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M 000	INITIAL COMMENTS On 05/08/2025, with additional information gathered through 05/13/2025, Surveyor conducted 3 complaint investigations at Oakwood. Three of 3 complaints were substantiated. Three deficiencies were identified. Census: 4	M 000		
M 424	88.06(3)(f) REVIEW OF ISP The individual service plan shall be reviewed at least once every 6 months by the licensee, the resident or the resident's guardian, the service coordinator, if any, the designated representative, if any, the placing agency with the resident participating in a manner appropriate for the resident's level of understanding and method of communication. This review is to determine continued appropriateness of the plan and to update the plan as necessary. A plan shall be updated, in writing, whenever the resident's needs or preferences change substantially or when requested by the resident or the resident's guardian. This Rule is not met as evidenced by: Based on observation, record review, and interview the provider did not update Resident 1, Resident 2, and Resident 3's individual service plans (ISP) when their needs or preferences changed or at least every 6 months. Findings include:	M 424		

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

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The provider is licensed to serve up to 4 ambulatory residents who may be developmentally disabled, emotionally disturbed/mentally ill, physically disabled, of advanced age, have dementia/Alzheimer's disease and/or have a traumatic brain injury.

On 04/28/2025, the department received complaint information alleging the facility smelled of urine and resident needs were not being met.

On 05/08/2025 at approximately 12:32 PM, Surveyor and Vice President/Administrator (VP) A toured the facility. Surveyor and VP A toured Resident 2's room and observed a pungent urine odor. VP A stated Resident 2 was incontinent and had behaviors related to urination, such as hiding his/her soiled clothing and urinating in the drawer. VP A indicated Resident 2 had resided with them in various facilities over the years and has a history of this. Surveyor and VP A toured Resident 3's room and VP A noted Resident 3's carpeting was recently removed and replaced with vinyl flooring. VP A indicated Resident 3 had a history of incontinence and behaviors with urination and bowel on the floor and "scooting" his/her (bare) butt on the floor, so the carpeting was removed. S/he said Resident 3's room used to have a very strong urine odor but was better now without the carpeting in his/her room.

On 05/08/2025 at approximately 1:00 PM, Surveyor reviewed email correspondence from APS Worker J from 9:40 AM. From APS Worker J's visit to the facility, "2 of the [resident's] rooms smelling very strong of urine due to incontinence issues. It is my understanding that one of the two does have a 30 day notice due to this issue."

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M 424	Continued From page 2 RESIDENT 2 On 05/08/2025, Surveyor reviewed Resident 2's record and noted on his/her face sheet s/he was admitted to the facility on 02/25/2021 and had diagnoses of mild cognitive impairment, oppositional defiant disorder, reactive attachment disorder of childhood, and attention-deficit hyperactivity disorder. Surveyor reviewed Resident 2's observation notes: 03/05/2025 "[Resident 2] is currently out of bed and laying on the couch with [his/her] blanket in the common area. [Resident 2] ate [his/her] breakfast this morning, but is refusing to change [his/her] soiled brief and put on clean clothes." 03/25/2025 "Late observation [Resident 2] got up at 1:40 AM and laid on the couch. Staff asked if [his/her] bed was wet and [s/he] yelled at staff to mind their own business. Staff went in [his/her] room to sweep and mop. [Resident 2's] room was a disaster. 5 wet briefs laying on the floor and [his/her] bed was soaked ..." Surveyor reviewed Resident 2's ISP with review date 02/21/2025 and noted the following related to toileting. "[Resident 2] needs verbal reminders to use the restroom during the night. [Resident 2] will not use the restroom on [his/her] own and will urinate on [him/herself] and lay in to [sic]. Staff are to get [Resident 2] up throughout the night. [Resident 2] is continent and independent with [his/her] toileting, but staff are to wake [him/her] a couple times through out the night to use the bathroom. Staff will continue to monitor, document and notify supervisor of any change in continence. [S/he] is sometimes incontinent." Surveyor note: Resident 2's ISP was silent to Resident 2's behaviors related to urinating on the floor, in drawers, hiding briefs, level of	M 424		

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incontinence, and interventions related to these behaviors.

RESIDENT 3
On 05/08/2025 at approximately 12:57 PM, Surveyor interviewed Care Management Director (CMD) B. S/he is having an increase in incontinence, had a commode in his/her room now, and "scooted" his/her bottom on the floor with feces. S/he said in the past, they were not able to keep his/her clothes in his/her room due to Resident 3 urinating on them.

On 05/08/2025 at approximately 2:00 PM, Surveyor reviewed email correspondence from Provider Quality Supervisor I from 1:43 PM who stated concerns at the facility for Resident 3 was related to "cleanliness/urine odors [as of] April 23, 2025."

On 05/12/2025, Surveyor reviewed Resident 3's record and noted his/her face sheet indicated Resident 3 was admitted to the facility on 08/01/2018 with diagnoses of Down syndrome.

Surveyor reviewed Resident 3's observation notes and noted on 04/29/2025 "Due to [Resident 3] possibly urinating on the floor or on [his/her] items in [his/her] room please do more frequent checks and offering to use the bathroom, when [s/he] is home I would offer he bathroom every hour to hour an [sic] a half vs every 2 hours. Please write observation notes on how this is going as well. Please reach out if there are any questions."
Surveyor reviewed Resident 3's incident report dated 02/22/2025 "When staff was doing hourly checks they caught [Resident 3] squatting with [his/her] pants half down on [his/her] dresser drawer. Staff asked [him/her] what [s/he] was up

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to and [s/he] said nothing and in a hurry raised [his/her] pants. Staff proceeded to check the dresser drawer and found dried bowl [bowel] movement in [his/her] bottom dresser drawer. Staff called lead for further instructions."

Surveyor reviewed Resident 3's ISP dated 01/08/2025. Surveyor note: Resident 3's Managed Care Organization (MCO) RN F was the only signature on Resident 3's ISP for review. Surveyor noted Resident 3's ISP listed the following related to his/her toileting needs: "[Resident 3] is independent with toileting. [S/he] likes to sit in the client bathroom for hours at a time talking to [his/herself], digging through drawers and flushing items down the toilet. Staff will ask [Resident 3] to come out of client bathroom after 20-30 minutes. If another housemate needs to use it but [s/he] generally refuses to come out. [S/he] does not use any incontinence products. Staff will assist if [s/he] requests, or otherwise will report any changes to care team."
Surveyor note: Resident 3's ISP was silent to his/her incontinence, use of a commode, urine and bowel behaviors, bowel "scooting," defecating in his/her room, and interventions related to these needs.

RESIDENT 1
On 05/08/2025 at approximately 11:34 AM, Surveyor interviewed Guardian D who stated s/he was moving Resident 1 due to feeling that Resident 1's needs were not being met by the provider. Guardian D indicated Resident 1 was non-verbal and required more monitoring than what was being provided. S/he said Resident 1 had a history of constipation and it was not always tracked and s/he had been losing weight. Guardian D voiced concern of Resident 1's

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history of wandering and elopement, and not being safe in the facility.

On 05/08/2025 at approximately 12:32 PM, Surveyor interviewed VP A. Surveyor observed the kitchen did not have any dining chairs at the table, the office desk did not have an office chair, and the living room only had larger furniture that was not easily moved. VP A stated chairs are brought to the dining room table during meals, but due to Resident 1 flipping chairs over and running into them causing falls and injuries, they were removed between meals.

On 05/08/2025 at approximately 12:57 PM, Surveyor interviewed CMD B who described Resident 1 as having poor safety awareness, required 1:1 and redirection often, and had a history of running into furniture and injuring him/herself. S/he said Resident 1 never sat down, was "constantly on the go," checked doors, and paced. CMD B said Resident 1 touched other resident's arms often as well.

On 05/12/2025, Surveyor reviewed Resident 1's facility record and noted s/he moved to the facility on 04/04/2024 with diagnoses of severe intellectual disabilities.

Surveyor reviewed Resident 1's ISP with review date 02/07/2025 and noted the following regarding Resident 1's behaviors and tendencies. "Resident has been identified as a wandering risk, but has no previous occurrences of elopement ...Self-Abusive Behavior ...No BSP [behavior support plan]. [S/he] may slap [his/her] hand."
Surveyor note: Resident 1's ISP was silent to him/her being non-verbal/ how s/he communicates, his/her constipation history, safety

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M 424	Continued From page 6 awareness, elopement risk, self-injurious behaviors, injuries and behaviors with furniture, touching others' arms, and interventions related to these behaviors. On 05/13/2025 at 2:00 PM, Surveyor interviewed VP A and CMD B who acknowledged Resident 1, Resident 2, and Resident 3's ISP's were not reviewed and updated to reflect changes in their needs and interventions related to their needs. Cross Reference: M0478 88.07(4)(e) Special Diets Z0053 13.05(2) Client Protection	M 424		
M 478	88.07(4)(e) SPECIAL DIETS Meals prepared by the licensee shall take into account special physical and religious dietary needs of the residents. A special diet shall be served to a resident if prescribed by the resident's physician. This Rule is not met as evidenced by: Based on record review and interview, the provider did not take into account Resident 1's special dietary needs. Resident 1 had missing teeth, had a history of choking and coughing during meals, eating too fast, and did best eating meals that were bite sized or soft. The provider was inconsistent with providing food that was bite sized or soft. Resident 1's dietary needs were inconsistent throughout his/her record. Findings include: On 04/28/2025 and 05/07/2025, the department	M 478		

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M 478	Continued From page 7 received complaint information alleging residents were not provided appropriate meals to meet their dietary needs. Surveyor note: According to UW Health, A mechanical soft diet is "designed for people who have trouble chewing and swallowing. Chopped, ground and pureed foods are included in this diet, as well as foods that break apart without a knife ... The foods in this diet are easy to eat and do not need a lot of chewing to swallow safely. This diet is helpful if you are missing teeth or have just had surgery and cannot chew hard foods. This diet does include soft breads and rice, so it is important that you can move food in your mouth and can swallow safely. Foods to Avoid Thick cold cuts Sausage, wieners, hamburgers Large chunks of cheese Casserole with large chunks of meat Entire pieces of meat Fried fish... Peanut butter... Raw vegetables Stir fried or lightly cooked vegetables that are still crunchy Fried vegetables Crispy French fries, crispy hash browns or fried potato skins... Fruit with skins and seeds Pineapple... Dry coarse breads with pieces of grain, nuts or seeds... Desserts with nuts, seeds, coconut or dried fruit... Granola bars" https://patient.uwhealth.org/healthfacts/363 Retrieved 05/13/2025	M 478		

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According to UW Health, Pureed diet is "pudding-like" foods that are smooth and moist. The foods are easy to swallow, do not need to be chewed, and is easy for you to control in your mouth. There should be no lumps, no chunks, no seeds, and no pulp. Foods should not be coarse, dry, crunchy, sticky, runny, or chewy." https://assets.ctfassets.net/4yx69hifndy8/7jM3gbLPk1MEJOtc2S45AA/28c74d2091fdec07d248830f53692de4/458.pdf Retrieved 05/13/2025

On 05/12/2025, Surveyor reviewed Resident 1's facility record and noted s/he moved to the facility on 04/04/2024 with diagnoses of severe intellectual disabilities, seizures, and chronic kidney disease. Surveyor noted Resident 1's face sheet listed "Choking Risk - bite size weighted spoon." Resident 1 had a guardian and was non-verbal.
Surveyor reviewed Resident 1's "Initial Assessment Cover Sheet" dated 04/01/2024 completed by Staff E"
"Risks: Choking [Yes circled]" "Bite Size [handwritten]"
"Eating: [independent circled] Special Diet: [no circled] ...Food consistency [bite size circled] ...Beverage consistency: [regular circled] ...No eggs [handwritten]."
Surveyor note: multiple questions on Resident 1's initial assessment were left blank, without answers.

Surveyor reviewed Resident 1's most recent individualized service plan (ISP) with review date 02/07/2025. Surveyor noted the following regarding Resident 1's eating needs:
"Eating - Resident requires staff to monitor food consumption ...[Resident 1] food consistency is mechanical soft, meats can be pureed they are a bit on though side [sic], if needing to puree foods

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make sure that staff are pureeing the foods separate and not all together. [S/he] will also receive Ensure 2x [times] daily per Dr. order. Attached are examples of mechanical foods suggestions. [sic] Independent with eating but needs to be cut into small pieces and needs to be monitored the entire time that [s/he] is eating ...Diet - mechanical soft"
"General Health - [Physician F] sent orders over for puree food and carnations breakfast essentials 3x day ...[Resident 1] needs to gain weight."

Surveyor reviewed Resident 1's meal intake and noted the following meals noted as consumed:
07/30/2024 1:47 PM at day services "Only a sandwich was provided for [Resident 1's] lunch box ..."
Surveyor note: no other descriptions were listed in Resident 1's meal intake documentation.

Surveyor reviewed Resident 1's facility observation notes:
04/29/2025 3:00 PM Division Administrator C wrote "please when documenting food for [Resident 1] please indicate how much like a half a cup of casserole or a fruit cup is good, to give everyone an idea how much [s/he] is receiving any questions please ask."

Surveyor reviewed Resident 1's Care History for diet/food intake for 04/23/2025-05/06/2025 and noted the following foods that were inconsistent with mechanical soft, bite size, or puree:
"Diet - mechanical soft ...What did [Resident 1] eat?"
4/23/25 5:39 PM french toast sticks, sausages
4/24/25 1:15 PM yogurt, macaroni, ravioli, grain bar
4/24/25 5:23 PM Salisbury steak, vegetables,

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noodles
4/25/25 5:00 AM cereal bar
4/25/25 12:21 PM ramen noodles, shredded carrots
4/25/25 5:47 PM ribs
4/26/25 12:46 PM peanut butter and jelly sandwich, pineapple
4/26/25 5:38 PM chicken enchilada, vegetables
4/27/25 12:32 PM spaghetti
4/27/25 5:55 PM lasagna
4/28/25 11:33 AM buttered noodles with meatballs and green beans, fruit cup
4/28/25 5:21 PM Salisbury steak, green beans
4/29/25 6:06 AM mini pancakes, sausage patty, fruit cup
4/29/25 1:27 PM "meat", green beans, mandarin oranges, fruit bar
4/29/25 8:14 PM lasagna, bread stick, mixed vegetables
4/30/25 1:16 PM casserole, "puff chips", fruit bar, granola bar
4/30/25 5:26 PM BBQ pulled pork, macaroni and cheese, mixed vegetables
05/1/25 2:04 PM pancakes, sausage
5/1/25 5:39 PM a cup of roast, vegetables
5/2/25 12:21 PM grilled ham and cheese, fruit cup
5/2/25 6:01 PM sausage patty, waffles
5/3/25 4:57 AM sausage patty
5/3/25 12:11 PM fish sticks
5/3/25 5:13 PM meatballs, vegetables
5/4/25 5:21 PM gravy and sausage pot pie, cup of vegetables
5/5/25 5:41 PM spaghetti, garlic bread, fruit cup
5/6/25 1:37 PM fish sticks, peaches
5/6/25 5:09 PM chicken tenders, vegetables, fries

On 05/13/2025, Surveyor reviewed Resident 1's MCO record. Resident 1's most recent Member Centered Plan (MCP) dated 02/05/2025 stated: "Nutrition ...BARRIER: Swallowing concerns [due

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to] eating too fast.
Intervention: [Resident 1] has a mechanical soft diet order from [his/her] physician ...Staff chart meals and what percentage eaten for every meal ...
Meal Preparation ...Intervention: Staff prepare all meals for [Resident 1] and assist [him/her] as needed with meal related tasks, such as grocery shopping, cutting foods, placing foods on [his/her] plate, and returning [his/her] plate to the sink when finished ... Barrier: Assistance needed to complete safely."
Resident 1's RN R's case notes stated:
4/29/25 "[Division Administrator C] sent menu for the week which again wasn't sufficient with calories listed and RN asked [Division Administrator C] to clarify how they are supporting [Resident 1's] 1800 calorie orders for [his/her] diet."

Surveyor reviewed correspondence between Managed Care Organization (MCO) RN F and Resident 1's physician's office Care Manager G and noted Care Manager G wrote: "Received call from [RN F] to discuss caloric intake. Attempted to return call.
Reviewed with MD [physician] who calculated caloric intake based on BMI [body mass index]. Pt [patient] should consume 1800 per day but [s/he] is not limited to that amount."

On 05/13/2025 at approximately 11:44 AM, Surveyor interviewed Care Manager (CM) H. S/he stated that Resident 1 only had a few teeth, so could understand the concerns about Resident 1's diet." CM H reviewed Resident 1's record with his/her physician's clinic and noted the direction for monitoring calorie intake daily. S/he said there was conversation about special diet, but s/he did not see any orders for mechanical soft or

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pureed diet.

On 05/12/2025 at approximately 3:50 PM, Surveyor reviewed email correspondence from Provider Quality Supervisor I.
05/12/2025 at 3:26 PM - "Within the past 6 months, there have been some concerns [from MCO] about lack of nutritious food and inconsistent communication about what kind of food is being provided. Menu reflects one thing and when IDT [interdisciplinary team] visits, something different is being served."

05/08/2025 1:43 PM - "The concerns regarding [Resident 1] since January include: Adequacy of food/fluid intake, weight and intake reporting, availability of adaptive utensils for eating and ER/hospital referrals for dehydration."

On 05/13/2025 at approximately 2:00 PM, Surveyor interviewed Vice President/Administrator (VP) A and Care Management Director (CMD) B. Surveyor inquired what diet Resident 1 was provided and CMD B stated s/he should be provided a soft foods diet and his/her food should be cut up as necessary. Surveyor inquired whether that was happening and CMD B stated s/he was not sure. Surveyor inquired about the calorie count and how staff were counting Resident 1's calories to ensure s/he was getting at least 1800 calories per day. CMD B stated "we try ... staff are supposed to be documenting like ½ cup, 100% of the food, and describe what food was eaten." CMD B verified there was no found physician order for a special diet for Resident 1. VP A and CMD B acknowledged Resident 1's assessment identified a need for bite size food, his/her ISP listed him/her being on a mechanical soft diet, pureed diet, and cut up food, his/her MCO MCP listed

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015370	A. BUILDING: _____ B. WING _____	C 05/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OAKWOOD	2407 OAKWOOD DR GREEN BAY, WI 54304

(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
M 478	Continued From page 13 him/her to be on a mechanical soft diet, his/her facility care notes listed him/her to be on a mechanical soft diet, but it was unknown whether his/her food was cut up, mechanical soft, or pureed. VP A and CMD B acknowledged according to Resident 1's care history, s/he was not always receiving food that met his/her special dietary needs. Cross Reference: M0424 88.06(3)(f) Review of ISP	M 478		
Z 053	DHS 13.05 (2) CLIENT PROTECTION ENTITY'S RESPONSIBILITY TO PROTECT CLIENTS. Upon learning of an incident of alleged misconduct, an entity shall take whatever steps are necessary to ensure that clients are protected from subsequent episodes or misconduct while a determination on the matter is pending. This Rule is not met as evidenced by: Based on record review and interview, the entity did not conduct a thorough investigation and take whatever steps were necessary to ensure the clients were protected from subsequent episodes or misconduct while a determination on the matter was pending. Resident 1 was presenting with a change in condition in his/her mobility and balance and was	Z 053		

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Z 053	Continued From page 14	Z 053		

sent to the emergency room for evaluation. Resident 1 was diagnosed with 3 fractured ribs with unknown etiology. Provider identified on a self-report to the department that they would be investigating the cause of injury, but no investigation was conducted to determine the cause, and no safeguards were put into place to protect residents from potential harm.

Findings include:

The provider is licensed to serve up to 4 ambulatory residents who may be developmentally disabled, emotionally disturbed/mentally ill, physically disabled, of advanced age, have dementia/Alzheimer's disease and/or have a traumatic brain injury.

On 04/28/2025, the department received complaint information alleging an injury of unknown origin of three fractured ribs.

On 01/14/2025, the department received self-report information from Division Administrator C reporting on 12/31/2024, Resident 1 was sent to the emergency room (ER) for a change in his/her balance, not feeling well, and a history of pneumonia. Resident 1 received a chest x-ray while in the ER and "After they checked [Resident 1] over the dr [sic] reported that [s/he] did not have pneumonia and sated that the member had a rib fracture." The self-report stated "staff was very surprised because there were no reported falls but couching [coughing] [sic] incidents after eating ...investigating and checking with staff to see if there were any falls and talking with the guardian about pureeing [his/her] food."

On 05/08/2025, Surveyor conducted a complaint investigation.

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Z 053	Continued From page 15 On 05/08/2024 at approximately 12:57 PM, Surveyor interviewed Care Management Director B who verified awareness of Resident 1 being diagnosed with a rib fracture. Care Management Director B clarified there were 3 broken ribs and they were said by he ER to be in the process of healing. S/he stated they were unaware of how s/he broke them. Care Management Director B stated Resident 1 was non-verbal. On 05/08/2025 at approximately 5:20 PM, Surveyor reviewed written correspondence from Care Management Director B stating "As for the investigation that [Division Administrator C] did for the self-report on [Resident 1's] fractured rib, I could not find anything in my emails about this except a response [s/he] gave to Lakeland [Managed Care Organization] ..." On 05/13/2025 at approximately 2:00 PM, Surveyor interviewed Vice President of Operations A and Care Management Director B. Division Administrator C was no longer employed with the provider. Care Management Director B stated Division Administrator C had emailed Lakeland indicating s/he would complete an investigation and talked to staff, but no other documentation or evidence of investigation of the fractured ribs or steps taken to protect residents was found. Vice President of Operations A and Care Management Director B verified an investigation should have been conducted and investigated following findings of the 3 fractured ribs.	Z 053		