STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525608	A. Building B. Wing	04/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Complete Care at Ridgewood LLC	3205 Wood Rd Racine, WI 53406

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)
F 0646 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Notify the appropriate authorities when residents with MD or ID services has a significant change in condition. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility did not complete a Preadmission Screening and Resident Review (PASARR) for individuals with a mental disorder and notify the state authority of a significant change in mental illness for 1 (R1) of 2 residents reviewed for PASARR screening.*R1 had a completed PASARR with an admission date of 10/15/25, with a 30-day exemption. R1 remained in the facility and a new PASARR was not completed despite changes in R1's psychiatric diagnoses and medication changes. Findings Include:The facility's Resident Assessment-Coordination with PASARR Program policy and procedure reviewed/revised 1/26 documents:Policy:.This facility coordinates assessments with the preadmission screening and resident review (PASARR) program under Medicaid to ensure that individuals with a mental disorder, intellectual disability, or a related condition receives care and services in the most integrated setting appropriate to their needs.Policy Explanation and Compliance Guidelines:.1. All applicants to this facility will be screened for serious mental disorders or intellectual disabilities and related conditions in accordance with the State's Medicaid rules for screening.5. If a resident who was not screened due to an exception above and the resident remains in the facility longer than 30 days:a. The facility must screen the individual using the State's Level 1 screening process and refer any resident who has or may have MD, ID or a related condition to the appropriate state-designated authority for Level 2 PASARR evaluation and determination.b. The Level 2 resident review must be completed within 40 calendar days of admission.6. The Social Services Director shall be responsible for keeping track of each resident's PASARR screening status and referring to the appropriate authority.9. Any resident who exhibits a newly evident or possible serious mental disorder, intellectual disability, or a related condition will be referred to the state mental health or intellectual disability authority for a Level 2 resident review.a. A resident who exhibits behavioral, psychiatric, or mood related symptoms suggesting the presence of a mental disorder.R1 was admitted to the facility on [DATE]. R1's Quarterly Minimum Data Set (MDS) completed 1/21/26 documents R1's Brief Interview for Mental Status (BIMS) score to be 3, indicating R1 demonstrates severely impaired skills for daily decision making. R1's Patient Health Questionnaire (PHQ-9) score is 13, indicating R1 is demonstrating moderate depressive symptoms. R1's MDS documents no behaviors at this time. On 4/2/26, at 9:40 AM, Surveyor reviewed R1's electronic medical record (EMR) and reviewed R1's PASARR. Surveyor noted R1's PASARR was completed with R1's 10/15/25 admission date, documenting a 30-day exemption.R1 has remained in the facility. A new Level 1 PASARR was not completed prior to the end of R1's 30-day exemption.On 12/9/25 R1 was diagnosed as having Unspecified Mood Affective Disorder. On 1/8/26 R1 was started on 10 mg of Paroxetine (Paxil) was added for anger and sexual inappropriateness. On 2/27/26 R1 was diagnosed with an Adjustment Disorder with Depressed Mood.On 3/27/26 Depakote Sprinkles 125 mg was ordered for R1 along with Ativan as needed for behaviors.With the significant changes in R1's mental illness diagnoses and treatments, the facility did not initiate the PASARR process and notify the state authority of the changes for R1 to determine the possible need for specialized services.On 4/6/26, at 1:19 PM, Surveyor interviewed Social Services Director (SSD)-F. SSD-F stated that SSD-F has nothing to do (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525608	A. Building B. Wing	04/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Complete Care at Ridgewood LLC	3205 Wood Rd Racine, WI 53406

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)
F 0646 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	with the processing PASARRs. SSD-F does not know who completes a new Level 1 PASARR if a resident is remaining in the facility past 30 days or when new diagnoses and medications are added.On 4/6/26, at 1:31 PM, Director of Nursing (DON)-B confirmed the facility did not complete a new Level 1 when diagnoses and medications were initiated. DON-B informed Surveyor that a 30-day exemption Level 1 PASARR had been completed initially. DON-B stated the facility is completing a new Level 1 today. DON-B understood the concern that a new Level 1 PASARR was not completed for R1.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525608	A. Building B. Wing	04/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Complete Care at Ridgewood LLC	3205 Wood Rd Racine, WI 53406

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)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident?s preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility did not ensure 1 (R8) of 13 residents received treatment and care in accordance with professional standards of practice.R8 was re-admitted back to the facility from the hospital on [DATE] with a [NAME] monitor (a wearable battery powered device that continuously records the heart's electrical activity) in place and instructions that it needed to be worn for 7 to 14 days. Facility staff did not enter an MD order for the [NAME] monitor use. Facility staff did not enter a care plan intervention for the [NAME] monitor. Facility staff did not provide documentation that R8's [NAME] monitor was functioning and in place every shift from readmission on [DATE] until R8 was discharged from the facility on 12/15/25. Findings include:On 4/6/26, Surveyor asked Director of Nursing (DON)-B for the facility policy regarding admission orders/following MD orders. DON-B returned to Surveyor with the following policy regarding orders: The facility policy dated 2025 and titled, Medication Orders, documents, in part: The facility shall use uniform guidelines for the ordering of medication. Each medication order should be documented with the date, time, and signature of the person receiving the order. The order should be recorded on the physician order sheet, and the Medication Administration Record (MAR). Transcribe newly prescribed medications on the MAR or treatment record or ensure the order is in the electronic MAR. R8 was admitted to the facility on [DATE] with diagnosis that include syncope (fainting) and collapse, Pulmonary emboli (blood clot in the lung), Chronic Obstructive Pulmonary Disease (progressive lung disease that causes obstructed airflow, making it difficult to breath), Type 2 Diabetes, Dementia, Congestive heart failure, and Venous insufficiency (leg veins cannot efficiently return blood to the heart, causing blood to pool due to damaged valves). R8's Minimum Data Set (MDS) assessment dated [DATE] documents, in part: R8 is moderately cognitively intact. R8 depends on staff for showering, bathing, toileting and transfers. R8's progress note dated 12/8/25 at 10:24 AM, documents: [R8] left for two doctor's [appointments] today at 1015. R8 was alert and able to make needs known.R8's progress note dated 12/8/25 at 2:12 PM, documents, in part: Writer was notified at [1:50 PM] of resident having seizure at [R8's] doctor appointment today. [Writer] was told [R8] is going to Emergency Room.R8 was hospitalized from 12/8 through 12/11/25.R8's hospital After Visit Summary dated 12/11/25 documents, in part: . Your primary diagnosis was Atrial Flutter with Rapid Ventricular Response. Other instructions: [Cardiovascular] [NAME] Monitor Hosp/[Clinic] Placement more than 7 days up to 15 days. What is the duration of the event monitor study? 14 days. Where will the [NAME] be placed? Hospital/Clinic Placement. Will the monitor be hooked up today? Yes. Reason for exam? [Normal Sinus Ventricular Tachycardia]. Surveyor reviewed R8's MD orders for evidence that R8's [NAME] monitor was in place after re-admission to the facility. Surveyor noted that facility staff did not enter an order for R8's [NAME] monitor.R8's Impaired Cardiovascular status related to [hypertension, peripheral vascular disease, coronary artery disease. Care plan initiated on 9/25/25 documents the following interventions: Lab work or X-rays as ordered by physician. Medications as ordered by physician and observe use and effectiveness. Observe and report signs of chest pain, edema, [Shortness of breath], abnormal pedal pulse, restlessness and fatigue.Surveyor noted facility staff revised R8's Cardiovascular status care plan and added Atrial flutter to the care plan on 12/11/25. Surveyor noted that facility staff did not add an intervention of [NAME] monitor for 14 days when facility staff revised the care plan on 12/11/25. Surveyor reviewed R8's progress notes and noted the following documentation:R8's progress note dated 12/11/25 at 8:53 PM, documents, in part: . Readmit - [diagnosis] Atrial Flutter with rapid ventricular response . Breathing normal with [oxygen] . [Vital signs stable]. On [R8's] left chest Body Guardian Mini plus intact. Surveyor noted that on the night of admission, facility staff documented that R8's [NAME] monitor was intact. R8's Nurse Practitioner (NP) note dated 12/12/25 at 8 AM, documents, in part: New diagnosis of atrial flutter with rapid ventricular response from hospitalization. A [NAME] monitor (Body Guardian Mini (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525608	A. Building B. Wing	04/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Complete Care at Ridgewood LLC	3205 Wood Rd Racine, WI 53406

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)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	plus cardiac monitor) was ordered for 7-15 days and is currently in place on the left chest for further rhythm evaluation. Plan: . maintain Body Guardian Mini plus [NAME] cardiac monitoring as ordered. Ensure completion of ordered [NAME] monitor (7-15 days from 12/11/2025 hospital discharge) and arrange timely review of results with cardiology/electrophysiology.Surveyor noted the morning after R8's re-admission to the facility, R8's NP documented that the [NAME] monitor was in place. Surveyor reviewed R8's progress notes for any additional documentation of R8's [NAME] monitor. Surveyor noted facility staff did not document R8's [NAME] monitor in progress notes after 12/12/25 at 8 AM.Surveyor reviewed R8's 24-hour board from 12/11/25 through 12/15/25 and noted the following documentation:On 12/11/25, Focus of Change: Came back, PM shift staff documented: [Left]chest body guardian monitor on.Surveyor noted facility PM staff documented that R8's [NAME] monitor was in place on readmission to the facility.On 12/12/25, Focus of Change: readmission [atrial fibrillation with] rapid ventricular response Night shift: No documentation noted.On 12/12/25, Day shift: [Vital signs stable], [oxygen] 99% [with] 2 Liters.On 12/12/25, PM shift: No documentation noted.Surveyor noted facility staff did not document R8's [NAME] monitor on 12/12/25.On 12/13/25, Focus of Change: readmission [atrial fibrillation with] rapid response Night shift: No documentation noted.On 12/13/25, Day shift: OK. [Vital signs stable] [within normal limit].On 12/13/25, PM shift: No documentation noted.Surveyor noted facility staff did not document R8's [NAME] monitor on 12/13/25.On 12/14/25, Focus of Change: readmission [atrial fibrillation with] [rapid ventricular response]. [NAME] monitor. Night shift: No documentation noted.On 12/14/25, Day shift: OK. Vital [within normal limits]. No pain.On 12/14/25, PM shift: [Please check] [NAME] monitor box at desk.Surveyor noted facility staff documented that R8's [NAME] monitor box was at the desk on 12/14/25.Surveyor noted that R8's 24-hour board had documentation regarding R8's [NAME] Monitor on 2 out of 10 shifts from 12/11 through 12/14/25.Surveyor reviewed all documentation on 12/15/25 and did not locate any documentation about R8's [NAME] Monitor.Surveyor noted R8 was discharged from the facility on 12/15/25 at 1:30 PM. Surveyor reviewed the facility staff schedule from 12/11/25-12/15/25. Surveyor noted Licensed Practical Nurse (LPN)-S, worked as the nurse on R8's unit on 12/11, 12/13, 12/14 and 12/15/25.On 4/2/26 at 1:55 PM, Surveyor interviewed LPN-S. Surveyor asked if a resident returns to the facility after a hospital admission with an order for a [NAME] monitor, how is that documented. LPN-S stated, That is a good question. LPN-S indicated that LPN-S was not sure. LPN-S stated that LPN-S would ask another nurse and ultimately the Unit Manager to get an answer. On 4/6/26 at 9:25 AM, Surveyor returned to LPN-S. Surveyor asked if LPN-S could recall R8 having a heart monitor from 12/11 through 12/15/25 when R8 was discharged from the facility. LPN-S indicated that LPN-S did not want to say yes, or no. LPN-S stated that LPN-S did not remember and that was a while ago. On 4/2/26 at 2:02 PM, Surveyor interviewed LPN-O. Surveyor asked if a resident returns to the facility after a hospital admission with an order for a [NAME] monitor, how is that documented. LPN-O stated that LPN-O would make sure that there was an order placed that would appear in the Medication Administration Record (MAR). That way staff would know that placement would need to be checked each shift. LPN-O stated that LPN-O would also make sure that it is written on the 24-hour board so all staff following LPN-O would know about it. Surveyor asked if the [NAME] monitor would appear on the care plan. LPN-O stated that LPN-O would have to ask about that.On 4/2/26 at 3:15 PM, Surveyor interviewed Assistant Director of Nursing (ADON)-E. Surveyor asked what documentation is completed for a resident that returns from a hospital admission with a [NAME] monitor. ADON-E stated that staff would document in the other tab that the [NAME] monitor was in place and that follow up communication is needed regarding when the monitor is removed and where to send the monitor box and information after the study is completed. ADON-E stated that it would be an MD order so staff could check for placement each shift. Surveyor asked if the [NAME] monitor should be in the resident's care plan. ADON-E stated yes. Surveyor asked if ADON-E could recall if R8 was wearing a heart monitor from 12/11-12/15/26. ADON-E stated that ADON-E does not recall.On 4/6/26 at 3:12 PM, Surveyor (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525608	A. Building B. Wing	04/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Complete Care at Ridgewood LLC	3205 Wood Rd Racine, WI 53406

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)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	informed Nursing Home Administrator (NHA)-A, Director of Nursing (DON)-B, Regional Consultant-C and Chief Compliance Officer-D of the concern that R8 was re-admitted back to the facility after a hospitalization with a [NAME] monitor. An MD order and a care plan intervention was not placed. There are multiple shifts from 12/11/25 through 12/15/25 that there is no documentation that the [NAME] monitor was functioning and was in place. No further information was provided.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525608	A. Building B. Wing	04/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Complete Care at Ridgewood LLC	3205 Wood Rd Racine, WI 53406

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)
F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility did not ensure that residents with pressure injuries received necessary treatment and services consistent with professional standards of practice to promote healing and prevent new pressure injuries from developing for 2 (R8 and R11) of 3 residents reviewed for pressure injuries. *R8 was admitted to the facility with an unstageable pressure injury. On 10/30/25, R8's pressure injury was assessed as a stage 3 pressure injury. On 11/6/25 and 12/11/25, R8 was readmitted to the facility after a hospital stay. Facility staff incorrectly staged R8's pressure injury as a stage 2 on these readmissions. In addition, R8's Wound MD changed R8's wound treatment on 11/20/25 and 12/4/25. Facility staff did not update R8's treatment order and R8 was treated with the incorrect treatment from 11/20 to 11/26/25 and 12/4 to 12/8/25. *R11 has an Unstageable pressure injury to the left heel. R11's Skin Integrity Care Plan has the intervention to have heel boots on when in bed. R11 was observed in bed with no heel boots on and the heels resting on the mattress. Findings include: The facility policy with a last reviewed date of 1/2026 and titled, Pressure Injury Prevention and Management, documents, in part: This facility is committed to the prevention of avoidable pressure injuries, unless clinically unavoidable and to provide treatment and services to heal the pressure ulcer/injury, prevent infection and the development of additional pressure ulcers/injuries. The facility shall establish and utilize a systematic approach for pressure injury prevention and management, including prompt assessment and treatment; intervening to stabilize, reduce or remove underlying risk factors; monitoring the impact of the interventions; and modifying the interventions as appropriate. Licensed nurses will conduct a pressure injury risk assessment, using the Braden risk assessment, on all residents upon admission/re-admission, weekly x four weeks, then quarterly. The tool will be used in conjunction with other risk factors not captured by the risk assessment tool. Examples of risk factors include, but are not limited to: Impaired/decreased mobility and decreased functional ability, Co-morbid conditions, such as end stage renal disease, thyroid disease, or diabetes mellitus. Resident refusal of some aspects of care and treatment, cognitive impairment. Under nutrition, malnutrition and hydration deficits and the presence of a previously healed pressure injury. Licensed nurses will conduct a full body skin assessment on all residents upon admission/readmission, weekly and after any newly identified pressure injury. Findings will be documented in the medical record. Assessments of pressure injuries will be performed by a licensed nurse. The staging of pressure injuries will be clearly identified to ensure correct coding on the MDS. After completing a thorough assessment/evaluation, the interdisciplinary team shall develop a relevant care plan that includes measurable goals for prevention and management of pressure injuries and appropriate interventions. Interventions will be based on specific factors identified in the risk assessment, skin assessment, and any pressure injury assessment (e.g., moisture management, impaired mobility, nutritional deficit, staging, wound characteristics). Treatment decisions will be based on the characteristics of the wound, including the stage, size, (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525608	A. Building B. Wing	04/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Complete Care at Ridgewood LLC	3205 Wood Rd Racine, WI 53406

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)
F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	exudate (if present), presence of pain, signs of infection, wound bed, wound edge and surrounding tissue characteristics. Compliance with interventions will be documented in the weekly summary charting. Monitoring- The [Registered Nurse (RN)] Unit manager, or designee, will review all relevant documentation regarding skin assessments, pressure injury risks, progression towards healing and compliance at least weekly. 1.) R8 was admitted to the facility on [DATE] with diagnoses that include syncope (fainting) and collapse, Pulmonary emboli (blood clot in the lung), Chronic Obstructive Pulmonary Disease (progressive lung disease that causes obstructed airflow, making it difficult to breath), Type 2 Diabetes, Dementia, Congestive heart failure, and Venous insufficiency (leg veins cannot efficiently return blood to the heart, causing blood to pool due to damaged valves). R8's Minimum Data Set (MDS) assessment dated [DATE] documents, in part: R8 is moderately cognitively intact. R8 requires substantial to maximum assistance to roll left and right in bed. R8 depends on staff for showering, bathing, toileting and transfers. R8 has an indwelling catheter and is always incontinent of bowel. R8 is at risk for pressure injuries and has 1 unstageable pressure injury present on admission. R8's Care Area assessment dated [DATE] documents, in part: [R8 was] admitted with an unstageable wound to sacrum. [R8] needs assist with ADLs due to weakness post treatment for [pneumonia], respiratory failure. [R8] is also on supplemental [oxygen] via nasal cannula and has an indwelling foley. R8's Braden/skin integrity assessment (an assessment completed to determine a resident's risk for developing pressure injuries) dated 9/24/25 documents a score of 17 indicating R8 is at low risk for developing pressure injuries. R8's admission skin assessment dated [DATE] documents, in part: Sacrum Pressure injury 3 centimeters (cm) x 2cm x < (less than) 0.1 Unstageable. R8's actual impairment to skin integrity care plan dated 9/24/25 documents the following pertinent interventions: Encourage good nutrition and hydration in order to promote healthier skin, Encourage/assist me with reposition as needed, My skin will be assessed on a weekly basis on my scheduled bath day and document findings on a weekly skin assessment, The resident needs pressure low air-loss mattress to protect the skin while in bed, and The resident needs pressure relieving/reducing cushions to protect the skin while up in chair. R8's Wound MD assessment dated [DATE] documents R8 has a stage 3 pressure injury that measures 2.07cm x 1.68cm x 0.1cm. 75% granulation and 25% slough. Treatment order: Cleanse with 1/2 strength Dakin's, apply nickel-thick Santyl to wound, cover with bordered gauze, change daily and as needed. R8's MD order with a start date of 10/23/25 documents Cleanse with 1/2 strength Dakin's [followed by] Santyl and bordered gauze dressing. Every day shift and as needed. On 10/31/25, R8 experienced a change of condition and was sent to the emergency room. R8 was admitted to the hospital from [DATE] through 11/6/25. R8's hospital discharge summary documented (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525608	A. Building B. Wing	04/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Complete Care at Ridgewood LLC	3205 Wood Rd Racine, WI 53406

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)
F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	R8's pertinent discharge diagnosis as Chronic hypoxic respiratory failure, Pulmonary embolism, and Colitis. R8's re-admission skin assessment dated [DATE] documents, in part: Coccyx Pressure injury 2cm x 2cm x 0.1cm. Stage 2. Surveyor noted R8's pressure injury was documented by the facility Wound MD on 10/30/25 as a stage 3 pressure injury. On readmission, R8's pressure injury was documented by facility staff as a stage 2 pressure injury. Surveyor noted that a stage 3 pressure injury cannot be down staged to a stage 2. Surveyor noted facility staff staged R8's pressure injury incorrectly on readmission. R8's Wound MD assessment dated [DATE], documents, in part: R8 has an unstageable pressure injury that measures 1.58cm x 1.11cm x 0.1cm. 25% granulation and 75% slough. Treatment order: Cleanse with 1/4 strength Dakin's, apply nickel-thick Santyl to wound, cover with bordered gauze, change daily and as needed. Surveyor noted R8's Wound MD changed part of R8's treatment from 1/2 strength to 1/4 strength Dakin's solution. Surveyor reviewed R8's MD orders and noted facility staff did not update R8's treatment order to reflect this change. Surveyor noted facility staff continued to treat R8's pressure injury with 1/2 strength Dakin's from 11/20/25 through 11/26/25. R8's Wound MD assessment dated [DATE], documents, in part: R8 has an unstageable pressure injury that measures 1.42cm x 1.11cm x 0.1cm. 25% granulation and 75% slough. Treatment order: Cleanse with 1/4 strength Dakin's, apply nickel-thick Santyl to wound, cover with bordered gauze, change daily and as needed. R8's MD order with a start date of 11/26/25 documents, in part: Cleanse with 1/4 strength Dakin's solution. apply nickel thick Santyl to wound bed, Cover wound with bordered gauze, change daily and as needed. R8's Wound MD assessment dated [DATE] documents, in part: R8 has an unstageable pressure injury that measures 3.02cm x 1.34cm x 0.2cm. 50% granulation and 50% slough. Treatment order: Cleanse with 1/2 strength Dakin's, apply nickel-thick Santyl to wound, cover with bordered gauze, change daily and as needed. Surveyor noted R8's Wound MD changed part of R8's treatment from 1/4 strength to 1/2 strength Dakin's solution. Surveyor reviewed R8's MD orders and noted facility staff did not update R8's treatment order to reflect this change. Surveyor noted facility staff continued to treat R8's pressure injury with 1/4 strength Dakin's from 12/4/25 through 12/8/25 when R8 was admitted to the hospital after an episode of unresponsiveness. R8 was hospitalized from 12/8 through 12/11/25. R8 was readmitted to the facility on [DATE]. R8's hospital After Visit Summary dated 12/11/25 documents the primary diagnosis as Atrial Flutter with Rapid Ventricular Response. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525608	A. Building B. Wing	04/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Complete Care at Ridgewood LLC	3205 Wood Rd Racine, WI 53406

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)
F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	R8's re-admission skin assessment dated [DATE] documents, in part: Sacrum Pressure injury 3cm x 4cm x 0.5cm. Stage 2. Surveyor noted on readmission, R8's pressure injury was documented by facility staff as a stage 2 pressure injury. Surveyor noted that a previous stage 3 pressure injury cannot be down staged to a stage 2. Surveyor noted facility staff incorrectly staged R8's pressure injury incorrectly on readmission. On 4/2/26 at 1:55 PM, Surveyor interviewed Licensed Practical Nurse (LPN)-S. Surveyor asked what is completed and documented when a pressure injury is found on admission. LPN-S stated that the nurse will assess the wound, notify the MD and family as necessary, complete a risk assessment and get a treatment order. The assessment would include measurements and a description of the wound bed. LPN-S stated LPN-S does not stage the wound but can send a picture of the wound to the Wound MD. The Wound MD comes every Thursday to assess anyone with a wound. Surveyor asked who accompanies the Wound MD during wound rounds. LPN-S stated that if the resident is assigned to them, the floor nurse will accompany the Wound MD. LPN-S stated that sometimes the Unit Manager will accompany the Wound MD as well. Surveyor asked who updates the MD orders in a resident's medical record if the treatment is changed by the Wound MD. LPN-S stated that the Unit Manager will update the order. On 4/2/26 at 2:10 PM, Surveyor interviewed Director of Nursing (DON)-B. Surveyor asked what is expected when a nurse completes an admission skin assessment. DON-B stated that staff should assess the wound, including measurement and staging. DON-B indicated staff can send a picture to the wound MD to confirm staging of the wound. DON-B stated staff should inform the MD and family as appropriate and should get a treatment order. Surveyor asked how wound rounds work. DON-B stated that the resident's unit nurse will round with the Wound MD. If the treatment order is changed, the Unit Manager will change the MD order within the resident's medical record. On 4/6/26 at 9:25 AM, Surveyor informed DON-B of the concerns about R8's pressure injury care. When R8 returned to the facility after a hospital stay, on 11/6/25 and on 12/8/25, facility staff staged R8's sacrum pressure injury incorrectly. On 11/20/25 and 12/4/25, the Wound MD changed R8's treatment and R8's MD order was not updated. Surveyor asked if facility staff should follow the recommended treatment orders from the wound doctor. DON-B stated yes, those are MD orders and should be followed. DON-B indicated that the staging of wounds is something DON-B can do education on. On 4/6/26 at 3:12 PM, Surveyor informed Nursing Home Administrator (NHA)-A, DON-B, Regional Consultant-C and Chief Compliance Officer-D of the above concerns. 2.) R11 was admitted to the facility on [DATE] with diagnoses of chronic kidney disease, congestive heart failure, Alzheimer's disease, Type 1 Diabetes, and anxiety. R11's Annual Minimum Data Set (MDS) assessment dated [DATE] documented R11 had severe cognitive impairment with a Brief Interview for Mental Status (BIMS) score of 3, was dependent on staff for activities of daily living (ADLs), and had an Unstageable pressure injury. The Pressure Ulcer Care Area Assessment (CAA) associated with the Annual MDS documented R11 had a new left heel Unstageable pressure injury, was always incontinent of both bowel and bladder, and depends on staff to assist with ADLs including bed mobility. R11 had an activated Power of Attorney (POA). (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525608	A. Building B. Wing	04/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Complete Care at Ridgewood LLC	3205 Wood Rd Racine, WI 53406

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)
F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	R11's Skin Integrity Care Plan was initiated on 3/3/2025 with the following interventions in place on 4/2/2026: -Encourage R11 to off load heels. -Encourage/assist R11 with repositioning as needed. -Heel boots while in bed. -R11 needs pressure relieving/reducing mattress and pillows to protect the skin while in bed. On 4/2/2026 at 10:39 AM, Surveyor observed Wound Physician (WP)-X accompanied by Registered Nurse Unit Manager (RNUM)-W and Assistant Director of Nursing (ADON)-E provide wound care to R11's left heel pressure injury. R11 had been put back to bed for the assessment and treatment to be completed. R11 had on socks with no heel boots; heel boots were observed in the chair in the room. WP-X stated R11 has to keep the heels off of the mattress and asked RNUM-W if heel boots or a wedge cushion would be better for R11. RNUM-W stated a cushion may work better for R11 because R11 kicks off the heel boots. WP-X told RNUM-W R11 needs to keep the heels off the bed. In an interview on 4/6/2026 at 11:21 AM, Surveyor asked RNUM-W if R11 was active in bed and RNUM-W stated R11 kicks off the heel boots. Surveyor asked RNUM-W if staff go frequently to check and replace the heel boots if R11 had kicked them off. RNUM-W stated they were not aware of staff reapproaching or doing more frequent rounds to check on R11's heel boots. Surveyor repeated with RNUM-W the conversation with WP-X and RNUM-W about keeping R11's heels floated and the discussion whether a cushion or heel boots would be better for R11. RNUM-W stated R11 will not keep the boots on and does not think a cushion would be in place long. Surveyor asked RNUM-W why R11 needed assistance with bed mobility if R11 was mobile enough to kick off boots or a cushion. RNUM-W stated R11 requires staff assistance because R11 is resistant to cares. On 4/7/2026 at 7:34 AM, Surveyor observed R11 in bed. R11 had bare feet and a heel boot was in the bed next to R11's side. R11's knees were bent, and the heels were on the mattress. In an interview on 4/7/2026 at 7:38 AM, Surveyor asked Licensed Practical Nurse (LPN)-Y what R11 was like. LPN-Y stated R11 was resistive to cares so staff need to re-approach for R11 to cooperate. Surveyor asked LPN-Y if R11 is known to kick off the heel boots. LPN-Y stated R11 is usually up in a wheelchair during the day so does not wear heel boots and cannot speak as to what the staff does on the night shift with heel boots. Surveyor shared with LPN-Y the observation of R11 lying in bed at that time with no heel boots on. On 4/7/2026 at 8:15 AM, Surveyor shared with Regional Consultant-C the observation of R11 that morning lying in bed with the heel boot next to R11 and not on R11's feet. Regional Consultant-C stated Regional Consultant-C could not contest Surveyor's observation.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525608	A. Building B. Wing	04/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Complete Care at Ridgewood LLC	3205 Wood Rd Racine, WI 53406

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)
F 0745 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide medically-related social services to help each resident achieve the highest possible quality of life. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based upon observation, interview and record review, the facility did not ensure 1 (R58) of 4 residents reviewed received medically related social services to address individual Resident needs in order to maintain the highest practicable physical, mental, and psychosocial well-being.R1 was admitted to the facility and started demonstrating sexually inappropriate behaviors. In December of 2025 R1 was diagnosed as having an Unspecified Mood Affective Disorder and was started on an antidepressant for anger and sexual inappropriateness. In February of 2026 R1 was diagnosed with an Adjustment Disorder with Depressed Mood. In March R1 started on Depakote Sprinkles along with Ativan as needed for behaviors. During this period of time staff and psychiatric practitioners documented on R1 sexual behavior. Individuals interacting with R1 expressed concern regarding his behaviors towards others; there were recommendation from the psychiatric nurse practitioner to supervise R1. These changes and recommendations were not further assessed or addressed for R1 until after R1 was engaged in a resident to resident sexual situation with a peer.Findings Include:The facility's Social Services policy and procedure implemented 2026 documented:Policy:.The facility will provide medically-related social services to each resident, to assist in attaining or maintaining the resident's highest practicable physical, mental, and psychosocial well-being.Policy Explanation and Compliance Guidelines:.2. The facility, regardless of size, will provide medically-related social services to each resident, to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being.4. The social worker, or social service designee, will pursue the provision of any identified need for medically related social services of the resident. Services to meet the residents' needs may include:j. Providing or arranging for needed mental and psychosocial counseling services.k. Identifying and seeking ways to support residents' individual needs through the assessment and care planning process.l. Encouraging staff to maintain or enhance each resident's dignity in full recognition of each resident's individuality.n. Identifying and promoting individualized, non-pharmacological approaches to care that meet the mental and psychosocial needs of each resident.6. The resident's plan of care will reflect any ongoing medically related social service needs, and how these needs are being addressed.7. The social worker, or social service designee, will monitor the resident's progress in improving physical, mental, and psychosocial functioning.The facility's Resident Assessment-Coordination with PASARR Program policy and procedure reviewed/revised 1/26 documents:Policy:.This facility coordinates assessments with the preadmission screening and resident review (PASARR) program under Medicaid to ensure that individuals with a mental disorder, intellectual disability, or a related condition receives care and services in the most integrated setting appropriate to their needs.Policy Explanation and Compliance Guidelines:.1. All applicants to this facility will be screened for serious mental disorders or intellectual disabilities and related conditions in accordance with the State's Medicaid rules for screening .6. The Social Services Director shall be responsible for keeping track of each resident's PASARR screening status and referring to the appropriate authority.R1 was admitted to the facility on [DATE] with diagnoses including Dementia (loss of memory, language, problem-solving and other thinking abilities severe enough to interfere with daily life. R1 has an activated Health Care Power of Attorney (HCPOA).R1's Quarterly Minimum Data Set (MDS) completed 1/21/26 documented R1's Brief Interview for Mental Status (BIMS) score to be 3, indicating R1 demonstrates severely impaired skills for daily decision making. R1's Patient Health Questionnaire (PHQ-9) score is 13, indicating R1 is demonstrating moderate depressive symptoms. R1's MDS documented no behaviors at this time.The following is documented in R1's progress notes:On 10/23/25, Registered Nurse (RN)-Z documented: .CNA called nurse into the room due to resident inappropriate gestures to nursing staff and CNA felt uncomfortable to be in room for transfer alone. Social work as well as Unit Manager were notified. Nursing staff will continue to (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525608	A. Building B. Wing	04/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Complete Care at Ridgewood LLC	3205 Wood Rd Racine, WI 53406

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)
F 0745 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	monitor.On 10/24/25, Registered Nurse (RN)-AA documented: .Unit Manager discussed behavior.On 10/24/25, Cares in pairs is added as intervention to R1's comprehensive care plan, but staff interviewed did not know cares in pairs was to be implemented. Surveyor noted it is not listed as a 1/24/26 intervention on R1's Kardex.On 11/30/25, Registered Nurse documented: .Sexually inappropriate. Unit Manager aware Message left for Social Worker.Surveyor reviewed R1's treatment administration record (TARS) for October and November that documented no targeted behaviors.On 12/1/25, Social Services Director (SSD)-F documented SSD-F .discussed the staff's report of inappropriate behaviors sexual in nature with (R1's) wife who is (R1's) activated HCPOA.On 12/2/25, Licensed Practical Nurse (LPN)-U documented:.being monitored for inappropriate behaviors, there were a couple this shift.On 12/9/25, Psych Nurse Practitioner (NP)-H documented: .(R1) is being seen for initial psychiatric consultation for sexual inappropriateness towards female staff, physically grabbing for patient's breasts and genitals, and anger. Staff reports the patient can be physically and verbally aggressive especially during cares and will attempt to touch female staff inappropriately as well as making inappropriate comments. He will lie in his room naked without covering himself up even when his roommate has visitors. Chronicity Level: Chronic: Patient presents with sexual inappropriateness towards female staff, physically grabbing for breasts and genitals, and exhibiting anger.On 12/9/25 R1 was diagnosed as having an Unspecified Mood Affective Disorder. On 12/10/25, LPN-U documented: .(R1) is being monitored for inappropriate sexual behaviors. (R1) was being inappropriate with staff the housekeeper he was asking her to feel on butt and for her to get in bed with him.On 12/17/25, RN- E documented: .(R1) being monitored for behaviors. (R1) ?flashing' CNA this shift. Writer went and provided resident with education on appropriateness. R1 laughed and asked if writer ?wanted to see too'. Staff advised to do cares in pairs for (R1).On 12/18/25, RN-L documented: .(R1) told staff ?Come here, let me kiss'.Surveyor reviewed R1's treatment administration record (TARS) for December that documented no targeted behaviors.On 1/8/26 R1 was started on 10 mg of Paroxetine (Paxil) was added for anger and sexual inappropriateness.On 1/13/26, Psych NP-H-documented: .Staff reports patient continues to have sexual comments and attempts to inappropriately touch staff in a sexual manner. (R1) has stated he needs a woman in his bed and invite staff to join him in his bed. Any attempts to redirect (R1) are unsuccessful. (R1) can become physically verbally aggressive at times again with difficulty redirecting behaviors. (R1) will often be found in his bed naked and exposed to anyone who walks in. When asked about (R1's) pain he pointed to his groin and said ?I have a pain down there, and I need a woman to help me. (R1) continued with his inappropriate conversation, the writer dismissed herself. Continues to demonstrate sexually inappropriate behaviors toward female staff with attempts to touch and grab in a sexual manner. Makes inappropriate sexual comments including stating he needs a woman in his bed and inviting staff to join him in bed. Physically and verbally aggressive during cares and when redirected. Any attempts to redirect (R1) are unsuccessful. (R1) is often found in his room naked and exposed to anyone who walks in. During today's encounter, made inappropriate sexual comments to the provider. Ongoing behavior dysregulation by staff with continued sexually inappropriate comments/behaviors and intermittent physical/verbal aggression with difficulty redirecting. Inadequately Controlled, (R1) presented with sexual inappropriateness toward female staff and anger with poor impulse control, circumstantial thought process with loose associations, poor judgment/insight; oriented to person only with poor attention/concentration. Persistent behavioral disturbance with continued sexual disinhibition, frequent exposure/nudity and limited response to redirection; staff also reports intermittent physical/verbal aggression. No improvement on Paxil. Continue close behavioral monitoring and staff redirection/safety precautions.Surveyor reviewed R1's treatment administration record (TARS) for January that documented no targeted behaviors.On 2/4/26, Psychologist (Psych)-I documented: .Decreased impulse control with ongoing sexually inappropriate behaviors and grabbing.On 2/10/26, Psych NP-H documented: .Ongoing behavioral dysregulation reported by staff with continued sexually inappropriate comments/behaviors and intermittent physical/verbal (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525608	A. Building B. Wing	04/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Complete Care at Ridgewood LLC	3205 Wood Rd Racine, WI 53406

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)
F 0745 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	aggression with difficulty redirecting. (R1) continues to state he wants a woman and is difficult to redirect from this conversation. Started on Paxil without any improvement in target sexual aggressive behaviors. Continue close behavioral monitoring and staff redirection/safety precautions.On 2/27/26, Psych-I documented: .During the interaction, (R1) made comments focused on woman and asked this writer personal questions. Prior encounters documented resistive behavior during assessment attempts and ongoing behavioral concerns including sexual inappropriateness toward staff, verbal and physical aggression, and difficulty with behavioral redirection. (R1) with established adjustment disorder presenting for psychotherapy. Today's session focused on social disinhibition and behavioral boundary concerns, with (R1) making comments focused on women, asking personal questions of this writer, acknowledging that (R1) at times attempted to touch staff. Continued monitoring is indicated to address social disinhibition, reinforce boundaries, and support adjustment to the long-term care environment.On 2/27/26 R1 was diagnosed with an Adjustment Disorder with Depressed Mood.Surveyor reviewed R1's treatment administration record (TARS) for February that documented no targeted behaviors.On 3/20/26, Psych-I documented: .During the session, (R1) made sexually inappropriate comments toward this writer. When asked about treatment goals, (R1) responded with statements focused on obtaining access to women. Previously, (R1) had demonstrated sexually inappropriate behaviors toward staff, including attempts to touch staff, and comments focused on women. (R1) demonstrated behavioral dysregulation with sexually inappropriate behavior, impaired judgement and impulse control, and limited insight into the impact of his behaviors. Minimal receptivity to intervention observed. Minimal progress noted. Made sexually disinhibited comments during session. (R1) expressed focus on obtaining access to women rather than appropriate social engagement. Inappropriate interpersonal behaviors toward staff and this writer noted during session. Continues to demonstrate sexually inappropriate behaviors toward female staff and made sexually inappropriate comments toward this writer. Makes comments focused on women and asks staff personal questions. Demonstrated poor impulse control and preoccupation with sexual themes during session. Behavior during session was inappropriate at times, including sexually disinhibited comments. Though content notable for preoccupation with sexual themes and inaccurate beliefs about environment. Behavioral concerns noted: sexually inappropriate behavior toward female staff, sexually inappropriate comments toward writer, inappropriate toileting behaviors, impaired judgment and poor impulse control, preoccupation with sexual themes, limited insight, minimal receptivity to intervention. Coordinate with interdisciplinary team regarding behavioral concerns and monitor for changes in behavior, impulse control, and level of insight.On 3/27/26, the facility completed a Misconduct Incident Report indicating there was alleged sexual inappropriate behavior between R1 and R2 on 3/22/26. The facility's summary documented that R2's hand was observed by multiple staff making the up and down motion by R1's lap. Staff provided statements that R1 was observed adjusting R1's pants, lean back and push R1's penis into R1's pants. The facility's summary also documented R1 has a history of sexually inappropriate behaviors towards female staff which now has turned to a new focus on female residents. This incident occurred during the lunch meal in the dining room with other residents present in the dining room. Surveyor noted despite frequent documentation of sexual inappropriate behavior directed towards staff psych practitioners who have worked with R1 have noted his sexual disinhibition and impulsive behavior and R1's desire for attention from females. Additionally, psych practitioners recommended monitoring and supervision of R1. These were not further assessed and incorporated into a care plan for R1 until after the resident to resident incident on 3/22/26.Surveyor reviewed R1's treatment administration record (TARS) for March that documented no targeted behaviors.On 3/27/26, R1 started on Depakote sprinkles and Lorazepam as needed every 8 hours for behaviors.Surveyor noted with the significant changes in R1's mental illness diagnoses and treatments, the facility did not initiate the PASARR process and notify the state authority of the changes for R1 to determine the possible need for specialized services. (Cross-reference F646).Surveyor reviewed R1's comprehensive care plan that documented:At times I (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525608	A. Building B. Wing	04/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Complete Care at Ridgewood LLC	3205 Wood Rd Racine, WI 53406

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)
F 0745 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	feel sad and have no energy, Lonely, Not interested in things, Withdrawn. PHQ9 14/27.Sexual behaviors/verbalization towards female staff.Initiated 10/21/25I have made sexual comments to my peersRevised 3/23/26Interventions:1:1 with staff supervision 3/23/26Address inappropriate comments immediately and calmly, stating behavior is not appropriate 3/23/26Encourage me to get involved in activities related to my interests 10/21/25Help me to keep in contact with family and friends 10/21/25Introduce me to others with similar interests 10/21/25Offer me food and beverages I like 10/21/25Please tell my doctor if my symptoms are not improving to see if I need a change in my medication 10/21/25Redirect resident to neutral conversation 3/23/26Take the time to discuss my feelings when I'm feeling sad 10/21/25Surveyor reviewed R1's medical record to determine if an assessment to determine R1's ability to understand and process consent was completed as part of an assessment of R1's sexual behaviors. Surveyor was unable to locate one being completed for R1 prior to the 3/22/26 interaction with a peer despite frequent sexual behavior seeking out female interaction.The facility completed an Assessment of Resident Capacity to Consent to Sexual Activity for R1 on 3/23/26. The facility determined a score of not applicable due to R1's severely impaired cognitive skills for daily decision making and not being able to answer the assessment questions.On 4/6/26, at 1:19 PM, Surveyor interviewed Social Services Director (SSD)-F regarding R1. SSD-F stated SSD-F has only completed three Resident Capacity to Consent to Sexual Activity assessments since employment. One with a married couple, and now after the incident involving R1 and a female peer. SSD-F shared that SSD-F is very uncomfortable with completing the Resident Capacity to Consent to Sexual Activity assessments. When asked about the referrals for psych care SSD-F confirmed that SSD-F made a psychological referral due to R1's sexual inappropriateness. Surveyor asked SSD-F if they review the recommendations made by psych and make care plan revisions based upon the recommendations and SSD-F confirmed that SSD-F does not review the psych notes. Surveyor asked SSD-F about their role in the PASARR (Preadmission Screening and Resident Review) process including when a significant change in mental health diagnosis and treatment changes. SSD-F stated that SSD-F has nothing to do with processing PASARRs. SSD-F does not know who completes a new Level 1 PASARR if a resident is remaining in the facility past 30 days or when new diagnoses and medications are added.On 4/6/26, at 3:09 PM, Regional Consultant (RC)-C was informed of Surveyor's concerns regarding medically related social services provided to R1.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525608	A. Building B. Wing	04/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Complete Care at Ridgewood LLC	3205 Wood Rd Racine, WI 53406

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)
F 0805 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives and the facility provides food prepared in a form designed to meet individual needs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility did not ensure residents with special dietary needs received the appropriate food for 1 (R12) of 4 residents reviewed on a mechanically altered diet.R12 was on a mechanically soft diet and was observed to have tortilla chips, not a mechanically soft diet food.Findings include:The facility policy and procedure titled Non-Compliance with Physician Order Diet/Thickened Liquids undated documents: POLICY: To manage those residents who consistently refuse to accept the physician-ordered diet. In long term care facilities, Diet orders must be followed. When the diet order is not acceptable to the resident, the facility attempts to obtain a different diet order, or to make acceptable substitutions to encourage adequate intake by the resident.PROCEDURE: 1. When residents insist on being served foods that are not allowed on their diets, Or refuse those foods that are on their diets, the dietary manager, with consultation from the Dietitian as necessary, will notify the physician, family, and care plan team of the problem. 2. The dietitian/ST (speech therapist) or designee explains to the resident and/or family the danger of substituting or rejecting food. 3. Nursing, Social Services, Therapy (ST), and dietary departments document in individual progress notes, document that the resident is consuming foods not recommended on their diet, or that the resident is rejecting foods that are on the diet, and that the resident and family is aware of the consequences of this action. Dietary notes also document that substitute foods are offered and accepted or rejected. 4. When a resident continues to refuse the diet, or continues to eat items not on the diet, the physician is notified and asked for his or her assistance in developing an alternative diet plan. 5. The dietary department continues to serve the diet as ordered until that order is changed by the physician. 6. Once the resident starts to lose their cognitive ability (BIMMS score < 13) and the risk for complications increases. The facility shall revert to the most restrictive diet order as necessary. 7. Plan of care must be developed indicating resident is at risk for aspiration for non-compliance to diet/liquid restrictions. 8. All signed waivers should be reviewed on a quarterly basis and/or as cognitive status changes.R12 was admitted to the facility on [DATE] with a diagnosis of hemiplegia and hemiparesis following a cerebral infarction affecting the left side. R12's Quarterly Minimum Data Set (MDS) assessment dated [DATE] documented R12 was cognitively intact with a Brief Interview for Mental Status (BIMS) score of 13 and was on a mechanically altered diet. R12 did not have an activated Power of Attorney (POA).On 3/24/2023, R12 was ordered to have a regular diet with mechanical soft texture.R12's Activities of Daily Living (ADL) Care Plan was initiated on 6/10/2021 and had the intervention to provide set up and assistance at meals for a regular mechanical soft texture diet revised on 1/13/2022.On 4/2/2026 at 12:00 Noon, Surveyor observed R12 in bed waiting for lunch. Surveyor observed two unopened snack size bags of Doritos tortilla chips and one opened snack size bag of Dorito tortilla chips on R12's overbed table. Surveyor asked R12 if R12 was on a special consistency diet. R12 stated R12 was on a mechanical soft diet because R12 did not have any teeth or dentures. Surveyor asked R12 if the bags of Doritos were R12's. R12 stated staff bring R12 Doritos and as long as they bring Doritos and Pepsi, R12 is happy. Surveyor asked R12 if R12 ever choked when eating the Doritos. R12 said no, R12 is able to chew even though R12 does not have any teeth. Surveyor observed a multipack box of Dorito tortilla chips on a table on the far side of the room.In an interview on 4/2/2026 at 12:14 PM, Surveyor asked Cook-P what kind of diet R12 was on. Cook-P was serving the lunch meal at the kitchenette on the unit and had a stack of meal tickets for the residents on the unit. Cook-P found R12's meal ticket and stated R12 was on a mechanical soft diet as documented on the meal ticket.In an interview on 4/2/2026 at 2:14 PM, Surveyor asked Activity Director (AD)-G how activity staff are made aware of residents on a special diet, either nutritionally or consistency. AD-G stated a printout of all the residents with their diet is provided on a weekly basis from the dietician. AD-G stated the resident (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525608	A. Building B. Wing	04/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Complete Care at Ridgewood LLC	3205 Wood Rd Racine, WI 53406

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)
F 0805 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	dietary list is also in the general store so the staff that are working in there know what the resident can purchase. AD-G stated there is always a list available. Surveyor asked AD-G if AD-G knew about R12 having Doritos. AD-G stated R12's family brings in the chips and the family says it is okay for R12 to have them. AD-G stated R12 gets $3 a day for two bags of chips, so Activities purchases the two bags of Doritos daily and gives them to R12. Surveyor asked AD-G if R12 was able to have the chips because R12 was on a mechanically soft diet. AD-G stated that would be a question for Registered Dietician (RD)-J.In an interview on 4/2/2026 at 2:21 PM, Surveyor asked RD-J if R12 could have Doritos. RD-J stated R12 was on a mechanically soft diet so Doritos would not be on that diet. Surveyor shared with RD-J the observation of R12 having Doritos and the conversation with AD-G that Activities and R12's family provide Doritos daily to R12. RD-J stated the facility has a diet waiver that has to be signed that states the risks of choking and aspirating so the resident has to assume the liability. RD-J stated RD-J works closely with Speech and Language Pathologist (SLP)-K when developing a diet that has an altered texture. RD-J looked in R12's medical record and could not find a dietary waiver for R12. RD-J stated SLP-K may have a waiver.In an interview on 4/2/2026 at 2:34 PM, Surveyor asked SLP-K if a resident on a mechanically soft diet could have Doritos. SLP-K stated no. SLP-K stated residents have a right to eat what they want but if they are on an altered diet, they would have a waiver in their record. Surveyor asked SLP-K if R12 was on the mechanical soft diet due to swallowing concerns or due to not having any teeth. SLP-K referred to R12's notes and R12 complained of pain with swallowing in 2023 and was put on the mechanical soft diet at that time. SLP-K could not find any risk/benefit charting for R12's desire to have Doritos.On 4/6/2026 at 10:26 AM, Director of Nursing (DON)-B stated the facility has started a performance improvement plan (PIP) to address residents on an altered consistency diet. DON-B stated R12 was given the risks and benefits of eating the Doritos on 4/3/2026 and R12 signed the waiver. DON-B provided Surveyor with the signed Non-Compliance with Physician Order Diet/Thickened Liquids for R12. The form was also signed by SLP-K and Registered Nurse Unit Manager (RNUM)-W. Surveyor noted the form was signed after Surveyor brought the concern to facility staff.