

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525232	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/22/2024
NAME OF PROVIDER OR SUPPLIER CCC of West Green Bay		STREET ADDRESS, CITY, STATE, ZIP CODE 1760 Shawano Ave Green Bay, WI 54303	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45942</p> <p>Based on staff interview and record review, the facility did not ensure neurological checks were completed per policy for 1 resident (R) (R53) of 2 residents reviewed for falls.</p> <p>Staff did not consistently complete neurological checks after R53 fell on [DATE], 3/3/24, 3/23/24, and 4/7/24.</p> <p>Findings include:</p> <p>The National Library of Medicine (https://www.ncbi.nlm.nih.gov/) indicates: The neurological examination in the setting of trauma is a systematic evaluation of important clinical signs that provide evidence to help determine further management and investigation of the patient's condition .In the setting of trauma, a neurologic examination is focused on identifying and assessing the functions of vital portions of the central nervous system.</p> <p>The facility's Fall Prevention Program, revised 5/23, indicates: Procedure: .7) Residents will be evaluated after a fall has occurred in an attempt to identify any causative factors that need correction. 8) At the time of the fall, the resident will be evaluated for any injuries .</p> <p>The facility's Neurological Assessment policy, revised on 9/25/23, indicates: Residents will have a neurological assessment completed when they experience a head injury or a change in condition that deems it necessary .Neurological assessments will be completed .when indicated for a change of resident's condition, after all head injuries, and when nursing judgment deems necessary. 2) Observe, assess, and document the resident's level of consciousness, speech, pupils, hand grasps, and vital signs. 3) Unless otherwise ordered by the physician, neurochecks will be completed along the following schedule: every 15 minutes x 1 hour, every 30 minutes x 1 hour, every hour x 4 hours, and every shift x 72 hours or as ordered by the physician.</p> <p>From 5/20/24 through 5/22/24, Surveyor reviewed R53's medial record. R53 had an activated Power of Attorney (POA) and was admitted to the facility on [DATE]. R53 had diagnoses including palliative care, anxiety, and a history of falls. R53's Minimum Data Set (MDS) assessment, dated 2/28/24, contained a Brief Interview for Mental Status (BIMS) score of 9 out of 15 which indicated R53 had moderately impaired cognition. The MDS also indicated R53's ability to transfer was dependent on staff assistance.</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R53's medical record indicated R53 had unwitnessed falls on 2/29/24, 3/3/24, 3/23/24, and 4/7/24. Surveyor reviewed R53's neurological checks and noted for R53's unwitnessed fall on 2/29/24, staff missed 1 out of 20 neurochecks. For R53's unwitnessed fall on 3/3/24, staff missed 4 out of 20 neurochecks. For R53's unwitnessed fall on 3/23/24, staff missed 5 out of 20 neurochecks. For R53's unwitnessed fall on 4/7/24, staff missed 6 out of 20 neurochecks.</p> <p>On 5/22/24 at 11:54 AM, Surveyor interviewed Director of Nursing (DON)-B who confirmed staff missed neurochecks for R53's unwitnessed falls on 2/29/24, 3/3/24, 3/23/24, and 4/7/24. DON-B stated DON-B expects nurses to complete neurochecks as noted on the facility's neurological flow sheet.</p>

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50467</p> <p>Based on observation, staff interview, and record review, the facility did not ensure the necessary respiratory care and treatment was provided for 1 resident (R) (R32) of 1 resident.</p> <p>Staff did not obtain physician orders for the use of oxygen or the cleaning/replacement of supplies and did not initiate a care plan when R32 was placed on 2 liters of oxygen on 5/16/24.</p> <p>Findings include:</p> <p>The facility's undated Oxygen Administration policy indicates: Oxygen may be administered in an emergent situation in absence of a physician order. If oxygen is continued beyond 24 hours, obtain a physician order . Replace the oxygen tubing weekly and as needed .Observe skin integrity behind ears daily .Make the necessary notation on the resident's care plan.</p> <p>From 5/20/24 to 5/22/24, Surveyor reviewed R32's medical record. R32 was admitted to the facility on [DATE], used tobacco, and had diagnoses including pleurodynia (a viral infection that causes sudden and severe chest or abdominal pain when breathing), diabetes, hyperlipidemia (high cholesterol), anxiety, and post-traumatic stress disorder (PTSD). A Minimum Data Set (MDS) assessment, dated 3/20/24, indicated R32 had a Brief Interview for Mental Status (BIMS) score of 11 out of 15 which indicated R32 had moderately impaired cognition. R32 was R32's own decision maker.</p> <p>On 5/20/24 at 10:45 AM, Surveyor interviewed R32 who was receiving oxygen via nasal cannula at 2 liters per minute (LPM).</p> <p>A progress note, dated 5/16/24, indicated R32's oxygen level dropped to 82% and staff placed R32 on 2 liters of oxygen. R32's medical record did not contain a care plan for oxygen use and did not indicate when R32's oxygen equipment should be cleaned or replaced.</p> <p>On 5/22/24 at 9:30 AM, Surveyor reviewed R32's Medication Administration Record (MAR) and Treatment Administration Record (TAR) which did not contain orders for oxygen.</p> <p>On 5/22/24 at 9:41 AM, Surveyor interviewed Assistant Director of Nursing (ADON)-C who confirmed R32 was placed on oxygen on 5/16/24. ADON-C confirmed R32 did not have orders for oxygen or supply replacement and did not have a care plan for oxygen therapy.</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50467</p> <p>Based on observation, staff interview, and record review, the facility did not ensure a medication was properly disposed of per policy for 1 resident (R) (R27) of 1 resident.</p> <p>On 5/20/24, Surveyor observed Registered Nurse (RN)-D dispose of R27's risperidone tablet in a sharps container.</p> <p>Findings include:</p> <p>The facility's Medication Destruction policy, with a revision date of 8/31/22, indicates: It is the policy of the facility to destroy medication in accordance with state and federal regulations .2. If the medication is a non-controlled substance and is not identified as a hazardous medication, the medication is destroyed in the chemical compound for drug destruction.</p> <p>On 5/22/24 at 9:08 AM, Surveyor reviewed R27's medical record. R27 was admitted to the facility on [DATE] and had diagnoses including Alzheimer's disease, dementia, anxiety, and depression. R27's Minimum Data Set (MDS) assessment, dated 5/3/24, indicated R27 was severely cognitively impaired and never/rarely understood.</p> <p>On 5/20/24 at 9:15 AM during medication pass, Surveyor observed RN-D waste a 1 mg tablet of risperidone in a sharps container after the medication fell on top of the medication cart.</p> <p>On 5/21/24 at 1:58 PM, Surveyor interviewed Director of Nursing (DON)-B who confirmed medications that need to be wasted should be placed in the drug buster.</p>		

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<p>F 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident's drug regimen must be free from unnecessary drugs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45942</p> <p>Based on staff interview and record review, the facility did not ensure potential adverse reactions to high-risk medications were monitored for 1 resident (R) (R36) of 5 residents reviewed for unnecessary medications.</p> <p>Staff did not monitor R36 for potential adverse reactions or side effects of gabapentin (an anticonvulsant medication).</p> <p>Findings include:</p> <p>Surveyor requested the facility's policy regarding anticonvulsant medication which was not provided.</p> <p>https://medlineplus.gov/druginfo/meds/a694007.html indicates: gabapentin may cause side effects. Tell your doctor if any of these symptoms are severe or do not go away: drowsiness, tiredness or weakness, dizziness, headache, uncontrollable shaking of a part of your body, double or blurred vision, unsteadiness, anxiety, memory problems, strange or unusual thoughts, unwanted eye movements, nausea .Some side effects may be serious. If you experience any of the following symptoms, call your doctor immediately: rash, itching, swelling of the face, throat, tongue, lips, or eyes, hoarseness, difficulty swallowing or breathing, seizures, difficulty breathing; bluish-tinged skin, lips, or fingernails; confusion; or extreme sleepiness.</p> <p>On 5/22/24, Surveyor reviewed R36's medical record. R36 was admitted to the facility on [DATE] with diagnoses including anxiety, depression, borderline personality disorder, bipolar disorder, and type 2 diabetes mellitus with diabetic neuropathy. R36's Minimum Data Set (MDS) assessment, dated 4/7/25, contained a Brief Interview for Mental Status (BIMS) score of 15 out of 15 which indicated R36 had intact cognition.</p> <p>R36 had an order for gabapentin oral capsule 100 milligrams give by mouth two times a day. Surveyor noted R36's plan of care did not contain monitoring interventions for adverse reactions/side effects of gabapentin, including drowsiness, dizziness, blurred vision, cold and flu-like symptoms, and delusions.</p> <p>On 5/22/24 at 9:24 AM, Surveyor interviewed Assistant Director of Nursing (ADON)-C who indicated R36 was prescribed gabapentin for pain and staff did not monitor for side effects as an anticonvulsant. ADON-C indicated the staff should monitor R36 for adverse reactions and side effects of gabapentin.</p> <p>On 5/22/24 at 12:14 PM, Surveyor interviewed Director of Nursing (DON)-B who verified staff did not monitor R36 for side effects of gabapentin. DON-B indicated staff should monitor R36 for adverse reactions to gabapentin.</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50467</p> <p>Based on observation, staff interview, and record review, the facility did not ensure medications for 4 residents (R) (R20, R18, R26, and R40) of 36 residents in 2 of 3 medication carts were labeled and/or dated appropriately. In addition, the facility did not ensure expired supplements were removed from storage in 1 of 2 medication storage areas.</p> <p>Two of three medication carts contained open inhalers, eye drops, and nebulizer solution without open/expiration dates and/or resident names.</p> <p>The critical medication storage area contained three 50.7 ounce bottles of Glucerna 1.2 that expired on [DATE].</p> <p>Findings include:</p> <p>The facility's Equipment and Supplies for Administering Medications policy, revised in [DATE], indicates: .C. The consultant pharmacist monitors medication storage conditions on a quarterly basis and reports any irregularities and recommendations for improvement to the Director of Nursing (DON).</p> <p>The facility's undated Practice O's and X's policy indicate: O=open date. X=expiration date .Most ophthalmic medications/eye solutions for cleanliness and sterilization purposes are expiration dated and disposed of 28 days after opening. Practice the X and O method .Artificial Tears for cleanliness and sterilization purposes are expiration dated and disposed of 3 months after opening. Practice the X and O method .According to the manufacturer, different ophthalmics have different times before they expire only if the medication is maintained according to manufacturer instructions Inhalation medications - After removal from the foil packaging - see recommended expiration dates .nebulizer solution expires 7 days after removed from foil package .Anoro Ellipta expires in 6 weeks .Ventolin HFA (Albuterol) expires in 12 months.</p> <p>The prescribing information for Combivent indicates: Three months after insertion of cartridge, throw away the Combivent Respimat even if it has not been used, or when the inhaler is locked, or when it expires, whichever comes first.</p> <p>1. On [DATE] at 10:45 AM, Surveyor observed two of three medication carts and noted the following medications were improperly labeled or dated:</p> <ul style="list-style-type: none"> ~ R20's Fluticasone prop nasal spray did not contain a name on the bottle. ~ R20's Combivent inhaler did not contain a name or an open/expiration date. ~ R18's Albuterol nebulizer solution package did not contain an open/expiration date. ~ R18's Ventolin inhaler did not contain an open/expiration date. <p>(continued on next page)</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>~ R26's Anoro Ellipta inhaler 62.5 mcg (micrograms)/25 mcg did not contain an open/expiration date.</p> <p>~ R40's Ipratropium/Albuterol inhaler did not contain a name or an open/expiration date.</p> <p>~ R40's bottle of Artificial Tears did not contain a name or an open/expiration date.</p> <p>On [DATE] at 1:58 PM, Surveyor interviewed DON-B who confirmed nebulizer solutions, eye drops, and inhalers should be labeled with the resident's name and should contain open or expiration dates per policy.</p> <p>2. On [DATE] at 9:52 AM, Surveyor observed one of two medication storage rooms and noted three 50.7 ounce bottles of Glucerna with expiration dates of [DATE] were stored on a shelf.</p> <p>On [DATE] at 9:54 AM, Surveyor interviewed Registered Nurse (RN)-D who confirmed the Glucerna was outdated and should be removed from the storage room. RN-D contacted Assistant Director of Nursing (ADON)-C to remove the Glucerna.</p>

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<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49010</p> <p>Based on observation, staff interview, and record review, the facility did not follow menu serving sizes, individualized diets, and food preparation recipes to ensure nutritional needs were met for 6 residents (R) (R7, R11, R18, R56, R57, and R117) of 6 sampled residents.</p> <p>During the 5/20/24 breakfast meal, staff did not follow the menu and meal ticket for R7, R56, R57, and R117.</p> <p>During the 5/21/24 lunch meal, staff did not follow the menu and meal ticket for R18, R56, and R57 and did not follow R18's prescribed diet.</p> <p>During the 5/22/24 breakfast meal, staff did not follow the menu and meal ticket for R7, R18, R56, and R57 and did not follow a grievance resolution for R117.</p> <p>In addition, R11 stated R11 does not get enough food, asks for more food daily, and has made it known R11 would like more food.</p> <p>Findings include:</p> <p>On three occasions, Surveyor requested the facility's food-related policies, including a policy for following prescribed diets and accommodating residents' preferences. The policies were not provided. Individual meal tickets are printed for each resident for each meal. Kitchen staff use the slips to determine resident- specific meals and serving sizes based on prescribed diets and residents' preferences.</p> <p>On 5/21/24, Surveyor reviewed R7's medical record. R7 was admitted to the facility on [DATE] and had diagnoses including severe protein calorie malnutrition and cerebrovascular disease. R7's Minimum Data Set (MDS) assessment, dated 4/2/24, did not contain a Brief Interview for Mental Status (BIMS) score because R7 refused the BIMS assessment.</p> <p>R7 had an order for a mechanical soft texture, general diet, with regular (thin) liquids. R7's plan of care stated R7 had a nutritional deficit related to a diagnosis of severe protein calorie malnutrition. The goal was to maintain adequate nutritional status with diet and/or supplement tolerance to the extent possible given R7's choice of foods/fluids. R7's plan of care had interventions to provide and serve diet as ordered, and offer appropriate alternates to disliked or uneaten foods/fluids.</p> <p>R7's initial weight was 135.6 pounds on 3/30/22. R7's last weight was 132 pounds on 10/14/23. R7's medical record indicated R7 refused to be weighed on 12/16/23, 1/13/24, and 3/9/24.</p> <p>On 5/21/24, Surveyor reviewed R11's medical record. R11 was admitted to the facility on [DATE] and had diagnoses including anemia, vitamin C deficiency, vitamin D deficiency, and severe chronic kidney disease. R11's MDS assessment, dated 3/6/24, contained a BIMS score of 8 out of 15 which indicated R11 had moderately impaired cognition.</p> <p>(continued on next page)</p>		

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<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>R11 had an order for a general diet with regular (thin) liquids. R11's plan of care indicated R11 had the potential for and a history of unplanned/unexpected weight loss related to R11's diagnoses and variable meal intakes. R11's plan of care contained an intervention to provide R11's diet as ordered.</p> <p>On 5/21/24, Surveyor reviewed R18's medical record. R18 was admitted to the facility on [DATE] and had diagnoses including end stage renal disease, acquired hemolytic anemia, type 2 diabetes, chronic kidney disease, and disorders of phosphorous metabolism. R18's MDS assessment, dated 4/6/24, contained a BIMS score of 15 out of 15 which indicated R18 had intact cognition.</p> <p>R18 had an order for a low concentrated sweet (LCS), no added salt (NAS) diet with regular (thin) liquids. R18's plan of care stated R18 had a therapeutic diet and a goal that indicated R18 will be offered appropriate foods/fluids for therapeutic diet restrictions to meet nutrient needs. R18's plan of care contained interventions to provide R18's diet as ordered and offer appropriate alternates to disliked or uneaten foods/fluids.</p> <p>On 5/21/24, Surveyor reviewed R56's medical record. R56 was admitted to the facility on [DATE] and had diagnoses including mild protein calorie malnutrition, vitamin deficiency, and pressure ulcer. R56's MDS assessment, dated 4/15/24, contained a BIMS score of 13 out of 15 which indicated R56 had intact cognition.</p> <p>R56 had an order for a general diet with regular (thin) liquids.</p> <p>On 5/21/24, Surveyor reviewed R57's medical record. R57 was admitted to the facility on [DATE] and had diagnoses including severe protein calorie malnutrition, gastroesophageal reflux disease (GERD), and impaired glucose tolerance. R57's MDS assessment, dated 3/19/24, contained a BIMS score of 15 out of 15 which indicated R57 had intact cognition.</p> <p>R57 had an order for a general diet with regular (thin) liquids. R57's plan of care stated R57 had an alteration in nutrition status related to a diagnosis of severe protein calorie malnutrition and other significant diagnoses and contained a goal to offer R57 tolerated food and fluids as desired. R57's plan of care contained an intervention to honor R57's food/fluid choices and refusals.</p> <p>On 5/21/24, Surveyor reviewed R117's medical record. R117 was admitted to the facility on [DATE] and had diagnoses including cellulitis, human immunodeficiency virus (HIV), and cryptococcosis (an illness caused by a fungal infection in the brain or lungs). R117's MDS assessment, dated 5/22/24, did not contain a BIMS score; however, R117 communicated appropriately with Surveyor and answered Surveyor's questions.</p> <p>R117 had an order for a general diet with regular (thin) liquids.</p> <p>5/20/24: (continued on next page)</p>		

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<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>The facility's extended menu for 5/20/24 contained breakfast items and serving sizes for regular and special order diets. Per the menu and residents' individual meal tickets, residents should be offered a choice of cold cereal (1/2 cup) or hot cereal (3/4 cup), one (1 ounce) sausage patty, and one piece of toast in addition to condiments and beverages. During the 5/20/24 breakfast meal, Surveyor noted R7, R56, R57 and R117 were not offered and did not receive hot or cold cereal. R7, R56, R57, and R117's meals consisted of one piece of toast and one sausage patty.</p> <p>On 5/20/24 at 10:44 AM, Surveyor interviewed R7 who indicated (through writing on a dry erase board) R7 was upset because R7 received one piece of toast and one sausage patty for breakfast. R7 stated R7 did not have anything else to eat and was still hungry. When asked if R7 usually gets enough food, R7 said R7 never does.</p> <p>On 5/21/24 at 12:59 PM, Surveyor interviewed R56 who stated R56 did not get any cereal for breakfast on 5/20/24. R56 stated R56 was offered one piece of toast and just one sausage patty. R56 stated R56 did not receive double portions and does not feel there is enough food served at most meals.</p> <p>On 5/22/24 at 8:56 AM, Surveyor interviewed R57 who stated R57 was not happy with breakfast on 5/20/24. R57 stated R57 received a half piece of toast (one triangle) and one sausage patty. R57 was not offered or given hot or cold cereal per the menu and R57's meal ticket.</p> <p>On 5/21/24 at 1:11 PM, Surveyor interviewed R117 who stated R117 received one piece of sausage and a half piece of toast for breakfast on 5/20/24. R117 stated R117 could not eat all of the toast because it was hard. R117 stated R117 was not offered hot or cold cereal and was not given enough food. R117 stated R117 is healing, needs more protein with meals, and is not given enough food. R117 stated R117 reported concerns to staff. Food Service Director (FSD)-E spoke with R117 and filed a grievance on R117's behalf. The grievance resolution was double portions at meals. Surveyor reviewed a copy of the grievance that was filed on 5/20/24 and listed as resolved on 5/21/24. The resolution was to serve double portions at meals.</p> <p>5/21/24:</p> <p>On 5/21/24 at 9:42 AM, Surveyor interviewed R11 who stated R11 does not get enough food and has made it known R11 would like more food. R11 stated the serving sizes are too small and R11 ends up asking for more food every day at every meal. R11 stated R11 doesn't get extra food every day, just when the facility has extra trays available.</p> <p>The facility's extended menu for 5/21/24 contained lunch meal items and serving sizes for regular and special order diets. Per the menu, residents should be offered a grilled cheese sandwich (listed as 2 oz protein), stewed tomatoes (1/2 cup), and chilled peaches (1/2 cup) in addition to condiments and beverages.</p> <p>For the 5/21/24 lunch meal, R18's meal ticket stated LCS/NAS diet, double meats. R18's meal ticket also stated: No canned fruit, bland - no tomato sauce, no spicy foods, no buns, prefers white bread, can have potatoes (1/2 cup limit). Surveyor noted R18 received one grilled cheese sandwich on wheat bread, a half cup of stewed tomatoes, a half cup of canned diced peaches, and various beverages. R18 did not receive double meat (protein) per R18's meal ticket (which would have been another grilled cheese sandwich).</p> <p>(continued on next page)</p>		

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<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 5/21/24 at 1:20 PM, Surveyor interviewed R18 who indicated R18 did not like the lunch meal. R18 stated R18 told kitchen and management staff many times that R18 can't have wheat bread, but R18 still receives wheat bread most of the time. R18 stated R18's meal slips say R18 prefers white bread which is not R18's preference but a requirement due to dialysis. R18 stated the dialysis team yelled at R18 because R18 eats too much wheat bread. R18 also stated R18's meal included canned fruit which R18 receives all the time despite the instruction on R18's meal ticket. When asked if R18 received tomatoes for lunch, R18 stated the kitchen doesn't have any of the meals they are supposed to and doesn't serve meals according to residents' medical needs and meal tickets.</p> <p>For the 5/21/24 lunch meal, R56's meal ticket stated double portions. Surveyor noted R56 received one grilled cheese sandwich, a half cup of stewed tomatoes, and a half cup of canned peaches. R56 did not receive double portions.</p> <p>On 5/21/24 at 12:59 PM, Surveyor interviewed R56 who stated R56 did not like the lunch meal and did not get enough food or double portions. R56 said a grilled cheese is not enough protein. R56 stated R56 went to culinary school, managed two restaurants, and is familiar with portion sizes. R56 stated R56 was incarcerated in the past and received more food in prison. R56 stated the facility serves eggs almost daily for breakfast and the portion is barely 4 spoonfuls of egg. R56 made it known R56 would like more food and spoke to the kitchen manager about R56's concerns. R56 stated R56 is supposed to receive double portions per R56's meal ticket; however, R56 only received double portions one day. R56 stated R56 asks for extra food every day but only receives extra food when the facility has extra trays that other residents didn't take. R56 stated staff told R56 to continue to ask for extra food and they will give it to R56 if they can. R56 stated R56 tried to talk to Registered Dietician (RD)-I on several occasions, but RD-I is not in RD-I's office and doesn't get back to R56. R56 stated R56 feels RD-I avoids R56.</p> <p>For the 5/21/24 lunch meal, R57's meal ticket stated double meats (protein). Surveyor noted R57 received one grilled cheese sandwich, a half cup of stewed tomatoes, and a half cup of canned peaches. R57 did not receive double protein per R57's meal ticket.</p> <p>On 5/22/24 at 8:56 AM, Surveyor interviewed R57 who stated R57 did not get double meat during the 5/21/24 lunch meal per R57's meal ticket. R57 stated R57 was not asked by staff if R57 had enough food.</p> <p>5/22/24:</p> <p>The facility's extended menu for 5/22/24 contained the breakfast meal items and serving sizes for regular and special order diets. Per the menu, residents should be offered a choice of cold cereal (1/2 cup) or hot cereal (3/4 cup), fluffy pancakes (two), two sausage links (1 ounce), syrup, and butter in addition to condiments and beverages.</p> <p>During the 5/22/24 breakfast meal, Surveyor noted R7 was not offered and did not receive cold or hot cereal per the menu and R7's meal ticket.</p> <p>On 5/22/24 at 8:46 AM, Surveyor interviewed R7 who stated R7 was still hungry because R7 did not receive cold or hot cereal. R7 indicated R7 was upset and doesn't get enough to eat.</p> <p>(continued on next page)</p>		

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<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>For the 5/22/24 breakfast meal, R18's meal ticket stated double meats. Surveyor noted R18 received two pancakes, two sausage links, and one serving of cereal. R18 did not receive double meat per R18's meal ticket.</p> <p>On 5/22/24 at 8:44 AM, Surveyor interviewed R18 who stated R18 received 2 sausage links (one serving) and did not receive double meat per R18's meal ticket.</p> <p>For the 5/22/24 breakfast meal, R56's meal ticket stated double portions. Surveyor noted R56 received two pancakes, two sausage links, and one serving of cereal. R56 did not receive double portions per R56's meal ticket.</p> <p>On 5/22/24 at 8:54 AM, Surveyor interviewed R56 who stated R56 received oatmeal, two pancakes, and two sausage links. R56 stated R56 did not receive double portions and was not asked by staff if R56 had enough food.</p> <p>For the 5/22/24 breakfast meal, R57's meal ticket stated double meats. Surveyor noted R57 received two pancakes, two sausage links, and one serving of cereal. R57 did not receive double meat per R57's meal ticket.</p> <p>On 5/22/24 at 8:56 AM, Surveyor interviewed R57 who stated R57 did not receive double meat per R57's meal ticket and staff did not ask if R57 had enough food. R57 stated R57 orders out a lot because the facility doesn't provide enough food. R57 stated R57 is 130 pounds and the quantity of food served is not enough for R57. R57 stated R57 cannot imagine how people live off the tiny amount of food the facility provides.</p> <p>Per a grievance resolved on 5/21/24, R117's meal ticket was supposed to be changed to double portions. For the 5/22/24 breakfast meal, Surveyor noted R117 received two pancakes, two sausage links, and one serving of cereal. R117 did not receive double portions.</p> <p>On 5/21/24 at 9:37 AM, Surveyor overheard Licensed Practical Nurse (LPN)-H speak with FSD-E at the nurse's station. When LPN-H stated residents do not get enough food, FSD-E stated FSD-E follows the menu from the facility's contracted food service company.</p> <p>On 5/21/24 at 9:48 AM, Surveyor interviewed LPN-H who stated a toddler eats more food than the residents are given. LPN-H stated most of the residents complain they do not get enough food. LPN-H stated staff combine extra trays when they have them to give the residents enough food. LPN-H verified the breakfast meal on 5/20/24 was one piece of toast and one sausage patty and stated that was not enough food. LPN-H stated residents are still hungry after meals.</p> <p>(continued on next page)</p>		

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<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 5/21/24 at 9:48 AM, Surveyor interviewed FSD-E who stated the kitchen and menu are outsourced from the facility. FSD-E stated sometimes the portions are not enough. FSD-E stated residents ask for more food every day and it is hard on kitchen staff because it isn't in the budget. FSD-E verified FSD-E filed a grievance for R117 because R117 did not receive enough food. FSD-E stated if FSD-E served breakfast on 5/20/24, FSD-E would have added a yogurt or a banana to the sausage and toast that was served. When asked why residents didn't receive hot and cold cereal per the menu and their meal tickets, FSD-E stated residents don't get the cereal option if they didn't pre-indicate what kind they want. When asked why residents did not receive double meats, double proteins, or double portions, FSD-E stated it was not allocated in the budget. FSD-E stated FSD-E works hard to try and get everyone enough food and still maintain the budget. FSD-E stated residents often complain they do not get enough food and it is always a topic at resident council meetings.</p> <p>On 5/22/24 at 9:09 AM, Surveyor interviewed FSD-E who stated it is a problem that residents with double meats/proteins and double portions did not receive two grilled cheese sandwiches for the 5/21/24 lunch meal. FSD-E stated [NAME] (CK)-G should have served meals according to residents' meal tickets and it is not acceptable that the meal tickets weren't followed. When asked why R18's renal diet wasn't followed, FSD-E indicated there is a problem with individual meal tickets produced by the contracted company. FSD-E stated kitchen staff put in special diets, but the meal ticket still has the same foods on everyone's ticket so it falls on the cook who is serving to individualize the meals and serving sizes.</p> <p>On 5/22/24 at 9:51 AM, Surveyor interviewed CK-G who verified CK-G is supposed to read and follow individual meal tickets when serving meals. CK-G admitted CK-G could do better. CK-G stated CK-G gave all residents one grilled cheese sandwich for the 5/21/24 lunch meal, even if they had double portions or double proteins, because CK-G felt two grilled cheese sandwiches was too many carbohydrates but not enough protein. When asked why R18 received wheat bread which was not in accordance with R18's renal diet, CK-G stated the kitchen only has wheat bread. CK-G stated CK-G doesn't often look at R18's meal ticket because R18 knows what R18 can and can't have. CK-G stated it was CK-G's fault that R18's meal was wrong. When asked about small portions, CK-G stated the budget is too tight to buy what they need. CK-G stated the budget is \$6.00 per day per resident which covers all three meals and snacks.</p> <p>On 5/22/24 at 1:06 PM, Surveyor interviewed Social Worker (SW)-F who stated SW-F receives a fair amount of complaints regarding food portions and food concerns. SW-F stated when SW-F receives a food complaint, SW-F notifies RD-I, FSD-E, and Nursing Home Administrator (NHA)-A. SW-F stated RD-I advocated to get residents double portions as a resolution to some of the food grievances.</p> <p>On 5/22/24 at 12:33 PM, Surveyor interviewed NHA-A who stated NHA-A was not aware residents weren't offered hot or cold cereal during breakfast. NHA-A stated NHA-A often asks residents if there is anything else they need when NHA-A assists with passing trays and expects staff to do the same. When asked if one piece of toast and one sausage patty is enough food for breakfast, NHA-A stated that would probably be an instance where hot or cold cereal should be offered. When asked about portion sizes and double portions, NHA-A stated elderly people tend to have smaller appetites. NHA-A also stated people are often not used to real portions sizes versus portions they receive at a restaurant or eat at home. NHA-A stated FSD-E needs to factor in residents who are specified as double portions or double proteins and accommodate for that during meal preparation. NHA-A stated FSD-E should involve RD-I for special diets and to address food complaints and concerns. NHA-A stated the food budget is flexible and FSD-E can order more food if needed.</p> <p>(continued on next page)</p>		

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<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 5/22/24 at 2:09 PM, Surveyor interviewed RD-I via phone. When asked about the number of proteins and small portions, RD-I stated residents are allotted a total of 6 ounces of protein, 6 servings of grains, and 5 servings of fruit and/or veggies daily. RD-I stated residents can submit changes if they are unhappy with the menu. RD-I stated specific diets should be followed and the facility should order food based on the number of servings needed.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47248</p> <p>Based on observation, staff interview, and record review, the facility did not ensure food was stored and prepared in a sanitary manner. This practice had the potential to affect all 53 residents residing in the facility.</p> <p>Staff did not perform appropriate hand hygiene and safe food handling practices while cooking and serving food.</p> <p>The cooler and dry storage area contained multiple undated, unlabeled, and unsealed items.</p> <p>Staff did not monitor and document dishwasher and surface temperatures.</p> <p>Staff did not wash and sanitize dishes in the three compartment sink per manufacturer's guidelines or the facility's policy.</p> <p>Findings include:</p> <p>Hand Hygiene/Safe Food Handling Practices:</p> <p>The 2022 Food and Drug Administration (FDA) Food Code documents at 2-301.14 When to Wash: Food employees shall clean their hands and exposed portions of their arms as specified under S 2-301.12 immediately before engaging in food preparation including working with exposed food, clean equipment and utensils, and unwrapped single-service and single use articles and: .(E) After handling soiled clean equipment and utensils.</p> <p>The 2022 FDA Food Code documents at 2-402.11: Food Employees shall wear hair restraints such as hats, hair coverings or nets, beard restraints, and clothing that covers body hair, that are designed and worn to effectively keep their hair from contacting exposed food; clean equipment, utensils, and linens; and unwrapped single-service and single-use articles.</p> <p>The 2022 FDA Food Code documents at 3-304.15 Gloves Use Limitation: (A) If used, single-use gloves shall be used for only one task such as working with ready-to-eat food or with raw animal food, used for no other purpose, and discarded when damaged or soiled, or when interruptions occur in the operation.</p> <p>The 2022 FDA Food Code documents at 3-301.11 Preventing Contamination from Hands: .(B) Except when washing fruits and vegetables as specified under S3-302.15 or as specified in (D) and (E) of this section, food employees may not contact exposed, ready to eat food with their bare hands and shall use suitable utensils such as deli tissue, spatulas, tongs, single-use gloves, or dispensing equipment.</p> <p>(continued on next page)</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>The facility's undated Food Safety and Sanitation policy indicates: All local, state, and federal regulation standards and regulations will be followed in order to assure a safe and sanitary food and nutrition services department .2. Employees .c .Hair restraints are required and should cover all hair on the head. [NAME] nets are required when facial hair is visible. Employees will wash their hands just before they start to work in the kitchen and after smoking, sneezing, using the restroom, handling poisonous compounds or dirty dishes, and touching face, hair, other people or surfaces or items with potential for contamination.</p> <p>On 5/20/24 at 8:08 AM, Surveyor began an initial self-tour of the kitchen because Dietary Manager (DM)-J was not in the facility. Surveyor noted there was no soap in the handwashing sink soap dispenser or paper towel to dry hands. Surveyor interviewed [NAME] (CK)-L who indicated the kitchen did not have another handwashing sink. Surveyor noted CK-L and Dietary Aide (DA)-N were plating meals at the steam table and loading them into carts for service to residents.</p> <p>During the initial kitchen tour, Surveyor observed DA-N take meal trays off the service line and put silverware and plates of food on the trays. During meal service at the tray line, DA-N did not wear a hair net.</p> <p>On 5/20/24 at 10:08 AM, Surveyor conducted a continuous kitchen observation with DM-J. Throughout the observation, DM-J did not wear a hair net while in the kitchen, the food storage area, and behind the steam table while DM-J assisted with meal service. Surveyor observed DA-M working in the kitchen without a beard net and observed DA-N working in the kitchen without a hair net. Surveyor also observed CK-K in the kitchen without a beard net.</p> <p>On 5/20/24 at 10:27 AM, Surveyor noted DA-N was still working in the kitchen without a hair net.</p> <p>During the continuous observation that began at 10:08 AM on 5/20/24, Surveyor interviewed DM-J regarding the handwashing sink, supplies, and expectations for hand hygiene in the kitchen. DM-J stated staff have access to soap and hand towels and are expected to wash hands prior to working with food, re-entering the kitchen, and when going from clean to dirty tasks. DM-J confirmed staff did not ensure there were soap and towels at the handwashing sink and indicated staff did not wash hands throughout the breakfast meal without the items available.</p> <p>Undated/Open Food Items:</p> <p>The 2022 FDA Food Code documents at 3-501.18 Ready-to-Eat, Time/Temperature Control for Safety Food, Disposition: (A) A food specified in 3-501.17(A) or (B) shall be discarded if it: (1) Exceeds the temperature and time combination specified in 3-501.17(A), except time that the product is frozen; (2) Is in a container or package that does not bear a date or day; or (3) Is inappropriately marked with a date or day that exceeds a temperature and time combination as specified in 3-501.17(A).</p> <p>During the initial kitchen tour that began at 8:08 AM on 5/20/24, Surveyor observed twenty pitchers filled with various liquids in the walk-in cooler. The pitchers were not labeled or dated.</p> <p>Surveyor also observed the following items:</p> <p>Dry Storage Area:</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>~ An undated container of [NAME] Wafers</p> <p>~ An undated container of Rice Krispie treat bars</p> <p>~ An undated container of white sugar</p> <p>~ An undated container of brown sugar that contained a scoop</p> <p>~ An open and undated bag of instant mashed potatoes that was not sealed</p> <p>~ An open and undated bag of graham crackers that was not sealed</p> <p>Reach-In Cooler:</p> <p>~ An uncovered and undated steam table container of scrambled egg mix with a bag laying on top of the mix</p> <p>~ An undated container of pickle relish</p> <p>~ Two undated containers of shredded cheese</p> <p>~ An undated container of pineapples</p> <p>~ Two undated sticks of margarine one of which was open</p> <p>~ An undated wrapped cucumber half</p> <p>~ An unlabeled and undated food product wrapped in aluminum foil</p> <p>Surveyor also noted the walk-in freezer did not contain an internal thermometer.</p> <p>During a continuous kitchen observation that began at 10:08 AM on 5/20/24, Surveyor completed a walk through of the walk-in cooler, reach-in cooler, walk-in freezer, and dry storage area with DM-J who verified the items noted above. Surveyor noted the pitchers of liquid were no longer in the cooler. DM-J stated staff served the liquids with breakfast. DM-J verified all food/beverages in the walk-in cooler should be labeled and dated. DM-J confirmed the freezer did not have an internal thermometer and stated all coolers and freezers should have thermometers.</p> <p>Surveyor interviewed CK-K who indicated the items should have been thrown out when they were not labeled and stated kitchen staff are responsible for labeling food. CK-K stated CK-K was the senior kitchen staff on the evening shift and should have ensured the foods were labeled or disposed of prior to leaving CK-K's shift.</p> <p>Dishwasher Temperature Monitoring:</p> <p>(continued on next page)</p>		

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For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>During a continuous kitchen observation that began at 10:08 AM on 5/20/24, Surveyor observed DA-M and DA-N in the dish room with the dishwashing running. Surveyor noted the dishwasher temperature gauge displayed a wash cycle temperature of 126 degrees and a rinse cycle temperature of P3. Surveyor interviewed DM-J who indicated the dishwasher recently broke and was broken in the past. DM-J stated staff use the dishwasher to rinse the dishes, but wash and sanitize the dishes in the three compartment sink. DM-J stated DM-J would provide Surveyor with the log that staff use to document dishwasher temperatures.</p> <p>On 5/20/24 at 11:35 AM, Surveyor reviewed the facility's May 2024 Dish Machine Log-High Temp. Surveyor noted the bottom of the log indicated: Record wash and rinse temperature, and provide initials three times per day. Notify supervisor immediately if rinse temperature is not within acceptable range of 180-190 degrees Fahrenheit (F). Surveyor noted the log did not contain internal temperature documentation. Surveyor also noted dishwashing temperatures were not documented for dinner meals from 5/1/24 through 5/19/24. Surveyor interviewed DM-J who indicated staff are expected to monitor the document the temperatures. CK-K stated CK-K instructed PM kitchen staff to monitor and document, however, the task is not always completed.</p> <p>Three Compartment Sink:</p> <p>Hydrion Quaternary test strip package insert directions indicate the test solution should be between 65 and 75 degrees F at the time of testing.</p> <p>During a continuous kitchen observation that began at 10:08 AM on 5/20/24, Surveyor interviewed DM-J who indicated kitchen staff use the dishwasher to rinse the dishes which are then washed and sanitized in the three compartment sink. DM-J stated staff previously used the three compartment sink to wash dishes and cookware and stated the use of the three compartment sink to wash cookware is a common practice. During the continuous observation, Surveyor observed CK-K load, wash, and sanitize dishes in the three compartment sink. Surveyor interviewed CK-K who stated CK-K sometimes remembers to test the parts per million (PPM) of the sanitizing solution in the three compartment sink and stated sanitizer test strips are not always remembered by staff. CK-K stated test strips should be used in the three compartment sink and sanitizer buckets which are used to sanitize the food prep area. DM-J provided Surveyor with a Pots and Pans Sanitization Log that indicated from 5/1/24 through 5/19/24, the sanitizing solution for the three compartment sink was 200 PPM for each meal. Surveyor was not provided with a log that monitored and documented the PPM of the sanitizer buckets.</p> <p>On 5/20/24 at 11:40 AM, Surveyor observed CK-K fill the three compartment sink to wash dishes and cookware. CK-K filled one compartment with soap and water and two compartments with water at a steaming temperature. Surveyor noted a dispenser was filling the third compartment with chemical sanitizer. CK-K stated the procedure is to place a test strip in the water when the third compartment of sanitizer is filled. Surveyor observed CK-K test the sanitizer compartment with a Hydrion QT40 test strip. The test strip read 200 PPM which was acceptable. CK-K stated staff do not test the water temperature of the sanitizer in the three compartment sink or the sanitizer buckets used to clean kitchen food prep and surface areas.</p>		