STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016351	A. BUILDING: _____ B. WING _____	R-C 02/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AMERICAN GRAND ASSISTED LIVING SUITES	900 MEADOW LN NEENAH, WI 54956

(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 02/17/2025, with additional information gathered through 02/19/2025, Surveyor investigated one complaint, conducted a standard survey and a verification visit. The complaint was unsubstantiated. As a result of the standard survey, 2 new deficiencies were identified. One of 2 deficiencies is a repeat violation. See Statement of Deficiency (SOD) QP0C12, dated 01/19/2021, QP0C14, dated 03/18/2022 and 8IN911, dated 10/11/2023. As a result of the verification visit, 4 of 4 past deficiencies were corrected. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 63	{N 000}		
N 432	83.38(1)(h) Medication administration. 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: Medication administration. The CBRF shall provide medication administration appropriate to the resident ' s needs. This Rule is not met as evidenced by: Based on observation, interview and record review, the provider did not provide medication administration appropriate to meet the resident's needs for 1 of 3 residents reviewed (Resident 7).	N 432		

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
	0016351	A. BUILDING: _____ B. WING _____	R-C 02/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AMERICAN GRAND ASSISTED LIVING SUITES	900 MEADOW LN NEENAH, WI 54956

(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 432	Continued From page 1 Findings Include: On 02/10/2025, the department received an allegation residents were not being administered medications appropriately. On 02/17/2025, at approximately 10:50AM, while Surveyor was interviewing Resident 7, Caregiver G entered the room to take Residents 7's blood pressure and administer blood pressure medication. Surveyor observed Resident 7 remained in his/her recliner. Caregiver G retrieved Resident 7's blood pressure machine. Surveyor observed Resident 7, and Caregiver argued over the placement of the cord for the blood pressure cord. Resident 7 wanted to take multiple readings. Surveyor observed Resident 7 and Caregiver G argued about the reading. After obtaining the reading, Surveyor observed Caregiver G place a paper cup of water and Resident 7's blood pressure medication on the table. Surveyor observed Caregiver G abruptly leave the room. Resident 7 put the pill in his/her hand and then mouth but did not swallow. Eventually, Resident 7 reached for the water and swallowed the medication. Surveyor observed Caregiver G did not ensure Resident 7 took the medication prior to leaving the room. On 02/18/2025 at 2:36PM, Surveyor reviewed Resident 7's undated Individual Support Plan (ISP). The ISP listed Resident 7 is diagnosed with major depressive disorder, anxiety disorder, dysphagia (difficulty swallowing), other symptoms and signs of cognitive functions and awareness and hypertension. The ISP specified caregivers administered Resident 7's medications noting, "Receives medications in a safe and timely manner as ordered by PCP."	N 432		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016351	A. BUILDING: _____ B. WING _____	R-C 02/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AMERICAN GRAND ASSISTED LIVING SUITES	900 MEADOW LN NEENAH, WI 54956

(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 432	Continued From page 2 On 02/18/2025, at 3:02PM, Surveyor reviewed Resident 7's February 2025 Medication Administration Record (MAR). The MAR specified Resident 7 was prescribed the following medication: Midodrine HCL 5mg - take one tablet three times daily. Review of the MAR showed Caregiver G initialed the medication was administered for the 1st and 2nd doses on 02/17/2025. On 02/19/2025, Surveyor interviewed Administrator A and Registered Nurse B (RN-B). Administrator A and RN-B confirmed Caregivers should be present to ensure the residents take the medication prior to leaving. According to the definitions section of Wisconsin Department of Health Services Chapter 83 - Community Based Residential Facilities, medication administration is defined as: " ... direct injection, ingestion or other application of a prescription or over the counter drug or device to a resident by a practitioner, the practitioner's authorized agent, CBRF employees or the resident, at the direction of the practitioner ..." Resident 7's ISP noted Resident 7 has a diagnosis dysphagia (difficulty swallowing) and other symptoms and signs of cognitive functions and awareness. Caregiver G did not ensure s/he provided medication administration to meet Resident 7's needs by not verifying Resident 7 ingested the medication prior to leaving his/her room. Cross Reference Y3234 DHS 50.09(1)(e) Treatment	N 432		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016351	A. BUILDING: _____ B. WING _____	R-C 02/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AMERICAN GRAND ASSISTED LIVING SUITES	900 MEADOW LN NEENAH, WI 54956

(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
Y3234	Continued From page 3	Y3234		
Y3234	50.09(1)(e) Treatment (1) RESIDENTS' RIGHTS. Every resident in a nursing home or community based residential facility shall, except as provided in sub. (5), have the right to: (e) Be treated with courtesy, respect and full recognition of the resident's dignity and individuality, by all employes of the facility and licensed, certified or registered providers of health care and pharmacists with whom the resident comes in contact. This Rule is not met as evidenced by: Based on observation, interview and record review, the provider did not ensure residents were treated with courtesy, respect and full recognition of the resident's dignity and individuality for 1 of 3 residents reviewed (Resident 7). This is a repeat deficiency. See Statement of Deficiency (SOD) QP0C12, dated 01/19/2021, QP0C14, dated 03/18/2022 and 8IN911, dated 10/11/2023. Findings Include: On 02/17/2025, at 11:19AM, Surveyor met with Resident 7 in his/her room. Resident 7 was observed sitting in his/her recliner. Resident 7 expressed Caregiver G is not very nice and often	Y3234		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016351	A. BUILDING: _____ B. WING _____	R-C 02/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AMERICAN GRAND ASSISTED LIVING SUITES	900 MEADOW LN NEENAH, WI 54956

(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
Y3234	Continued From page 4 "teases" him/her. Resident 7 explained there was past incident with Caregiver G while taking his/her blood pressure. Resident 7 reported his/her blood pressure is checked three times a day with his/her personal blood pressure machine prior to taking his/her blood pressure medication. Resident 7 explained during the incident, Caregiver G put the blood pressure cup on upside down and became frustrated with Resident 7 for bringing it to his/her attention. Caregiver G eventually placed the cuff on correctly, but then did not line the cord from the cuff to the machine down his/her arm in line with the middle finger. Caregiver G ignored Resident 7's request to line up the cord. Resident 7 expressed concern that it may not read correctly. Resident 7 explained s/he likes to take more than one reading to make sure it is consistent. During the incident, Resident 7 reported Caregiver G was holding the machine where Resident 7 could not see the display. Resident 7 reached to the screen to position where s/he could see it. Caregiver G reacted by pulling it further away from Resident 7 causing the cord of the blood pressure machine to stretch and pop Resident 7's arm. Resident 7 reacted by yelling, "Get the [expletive] out of my room!" Resident 7 reported this was addressed shortly after the incident and other caregivers were supposed to pass his/her medication instead of Caregiver G. Resident 7 stated this only lasted for approximately 2 weeks and Caregiver G was again passing his/her medication again. Resident 7 stated s/he does not want Caregiver G in his/her room as Caregiver G is not nice and makes him/her uncomfortable. Resident 7 provided an additional example of interactions that lead to discomfort between Resident 7 and Caregiver G. Resident 7 reported	Y3234		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016351	A. BUILDING: _____ B. WING _____	R-C 02/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AMERICAN GRAND ASSISTED LIVING SUITES	900 MEADOW LN NEENAH, WI 54956

(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
Y3234	Continued From page 5	Y3234		

at medication pass, caregivers bring a small cup of water. Resident 7 explained s/he prefers the caregiver to bring him/her ice instead of water. Resident 7 explained this is because s/he has his/her own water and just wants to add ice to their cup. Resident 7 stated Caregiver G told Resident 7 to get their own ice because s/he is not Resident 7's slave. Resident 7 further explained it is difficult for him/her to go get ice on his/her own. Resident 7 stated s/he uses a walker, and it is difficult to get up from the recliner. Resident 7 advised once in the dining area, s/he asks for assistance just as s/he would from the room. Resident 7 stated other caregivers passing medications have no issues with brining him/her ice instead of water.

On 02/17/2025, at approximately 10:50AM, while Surveyor was interviewing Resident 7, Caregiver G entered the room to take Residents 7's blood pressure and administer blood pressure medication. Surveyor observed Resident 7 remained in his/her recliner. Caregiver G did not speak to Resident 7 and swiftly walked past the Surveyor and retrieved Resident 7's blood pressure machine. After Caregiver G placed the blood pressure cuff on Resident 7's arm, Resident 7 immediately began telling Caregiver G the cord was not aligned correctly. Simultaneously, Surveyor asked Caregiver G a question about the blood pressure parameters. Caregiver G ignored Resident 7's request and asked Surveyor, "What?" Surveyor advised this question can be asked later, so Caregiver G can focus on Resident 7. Caregiver G ignored Resident 7's request to align the cord. Resident 7 took the blood pressure machine so s/he could see the display as Resident 7 wanted to take multiple readings. In front of Resident 7, Caregiver G turned to Surveyor and stated,

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016351	A. BUILDING: _____ B. WING _____	R-C 02/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AMERICAN GRAND ASSISTED LIVING SUITES	900 MEADOW LN NEENAH, WI 54956

(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
Y3234	Continued From page 6	Y3234		

"blood pressures are an issue" and can take 10-15 minutes. Resident 7 interjected and stated, "You are never nice to me!" Caregiver G disagreed with Resident 7 by informing him/her there are other people that can "second opinion that, but ok." Resident 7 responded with, "What?" Caregiver G again repeated in a slightly louder tone, that there are people that can "second opinion that." Caregiver G then looked at the display of the blood pressure machine and stated, "same number buddy ...good number." Resident 7 and Caregiver G began to argue about the top number of the blood pressure reading as Resident 7 noted it was 131, 132 then 133 while Caregiver G argued it was 133. Caregiver G then set the paper cup of water on the table. Resident 7 immediately became frustrated and raised his/her voice while stating s/he wanted ice, but Caregiver G always brings water. Caregiver G told Resident 7 s/he brings water to take the medication, "that is what I do." Caregiver G told Resident 7 s/he did not want to bring the ice. Caregiver G placed the medication into Resident 7's hand and walked out of the room. Resident 7 continued to voice his/her concern about Caregiver G's conduct and not wanting Caregiver G in his/her room. Upon exiting Resident 7's room, Surveyor heard Resident 7 let out a moan and yell, "Oh, no!"

On 02/18/2025 at 2:36PM, Surveyor reviewed Resident 7's Individual Support Plan (ISP), dated 01/25/2025. The ISP listed Resident 7 is diagnosed with major depressive disorder, anxiety disorder, dysphagia (difficulty swallowing), hypertension and other symptoms and signs of cognitive functions and awareness. Under the communication section of Resident 7's ISP, it noted Resident 7 has an activated power of attorney but is alert and orientated. It further

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016351	A. BUILDING: _____ B. WING _____	R-C 02/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AMERICAN GRAND ASSISTED LIVING SUITES	900 MEADOW LN NEENAH, WI 54956

(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
Y3234	Continued From page 7 noted Resident 7's goal and outcome is to maintain an independent level of communication. Additionally, the ISP noted Resident 7 uses a two-wheeled walker for ambulation. On 02/17/2025, at 1:05PM, Surveyor interviewed Administrator A and Registered Nurse B (RN-B) regarding the observation. Administrator A reported Resident 7 has some obsessive tendencies and likes things a particular way. Administrator A gave the example that Resident 7 wants a specific number of ice cubes for his/her water. Administrator A confirmed this is a request that can be met by the caregivers, and it should be met. RN-B expressed s/he was very disappointed with Caregiver G's actions and advised it is, "not acceptable." Administrator A and RN-B confirmed they will ensure Resident 7's concerns and request are acknowledged and take necessary actions to make sure s/he is attended to appropriately. According to Resident 7's ISP, the goal and outcome for Resident 7 is to maintain his/her independence with his/her ability to communicate. Resident 7 attempted to communicate his/her preferences and needs to Caregiver G. Surveyor observed Caregiver G argue with and ignore Resident 7. Cross Reference N0432 DHS 83.38(1)(h) Medication Administration	Y3234		