

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525608	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/12/2025
NAME OF PROVIDER OR SUPPLIER Complete Care at Ridgewood LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, observation, and record review the facility did not ensure 1 (R13) of 20 sampled residents care plans were revised accordingly.R13's care plan was not revised after R13 had a catheter re-inserted for urine retention.Findings include:The facility policy titled Care Plan Revisions Upon Status Change reviewed/revised 5/2025 documents: Policy: The purpose of this procedure is to provide a consistent process for reviewing and revising the care plan for those residents experiencing a status change.Policy Explanation and Compliance Guidelines:1. The comprehensive care plan will be reviewed, and revised as necessary, when a resident experiences a status change.2. Procedure for reviewing and revising the care plan when a resident experiences a status change: .b. The Minimum Data Set (MDS) coordinator and the Interdisciplinary Team (IDT) will discuss the resident condition and collaborate on intervention options.d. The care plan will be updated with the new or modified interventions. h. The Unit Manager or other designated staff member will conduct an audit on all residents experiencing a change in status, at the time the change in status is identified, to ensure care plans have been updated to reflect current resident needs.R13 was admitted to the facility on [DATE] and has diagnoses that include Alzheimer's disease, Dementia, Type 2 Diabetes Mellitus, major depressive disorder, chronic kidney disease stage 3, and Benign Prostatic Hyperplasia (prostate is larger than normal) with lower urinary tract symptoms. R13's admission Minimum Data Set (MDS) dated [DATE] indicated R13 has severely impaired cognition with a Brief Interview for Mental Status (BIMS) score of 0. R13 was admitted to the facility on Hospice care and had a Foley catheter in place.On 8/6/2025, at 9:48 AM, Surveyor observed R13 lying in bed sleeping. Surveyor noted R13 had a catheter bag hanging from the right side of R13's bed.Surveyor reviewed R13's care plan and noted R13 had an indwelling foley catheter care plan initiated on 6/5/2025 that had been resolved on 6/27/2025.Surveyor reviewed R13's progress notes:On 6/26/2025, at 21:32 (9:32 PM), in the progress notes nursing documented (R13) removed catheter . order given to bladder scan (R13) each shift for 24 hours.On 6/27/2025, at 19:16 (7:16 PM), in the progress notes nursing documented . bladder scan for (R13) completed. 596 cc urine present, foley catheter replaced. Surveyor noted R13's foley catheter care plan never got revised/ re- initiated after R13 had R13's catheter re-inserted on 6/27/2025.On 8/12/2025, at 8:35 AM, Surveyor interviewed registered nurse unit manager (RNUM)-D who stated RNUM-D usually updates/ revises the care plans. RNUM-D stated that RNUM-D was not sure why R13's care plan was not revised on 6/27/2025 when R13 got the foley catheter re-inserted because RNUM-D was not employed with the facility at that time. RNUM-D stated care plans do get reviewed in the morning IDT (interdisciplinary team) meetings so it should have been noticed and must have been overlooked. Surveyor asked how often care plans get reviewed in the morning IDT meetings. RNUM-D stated the IDT meetings are every morning and discuss concerns, not all residents get reviewed unless something is happening or a resident is experiencing a change, so R13's should have been revised when the catheter got re-inserted in June.On 8/12/2025, at 11:47 AM, Surveyor shared concern with Director of Nursing (DON)-B that R13's catheter care plan was not revised on 6/27/2025 after R13 has a catheter re-inserted for retention. DON-B stated the care plan should have been revised when R13 had a foley catheter re-inserted and not resolved.</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</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>Based on observation and interview the facility did not ensure facility stock medications were not expired in 1 of 2 medication storage rooms.- 1 bottle of Calcium with Vitamin D 600 mg/400 IU with an open date of 11/22 and expiration date of 7/2025.- 2 unopened bottles of Aspirin 325 mg with an expiration date of 6/2025.- 1 bottle of Iron 27 mg with an open date of 1/23/2025 and an expiration date of 4/2025 and 2 unopened bottles of Iron 27 mg with an expiration date of 4/2025. Findings include: On 8/12/2025, at 8:18 AM, Surveyor observed in the 2nd floor medication room (2-East) in the stock medications cabinet the following expired medications:- 1 bottle of Calcium with Vitamin D 600 mg/400 IU with an open date of 11/22 and expiration date of 7/2025.- 2 unopened bottles of Aspirin 325 mg with an expiration date of 6/2025.- 1 bottle of Iron 27 mg with an open date of 1/23/2025 and an expiration date of 4/2025 and 2 unopened bottles of Iron 27 mg with an expiration date of 4/2025. On 8/12/2025, at 8:47 AM, Surveyor interviewed registered nurse unit manager (RNUM)-D who stated RNUM-D looked through the cabinets when RNUM-D started employment at the facility in July 2025 but must have missed those medications. Surveyor asked whose responsibility it is to go through the medications for expired medications. RNUM-D stated anyone can go through the medications to check for expired dates, but ultimately it is up to RNUM-D to make sure that is being completed and check to make sure it is being done. Surveyor asked how often the medications rooms are checked for expired medications. RNUM-D stated was not sure how often but would guess monthly. On 8/12/2025, at 11:47 AM, Surveyor shared concerns with director of nursing (DON)-B that Surveyor observed several expired medications in the 2-East medication room. DON-B stated that medication rooms should be checked often and expired medications should not be left in the medication rooms.</p>