

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 06/18/2025
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 0551</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Give the resident's representative the ability to exercise the resident's rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on staff interview and record review, the facility did not ensure the right to make healthcare decisions was extended only to those delegated by the resident and in accordance with applicable law for 1 resident (R) (R24) of 19 sampled residents.</p> <p>R24 was admitted to the facility with a court-ordered temporary guardianship that expired on [DATE]. The facility continued to allow the temporary guardian to make healthcare decisions for R24 after [DATE].</p> <p>Findings include:</p> <p>Wis. Stat. &sect;54, Guardianships and Conservatorships, states under &sect;54.50(2) Duration and extent of authority: The court may appoint a temporary guardian for a ward for a period not to exceed 60 days, except that the court may extend this period for good cause shown for one additional 60-day period. The court may impose no further temporary guardianship on the ward for at least 90 days after the expiration of the temporary guardianship and any extension. The court's determination and order appointing the temporary guardian shall specify the authority of the temporary guardian and shall be limited to those acts that are reasonably related to the reasons for appointment that are specified in the petition for temporary guardianship. The authority of the temporary guardian is limited to the performance of those acts stated in the order of appointment .&sect;54.50(4) Cessation of powers: The duties and powers of the temporary guardian cease upon the issuing of letters of permanent guardianship, the expiration of the time period specified in sub. (2), or if the court sooner determines that any situation of the ward that was the cause of the temporary guardianship has terminated.</p> <p>From [DATE] to [DATE], Surveyor reviewed R24's medical record. R24 was admitted to the facility on [DATE] and had diagnoses including hemiplegia and hemiparesis following cerebral infarction affecting the left non-dominant side, dysphagia, dysarthria, epilepsy, schizophrenia, anxiety, and cognitive communication deficit. R24's Minimum Data Set (MDS) assessment, dated [DATE], had a Brief Interview for Mental Status (BIMS) score of 6 out of 15 which indicated R24 had severe cognitive impairment.</p> <p>R24's medical record included a Letters of Temporary Guardianship of Person, dated [DATE], that indicated R24's Family Member ((FM)-I) was R24's temporary guardian. R24's medical record also included an Order of Petition to Extend Temporary Guardianship, dated [DATE], that expired on [DATE].</p> <p>A progress note, dated [DATE] at 3:54 PM, indicated a message was left for FM-I to call the facility because FM-I needed to sign an admission agreement and vaccine consent/declination.</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 0551</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A Social Services note, dated [DATE] at 8:51 AM, indicated FM-I spoke with Social Services Director (SSD)-D and requested a referral be sent to another nursing home for R24.</p> <p>A Social Services note, dated [DATE] at 11:09 AM, indicated SSD-D spoke with FM-I regarding updated guardianship paperwork, consent to treat, consents for vaccinations, and the location for R24's referral. FM-I stated FM-I did not want R24 to receive vaccines and did not want to sign consent at that time. FM-I indicated FM-I would look for a previous signed consent to treat for R24 or would sign the documentation. FM-I stated FM-I would call an attorney/legal representative to seek documentation for a guardianship extension or full guardianship.</p> <p>A Social Services note, dated [DATE] at 3:52 PM, indicated the County (CTY)-K Local Contact Agent (LCA) called SSD-D. The LCA indicated R24's temporary guardianship had been closed and documentation for permanent guardianship was not established, therefore, R24 was R24's own decision maker at that time. The LCA advised the facility to work on the guardianship referral packet and send it to the LCA for review.</p> <p>A Social Services note, dated [DATE] at 4:34 PM, indicated temporary guardian was transferred to Power of Attorney for Healthcare (POAHC) status upon guardian approval.</p> <p>Surveyor noted that between [DATE] and [DATE], FM-I continued to make healthcare decisions for R24.</p> <p>On [DATE] at 12:05 PM and [DATE] at 3:01 PM, Surveyor attempted to contact FM-I but did not receive a return call.</p> <p>On [DATE] at 10:03 AM, Surveyor attempted to interview R24 who provided one-word responses or no response at all to Surveyor's questions.</p> <p>On [DATE] at 2:04 PM, Surveyor interviewed SSD-D who indicated SSD-D attempted to get additional guardianship paperwork from FM-I, however, FM-I did not bring the paperwork to the facility. SSD-D confirmed FM-I continued to be R24's legal representative and decision maker after the guardianship expired.</p>		

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<p>F 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop and implement policies and procedures to prevent abuse, neglect, and theft.</p> <p>Based on staff interview and record review, the facility did not implement written policies and procedures that prohibit and prevent abuse for 1 (Hairstylist (HS)-H) of 8 facility and contracted staff reviewed for caregiver background checks.</p> <p>The facility did not ensure a thorough caregiver background check was completed for HS-H.</p> <p>Findings include:</p> <p>The facility's Abuse, Neglect, and Exploitation policy, revised 7/15/22, indicates: The components of the facility abuse prohibition plan are discussed herein: 1. 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 regulation. Responsibility of performance of compliance checks on contracted temporary staff will be established via contractual agreement. 2. Screenings may be conducted by the facility itself, a third-party agency, or an academic institution. 3. The facility will maintain documentation of proof that the screening occurred.</p> <p>On 6/16/25, Surveyor requested background check information for a random sample of eight facility and contracted staff, including HS-H.</p> <p>Surveyor reviewed the requested background check information and noted HS-H's hire date was not listed, however, HS-H's Background Information Disclosure (BID) form was dated 6/17/25. The documents provided did not indicate a state background check was completed prior to Surveyor requesting HS-H's background check on 6/16/25.</p> <p>On 6/18/25 at 12:02 PM, Surveyor interviewed Nursing Home Administrator (NHA)-A regarding HS-H's background check dated 6/17/25. NHA-A stated background checks are completed after an offer for employment is accepted and prior to the first day of work. NHA-A indicated HS-H is not an employee of the facility, therefore, a background check was not completed. NHA-A indicated HS-H provides services to residents as needed and confirmed HS-H is paid via check by the facility.</p> <p>On 6/18/25 at 1:00 PM, Surveyor again interviewed NHA-A who indicated the facility should have completed a background check for HS-H prior to HS-H's first day providing services at the facility. NHA-A indicated NHA-A did not know a date of hire for HS-H but thought HS-H started providing services in the spring of 2024 which was prior to NHA-A's hire date. NHA-A indicated a background check should have been completed per the facility's policy.</p> <p>On 6/19/25 at 12:03 PM, Surveyor interviewed HS-H who indicated HS-H had cut/styled residents' hair at the facility one day a month since 12/3/24. HS-H confirmed HS-H was paid by check from the facility.</p>		

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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on staff and resident representative interview and record review, the facility did not report an allegation of misappropriation to the State Agency (SA) for 1 resident (R) (R31) of 19 sampled residents.</p> <p>On 4/28/25 at 10:46 AM, R31's guardian reported an allegation of misappropriation that involved a previous guardian who worked in the facility. The facility documented the conversation but did not report the allegation to the SA.</p> <p>Findings include:</p> <p>The facility's Northshore Healthcare Abuse, Neglect and Exploitation policy indicates: .2. The facility will designate a leadership position in the facility who is responsible for reporting allegations of suspected abuse, neglect, or exploitation to the State Survey Agency and other officials in accordance with state law. 3. The facility will provide ongoing oversight and supervision of staff in order to ensure its policies are implemented as written .VII. Reporting/Response: A. The facility will have written procedures that include: 1. Reporting of all alleged violations to the Administrator, State Agency, Adult Protective Services (APS), and to all other required agencies (e.g., law enforcement when applicable) within specified timeframes: a. Immediately, but not later than two hours after the allegation is made, if the events that caused the allegation involve abuse or result in serious bodily injury, or b. Not later than 24 hours if the events that caused the allegation do not involve abuse and do not result in serious bodily injury .</p> <p>On 6/16/25, Surveyor reviewed R31's medical record. R31 was admitted to the facility on [DATE] and had diagnoses including mild cognitive impairment with unknown etiology, congestive heart failure, and type 2 diabetes. R31's most recent Minimum Data Set (MDS) assessment, dated 5/1/25, had a Brief Interview for Mental Status (BIMS) score of 13 out of 15 which indicated R31 had intact cognition. R31 had a guardian.</p> <p>R31's plan of care indicated that per R31's current guardian and as of 1/2/25, Facility Staff (FS)-R should not be in R31's room unsupervised and was not allowed to take R31 out of the facility.</p> <p>On 6/16/25 at 1:31 PM, Surveyor interviewed R31's current guardian ((GD)-M) who indicated GD-M had concerns regarding potential financial exploitation from R31's previous guardian who worked in the facility. GD-M indicated the facility was aware of the issue, however, GD-M was not sure if the facility investigated the issue or filed a report with the SA. GD-M indicated GD-M reported the concerns to the police and there was an active investigation. GD-M also indicated Adult Protective Services (APS) was aware and (APS)-N had spoken with the facility.</p> <p>On 6/17/25 at 9:18 AM, Surveyor interviewed FS-R who confirmed FS-R used to be R31's guardian and was accused of misappropriation of R31's money. FS-R was unsure when FS-R started working at the facility but stated FS-R had worked at the facility a long time and started working on a regular basis last year. FS-R indicated FS-R saw R31 weekly and indicated R31's family accused FS-R of financial exploitation.</p> <p>(continued on next page)</p>		

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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A Social Services progress note, dated 11/11/24 at 2:30 PM, indicated APS-N called with questions about R31's financial situation.</p> <p>A Social Services progress note, dated 4/28/25 at 10:46 AM, indicated GD-M spoke to R31 about FS-R stealing R31's money.</p> <p>On 6/17/25 at 1:00 PM, Surveyor interviewed GD-M who indicated GD-M had in person meetings with facility management and recalled stating that FS-R was not allowed in R31's room because R31 had gold coins and stimulus money and FS-R was suspected of stealing from R31.</p> <p>On 6/17/25 at 12:21 PM and 5:25 PM, Surveyor interviewed Nursing Home Administrator (NHA)-A who indicated an allegation of misappropriation should be reported to the SA. NHA-A also indicated there were no facility-reported incidents for R31.</p> <p>On 6/18/25 at 8:47 AM, Surveyor received an email from GD-M that contained screenshots of emails between Social Services Coordinator (SSC)-C and APS-N. One screenshot showed SSC-C participating in a conversation regarding R31 and restricting FS-R's visits with R31.</p> <p>On 6/18/25 at 9:28 AM, Surveyor received an email from GD-M that indicated GD-M met with the facility in early January (2025) and indicated FS-R was not allowed in R31's room due to money involvement which was added to R31's care plan.</p> <p>On 6/18/25 at 2:32 PM, Surveyor received an email from APS-N who indicated there was a note in APS-N's investigation that indicated APS-N spoke with SSC-C on 11/11/24 regarding R31's finances with the facility, Medicaid, and the previous guardian (FS-R) stealing R31's money.</p>		

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<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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on staff and resident representative interview and record review, the facility did not thoroughly investigate an allegation of misappropriation for 1 resident (R) (R31) of 19 sampled residents.</p> <p>On 4/28/25, R31's guardian reported an allegation of misappropriation that involved a previous guardian who worked at the facility. The facility did not thoroughly investigate the allegation of misappropriation.</p> <p>Findings include:</p> <p>The facility's Northshore Healthcare Abuse, Neglect and Exploitation policy indicates: .2. The facility will designate a leadership position in the facility who is responsible for reporting allegations or suspected abuse, neglect, or exploitation to the State Survey Agency and other officials in accordance with state law. 3. The facility will provide ongoing oversight and supervision of staff in order to ensure that its policies are implemented as written. .V. Investigation of Alleged Abuse, Neglect and Exploitation: A. An immediate investigation is warranted when an allegation or suspicion of abuse, neglect or exploitation, or a report of abuse, neglect or exploitation occurs .</p> <p>On 6/16/25, Surveyor reviewed R31's medical record. R31 was admitted to the facility on [DATE] and had diagnoses including mild cognitive impairment with unknown etiology, congestive heart failure, and type 2 diabetes. R31's most recent Minimum Data Set (MDS) assessment, dated 5/1/25, had a Brief Interview for Mental Status (BIMS) score of 13 out of 15 which indicated R31 had intact cognition. R31 had a guardian who was R31's decision maker.</p> <p>On 6/16/25 at 1:31 PM, Surveyor interviewed R31's guardian ((GD)-M) who indicated GD-M had concerns regarding potential financial exploitation of R31 by a previous guardian who worked at the facility. GD-M indicated the facility was aware of the issue, however, GD-M was not sure if the facility investigated the issue or filed a report with the State Agency (SA). GD-M indicated GD-M reported the concern to the police and there was an active investigation. GD-M also indicated Adult Protective Services (APS) was aware and APS-N had spoken with the facility.</p> <p>On 6/17/25 at 9:18 AM, Surveyor interviewed Facility Staff (FS)-R who confirmed FS-R used to be R31's guardian and was accused of misappropriation of R31's money. FS-R was unsure when FS-R started working at the facility but indicated FS-R had worked at the facility for a long time and started working on a regular basis last year. FS-R indicated FS-R saw R31 weekly and had been accused of financial exploitation by R31's family. FS-R indicated FS-R was working in the facility at the time of the interview. Surveyor noted FS-R brought items that FS-R intended to give to R31 and visit with R31.</p> <p>R31's plan of care indicated per GD-M as of 1/2/25, FS-R should not to be in R31's room unsupervised or take R31 out of the facility.</p> <p>On 6/17/25, Surveyor requested the facility's investigation regarding the allegation of misappropriation.</p> <p>(continued on next page)</p>		

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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 6/17/25 at 12:03 PM, Surveyor interviewed Business Office Manager (BOM)-O who indicated if there was potential misappropriation of R31's finances, the facility should have completed an investigation.</p> <p>On 6/17/25 at 12:21 PM Surveyor interviewed [NAME] President of Success (VPS)-P who indicated VSP-P was the former NHA and was familiar with R31. VPS-P thought the misappropriation occurred before R31 was admitted to the facility. VPS-P indicated if the misappropriation happened in the facility, the facility would investigate it.</p> <p>On 6/17/25 at 1:00 PM, Surveyor interviewed GD-M who indicated GD-M had in person meetings with facility management and recalled stating that FS-R was not allowed to go in R31's room because R31 had gold coins and stimulus money and FS-R was suspected of stealing from R31.</p> <p>On 6/17/25 at 12:21 PM and 5:25 PM, Surveyor interviewed Nursing Home Administrator (NHA)-A who indicated an allegation of misappropriation should involve an internal investigation and a report to the SA. NHA also indicated the facility did not have an investigation for the allegation of misappropriation.</p> <p>On 6/18/25 at 8:47 AM, Surveyor received an email from GD-M that contained screenshots of emails between Social Services Coordinator (SSC)-C and APS-N. One screenshot showed SSC-C participating in a conversation regarding R31 and restricting FS-R's visits with R31.</p> <p>On 6/18/25 at 9:28 AM, Surveyor received an email from GD-M that indicated GD-M met with the facility in early January (2025) and indicated FS-R was not allowed in R31's room due to money involvement which was added to R31's care plan.</p> <p>On 6/18/25 at 2:32 PM, Surveyor received an email from APS-N that indicated APS-N's investigation indicated APS-N spoke with SSC-C on 11/11/24 regarding R31's finances with the facility, Medicaid, and a previous guardian (FS-R) stealing R31's money.</p> <p>On 6/18/25 at 1:27 PM Surveyor again interviewed NHA-A who indicated NHA-A was unaware of the potential misappropriation involving R31. When Surveyor shared progress notes from R31's medical record which indicated staff were aware of the allegation, NHA-A indicated NHA-A would have started an investigation if NHA-A was aware.</p>		

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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, staff interview and record review, the facility did not provide appropriate catheter care and services for 1 resident (R) (R19) of 3 sampled residents.</p> <p>R19's uncovered catheter bag was observed in direct contact with the floor on 6/16/25, 6/17/25, and 6/18/25.</p> <p>Findings include:</p> <p>The facility's Catheter Care Policy, dated 3/15/23, indicates: It is the policy of this facility to ensure residents with indwelling catheters receive appropriate catheter care and maintain their dignity and privacy when indwelling catheters are in use .2. Privacy/dignity bags will be available and catheter drainage bags should be covered or shielded at all times while in use.</p> <p>From 6/17/25 to 6/19/25, Surveyor reviewed R19's medical record. R19 was admitted to the facility on [DATE] and had diagnoses including dementia, weakness, malignant neoplasm of prostate, hemiplegia, urinary retention, and overactive bladder. R19's Minimum Data Set (MDS) assessment, dated 6/2/25, indicated R19 was dependent for transfers, hygiene, dressing, and eating and contained a Brief Interview for Mental Status (BIMS) score 4 out of 15 which indicated R19 was severely cognitively impaired. R19 had an activated Power of Attorney (POA).</p> <p>On 6/16/25 at 11:10 AM, Surveyor toured the facility and observed R19 in bed which was in a low position. R19's uncovered catheter bag was hung on the side of the bed but was in contact with the floor.</p> <p>On 6/17/25 at 8:47 AM, Surveyor observed R19 in bed and noted R19's uncovered catheter bag was on the floor.</p> <p>On 6/18/25 at 9:32 AM and 11:54 AM, Surveyor observed R19 in bed and noted R19's uncovered catheter bag was on the floor.</p> <p>On 6/18/25 at 12:09 PM, Surveyor interviewed Director of Nursing (DON)-B who indicated a catheter bag should be put in a clean basin or there should be something underneath the bag so the bag is not on the floor.</p>		

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on staff interview and record review, the facility did not ensure weight monitoring was provided for 1 resident (R) (R40) of 2 sampled residents.</p> <p>The facility did not monitor R40's weight per the physician's order and in accordance with the facility's policy. In addition, the facility used R40's previous admission weight (from 1/12/24) to complete a dietary assessment and communicate with dialysis.</p> <p>Findings include:</p> <p>The facility's Weight Monitoring policy, revised 12/21/22, indicates: The Interdisciplinary Team will strive to prevent, monitor, and intervene for undesirable weight change for our residents .Weight Assessment: 1. The nursing staff will measure resident weights on admission, the next 2 days, and weekly for 3 additional weeks thereafter .3. Weights will be recorded in the individual's electronic health record.</p> <p>From 6/16/25 to 6/18/25, Surveyor reviewed R40's medical record. R40 was admitted to the facility on [DATE] and had diagnoses including dependence on renal dialysis, critical illness myopathy, and type 2 diabetes mellitus with hypoglycemia with coma. R40's Minimum Data Set (MDS) assessment, dated 5/6/25, had a Brief Interview for Mental Status (BIMS) score of 15 out of 15 which indicated R40 had intact cognition. R40 was responsible for R40's healthcare decisions.</p> <p>R40's care plan, dated 4/30/25, indicated R40 was at risk for nutritional status change related to infection and end stage renal disease. The care plan contained interventions to record weight per facility protocol/Medical Doctor (MD) orders; Review weights and notify Registered Dietitian (RD), MD, and responsible party of significant weight change; Will maintain weight as evidenced by no significant weight changes (&gt;= 5% in 30 days, &gt;= 7.5% in 90 days, or &gt;= 10% in 180 days).</p> <p>R40's medical record included the following order for weight monitoring: Weight on admit, daily x 2, weekly x 3, then monthly. Obtain reweight if change of 5 pounds (lbs) since last weight (dated 4/30/25).</p> <p>A Nutritional Assessment, completed by RD-G and dated 5/6/2025 at 10:21 AM, indicated R40 was on a renal diet, regular texture, regular/thin consistency and had a fluid restriction of 1500 milliliters (ml) - 1000 ml dietary and 500 ml nursing. R40 had an average meal intake of 75-100% and ate independently. The assessment indicated R40's current weight was 209.6 lbs (1/12/24 at 11:18 AM). R40's weight history was unknown.</p> <p>The facility's pre-dialysis communication, dated 5/2/25, 5/5/25, and 5/7/25, indicated R40's most recent weight of 209.6 lbs was from 1/12/24 at 11:18 AM.</p> <p>Surveyor reviewed R40's weights and noted the following:</p> <p>~ On 5/30/25, R40 weighed 181.3 lbs</p> <p>~ On 5/28/25, R40 weighed 180.4 lbs</p> <p>(continued on next page)</p>		

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>~ On 5/27/25, R40 weighed 183.4 lbs</p> <p>~ On 5/26/25, R40 weighed 187.4 lbs</p> <p>~ On 5/13/25, R40 weighed 185.6 lbs</p> <p>~ On 5/8/25, R40 weighed 187.2 lbs</p> <p>~ On 5/7/25, R40 weighed 187.6 lbs</p> <p>On 6/18/25 at 12:02 PM, Surveyor interviewed Nursing Home Administrator (NHA)-A who stated the facility's policy is for residents to be weighed on the day of admission. NHA-A acknowledged R40 was not weighed for eight days after admission and R40's weights were not completed per the physician's order. NHA-A also indicated current weights should be used for dietary assessments and dialysis communication.</p>

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0745</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide medically-related social services to help each resident achieve the highest possible quality of life.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on staff interview and record review, the facility did not ensure medically-related social services were provided in order to attain or maintain the highest practicable level of well-being for 1 resident (R) (R24) of 19 sampled residents.</p> <p>R24 was admitted to the facility with a court-ordered temporary guardianship. The facility did not ensure permanent guardianship was completed prior to the expiration date of the temporary guardianship and completed a Power of Attorney for Health Care (POAHC) document with R24 without an assessment to ensure R24 had the cognitive ability to comprehend the document. In addition, the facility did not ensure Social Services staff, who witnessed the signature of R24's POAHC document, met the State of Wisconsin definition for Social Worker.</p> <p>Findings include:</p> <p>WI State Statute chapter 457.01(10) defines Social Worker as an individual who holds a social worker certificate granted by the social worker section .457.01(11) defines Social Worker Section as the social worker section of the examining board.</p> <p>WI State Statute chapter 155.01(10) defines Power of Attorney for Health Care as the designation, by an individual, of another as his or her health care agent for the purpose of making health care decisions on his or her behalf if the individual cannot, due to incapacity .155.01(8) defines Incapacity as the inability to receive and evaluate information effectively or to communicate decisions to such an extent that the individual lacks the capacity to manage his or her health care decisions .155.10(2) states a witness to the execution of a valid power of attorney for health care instrument shall be an individual who has attained age [AGE]. No witness to the execution of the power of attorney for health care instrument may, at the time of the execution, be any of the following: .(d) An individual who is a health care provider who is serving the principal at the time of execution, an employee, other than a chaplain or a social worker, of the health care provider or an employee, other than a chaplain or a social worker, of an inpatient health care facility in which the principal is a patient.</p> <p>From [DATE] to [DATE], Surveyor reviewed R24's medical record. R24 was admitted to the facility on [DATE] and had diagnoses including hemiplegia and hemiparesis following cerebral infarction affecting the left non-dominant side, dysphagia, dysarthria, epilepsy, schizophrenia, depression, anxiety, and cognitive communication deficit. R24's Minimum Data Set (MDS) assessment, dated [DATE], had a Brief Interview for Mental Status (BIMS) score of 6 out of 15 which indicated R24 had severe cognitive impairments. R24's medical record indicated R24 had a tubefeeding for supplemental nutrition needs.</p> <p>A care plan, dated [DATE], stated R24 was at risk for behavior symptoms related to mental illness. The care plan indicated R24 had a BIMS of 6 and at times manipulated and pulled R24's Foley catheter and feeding tube. The care plan also indicated R24 at times smeared feces over R24's bedding and self.</p> <p>R24's medical record included the following:</p> <p>(continued on next page)</p>		

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<p>F 0745</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>~ A Letters of Temporary Guardianship of Person, dated [DATE], that appointed Family Member (FM)-I as R24's temporary guardian.</p> <p>~ An Order of Petition to Extend Temporary Guardianship, dated [DATE], that had an expiration date of [DATE]. ~ A POAHC document, dated and signed by R24 on [DATE], that designated FM-I as R24's primary healthcare agent.</p> <p>~ An Incapacity Certification, dated [DATE] and signed by R24's primary physician and Advanced Practice Nurse Prescriber (APNP)-J, that indicated R24 was determined to be incapacitated which activated R24's POAHC document and made FM-I R24's healthcare decision maker.</p> <p>A Social Services note, dated [DATE] at 2:28 PM, indicated Social Services Director (SSD)-D spoke with County (CTY)-K Local Contact Agent (LCA) and was informed that R24 was not considered a resident of CTY-K because CTY-K's records did not show that R24 had previously resided within CTY-K limits. SSD-D's review of referral documentation indicated R24 had lived with family at a CTY-K address. SSD-D also noted the current (expired) guardianship paperwork listed CTY-K as the ordering county. The CTY-K LCA stated R24's guardianship documentation had to go through CTY-L which was the county of R24's last documented address. The LCA stated the LCA would investigate more and call SSD-D if more information was found.</p> <p>A Social Services note, dated [DATE] at 3:52 PM, indicated the CTY-K LCA called SSD-D and stated R24's temporary guardianship was closed and no documentation for permanent guardianship was established, therefore, R24 was R24's own healthcare decision maker. The LCA advised SSD-D to work on the guardianship referral packet and send it to the LCA for review.</p> <p>A Social Services note, dated [DATE] at 4:34 PM, stated temporary guardian was transferred to POAHC status upon guardian approval.</p> <p>On [DATE] at 2:04 PM, Surveyor interviewed SSD-D who confirmed R24's temporary guardianship expired on [DATE]. SSD-D indicated SSD-D contacted the CTY-K LCA on [DATE] who stated since R24's guardianship had expired, R24 was R24's own decision maker. SSD-D consulted with Nursing Home Administrator (NHA)-A and APNP-J and the determination was made that since R24 was R24's own decision maker, R24 could complete a POAHC document. SSD-D stated when R24 was asked if R24 wanted FM-I to make healthcare decisions for R24, R24 said yes. SSD-D stated when R24 was asked if R24 wanted anyone else listed as an agent, R24 said no. SSD-D indicated R24 had moments of clarity, however, SSD-D did not complete an assessment and was not aware if an assessment was completed to ensure R24 could understand a legal document.</p> <p>On [DATE] at 3:03 PM, Surveyor interviewed APNP-J who confirmed APNP-J was in the facility on [DATE] when R24 completed the POAHC document. APNP-J indicated APNP-J spoke with R24 and felt R24 had the capacity to choose who should make R24's healthcare decisions, however, R24 lacked insight into R24's medical and health status. APNP-J stated that is why APNP-J signed R24's incapacitation on [DATE] and activated the POAHC. APNP-J indicated APNP-J did not recall completing a formal assessment.</p> <p>(continued on next page)</p>		

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<p>F 0745</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On [DATE] at 8:41 AM, Surveyor interviewed NHA-A who confirmed neither SSD-D or Social Services Coordinator (SSC)-C were certified Social Workers. NHA-A acknowledged that only certified Social Workers were authorized to witness POAHC documents as employees of the facility where the resident resides. NHA-A also confirmed the facility did not have documentation to indicate R24's cognition was evaluated to ensure R24 was competent to create a POAHC document.</p> <p>On [DATE] at 9:46 AM, Surveyor completed follow-up interview with SSD-D who confirmed SSD-D was not a certified Social Worker. SSD-D indicated SSD-D was not aware SSD-D and SSC-C were not able to sign as witnesses for POAHC documents.</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** Based on observation, staff and resident interview, and record review, the facility did not ensure the accurate and safe administration of medication for 1 resident (R) (R5) of 19 sampled residents.</p> <p>On 6/16/25, Surveyor observed medication on R5's bedside table hours after the AM medication pass. Staff documented the medications as administered. In addition, R5 did not have a self-administration of medication assessment or an order to self-administer medication.</p> <p>Findings include:</p> <p>The facility's Medication Administration Self-Administration by Resident policy, dated 1/2023, indicates: Residents who desire to self-administer medication are permitted to do so with a prescriber's order and if the nursing care center's Interdisciplinary Team has determined that the practice would be safe and the medications are appropriate and safe for self-administration .2. The Interdisciplinary Team determines the resident's ability to self-administer medication by means of a skill assessment conducted as part of the care plan process .3. The results of the Interdisciplinary Team's assessment are recorded on the medication self-administration assessment which is placed in the resident's medical record .</p> <p>The facility's Medication Administration policy, dated 1/2023, indicates: .10. Administer medication and remain with the resident while the medication is swallowed. Do not leave a medication in a resident's room without orders to do so along with documentation of self-administration .</p> <p>On 6/16/25, Surveyor reviewed R5's medical record. R5 was admitted to the facility on [DATE] and had diagnoses including dementia with behavioral disturbance, obsessive compulsive disorder, mood disorder, and depression. R5's Minimum Data Set (MDS) assessment, dated 5/1/25, had a Brief Interview for Mental Status (BIMS) score of 11 out of 15 which indicated R5 had moderate cognitive impairment.</p> <p>R5's plan of care indicated R5 refused medications and indicated if R5 was having difficulty, staff should re-attempt to administer the medication or try a different nurse (dated 2/20/24). R5's plan of care also indicated medications should be given as ordered/per physician orders (dated 6/14/23).</p> <p>On 6/16/25 at 10:48 AM, Surveyor interviewed R5 and observed two pills on R5's bedside table and an empty plastic medication cup next to the pills. R5 indicated staff left the medications for R5 to take that morning but R5 forgot to take them.</p> <p>R5's medical record did not contain a physician's order to self-administer medication. A medication self-administration assessment, dated 7/19/22, indicated: (R5) should not have any medications left at bedside; Will tend to drop meds on floor or forget to take them and store them in belongings. Staff must witness and assist with medication administration.</p> <p>R5's Medication Administration Record (MAR) indicated the medications were administered on 6/16/25 by Med Tech (MT)-Q.</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 - Few</p>	<p>On 6/17/25 at 4:18 PM, Surveyor interviewed MT-Q who confirmed MT-Q administered medication to R5 on the morning of 6/16/25. MT-Q indicated the medications were administered in the dining room and R5 took all the pills. MT-Q could not explain why the medications were discovered in R5's room or why R5 indicated they were left for R5 to take on R5's own. MT-Q indicated MT-Q cannot leave medication for R5 to take independently because R5 will not take them.</p> <p>On 6/18/25 at 1:34 PM, Surveyor interviewed Licensed Practical Nurse (LPN)-F who indicated LPN-F is not allowed to leave medication in R5's room, however, some staff do because it is difficult to get R5 to take medication. LPN-F indicated LPN-F does not leave R5 medications to take independently because R5 does not have a self-administration of medication order and cannot differentiate between the pills and safely take them.</p> <p>On 6/18/25 at 1:27 PM, Surveyor interviewed Nursing Home Administrator (NHA)-A who indicated staff who administer medication are aware of and should follow medication administration and medication storage policies. NHA-A indicated staff should not leave medication in the room of a resident who is not assessed as able to safely and accurately self-administer medication.</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** Based on observation, staff interview, and record review, the facility did not ensure medications for 2 residents (R) (R34 and R36) in 1 of 2 medication carts were dated appropriately. In addition, the facility did not ensure two open containers of blood glucose test strips were dated appropriately in 2 of 2 medication carts. This practice had the potential to affect more than 4 of the 61 residents residing in the facility.</p> <p>Staff did not label or date R34 and R36's insulin pens in accordance with the facility's policy. The 400 wing medication cart contained an open and undated insulin pen for R34 and two open and undated insulin pens for R36. In addition, the medication cart contained an open and undated container of blood glucose test strips.</p> <p>Staff did not date a container of blood glucose strip in the 200 wing medication cart when opened.</p> <p>Findings include:</p> <p>The facility's Administration of Insulin with Insulin Pen Policy & Procedure, dated [DATE], indicates: Insulin pens must be clearly labeled with the resident's name, physician's name, date dispensed, type of insulin, amount to be given, frequency, and expiration date. Insulin pens should be disposed of after 28 days or according to manufacturer's recommendations.</p> <p>1. On [DATE] at 9:12 AM, Surveyor observed the 400 wing medication cart with Registered Nurse (RN)-E and noted three subcutaneous insulin solution pen-injectors did not contain open dates, including one open and undated insulin glargine 100 unit/milliliter (ml) pen for R34 and two open and undated insulin glargine 100 unit/ml pens for R36. In addition, Surveyor and RN-E observed an open and undated container of blood glucose test strips. RN-E verified the insulin pens and blood glucose test strips should have been dated when opened.</p> <p>2. On [DATE] at 9:42 AM, Surveyor observed the 200 wing medication cart with Licensed Practical Nurse (LPN)-F and noted one open and undated container of blood glucose test strips. LPN-F verified the blood glucose test strips should have been dated when opened.</p> <p>On [DATE] at 10:14 AM, Surveyor interviewed Director of Nursing (DON)-B who indicated all insulin pens and blood glucose test strips should be dated when opened. DON-B verified staff would not know when a medication or medical supply expired if it was not dated when opened.</p>		

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<p>F 0850</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Hire a qualified full-time social worker in a facility with more than 120 beds.</p> <p>Based on staff interview and record review, the facility did not have a Qualified Social Worker. This practice had the potential to affect more than 4 of the 61 residents residing in the facility.</p> <p>Social Services Director (SSD)-D and Social Services Coordinator (SSC)-C did not meet one or both requirements necessary to be considered a Qualified Social Worker in a facility licensed for 125 beds.</p> <p>Findings include:</p> <p>On 6/18/25, Surveyor reviewed the facility's employee list which indicated SSD-D's position was Social Services Qualified Director.</p> <p>On 6/18/25 at 8:41 AM and 9:25 AM, Surveyor interviewed Nursing Home Administrator (NHA)-A who stated SSD-D was a certified Social Worker and confirmed SSC-C was not a certified Social Worker. NHA-A later corrected NHA-A's previous statement regarding SSD-D's credentials and stated SSD-D was not a certified Social Worker but was a licensed Counselor.</p> <p>During the facility's previous recertification survey, Surveyor interviewed SSC-C on 4/1/24 at 11:23 AM. SSC-C confirmed SSC-C was hired on 2/14/24 as a full-time employee. SSC-C stated SSC-C had a degree in Health Care Administration and previous work experience in behavioral intervention and adolescents with autism. SSC-C confirmed SSC-C was not certified as a Social Worker in the State of Wisconsin and did not have a year of supervised social work experience in a healthcare setting prior to working at the facility.</p> <p>On 6/18/25 at 9:42 AM, Surveyor interviewed Director of Nursing (DON)-B who provided Surveyor with SSD-D's license. Surveyor noted SSD-D was licensed as an Associate Counselor in the State of Arizona. DON-B indicated SSD-D was not licensed in Wisconsin and was currently in the process of getting licensed.</p> <p>On 6/18/25 at 9:46 AM, Surveyor interviewed SSD-D who stated SSD-D was hired in January of 2025 as a full-time employee and was in graduate school in Arizona prior to SSD-D's hire. SSD-D had a master's degree in Mental Health Counseling and a bachelor's degree in Psychology. SSD-D's prior work experience included a 2-semester part-time internship at the University Counseling Center where SSD-D worked with students on mental health coping skills and referrals. SSD-D indicated SSD-D's supervisor was a licensed marriage and family therapist. SSD-D confirmed SSD-D was a licensed Associate Counselor in the State of Arizona and was in the process of obtaining the equivalent license in Wisconsin which was a licensed Professional Counselor-In Training. SSD-D indicated SSD-D needed to complete course credits before SSD-D could be licensed. SSD-D confirmed SSD-D's Arizona license was issued on 6/1/25 and SSD-D was not licensed when hired by the facility. SSD-D was unaware if being licensed was a condition of SSD-D's position.</p> <p>On 6/18/25, Surveyor reviewed SSD-D's job description which was dated 3/8/18 and signed by SSD-D on 1/8/25. The position title was Social Services Director (Licensed). Under Required Education and Experience, the description listed: 1) Bachelor's degree in social work or social welfare from an accredited academic institution; 2) At least one year experience in a healthcare setting; and 3) Current state license as a Social Worker.</p> <p>(continued on next page)</p>		

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<p>F 0850</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 6/18/25 at 3:03 PM, Surveyor interviewed NHA-A who confirmed the facility was licensed for 125 beds. NHA-A confirmed SSD-D was not licensed until 6/1/25 and did not hold a license of certification in the State of Wisconsin. NHA-A acknowledged neither SSD-D or SSC-C met the requirements of a Qualified Social Worker.</p>