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|---|---|---|---|
| | 0016474 | A. BUILDING: _____ B. WING _____ | C 07/23/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| WYNDEMERE CEDAR HOUSE | 2995 RIVERSIDE DR GREEN BAY, WI 54301 |

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| N 000 | Initial Comments<br><br>On 07/15/2026, Surveyors conducted a standard survey and complaint investigation at Wyndemere Cedar House. An additional onsite visit was conducted on 07/16/2026 with information gathered through 07/23/2026.<br><br>As a result, 1 of 2 complaints was substantiated and 4 deficiencies were identified.<br><br>Census: 14 | N 000 | | |
| N 158 | 83.12(2)(a) Caregiver: Investigating abuse & neglect<br><br>Investigating and reporting abuse, neglect, or misappropriation of property. Caregiver. 1. When a CBRF receives a report of an allegation of abuse or neglect of a resident, or misappropriation of property, the CBRF shall take immediate steps to ensure the safety of all residents. 2. The CBRF shall investigate and document any allegation of abuse or neglect of a resident, or misappropriation of property by a caregiver. If the CBRF ' s investigation concludes that the alleged abuse, or neglect of a resident or misappropriation of property meets the definition of abuse or neglect of a resident, or of misappropriation of property, the CBRF shall report the incident to the department on a form provided by the department, within 7 calendar days from the date the CBRF knew or should have known about the abuse, neglect, or misappropriation of property. The CBRF shall maintain documentation of any investigation.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not contact the Office of Caregiver | N 158 | | |

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

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| N 158 | Continued From page 1 | N 158 | | |

Quality within 7 days when they had reasonable cause to suspect caregiver misconduct in 1 of 1 incidents.

On 03/01/2026, Caregiver C allegedly screamed at Resident 1.

Findings include:

On 03/10/2026, the Department received a complaint alleging caregiver misconduct.

On 07/15/2026, Surveyors conducted an onsite visit to the facility to conduct a standard survey and complaint investigation.

On 07/15/2026 at approximately 7:00 AM, Surveyor reviewed the Department's facility folder and identified a self-report that was submitted to the Department on 03/10/2026. The self-report described an allegation of caregiver misconduct and included the investigation completed by the facility on 03/10/2026. The investigation indicated Administrator A (AA) fully cooperated with local law enforcement and conducted an internal review in coordination with them. AA described interviewing Caregiver C, Resident 1, Agency Caregiver and additional staff who were present the day of the alleged incident.

On 07/21/2026, Surveyor confirmed through the Office of Caregiver Quality (OCQ) system no caregiver misconduct report was received regarding the allegation reported on 03/10/2026.

On 07/21/2026, Surveyor reviewed an email sent by the Department to AA on 03/11/2026 stating "...We received your self-report related to possible staff verbal abuse, thank you for reporting. If an allegation of staff/caregiver abuse,

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| N 158 | Continued From page 2<br>neglect, or misappropriation is made, those need to be reported through the Misconduct Reporting System [MIR]..." An internet hyperlink to the MIR website was included.<br><br>On 07/22/2026 at 1:00 PM, Surveyor interviewed AA who stated s/he doesn't recall if s/he submitted a report to OCQ, but would look through his/her files for confirmation. Surveyor requested any additional documentation be provided by 4:30 PM on 07/23/2026.<br><br>On 07/23/2026 at 1:27 PM, Surveyor received an email from AA which noted, " ...Regarding the MIR, these are the only records we were able to locate in our storage files. At this time, we have not located any additional pages or separate documentation reflecting the submission of the report. If additional records are located, I will provide them to you promptly ..."<br><br>As of 07/23/2026 at 4:30 PM, Surveyor did not receive any additional documentation confirming the facility filed a caregiver misconduct report to OCQ. | N 158 | | |
| N 481 | 83.43(1) Environment safe, clean, and comfortable<br><br>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.<br><br>This Rule is not met as evidenced by:<br>Based on observation and interview, the provider | N 481 | | |

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| N 481 | Continued From page 3<br>did not ensure a living environment that was safe, clean, comfortable and homelike.<br><br>Findings include:<br><br>On 07/15/2026 and 07/16/2026, Surveyors conducted onsite visits to the facility and observed the following concerns:<br><br>Sitting Area (located across the hallway from a mechanical room, storage room and room 15):<br><br>- There was a thin layer of carpet that had dark spots and stains throughout the room.<br>- A wooden side table had chips along its edges.<br>- The wooden base of the chairs had excessive nicks and chips.<br><br>Hallways and Doors (throughout the facility):<br><br>- The baseboards along the floor had chips and scuffs.<br>- The walls had scratches, scuffs and chipped paint.<br>- Hallway banisters show chips and scuffs.<br>- The hallway corners were missing plaster.<br>- Metal door frames had scrapes and dark stains.<br>- Wooden doors throughout the facility had deep scrapes, nicks and discoloration.<br><br>Fixtures and Entrances:<br><br>- There was a clear fluorescent light cover on the ceiling that was cracked and previously repaired with a yellow/orange colored glue type substance (near sitting area and mechanical room).<br>- Exit "Door D" had a dime-sized hole above the handle that went through to the outside.<br>- The front entrance exterior was missing brick exposing the interior wall. | N 481 | | |

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| N 481 | Continued From page 4<br><br>Shower Room, Dining Room and Resident Rooms:<br><br>- There was a black-like substance resembling mold throughout the tiled grout of the shower room (next to the laundry room).<br>- A high back blue chair in the dining area had worn out armrests that exposed the inner lining.<br>- Several resident room doors were carpeted on the outside and had unraveling edges.<br>- Resident 1's room had a large piece of unsecured Styrofoam (approximately 3 feet wide, 4 feet tall and 1cm thick) along the wall near his/her headboard.<br><br>On 07/22/2026 at approximately 1:00 PM, Surveyors interviewed Regional Director B (RD B) regarding the environmental observations. RD B acknowledged Surveyors concerns and stated this is the first time s/he has heard of these issues, but would discuss with Administrator A. | N 481 | | |
| N 617 | 83.55(6)(b) Bath and toilet areas: water temperature<br><br>The CBRF shall set the temperature of all water heaters connected to sinks, showers and tubs used by residents at a temperature of at least 140°F. The temperature of water at fixtures used by residents shall be automatically regulated by valves and may not exceed 115°F, except for CBRFs serving residents recovering from alcohol or drug dependency or clients of a government correctional agency.<br><br>This Rule is not met as evidenced by:<br>Based on interview and observation, the provider | N 617 | | |

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| N 617 | Continued From page 5<br>did not ensure the temperature of water at fixtures used by residents was automatically regulated by valves and did not exceed 115 degrees Fahrenheit.<br><br>Findings include:<br><br>The provider is licensed to care for up to 14 residents in the client groups developmentally disabled, advanced aged, irreversible dementia/Alzheimer's disease, and physically disabled.<br><br>On 07/15/2026 and 07/16/2026, Surveyors conducted onsite visits to the facility to complete a standard survey and complaint investigation.<br><br>On 07/15/2026 at approximately 3:45 PM, Surveyors conducted a tour of the facility. Surveyor tested the temperature of the bathroom/shower room sink faucet and observed a water temperature of 127.4 degrees Fahrenheit.<br><br>On 07/22/2026 at approximately 1:00 PM, Surveyor interviewed Administrator A (AA). AA confirmed they did not regularly check water temperatures at the facility. AA stated they would get the high-water temperatures adjusted.<br><br>The provider did not ensure hot water was at or below 115 degrees Fahrenheit at faucets used by residents. | N 617 | | |
| N 637 | 83.59(1)(g) Proper exit locations, sidewalks, driveways.<br><br>All habitable floors shall have at least 2 exits providing unobstructed travel to the outside. Small class AA CBRFs licensed on or before the | N 637 | | |

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| N 637 | Continued From page 6<br>effective date of this section with no more than 2 habitable floors may have one exit from the second floor. Exits, sidewalks and driveways used for exiting shall be kept free of ice, snow, and obstructions. For facilities serving only ambulatory residents, the CBRF shall maintain a cleared pathway from all exterior doors to be used in an emergency to a public way or safe distance away from the building. For facilities serving semi-ambulatory and non-ambulatory residents, a CBRF shall maintain a cleared, hard surface, barrier-free walkway to a public way or safe distance away from the building for at least 2 primary exits from the building. All other required exits shall have at least a cleared pathway maintained to a public way or safe distance from the building. An exit door or walkway to a cleared driveway leading away from the CBRF also meets this requirement.<br><br>This Rule is not met as evidenced by:<br>Based on observation and interview, the provider did not ensure exits and driveways used for exiting were kept free of obstructions. Three (3) of 4 emergency exits prevented a clear, unobstructed exit path from the facility.<br><br>Findings include:<br><br>The provider is licensed as a Class CNA (non-ambulatory) CBRF able to serve up to 14 residents within the client groups of advanced age, physically disabled, developmentally disabled and irreversible dementia/Alzheimer's.<br><br>On 07/15/2026 and 07/16/2026, Surveyors conducted onsite visits to the facility to complete a standard survey and complaint investigation. | N 637 | | |

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| N 637 | Continued From page 7<br><br>On 07/16/2026 at approximately 10:05 AM, Surveyors toured the facility. While walking out the front door exit to check the pathway for any obstructions, Resident 2 was sitting in the dining room and stated, "Be careful there is a 3 inch drop on the sidewalk. It needs to be repaired. It has been like that for awhile." Surveyor observed a lower left leg brace on Resident 2's leg and a cane leaning up against him/her.<br><br>Surveyors observed the facility's exits and observed the following:<br><br>Exit Emergency Diagram -<br><br>Review of the diagram revealed it did not identify a meeting place where staff and residents would meet if there was an emergency. The path leading away from the facility did not have a clear unobstructed exit path which posed a safety hazard for residents who are semi-ambulatory and non-ambulatory.<br><br>Driveway -<br><br>The paved driveway had cracks, loose gravel, uneven pavement and two large rock-filled potholes. Each pothole was approximately 2.5 feet by 4 feet and both were in the exit path from the facility. (Surveyor note: There are 2 adjacent sister facilities on the same property and the driveway connects all of the buildings together. Surveyors observed non-ambulatory residents use the driveway to enter into the adjacent facilities.)<br><br>Exit Walkways -<br><br>Door A (as identified on the exit emergency diagram and the front entrance) - Surveyor | N 637 | | |

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| N 637 | Continued From page 8<br>observed a 2 to 3 inch gap separating the cement edge from the ground causing a significant drop off the side of the walkway. There was also a hole in the cement walkway approximately 8 by 8 inches in diameter and .25 inch deep.<br><br>On 07/22/2026 at approximately 1:00 PM, Surveyors interviewed Administrator A (AA) and Regional Director (RD) B. AA reported the facility requested and received a quote for the driveway repairs and submitted this to the licensee. RD B stated s/he will email a copy of the quote and plan for repair.<br><br>On 07/23/2026 at 1:27 PM, Surveyors received an email from AA with an attachment to include "Proposal ..." and "Paving estimate" for quotes they received on 04/27/2026 and 05/01/2026. AA reported the quote was forwarded on to the licensee.<br><br>On 07/23/2026 at 2:06 PM, Surveyors received a follow up email from RD B which stated, "At this time, we do not have an active work order in place, so we're unable to provide an estimated completion date." | N 637 | | |