

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525342	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/01/2024
NAME OF PROVIDER OR SUPPLIER Green Bay Health Services		STREET ADDRESS, CITY, STATE, ZIP CODE 1640 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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p>38793</p> <p>Based on staff interview and record review, the facility did not ensure an allegation of neglect was thoroughly investigated for 1 Resident (R) (R9) of 9 sampled residents.</p> <p>The facility investigated an allegation of neglect on 3/23/24 that involved Registered Nurse (RN)-C and residents on the 300 wing. The facility did not thoroughly investigate the allegation to also identify or rule out potential misappropriation of medication.</p> <p>Findings include:</p> <p>The facility's Abuse, Neglect, and Exploitation policy, revised 7/15/22, indicates: An immediate investigation is warranted when allegation or suspicion of abuse, neglect, or exploitation, or reports of abuse, neglect, or exploitation occur. Procedures for investigation include: .investigating different types of alleged violations and focusing the investigation on determining if abuse, neglect, exploitation, and/or misappropriation has occurred, the extent, and cause, and providing complete and thorough documentation of the investigation.</p> <p>On 4/1/24, Surveyor reviewed a FRI that was submitted to the State Agency (SA) on 3/23/24 related to RN-C's potential neglect of residents on the 300 wing. The investigation indicated staff observed RN-C sleeping in RN-C's car during RN-C's shift. Staff had difficulty waking RN-C and stated RN-C appeared to be under the influence of something. RN-C refused a drug test and was fired from the facility.</p> <p>During the investigation, the facility discovered RN-C did not sign out AM medications for residents on the 300 wing on 3/23/24. Interviews with several nursing staff indicated RN-C was seen at the medication cart and appeared to be completing the morning medication pass prior to the incident.</p> <p>On 4/2/24, Surveyor observed the controlled drug logs that were present on the 300 wing. Surveyor noted RN-C signed out R9's scheduled AM Lyrica 75 mg (milligrams) and as needed (PRN) oxycodone 5 mg on 3/23/24 at approximately 7:40 AM. Surveyor reviewed R9's Medication Administration Record (MAR) and noted there were no AM or PRN medications documented as administered on 3/23/24.</p> <p>On 4/1/24 at 1:14 PM, Surveyor interviewed Nursing Home Administrator (NHA)-A regarding the facility's investigation. NHA-A indicated the controlled drug logs were reviewed during the investigation, but stated the facility did not know RN-C signed out controlled medications prior to Surveyor informing them.</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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>38793</p> <p>Based on staff interview and record review, the facility did not ensure adequate reconciliation of controlled medications for 4 of 4 units in the facility. This practice had the potential to affect 12 residents who were prescribed controlled medications.</p> <p>The nurse-to-nurse controlled substance count verification forms were not consistently filled out on 4 of 4 units.</p> <p>Findings include:</p> <p>The facility's Medication Administration and Controlled Substances policy, dated 1/2023, indicates: At each shift change, a physical inventory of controlled medications, as defined by state regulation, is conducted by two licensed clinicians and is documented on an audit record.</p> <p>On 4/1/24, Surveyor observed the nurse-to-nurse controlled substance count verification forms for the 100 unit and noted the forms were missing signatures on the following dates/shifts:</p> <p>~3/25 AM shift to PM shift</p> <p>~3/25 PM shift to Night (NOC) shift</p> <p>~3/25 NOC shift to AM shift</p> <p>On 4/1/24, Surveyor observed the nurse-to-nurse controlled substance count verification forms for the 200 unit and noted the forms were missing signatures on the following dates/shifts:</p> <p>~1/14 PM shift to NOC shift</p> <p>~1/15 NOC shift to AM shift</p> <p>~1/15 AM shift to PM shift</p> <p>~1/20 AM shift to PM shift</p> <p>~1/21 AM shift to PM shift</p> <p>~2/3 AM shift to PM shift</p> <p>~2/4 AM shift to PM shift</p> <p>~2/27 AM shift to PM shift</p> <p>~2/27 PM shift to NOC shift</p> <p>(continued on next page)</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>~2/27 NOC shift to AM shift</p> <p>~2/28 AM shift to PM shift</p> <p>~3/7 AM shift to PM shift</p> <p>~3/20 AM shift to PM shift</p> <p>~3/20 PM shift to NOC shift</p> <p>~3/20 NOC shift to AM shift</p> <p>~3/21 AM shift to PM shift</p> <p>~3/21 PM shift to NOC shift</p> <p>~3/22 PM shift to NOC shift</p> <p>On 4/1/24, Surveyor observed the nurse-to-nurse controlled substance count verification forms for the 300 unit and noted the forms were missing signatures on the following dates/shifts:</p> <p>~3/11 AM shift to PM shift</p> <p>~3/13 AM shift to PM shift</p> <p>~3/21 PM shift to NOC shift</p> <p>~3/21 NOC shift to AM shift</p> <p>~3/23 AM shift to PM shift</p> <p>~3/25 AM shift to PM shift</p> <p>On 4/1/24, Surveyor observed the nurse-to-nurse controlled substance count verification forms for the 400 unit and noted the forms were missing signatures on the following dates/shifts:</p> <p>~2/6 AM shift to PM shift</p> <p>~2/7 AM shift to PM shift</p> <p>~2/7 PM shift to NOC shift</p> <p>~2/8 AM shift to PM shift</p> <p>~3/5 AM shift to PM shift</p> <p>~3/5 PM shift to NOC shift</p> <p>(continued on next page)</p>

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>~3/5 NOC shift to AM shift</p> <p>~3/19 AM shift to PM shift</p> <p>~3/19 PM shift to NOC shift</p> <p>On 4/1/24 at 1:14 PM, Surveyor interviewed Nursing Home Administrator (NHA)-A regarding how often nursing staff should conduct controlled drug audits. NHA-A verified two nurses should count and sign the nurse-to-nurse controlled substance count verification forms between each shift.</p>		

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<p>F 0850</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Hire a qualified full-time social worker in a facility with more than 120 beds.</p> <p>48794</p> <p>Based on staff interview and record review, the facility did not have a qualified Social Worker. This had the potential to affect all 69 residents residing in the facility.</p> <p>Social Services Director (SSD)-D and Social Services Coordinator (SSC)-E did not have degrees in social work or a related human services field and did not have one year of supervised social work experience in a health care setting.</p> <p>Findings include:</p> <p>The Facility Assessment, dated 2/26/24, indicated the facility is licensed for 125 beds with an average daily census between 50-65 residents over the last 6 months. Section 1.3 stated the facility provides a social worker, mental health social worker/counseling services to its residents.</p> <p>On 4/1/24 at 11:23 AM, Surveyor interviewed SSD-D who stated SSD-D was hired on 2/14/24 as a full time employee. SSD-D stated SSD-D had a degree in Health Care Administration and SSD-D's previous work experience included behavioral intervention and working with adolescents with autism. SSD-D confirmed SSD-D was not certified as a Social Worker in the State of Wisconsin and did not have one year of supervised social work experience in a health care setting.</p> <p>On 4/1/24, at 11:23 AM, Surveyor interviewed SSC-E who stated SSC-E was hired in August of 2023 as a Certified Nursing Assistant (CNA). SSC-E stated SSC-E started in the Social Services Department in December of 2023, worked full time, and was currently pursuing a biomedical degree. SSC-E stated SSC-E's previous work experience was in the business office of an assisted living facility. SSC-E confirmed SSC-E was not certified as a Social Worker in the State of Wisconsin, did not have a degree in social work or human services, and did not have one year of supervised social work experience in a health care setting.</p> <p>On 4/1/24 at 2:53 PM, Surveyor interviewed Nursing Home Administrator (NHA)-A who confirmed the facility was licensed for 125 beds. NHA-A stated the facility's previous Social Worker left in January of 2024 and was certified with the State of Wisconsin. NHA-A stated NHA-A wanted to fill the position with someone who had experience with care planning and involvement with families, but did not indicate the applicant was required to have one year of supervised social work experience or a degree in social work or a related human services field.</p>		