

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 11/11/2024
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 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement policies and procedures to prevent abuse, neglect, and theft.</p> <p>47248</p> <p>Based on staff interview and record review, the facility did not ensure their abuse policy was implemented for 1 (Certified Nursing Assistant (CNA)-C) of 8 staff reviewed for caregiver background checks.</p> <p>CNA-C was hired on 2/27/24 and had lived in two other states within the last three years. CNA-C's background check information did not contain out-of-state criminal or caregiver background checks.</p> <p>Findings include:</p> <p>The facility's Abuse, Neglect and Exploitation policy, revised 7/15/22, indicates in part: .I. Screening: A. Potential employees will be screened for a history of abuse, neglect, exploitation, or misappropriation of resident property. 1. Background, reference, and credentials checks shall be conducted on potential employees, contracted temporary staff, students affiliated with academic institutions, volunteers, and consultants. Background checks including re-checks, will be completed consistent with applicable state laws and regulations. Responsibility of performance of compliance checks on contracted temporary staff will be established via contractual agreement.</p> <p>On 11/11/24, Surveyor reviewed a staff list and requested CNA-C's background check and CNA registry information from Nursing Home Administrator (NHA)-A .</p> <p>Surveyor reviewed CNA-C's background check information and noted CNA-C was hired by the facility on 2/27/24 and had a caregiver background check completed on 2/27/24. The caregiver background check indicated CNA-C had lived in 2 states other than Wisconsin within the last three years. Surveyor reviewed all background check information provided by NHA-A and noted out-of-state criminal and caregiver background checks were not included.</p> <p>On 11/11/24 at 11:17 AM, Surveyor requested CNA-C's out-of-state background checks from NHA-A.</p> <p>On 11/12/24 at 1:30 PM, NHA-A indicated to Surveyor that the facility did not complete out-of-state background checks for CNA-C and did not have any information to provide. NHA-A indicated the facility had conducted an audit and process improvement plan to ensure all employee files were completed. NHA-A confirmed NHA-A had received the employees who had missing information in their files on 10/31/24; however, out-of-state background checks for CNA-C were still not in CNA-C's file.</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
---	-------	-----------