| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 0017539 | A. BUILDING: _____ B. WING _____ | R-C 06/03/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| CLARITY CARE CARDINAL | 1410 CARDINAL LANE GREEN BAY, WI 54313 |

| (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<br><br>On 05/13/2026, with information gathered through 06/03/2026, Surveyor conducted a verification visit and 2 complaint investigations at Clarity Care Cardinal in Green Bay. All previous citations were corrected.<br><br>One (1) of 2 complaints were substantiated.<br><br>As a result of the survey, 1 deficiency will be issued.<br><br>Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed.<br><br>Census: 5 | {N 000} | | |
| N 389 | 83.35(3)(d) Service plans updated annually or on changes<br><br>Individual service plan review. Annually or when there is a change in a resident ' s needs, abilities or physical or mental condition, the individual service plan shall be reviewed and revised based on the assessment under sub. (1). All reviews of the individual service plan shall include input from the resident or legal representative, case manager, resident care staff, and other service providers as appropriate. The resident or resident ' s legal representative shall sign the individual service plan, acknowledging their involvement in, understanding of and agreement with the individual service plan.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not review and revise the ISP (Individual Service Plan) annually or when there | N 389 | | |

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

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|---|---|---|---|---|
| N 389 | Continued From page 1 | N 389 | | |

was a change in the resident's needs, abilities or physical or mental condition for 1 of 1 (Resident 3) residents reviewed.

Resident 3's ISP was not updated when s/he experienced a change in his/her needs related to skin condition.

Findings include:

On 12/26/2025, the Department received a complaint regarding care and treatment.

On 05/13/2026, Surveyors conducted an onsite visit to the facility. A sample of residents was selected, including the closed resident record for Resident 3.

Resident 3 was admitted to the facility on 03/05/2025 with diagnoses to include spina bifida, cerebral palsy, type 2 diabetes mellitus, major depressive disorder, anxiety disorder and hypertension. Resident 3 was discharged from the facility on 12/22/2025.

Resident 3's most recent ISP, with a print date of 05/13/2026, indicated Resident 3 was oriented to person, place and time; required 24 hour supervision, needed total assistance for self care and was able to make needs known. Resident 3's ISP indicated Resident 3 required full staff assistance with bathing, dressing, eating, grooming, and oral care. Additionally, Resident 3 is unable to ambulate, staff will need to move him/her to where s/he needs to go. Resident 3 also requires staff assistance with all positioning needs. "[Resident 3] needs to be repositioned every 4 hours...requires a mechanical lift/hoyer for all transfers." Resident 3 has a catheter which is managed by a home care agency. The ISP did

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| CLARITY CARE CARDINAL | 1410 CARDINAL LANE GREEN BAY, WI 54313 |

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| N 389 | Continued From page 2 | N 389 | | |

not indicate Resident 3's skin integrity needs.

Surveyor reviewed Resident 3's admission skin evaluation report dated 05/05/2025 which noted, "redness in neck skin fold. Resident mentioned typical itchy on [his/her] neck. Resident prescribed nystatin powder for skin redness." No other skin conditions were documented. A note on the assessment stated, "Resident requires frequent repositioning to prevent skin break down...Staff should note any skin conditions during routine cares, resident has PRN [as needed] Nystatin for any redened[sic] skin folds."

A physician office "After Visit Summary" dated 12/03/2025, stated Resident 3 was seen in the office this day for "Pressure ulcer of heel." Orders on the After Visit Summary indicated to "apply pressure pads to right heel daily or when soiled for [sic] until resolved."

Observations notes for Resident 3 were reviewed. Surveyor noted the following:
-12/05/2025 - "Staff noticed a red area on the bottom of [Resident 3's] right heal[sic]."
-12/16/2025 - "...Staff noticed a small scratch between [Resident 3's] buttocks during brief change. Staff notified lead in person in the beginning of lead's shift..."

Surveyor reviewed a "Care History" report from 12/11/2025-12/16/2025. Surveyor noted the following:
-12/11/2025 - foam boarder dressing was applied
-12/12/2025-12/16/2025 - foam boarder dressing was not applied, either because there was no need or resident refused

Surveyor reviewed hospital records. Surveyor noted the following:

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| N 389 | Continued From page 3<br>-12/16/2025 Resident 3 was admitted to the hospital for catheter associated urinary tract infection, constipation, pressure ulcer right foot, genital wound and developing decubitus wound.<br>-12/22/2026 Resident 3 had a wound consult which noted a wound to right heel erythema may be consistent with pressure although this was properly offloaded upon evaluation today. Nurse offered to cover with silicone dressing but Resident 3 declined. Recommendation was to continue to monitor. As for the genital wound...nurse described this as intact, pink and measuring 0.2x0.2x0.5 centimeters(cm). Nurse indicated to cleanse with foaming cleanser and apply barrier cream liberally.<br><br>On 05/13/2026 at approximately 12:00pm, Surveyor interviewed Division Administrator Q. Division Administrator Q verified Resident 3 did lay in bed most often as s/he was very uncomfortable in a chair. Division Administrator Q stated Resident 3 did have a catheter but was continent of bowel and knew when s/he needed to have a bowel movement. However, Resident 3 could not sit on toilet so would position bed so it was easier for Resident 3 to go in brief or bedpan while in bed. Division Administrator Q verified the only skin assessment was at the time of admission. Division Administrator Q did acknowledge there was no skin condition/integrity section on the ISP at the time of the comprehensive ISP or when there was the most recent discovery of the reddened pressure ulcer on the right heel. | N 389 | | |