STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525389	A. Building B. Wing	12/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
North Ridge Health and Rehabilitation Center	1445 N 7th St Manitowoc, WI 54220

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, staff interview, and record review, the facility did not ensure food was stored and prepared in a safe and sanitary manner. This practice had the potential to affect 42 of 53 residents residing in the facility. (Eleven residents received nutrition via tube feeding). Staff did not monitor wash or rinse temperatures for the low-temp chemical sanitizing mechanical warewashing machine.The mixer was not covered.Staff working in the kitchen did not consistently cover facial hair.Findings include:On 12/8/25 at 9:37 AM, Surveyor began an initial kitchen tour with Dietary Manager (DM)-I who indicated the facility followed the Wisconsin Food Code.The Wisconsin Food Code documents at 4-501.110 Mechanical Warewashing Equipment, Wash Solution Temperature: (B) The temperature of the wash solution in spray-type warewashers that use chemicals to sanitize may not be less than 120 degrees Fahrenheit (F).On 12/10/25 at 1:15 PM, Surveyor observed [NAME] (CK)-L complete dishwashing. Surveyor observed 2 racks of dishes go through the facility's low-temp chemical sanitizing dishwasher. The wash temperature reached 100 degrees F and the rinse temperature reached 108 degrees F for each load. When Surveyor asked what the temperature should be, CK-L did not know. Surveyor observed a sticker on the dishwasher that stated the minimum wash and rinse temperature was 120 degrees F. On 12/10/25 at 1:19 PM, Surveyor observed a poster on the wall where clean dishes emerge from the machine that indicated: Low-temp warewashing instructions: Check the water temperature gauge for the correct temperature: 120-140 degrees F. On 12/10/25 at 1:20 PM, Surveyor reviewed the facility's dishwasher logs and noted staff documented the chemical sanitizer but not the dishwasher temperature. DM-I confirmed dishwasher temperatures were not documented and indicated DM-I needed to find a new log.2. The Wisconsin 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. On 12/9/25 at 11:30 AM, Surveyor observed lunch preparation and service. Surveyor noted Dietary Aide (DA)-J had chin hair but was not wearing a beard net. Surveyor informed Nursing Home Administrator (NHA)-A of the observation during the exit conference on 12/9/25.On 12/10/25 at 11:00 AM, Surveyor entered the kitchen and asked DA-J when dishwashing would begin. DA-J was not wearing a beard net. DA-J stated a beard net did not fit and removed a surgical mask from DA-J's pocket. DA-J stated DA-J should be wearing the mask.3. The Wisconsin Food Code documents at 4ˆ903.11 Equipment, Utensils, Linens, and Single-Service and Single-Use Articles: (B) Clean equipment and utensils shall be stored .(1) In a self-draining position that allows air drying; and (2) Covered or inverted.During the initial kitchen tour on 12/8/25, Surveyor observed an uncovered large mixer bowl on the mixer. When Surveyor asked DM-I about the bowl, a staff nearby informed DM-I that the facility was out of bags used to cover the mixer bowl. DM-I indicated DM-I would order more bags. On 12/10/25 at 11:00 AM, Surveyor entered the kitchen and noted the mixer bowl was still uncovered. DM-I confirmed in a later interview that the bowl was still uncovered.

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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F 0551 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Give the resident's representative the ability to exercise the resident's rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on staff interview and record review, the facility did not ensure 1 resident (R) (R7) of 1 sampled resident with a Guardian was protectively placed in the facility. R7 was admitted to the facility on [DATE] and had a legal Guardian of person and estate beginning 9/11/20. The facility did not have protective placement determination for R7. Findings include: State Statute Chapter 55.055(10)(b) requires court-ordered protective placement for any resident admitted to a nursing home who has a legal Guardian and whose nursing home stay exceeds sixty days. Protective placement is reviewed annually (State Statute Chapter 55.18) to determine if placement continues to be the least restrictive and in the best interest of the individual.On 12/8/25, Surveyor reviewed R7's medical record. R7 was admitted to the facility on [DATE] and had diagnoses including intellectual disability, bipolar disorder, and diabetes. R7's Minimum Data Set (MDS) assessment, dated 9/17/25, had a Brief Interview for Mental Status (BIMS) score of 7 out of 15 which indicated R7 had severely impaired cognition. R7 had a Guardian for healthcare decisions. Surveyor noted R7's medial record did not contain protective placement paperwork.On 12/9/25 at 1:33 PM, Surveyor interviewed Nursing Home Administrator (NHA)-A and requested protective placement documentation and an annual review of the protective placement ([NAME] Review) for R7. NHA-A indicated R7 was not protectively placed in the facility and did not need to be protectively placed based on the State's findings.On 12/9/25 at 2:55 PM, Surveyor interviewed Social Worker (SW)-H who indicated the facility did not have protective placement paperwork for R7. SW-H indicated R7 was privately placed under Guardianship of person and estate and protective placement was not needed at the time of admission. SW-H indicated unless R7 was enrolled in a family care organization, R7 did not require protective placement. SW-H stated SW-H spoke to R7's Guardian who referred SW-H to an Adult Protective Services (APS) designee. SW-H communicated with the APS designee via email who informed SW-H that protective placement was not needed at the time of admission. Since R7 was not enrolled in a family care organization, SW-H was not certain that protective placement was needed. SW-H was not aware of the state statute that requires protective placement in order to reside in a nursing home if a resident has a legal Guardian. Surveyor referred SW-H to Wisconsin State Statute Chapter 55 which requires court-ordered protective placement for nursing home residency for individuals with Guardians. Surveyor also referred SW-H to the State Corporate Guardianship Program Coordinator for further guidance.

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F 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on staff interview and record review, the facility did not ensure 1 resident (R) (R42) of 5 sampled residents met the Preadmission Screening and Resident Review (PASRR) requirements.R42 had a negative PASRR Level I Screen upon admission. A Level II Screen was not completed when R42 received a qualifying diagnosis and was prescribed medication. Findings include:The Wisconsin Department of Health Services (DHS) PASRR for current or prospective nursing home residents Level II Screen facesheet indicates: .nursing home should retain a copy of this facesheet and attached documentation in the person's current medical record. If the person's condition or diagnoses change so that he/she later may meet the federal definition of a developmental disability or a serious mental illness, the nursing home will need to submit an updated Level II Screen to the appropriate PASRR contract agency. This can be found at https://www.dhs.wisconsin.gov/pasrr/resources.htm.From 12/8/25 to 12/10/25, Surveyor reviewed R42's medical record. R42 was admitted to the facility on [DATE] and had diagnoses including fracture of skull and right facial bones, diabetes, and alcohol dependence. R42's Minimum Data Set (MDS) assessment, dated 10/23/25, had a Brief Interview for Mental Status (BIMS) score of 6 out of 15 which indicated R42 had severe cognitive impairment. R42 had an activated Power of Attorney for Healthcare (POAHC). R42's medical record contained a diagnosis of anxiety (dated 10/8/25 which was the date of R42's admission). R42's MDS assessment, dated 10/23/25, indicated R42 received antipsychotic and antianxiety medications. R42's medical record did not contain a PASRR Level II Screen.On 12/9/25 at 1:23 PM, Surveyor interviewed Nursing Home Administrator (NHA)-A and Director of Nursing (DON)-B who indicated R42 did not have a mental illness diagnosis prior to admitting to the facility, therefore, a Level II Screen was not completed. When Surveyor indicated R42's medical record indicated R42 was diagnosed with anxiety on 10/8/25, NHA-A indicated Social Worker (SW)-H would have more information about the PASRR process.On 12/9/25 at 2:42 PM, Surveyor interviewed SW-H who indicated a PASRR Level II Screen should have been submitted for R42 with a new mental illness diagnosis of anxiety on 10/8/25. SW-H verified R42 was diagnosed with anxiety at the facility on 10/8/25 and was not aware that a Level II Screen was needed.

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on staff interview and record review, the facility did not ensure a WanderGuard (a security device that triggers an alarm if the wearer exits the facility) was consistently checked for placement, function, and skin integrity underneath for 1 resident (R) (R42) of 1 sampled resident.R42's Treatment Administration Record (TAR) contained orders to check for WanderGuard placement, function, and skin integrity. The checks were not consistently completed.Findings include: The facility's Elopements and Wandering Residents policy, revised [DATE], indicates: .1. The facility is equipped with door locks/alarms to help avoid elopements .3. The facility shall establish and utilize a systematic approach to monitoring and managing residents at risk for elopement or unsafe wandering, including identification and assessment of risk, evaluation and analysis of hazards and risks, implementing interventions to reduce hazards and risks, and monitoring for effectiveness and modifying interventions when necessary. 4 .e) Charge nurses and unit managers will monitor the implementation of interventions and response to interventions and document accordingly .adequate supervision will be provided to help prevent accidents or elopements. From [DATE] to [DATE], Surveyor reviewed R42's medical record. R42 was admitted to the facility on [DATE] and had diagnoses including fracture of skull and right facial bones, diabetes, and alcohol dependence. R42's Minimum Data Set (MDS) assessment, dated [DATE], had a Brief Interview for Mental Status (BIMS) score of 6 out of 15 which indicated R42 had severe cognitive impairment. R42 had an activated Power of Attorney for Healthcare (POAHC). A care plan, initiated [DATE] and revised [DATE], indicated R42 was at risk for elopement related to exit-seeking behavior and verbalization to leave the facility. The care plan also indicated R42 was at risk for falls, accidents, and incidents related to weakness and decreased mobility. On [DATE] at 11:48 AM, Surveyor interviewed Licensed Practical Nurse (LPN)-K regarding how staff ensure R42's WanderGuard is in working order. LPN-K indicated there is a tester box to check the WanderGuard which is checked on the night shift. On [DATE] at 12:12 PM, Surveyor reviewed R42's [DATE] and [DATE] TARs and noted the following orders: ~ Elopement risk .check skin integrity, function, placement, and expiration every shift, replace immediately if found to be expired, in ill repair, or non-functioning. The order was not documented as completed on the following dates: [DATE], [DATE], [DATE], [DATE], [DATE], [DATE], [DATE], [DATE], [DATE], and [DATE]. ~ Check placement every shift. The order was not documented as completed on the following dates: [DATE], [DATE], [DATE], [DATE], [DATE], [DATE], [DATE], [DATE], [DATE], and [DATE]. ~ Check skin integrity under WanderGuard to right ankle every shift, document. The order was not documented as completed on the following dates: [DATE], [DATE], [DATE], [DATE], [DATE], [DATE], [DATE], [DATE], [DATE], and [DATE]. On [DATE] at 12:59 PM, Surveyor interviewed Director of Nursing (DON)-B who confirmed there was missing documentation to check R42's WanderGuard for function, placement, and skin integrity in October and November. DON-B indicated checks for all dates in the TAR should have been completed and documented to ensure R42's safety.

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F 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe, appropriate dialysis care/services for a resident who requires such services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on staff interview and record review, the facility did not ensure assessments, vital signs, and weights were consistently completed pre- and post-dialysis and communicated to the dialysis facility for 1 resident (R) (R9) of 1 sampled resident.Staff did not consistently obtain R9's pre- and post-dialysis vitals signs and weight or check R9's access port. In addition, staff did not consistently complete R9's dialysis communication sheets and Treatment Administration Record (TAR).Findings include:The facility's Hemodialysis policy, dated 12/22/24, indicates: This facility will provide the necessary care and treatment consistent with professional standards of practice, physician orders, the comprehensive person-centered care plan, and the resident's goals and preferences to meet the special medical, nursing, mental, and psychosocial needs of residents receiving hemodialysis .This will include: The ongoing assessment of the resident's condition and monitoring for complications before and after dialysis treatments received at a certified dialysis facility .Ongoing communication and collaboration with the dialysis center regarding dialysis care and services .c) Documentation requirements are met to assure treatments are provided as ordered by the nephrologist, attending practitioner, and dialysis team .8) The nurse will monitor and document the status of the resident's access site upon return from the dialysis treatment to observe for bleeding or other complications .14) The nurse will ensure the dialysis access site is checked before and after dialysis treatments and every shift for patency by auscultating for a bruit and palpating for a thrill .From 12/8/25 to 12/10/25, Surveyor reviewed R9's medical record. R9 was admitted to the facility on [DATE] and had diagnoses including end stage renal disease and dependence on renal dialysis. R9's Minimum Data Set (MDS) assessment, dated 9/22/25, had a Brief Interview for Mental Status (BIMS) score of 15 out of 15 which indicated R9 had intact cognition.R9's TAR contained the following physician orders with multiple missing entries:~ Dialysis: Check access site for bleeding every shift (start date 9/9/25). R9's TAR did not indicate the order was completed on: 9/16/25, 9/19/25, 9/26/25, 9/29/25, 10/6/25, 10/14/25, 10/15/25, 10/17/25, 10/22/25, 10/23/25, 10/24/25, 10/31/25, 11/14/25, 11/15/25, and 11/16/25.~ Dialysis: Check shunt for bruit/thrill every shift (start date 9/9/25). R9's TAR did not indicate the order was completed on: 9/16/25, 9/19/25, 9/26/25, 9/29/25, 10/6/25, 10/14/25, 10/15/25, 10/17/25, 10/22/25, 10/23/25, 10/24/25, 10/31/25, 11/14/25, 11/15/25, and 11/16/25.~ Dialysis: Daily weight, every day shift (start date 9/10/25; discontinued 10/27/25). R9's TAR did not indicate the order was completed on: 9/16/25, 9/19/25, 9/26/25, 10/14/25, 10/15/25, 10/19/25, 10/22/25, and 10/23/25.~ Dialysis: Weight, vital signs taken before and after dialysis two times daily every Monday, Wednesday, and Friday (start date 10/24/25; discontinued 12/5/25). R9's TAR did not indicate the order was completed on: 10/24/25, 10/31/25, 11/7/25, 11/12/25, 11/14/25, and 11/19/25~ Dialysis: Communication form one time a day every Monday, Wednesday, and Friday. R9's TAR did not indicate the order was completed on: 9/19/25, 9/25/25, 10/15/25, 10/22/25, 10/31/25, and 11/14/25~ Vital signs prior to sending to dialysis every dayshift (start date 10/1/25; discontinued 12/9/25). R9's TAR did not indicate the order was completed on: 10/15/25, 10/22/25, 10/24/25, 10/31/25, and 11/14/25.~ Vital signs upon returning from dialysis every evening shift every Monday, Wednesday, and Friday (start date 10/1/25). R9's TAR did not indicate the order was completed on: 10/15/25, 10/17/25, 10/22/25, and 11/14/25.Surveyor reviewed R9's dialysis communication binder and noted missing documentation on R9's communication forms for pre-dialysis vital signs on the following dates: 10/1/25,10/3/25, and 10/22/25. Surveyor noted missing documentation on R9's communication forms for post-dialysis vital signs on the following dates: 10/1/25, 10/6/25, 10/8/25, 10/13/25, 10/15/25, 10/17/25, 10/22/25, 10/31/25, 11/3/25, 11/5/25, 11/10/25, 11/12/25, 11/14/25, 11/17/25, 11/19/25, 11/26/25, 11/28/25, 12/3/25, and 12/8/25.On 12/9/25 at 3:17 PM and 3:36 PM, Surveyor interviewed Registered Nurse (RN)-G who indicated R9's vital signs, weight, and port assessment should be completed prior to leaving for dialysis by the night (continued on next page)

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F 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	(NOC) shift nurse and should be documented in R9's medical record. RN-G indicated RN-G documented in R9's medical record but did not fill out R9's dialysis communication binder.On 12/10/25 at 9:25 AM, Surveyor interviewed Director of Nursing (DON)-B who verified staff did not consistently check R9's pre- and post-dialysis vital signs or weight, check R9's port, or document on R9's TAR. DON-B indicated NOC shift nurses complete pre-dialysis assessments and AM shift nurses complete post-dialysis assessments. DON-B indicated staff should consistently assess a resident's vital signs, weight, and port pre- and post-dialysis. DON-B also confirmed R9's dialysis communication forms were not consistently completed.

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, staff interview, and record review, the facility did not provide pharmaceutical services to ensure the accurate administration of medication for 1 resident (R) (R31) of 19 sampled residents.Medications were left at R31's bedside for R31 to self-administer. R31 did not have a self-administration of medication assessment, a physician order, or a care plan that indicated R31 could safely and accurately self-administer medication.Findings include:The facility's Resident Self-Administration of Medication policy, dated 2/22/24, indicates: A resident may only self-administer medications after the facility's Interdisciplinary Team (IDT) has determined which medications may be self-administered safely .4. The results of the IDT assessment are recorded on the Medication Self-Administration Assessment Form which is placed in the resident's medical record .14. The care plan must reflect resident self-administration and storage arrangements for such medicationsFrom 12/8/25 to 12/10/25, Surveyor reviewed R31's medical record. R31 was admitted to the facility on [DATE] and had diagnoses including chronic obstructive pulmonary disease (COPD), congestive heart failure (CHF), diabetes, atrial fibrillation, gout, heartburn/reflux, cellulitis of left lower limb, and resistance to multiple antimicrobial drugs. R31's Minimum Data Set (MDS) assessment, dated 11/20/25, had a Brief Interview for Mental Status (BIMS) score of 15 out of 15 which indicated R31 had intact cognition. R31 made R31's own healthcare decisions.On 12/10/25 at 8:48 AM, Surveyor observed Licensed Practical Nurse (LPN)-K leave a cup of medications on R31's bedside table. When Surveyor asked what the medications were, LPN-K stated LPN-K thought one was bumetanide but could not recall the others. LPN-K checked the computer on the medication cart and indicated R31 received acetaminophen, allopurinol, bumetanide, apixaban, lactobacillus, and Pepcid. LPN-K indicated R31 had a self-administration of medication assessment completed. Surveyor noted R31 had the following physician orders: ~ Bumetanide 1 milligram (mg) by mouth twice daily for urination related to chronic systolic (congestive) heart failure (ordered 11/8/25)~ Acetaminophen extra strength 500 mg twice daily for pain (ordered 11/19/25)~ Apixaban 5 mg by mouth twice daily for blood thinner related to unspecified atrial fibrillation (ordered 11/5/25)~ Allopurinol 100 mg once daily for gout (ordered 9/10/24)~ Lactobacillus oral capsule once daily for supplement (ordered 7/9/25) ~ Pepcid 20 mg once daily for heartburn/reflux (ordered 11/5/25)R31's medical record did not contain a self-administration of medication assessment, a physician order, or a care plan that indicated R31could self-administer medication.On 12/10/25 at 12:28 PM, Surveyor interviewed Director of Nursing (DON)-B who verified R31 did not have a self-administration of medication assessment, physician order, or care plan to self-administer medication.