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 08/31/2023

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 08/31/2023, Surveyor conducted a verification visit and investigated one complaint at Clarity Care Manette. Eleven out of 11 past deficiencies were corrected. The complaint was substantiated, and one new deficiency was identified. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census 5	{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 ensure they investigated an injury of unknown source for Resident 1. Findings Include: On 03/01/2023, the department received a complaint that alleged a resident had an injury of unknown source that was not addressed by the provider. On 08/31/2023 at approximately 7:50AM, Surveyor reviewed the Aurora Health Care Office Visit for Resident 1 dated 02/28/2023. Resident 1's guardian found bruises on Resident 1's inner	N 161		

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 161	Continued From page 1	N 161		

thigh and left chest area. The document noted Resident 1's guardian was advised by Adult Protective Services to have a physician complete a body check. The physician noted Resident 1 had a history of rubbing his/her hands, wrists, and anterior shins on surfaces. The physician's exam documented the bruising was not consistent with self-inflicted bodily injury.

Surveyor interviewed Case Manager Director A (CMD-A) on 08/31/2023 at 9:06AM:
CMD-A reported Resident 1's guardian informed Vice President B (VP-B) about the bruising on 03/01/2023. CMD-A confirmed adult protective services was also investigating the injury. CMD-A was not sure if there was an investigation about the source of the bruising to Resident 1's inner thigh and left chest area.

Surveyor interviewed District Administrator C (DA-C) on 08/31/2023 at 8:50AM:
DA-C explained caregivers were instructed to document any new bruising for Resident 1 when they provide shower assistance. DA-C reported Resident 1 discharged from the provider on 02/28/2023. DA-C confirmed there was no documentation regarding the bruising on the chest area prior to the discharge date. On 08/31/2023 at 12:13PM, DA-C confirmed the provider did not investigate.

On 02/28/2023, Resident 1 discharged from the provider. Later that day, Resident 1's guardian noted suspicious bruising on Resident 1's inner thigh and left chest area. VP-B was notified of the bruising on 03/01/2023. The provider was aware Adult Protective Services was investigating the concern. The provider did not investigate the injury of unknown source.