Resident 2's sample record and noted s/he moved into the facility on 04/14/2021 with diagnoses of severe unspecified intellectual disabilities and athlete's	N 352		

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N 352	Continued From page 6	N 352		

foot.
Surveyor reviewed Resident 2's ISP dated 04/22/2025 and noted s/he had a guardian and required staff assistance with medication administration and management.
Surveyor reviewed Resident 2's February-July 2025 MARs and noted the following medications were not administered as prescribed.

Ketoconazole 2% Cream - "Apply topically to affected area on bilateral [both] feet twice daily for Athlete's Foot" started 11/29/2024.
192 of 332 application doses were missed February-July 2025:
110 Dose finished
28 Supply not present
53 Other: notations included - "no med," "don't need anymore," "foot cream been done," "[s/he] don't need it," "not needed at this time," "cream finished," "calling doctor to see what's going on with the cream," "cream not here"
1 Refused

On 07/16/2025 at approximately 11:30 AM, Surveyors interviewed Team Lead C who stated Resident 2's feet no longer had athlete's foot, so they didn't need to apply the cream anymore. Team Lead C stated Resident 2 had a guardian and the guardian was aware that Resident 2 no longer needed the cream. S/he said the cream was never discontinued by the physician, so it remained on the MAR. Team Lead C indicated s/he would call Resident 2's physician for it to be discontinued.

At approximately 1:00 PM, Surveyors interviewed Care Management Director A and Division Administrator B who acknowledged Resident 2's prescribed ketoconazole cream order should have been still applied per order or discontinued if

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N 352	Continued From page 7 no longer needed. Care Management Director A acknowledged the concerns regarding Resident 1's administration of medication. Care Management Director A reported the facility nurse reviewed Resident 1's current orders and MARs. The nurse discovered there were duplications on the MARs that caused confusion. Care Management Director A advised they will continue to ensure all orders are reflected accurately on the MAR.	N 352		
{N 431}	83.38(1)(g) Health monitoring. As appropriate, the CBRF shall teach residents the necessary skills to achieve and maintain the resident ' s highest level of functioning. In addition to the assessed needs as determined under s. DHS 83.35(1), the CBRF shall provide or arrange services adequate to meet the needs of the residents in all of the following areas: Health monitoring. 1. The CBRF shall monitor the health of residents and make arrangements for physical health, oral health or mental health services unless otherwise arranged for by the resident. Each resident shall have an annual physical health examination completed by a physician or an advanced practice nurse as defined in s. N 8.02(1), unless seen by a physician or an advanced practice nurse as defined in s. N 8.02(1) more frequently. 2. When indicated, a CBRF shall observe residents ' food and fluid intake and acceptance of diet. The CBRF shall report significant deviations from normal food and fluid intake patterns to the resident ' s physician or dietician. 3. The CBRF shall document communication with the resident ' s physician and other health care providers, and shall record any changes in the resident ' s health or mental health status in the resident ' s record.	{N 431}		

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{N 431}	Continued From page 8 This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure Resident 1 received health monitoring to meet his/her needs. Resident 1 had a scheduled rheumatology appointment in June. The appointment was forgotten and a staff member was not available to take him/her, causing Resident 1 to miss the appointment. Resident 1's appointment was rescheduled, but s/he was unable to get an appointment until August. Resident 1 had a prescribed diet. Deviations in the diet were not documented as specified in the individual service plan (ISP). This is a repeat deficiency, see Statement of Deficiency 69T611, dated 02/18/2025. Findings include: On 06/30/2025, the department received complaint information alleging residents were missing appointments and prescribed diets were not followed. On 07/16/2025, Surveyors conducted a verification visit and complaint investigation. MISSED APPOINTMENT: On 07/16/2025, at approximately 10:00 AM, Surveyor reviewed written information from Guardian D indicating Resident 1's rheumatology appointment was scheduled for June 24th and s/he had notified Team Lead C of the appointment as Resident 1 reportedly had to wait	{N 431}		

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{N 431}	Continued From page 9	{N 431}		

6 weeks from scheduling. Guardian D stated Resident 1 missed his/her appointment and s/he had to reschedule for August, causing Resident 1 to wait another 6 weeks.

Surveyor reviewed Resident 1's record and noted s/he had diagnoses of osteoarthritis and osteroporosis of the knees. Surveyor noted Resident 1 was independent with ambulation, but was sometimes unsteady on his/her feet. S/he was known to have difficulty getting in and out of higher vehicles, so a gait belt was sent along with him/her when leaving home in case s/he needs assistance or was unsteady. Resident 1 also had a history of dropping to the ground, refusing to get up, and staff having difficulty in assisting him/her up. Staff direction was to call non-emergency services to assist Resident 1 in getting off the ground if s/he refuses and staff are unable to assist him/her with a gait belt. Resident 1's goal was to maintain independence with ambulation.

At approximately 11:30 AM, Surveyors interviewed Team Lead C who showed Surveyors the August calendar listing Resident 1's rheumatology appointment was on the calendar and s/he would be taking him/her to it.

At approximately 12:53 PM, Surveyors interviewed Care Management Director (CMD) A. CMD A stated s/he was not aware of the appointment until Guardian D called him/her to ask if Resident 1 was on his/her way to his/her appointment. CMD A contacted the facility who reported Team Lead C was not there to take Resident 1 to his/her appointment as s/he had called in. CMD A indicated s/he made an attempt to find another staff to take Resident 1, but it was too late for him/her to make it and it was

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{N 431}	Continued From page 10	{N 431}		

rescheduled. CMD A indicated Resident 1's appointment was on the calendar and it was forgotten about. CMD A provided Surveyors a copy of Team Lead C's disciplinary action, "Because of the lack of proper notice, coverage could not be arranged in time, as a result one of our members missed a scheduled medical appointment which could impact their overall health and continuity of care." CMD A verified Resident 1 should not have missed his/her appointment.

DIET DEVIATIONS NOT DOCUMENTED:

On 07/16/2025, at approximately 12:00PM, Surveyor reviewed Resident 1's record. Surveyor noted an undated prescribed diet, signed by Advanced Practice Nurse Prescriber E (APNP-E). On 07/16/2025, at approximately 1:00PM, Care Management Director A (CMD-A) advised the order is current and implemented.

The dietary order specified foods Resident 1 should avoid. The foods are as followed:

Milk and Milk Products: Whole milk, high fat cheeses, cottage cheeses, yogurts, ice cream and cream cheese.

Meats and Protein: Fried and processed meats, bacon, sausage, pepperoni, salami, bologna, Frankfurters, hotdogs, brats, lunch meat, nuts and nut butters - peanut butter, almost butter (high in fat) and beans.

Grains/Sugar: White bread, pastries and other high-fat desserts, any sugar products (candy, popsicles etc.

Vegetables and Fruits: vegetables with cheese,

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{N 431}	Continued From page 11 gaseous foods, tomatoes, tomato products, citrus fruits (oranges, tangerines and grapefruit. Beverages: Caffeinated beverages, tea and coffee with sugar and soft drinks. Spices: pepper, onions, spicy foods, ketchups, mint, peppermint and spearmint. On 07/16/2025, at approximately 12:15PM, Surveyor reviewed Resident 1's undated ISP with a print date of 07/17/2025. The ISP documented Resident 1 has the following diagnosis: changes in bowel movement, increase serum lipase level, abdominal pain, pit of stomach, inflammation of the small intestine and irritable bowel syndrome. Under the section titled, "Eating," the ISP reflected the information contained in the diet order. The ISP further specified, " ... if [Resident 1] refuses these foods and would like to [sic] something that is no [sic] recommended by the dr [sic] [s/he] may have that. The staff will document what [Resident 1] did not want to eat." On 07/16/2025, at approximately 12:30PM, Surveyor Reviewed Resident 1's Treatment Administration (TAR) Record for March 2025 and July 2025. Surveyor noted several documented instances when Resident 1 ate food items that were listed on the order as "foods to avoid." Additionally, there was no documentation of what was offered prior to Resident 1 eating the items that were not on the diet as stated in the ISP. The dates and foods were as follows: MARCH 2025 TAR: 03/01/2025: 6:46AM - Yogurt and 2:42PM-Yogurt 03/02/2025: 11:33AM - Breadsticks 03/03/2025: 6:09AM - Yogurt 03/03/2025: 6:09AM - Yogurt and 8:05AM -	{N 431}		

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{N 431}	Continued From page 12 (packed lunch) Little Debbie Snack Cake 03/03/2025: 5:34PM - Tuna Helper (includes cheese) 03/05/2025: 9:58AM - Peanut butter and 5:19PM-BBQ Sauce (contains ketchup) 03/06/2025: 6:31AM - Yogurt and 5:31PM - Pigs in a Blanket (contains hot/dog of sausage) 03/07/2025: 8:27AM - Yogurt 03/08/2025: 5:13AM - Macaroni and Cheese 03/09/2025: 12:13PM - Pizza Rolls and 4:31PM - Tuna Helper 03/12/2025: 8:38AM - (packed lunch) Cookie 03/14/2025: 8:22AM - (packed lunch): Little Debbie Snack Cake and 5:47PM - Hot dogs and macaroni and cheese 03/18/2025: 9:40AM - Yogurt, and 11:53AM - Leftover Hamburger Helper (contains cheese) and 2:34PM - Peanut butter 03/19/2025: 2:23PM - (packed lunch) Little Debbie Snack Cake 03/20/2025: 2:42PM - Peanut Butter 03/21/2025: 7:39AM - (packed lunch) Peanut butter and 5:41PM: chicken garlic pizza and Cinna-sticks 03/22/2025: 7:58AM - Sausage and 5:16PM - Hot dog and macaroni and cheese 03/23/2025: 5:30PM - Burrito 03/24/2025: 7:53AM - (packed lunch): Little Debbie Snack Cake 03/25/2025: 6:30AM - Yogurt, 11:47AM - Bologna sandwich and 2:10PM - Yogurt 03/26/2025: 6:30AM - Yogurt, 7:54AM (packed lunch): Fritos and peanut butter and 5:31PM - Tuna cheesy pasta meal 03/27/2025: 10:51PM - Peanut butter, 1:00PM: Yogurt and 6:43PM - Cheesy Enchilada Hamburger Helper 03/28/2025: 6:46AM - Sausages, 7:39AM - Peanut butter and 7:49PM - Creamy chicken and biscuits	{N 431}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018275	A. BUILDING: _____ B. WING _____	R-C 07/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLARITY CARE MANETTE	1796 CABINET MAKER COURT GREEN BAY, WI 54303

(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 431}	Continued From page 13 03/30/2025: 7:12AM - Yogurt and 12:11PM - Chicken nuggets (processed food) 03/31/2025: 6:45AM - Sausage and yogurt and 7:39AM - (packed lunch) Yogurt and Little Debbie Snack Cake JULY 2025 TAR: 07/01/2025: 10:52AM - Chicken nuggets (processed) 07/03/2025: 5:28PM - Chicken patty (processed) 07/04/2025: 1:26PM - Macaroni and cheese 07/06/2025: 5:37PM - Fish sticks (processed) 07/07/2025: 11:37AM - Chicken patty (processed) and cupcake and 5:38PM - chicken nuggets and (processed) 07/08/2025: 1:48PM - Yogurt and 5:30PM - beans 07/11/2025: 5:46PM - Nuggets (processed) 07/12/2025: 6:48PM - Yogurt 07/13/2025: 8:44AM - Sausage 07/13/2025: 11:55AM - Chicken nuggets (processed) and 5:47PM - Fish Sticks (processed) 07/15/2025: 1:27PM - Peanut butter On 07/16/2025, at approximately 12:53PM, Surveyors interviewed CMD-A. CMD-A reported caregivers document Resident 1's meals daily, but do not document what Resident 1 does not want to eat as identified in the ISP. CMD-A acknowledged Resident 1's diet was not being followed.	{N 431}		