

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525389	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/10/2025
NAME OF PROVIDER OR SUPPLIER North Ridge Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1445 N 7th St Manitowoc, WI 54220	

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 0604 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that each resident is free from the use of physical restraints, unless needed for medical treatment. (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: 525389	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/10/2025
NAME OF PROVIDER OR SUPPLIER North Ridge Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1445 N 7th St Manitowoc, WI 54220	
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 0604</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 observation, staff interview, and record review, the facility did not ensure freedom from physical restraints imposed for the purpose of discipline or convenience and not required to treat medical symptoms for 1 resident (R) (R49) of 1 sampled resident. The facility's Restraint Free Environment policy, revised 2/5/25, indicates: The resident shall attain and maintain his/her highest practicable well-being in an environment that prohibits the use of physical or chemical restraints for discipline or convenience and limits restraint use .a physical restraint refers to any manual method or physical or mechanical device, material, or equipment attached or adjacent to the resident's body that the individual cannot remove easily which restricts freedom of movement or normal access to one's body. Physical restraints include .applying leg or arm restraints, hand mitts, soft ties, or vests that the resident cannot remove .physical restraints may be used in emergency care situations for brief periods to permit medically necessary treatment that has been ordered by a practitioner .the facility is responsible for the appropriateness of the determination to use a physical restraint. Before a resident is physically restrained, the facility will determine the presence of a specific medical symptom that would require the use of restraints and determine: a. How the use of restraints would treat the medical symptom(s). b. The length of time the restraint is anticipated to be used, who may apply the restraint, and the time and frequency that the restraint will be released. c. The type of direct monitoring and supervision that will be provided during the use of the restraint. d. How the resident will request staff assistance and how his/her needs will be met while the restraint is in place. e. How to assist the resident in attaining or maintaining his or her highest practicable level of physical and psychosocial well-being .The resident's record needs to include documentation that less restrictive alternatives were attempted to treat the medical symptom but were ineffective, ongoing re-evaluation of the need for the restraint, and the effectiveness of the restraint in treating the medical symptom. The care plan should be updated accordingly to include the development and implementation of interventions to address any risks related to the use of the restraint. Potential negative outcomes should also be reviewed, including but not limited to: decline in physical functioning, decrease in muscle condition, contractures, increased risk for infection, pressure ulcers/injuries, delirium, agitation, incontinence, accidents, loss of autonomy/dignity, or withdrawal. From 12/8/25 to 12/9/25, Surveyor reviewed R49's medical record. R49 was admitted to the facility on [DATE] and had diagnoses including Parkinson's disease, history of stroke, chronic obstructive pulmonary disease (COPD), dysphagia, anxiety, hemiplegia of the right side, and schizophrenia. R49's most recent Minimum Data Set (MDS) assessment, dated 9/4/25, had a Brief Interview for Mental Status (BIMS) score of 0 out of 15 which indicated R49 had severe cognitive impairment. On 12/8/25 at 10:13 AM and 12/9/25 at 9:15 AM, Surveyor observed a hand mitt on R49's left hand. R49's most recent comprehensive care plan, revised 9/4/25, did not include risks, goals, or interventions related to the restraint mitt. R49's medical record did not include any restraint assessments since R49's admission or an order for the restraint mitt. On 12/9/25, Surveyor reviewed paperwork from R49's most recent hospitalization on 11/12/25 that indicated R49 was hospitalized due to dislodging R49's feeding tube at the facility. The discharge summary did not mention a restraint mitt. On 12/9/25, Surveyor reviewed visit notes from Nurse Practitioner (NP)-C. On 11/24/25 and 11/26/25, NP-C stated R49 had a mitt on the left hand. Staff reported that R49 was pulling on R49's feeding tube. On 12/9/25 at 9:18 AM, Surveyor interviewed agency Registered Nurse (RN)-D who verified R49 was wearing a restraint mitt but was not sure why. On 12/9/25 at 9:50 AM, Surveyor interviewed RN-E who indicated the restraint mitt was used to prevent R49 from pulling on R49's feeding tube. On 12/9/25 at 10:02 AM, Surveyor interviewed Certified Nursing Assistant (CNA)-F who verified the restraint mitt was used to prevent R49 from pulling on R49's feeding tube and trach. CNA-F was not sure who put the mitt on R49 that morning. On 12/9/25 at 11:22 AM, Surveyor interviewed Director of Nursing (DON)-B who stated R49 must have come back from the hospital with the restraint mitt which has happened when residents who pull on their tubes go the hospital. DON-B thought nursing staff might be using the restraint mitt. DON-B verified that R49 did not have an order, assessment, or care plan related to the restraint mitt. DON-B indicated the restraint mitt was not necessary because the position of R49's tube feeding was changed during R49's last hospitalization. DON-B removed the mitt from R49's room after the interview. On 12/9/25 at 11:50 AM, Surveyor interviewed NP-C verified NP-C observed the restraint mitt on R49's left hand during visits on 11/24/25 and 11/26/25. NP-C indicated NP-C did not order the restraint mitt and confirmed it should be</p>		