

Wisconsin Department of Health Services

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>0016351</b>        | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____                                                   | (X3) DATE SURVEY<br>COMPLETED<br><br><b>R-C<br/>09/23/2025</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>AMERICAN GRAND ASSISTED LIVING SUITES</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>900 MEADOW LN<br/>NEENAH, WI 54956</b> |                                                                                                                          |                                                                |
| (X4) ID<br>PREFIX<br>TAG                                                         | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ID<br>PREFIX<br>TAG                                                                | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE                                       |
| {N 000}                                                                          | Initial Comments<br><br>On 09/22/2025, Surveyor conducted an onsite visit at American Grand Assisted Living Suites to investigate 3 complaints and conduct a verification visit. Additional information was received through 09/23/2025.<br><br>Three (3) of 3 previous deficiencies were corrected.<br>One (1) of 3 complaints was substantiated.<br>One (1) new deficiency was identified.<br><br>Census: 72<br><br>Under statutory provisions of WI Stat. Ch. 50 a \$200 revisit fee is being assessed.                                                                                                                                                                                                                                                                                                                            | {N 000}                                                                            |                                                                                                                          |                                                                |
| N 388                                                                            | 83.35(3)(c) Implement, follow the individual service plan<br><br>Implementation. The CBRF shall implement and follow the individual service plan as written.<br><br>This Rule is not met as evidenced by:<br>Based on interview and record review, the provider did not ensure all individual service plans (ISPs) were implemented and followed.<br><br>The provider did not ensure interventions documented in Resident 8's ISP were implemented to increase his/her acceptance of showers. As of 09/22/2025, facility staff were unsure when Resident 8 last received a shower and according to documentation s/he did not receive one during the first 3 weeks of September.<br><br>The provider did not ensure staff implemented interventions identified in Resident 12's ISP to maintain cleanliness of Resident 12's room and | N 388                                                                              |                                                                                                                          |                                                                |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Wisconsin Department of Health Services

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| N 388                                                                            | <p>Continued From page 1</p> <p>the cat litter box. Resident 12's bed, bedding and side table were dirty and stained with old food and spills. The litter box was full of cat feces causing a strong odor and a half eaten dinner plate from the previous night remained on the bed.</p> <p>Findings include:</p> <p>RESIDENT 8:<br/>Surveyor reviewed the provider's compliance history prior to conducting the onsite visit. SOD 8IN914, dated 07/14/2025 included a deficiency for not updating Resident 8's ISP for needs and interventions related to his/her tendency to refuse showers.</p> <p>On 09/22/2025, Surveyor reviewed Resident 8's record. S/he was admitted 05/18/2025 with a diagnosis of ALS (Amyotrophic lateral sclerosis; causes loss of muscle control.)</p> <p>Resident 8's ISP included a section titled "Bathing" last updated 08/11/2025 and read in part, " ...is scheduled for showers 2x weekly and PRN (as needed.) ...frequently refuses showers." Resident 8 prefers Caregiver H and feels like other staff are not strong enough. When [Caregiver H] is not scheduled to work other caregivers should "prompt...by using warm towels" and "warming his/her bathroom with warm shower water" prior to Resident 8 entering the shower. "Staff are to check [Resident 8]'s skin during each shower and report concerns ..."</p> <p>Surveyor reviewed the September 2025 medication administration record, which included a prompt for showers on Mondays and Thursdays. The prompt described the interventions of warming towels and the</p> | N 388                                                                              |                                                                                                                          |                                                               |

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| N 388                                                                            | <p>Continued From page 2</p> <p>bathroom, as identified in the ISP. Refusals were charted 09/01, 09/04 and 09/11/2025. None of the 3 refusals were documented by Caregiver H. Showers were charted as given by Caregiver P on 09/08, 09/15 and 09/18/2025.</p> <p>Surveyor interviewed Resident 8 on 09/22/2025 at 1:16 PM. Resident 8 recalled Surveyor from the previous visit and said things are not going better with showers. Resident 8 said Caregiver H has not been giving him/her showers and s/he has "no idea" the last time s/he had a shower. Surveyor asked if caregivers are offering warm towels at shower time and Resident 8 acted surprised and became agitated. Resident 8 showed Surveyor his/her lower legs. Surveyor observed significant edema on both lower legs and open areas on the back of Resident 8's left leg.</p> <p>Surveyor interviewed Caregiver P on 09/22/2025 at 2:24 PM. Caregiver P said s/he has not been successful in giving Resident 8 a shower and stated, "On my shifts, [s/he] has said 'No.'" Surveyor asked about the 3 shower s/he charted and Caregiver P replied, "I didn't give [him/her] those showers" and added s/he must have "accidentally charted it wrong." Surveyor asked how s/he offers and encourages showers and Caregiver P said "We'll go back and ask a 2nd time later on. [S/he] just says, 'No.'" We have [him/her] sign a refusal form." Surveyor asked if s/he used any other strategies like offering warm towels and s/he replied no, s/he has never offered warm towels.</p> <p>Surveyor interviewed Caregiver Q on 09/22/2025 at 11:00 AM. Caregiver Q said there have been no changes in interventions since July 2025 to encourage Resident 8 to shower. Caregiver Q</p> | N 388                                                                              |                                                                                                                          |                                                                |

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| N 388                                                                            | <p>Continued From page 3</p> <p>said s/he won't shower for anyone other than Caregiver H and "even then it is hit or miss." When describing his/her approach Caregiver Q stated, "I offered, you don't want to do it, it's your choice." Surveyor asked when Resident 8 last had a shower and s/he said, "I have no clue. Probably a very long time ago." Caregiver Q said Resident 8 "might have ...open areas ...on the back of [his/her] legs. I think they're probably the same as they've always been."</p> <p>Surveyor interviewed Caregiver R on 09/22/2025 at 3:03 PM. S/he said Resident 8 refuses when s/he offers showers and "I'll keep asking" but s/he still says, "No." Caregiver R said s/he does not offer warm towels or utilize any other strategies to encourage acceptance of showers.</p> <p>Surveyor interviewed members of the management team on 09/22/2024 at 4:00 PM. Registered Nurse (RN) B said they continue to struggle to get Resident 8 to accept showers and it had been "months" since his/her last shower. They also acknowledged that while Resident 8's preferred caregiver (Caregiver H) works 5 days/week, there was no formal plan or documentation related to his/her efforts to offer the showers. Surveyor shared concerns that Caregiver P charted showers s/he did not give and none of the 3 caregivers interviewed said they were following the ISP interventions to encourage acceptance. RN B and Administrator A agreed with Surveyor's concerns. They said caregivers are too quick to accept refusals without further encouragement. RN B and Administrator A stated they would reassess Resident 8's needs and preferences, determine if the current interventions in the ISP are still appropriate and work with caregivers to ensure they are aware of and implementing interventions</p> | N 388                                                                              |                                                                                                                          |                                                                |

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| N 388                                                                            | <p>Continued From page 4</p> <p>in the ISP.</p> <p><b>RESIDENT 12:</b><br/>The Department received a complaint alleging concerns with resident room cleanliness.</p> <p>On 09/22/2025 at 10:45 AM, Surveyor interviewed Resident 12 in his/her room and observed the following:</p> <ul style="list-style-type: none"> <li>-Resident 12 was laying in bed. The fitted sheet was half off the bed and Resident 12 was laying directly on the mattress.</li> <li>-The portion of the fitted sheet that remained on the bed was dirty and stained.</li> <li>-The mattress shifted slightly off the box spring and the exposed section of the box spring had food particles and stains.</li> <li>-A plate of old food was laying directly on Resident 12's bed; it included a half-eaten sandwich with meat, cucumber salad and Jello.</li> <li>-The glass side table next to the bed was dirty with a film that appeared to be from old spills.</li> <li>-Resident 12 had a cat and the litter box was in need of cleaning. There was minimal cat litter in the box and piles of cat feces on top and below the surface of the litter. The room smelled strongly of cat feces.</li> </ul> <p>Resident 12 told Surveyor the plate of food on the bed was from last night and commented, "They never clean up. Look, I don't have a sheet on (this part) of my bed." As Surveyor was interviewing Resident 12, fruit flies were flying in Surveyor's face.</p> <p>Surveyor reviewed Resident 12's record on 09/22/2025 at 11:52 AM. Resident 12 was admitted on 08/02/2021 with diagnoses to include major neurocognitive disorder. The ISP had a</p> | N 388                                                                       |                                                                                                                          |  |                                                                |

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| N 388                                                                            | <p>Continued From page 5</p> <p>section titled "Housekeeping" last updated 07/13/2025 which read, "Staff are to clean/straighten [Resident 12]'s room and bathroom daily ...detailed weekly by the housekeeper ...does have a cat and needs to reminded/assisted to scoop the cat litter box daily."</p> <p>At 12:04 PM, Surveyor and Administrator A returned to Resident 12's room which remained in the same condition as earlier. Resident 12 said to Administrator A, "Can I get some fresh food?" Upon leaving the room Administrator A told Surveyor the condition of the room was "awful." Administrator A said Resident 12 prefers meals in his/her room and confirmed the plate on the bed was from last night's dinner. Administrator A explained Resident 12 eats at "odd intervals" and it may have been brought to him/her during the overnight. However, s/he also said the old food should not have remained at noon today and housekeeping or the morning medication passer should have taken it away and cleaned the room. Administrator A confirmed Resident 12 relies on staff assistance for daily room cleaning, laundering of sheets and cleaning the litter box. Administrator A said the condition of the room was unacceptable and called a staff member to address the concerns.</p> <p>Surveyor interviewed Caregiver R on 09/22/2025 at 3:03 PM. S/he said s/he worked 2nd shift on 09/21/2025 and cared for Resident 12. Caregiver R said s/he "probably should have" cleaned out the litter box but explained, "I have not touched (it), the smell makes me gag."</p> | N 388                                                                              |                                                                                                                          |                                                               |