

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525270	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/01/2024
NAME OF PROVIDER OR SUPPLIER  Crossroads Care Center of Fond Du Lac		STREET ADDRESS, CITY, STATE, ZIP CODE  115 E Arndt St Fond Du Lac, WI 54935	

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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47248</b></p> <p>Based on staff interview and record review, the facility failed to develop and/or implement policies and procedures for ensuring the reporting of a reasonable suspicion of a crime in accordance with section 1150B of the Act for 2 residents (R) (R3 and R2) of 3 sampled residents. In addition, the facility did not report an allegation of neglect to the State Agency (SA) for 1 (R1) of 3 sampled residents.</p> <p>The facility did not report an allegation of sexual abuse involving R3 and R2 to the SA, local law enforcement, R3's Power of Attorney for Healthcare (POAHC), or R2's court-appointed guardian.</p> <p>The facility did not report an allegation of neglect involving R1 to the SA.</p> <p>Findings include:</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525270	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/01/2024
NAME OF PROVIDER OR SUPPLIER  Crossroads Care Center of Fond Du Lac		STREET ADDRESS, CITY, STATE, ZIP CODE  115 E Arndt St Fond Du Lac, WI 54935	
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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The facility's Abuse Prevention Policy indicates: The purpose of the policy is to assure the facility is doing all that is within its control to prevent occurrences of abuse, neglect, exploitation, misappropriation of property, deprivation of goods and services by staff and mistreatment of residents .This will be done by: .filing accurate and timely investigative reports .Supervisors shall immediately inform the administrator or person designated to act in the administrator's absence of all reports of incidents, allegations or suspicion of potential abuse, neglect .Any allegation of abuse or any incident that results in serious bodily injury will be reported to the required regulatory agencies immediately, but no more than two hours after the allegation of abuse. Any incident that does not involve abuse and does not result in serious bodily injury shall be reported within 24 hours .8. Final Investigation Report: The investigator will report the conclusions of the investigation in writing to the administrator or designee within five working days of the reported incident .The administrator or designee is responsible for completing and submitting the Department of Quality Assurance (DQA) form F-62447 within five working days of the reported incident .When an allegation of abuse, exploitation, neglect .has been made, the administrator or designee shall complete and submit DQA form F-62617 notifying DQA that an occurrence of potential abuse, neglect .has been reported to the administrator and is being investigated .The facility shall also contact local law enforcement authorities in the following situations . sexual abuse of a resident by a staff member, another resident, or visitor. The resident's representative will also be immediately informed of the report of an occurrence of potential abuse, neglect .and that an investigation is being conducted .Within five business days after the report of the occurrence, the administrator or designee shall complete and submit a Misconduct Incident Report form notifying the regulatory agency of the conclusion of the investigation .</p> <p>1. On 5/1/24, Surveyor reviewed R3's medical record. R3 had an activated POAHC and diagnoses including dementia. R3's Minimum Data Set (MDS) assessment, dated 3/10/24, stated R3 had a Brief Interview for Mental Status (BIMS) score of 10 out of 15 which indicated R3 had moderately impaired cognition. A care plan, with a revision date of 2/5/24, indicated R3 attempted inappropriate sexual contact with other female residents and staff. The care plan contained interventions including 1:1 supervision with R3 when exhibiting sexual/physical inappropriateness (revised 2/6/24), administer medications as ordered, and monitor/document for side effects and effectiveness (initiated 2/6/24).</p> <p>A progress note, dated 3/22/24, indicated R3 was walking in the hallway with R3's 1:1 staff when R3 reached out and inappropriately touched R2 on the buttocks. R3 was redirected from the area and administration was notified of the incident.</p> <p>A progress note, dated 2/1/24, indicated R3 reached out and touched R2 on the buttocks. R3 was redirected from the area and administration was notified of the incident.</p> <p>On 5/1/24, Surveyor reviewed R2's medical record. R2 had court-appointed guardian for financial and healthcare decisions and diagnoses including traumatic brain injury, depressive disorder, and generalized anxiety disorder. R2's MDS assessment, dated 2/27/24, stated R2 had a BIMS score of 13 out of 15 which indicated R2 had intact cognition.</p> <p>On 5/1/24, Surveyor reviewed a facility-reported incident (FRI) for an allegation of sexual abuse that indicated R3 inappropriately touched R2 on the buttocks on 2/1/24. Surveyor noted a FRI was not completed for the allegation of sexual abuse involving R3 and R2 on 3/22/24</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525270	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/01/2024
NAME OF PROVIDER OR SUPPLIER  Crossroads Care Center of Fond Du Lac		STREET ADDRESS, CITY, STATE, ZIP CODE  115 E Arndt St Fond Du Lac, WI 54935	
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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 5/1/24 at 11:14 AM, Surveyor interviewed Nursing Home Administrator (NHA)-A and Director of Nursing (DON)-B regarding the incident between R3 and R2 on 3/22/24. NHA-A and DON-B indicated the incident was not reported to the SA, R3's POAHC, R2's court-appointed guardian or local law enforcement. NHA-A indicated NHA-A thought the incident was not reportable because R2 felt it was okay and R2 indicated R2 did not want to get R3 in trouble. When Surveyor asked about the facility's policy for reporting and mentioned that the incident between R3 and R2 on 2/1/24 was reported to the SA and contained the same allegation of abuse as the incident on 3/22/24, NHA-A asked, So every time this happens it needs to be reported? DON-B indicated education was provided following the incident on 3/22/24 regarding the duties of 1:1 staff and administration decided no further action was necessary.</p> <p>38793</p> <p>2. On 5/1/24, Surveyor reviewed R1's medical record. R1 was admitted to the facility on [DATE] with diagnoses including colon and liver cancer, depression, fibromyalgia, anxiety, and insomnia. R1's MDS assessment, dated 3/6/24, stated R1 had a BIMS score of 11 out of 15 which indicated R1 had moderately impaired cognition. R1 received Hospice services and passed away on 3/26/24.</p> <p>A progress note, dated 3/24/24, indicated: (R1's) Power of Attorney (POA) was here and very upset .POA stated, You guys are neglecting (R1). This is pure neglect and nobody does anything to help. (R1) is just laying here dying.</p> <p>On 5/1/24 at 11:05 AM, Surveyor interviewed DON-B who verified the facility did not report the allegation of neglect to the SA.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525270	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/01/2024
NAME OF PROVIDER OR SUPPLIER  Crossroads Care Center of Fond Du Lac		STREET ADDRESS, CITY, STATE, ZIP CODE  115 E Arndt St Fond Du Lac, WI 54935	
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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47248</b></p> <p>Based on staff interview and record review, the facility did not ensure allegations of abuse and neglect were thoroughly investigated for 3 residents (R) (R3, R2, and R1) of 3 sampled residents.</p> <p>The facility did not thoroughly investigate an allegation of sexual abuse involving R3 and R2.</p> <p>The facility did not thoroughly investigate an allegation of neglect involving R1.</p> <p>Findings include:</p> <p>The facility's Abuse Prevention Policy indicates: The purpose of this policy is to assure that the facility is doing all that is within it's control to prevent occurrences of abuse, neglect .This will be done by: .Identifying occurrences and patterns of potential mistreatment .Immediately protecting residents involved in identified reports of possible abuse, neglect .and making the necessary changes to prevent future occurrences . Supervisors shall immediately inform the administrator or person designated to act in the administrator's absence of all reports of incidents, allegations or suspicion of potential abuse, neglect .Upon learning of the report, the administrator or a designee shall initiate an incident investigation .The facility will take steps to prevent potential abuse while the investigation is underway .Residents who allegedly abused another resident shall be immediately evaluated to determine the most suitable therapy, care approaches, and placement, considering his or her safety, as well as the safety of other residents and employees of the facility. In addition, the facility shall take all steps necessary to ensure the safety of residents, including but not limited to, the separation of residents .Internal investigation: 1. All incidents will be documented, whether or not abuse, neglect .occurred, was alleged, or suspected. 2. Any incident or allegation involving abuse, neglect .will result in an investigation .4. Investigation procedures: The appointed investigator will, at a minimum, attempt to interview the person who reported the incident and the resident, if interviewable. Any written statements submitted will be reviewed along with any pertinent medical records or other documents .</p> <p>1. On 5/1/24, Surveyor reviewed R3's medical record. R3 had an activated Power of Attorney for Healthcare (POAHC) and diagnoses including dementia. R3's Minimum Data Set (MDS) assessment, dated 3/10/24, stated R3 had a Brief Interview for Mental Status (BIMS) score of 10 out of 15 which indicated R3 had moderately impaired cognition. A care plan, revised on 2/5/24, indicated R3 attempted inappropriate sexual contact with other female residents and staff. The care plan contained interventions including 1:1 supervision with R3 when exhibiting sexual/physical inappropriateness (revised 2/6/24), administer medications as ordered, and monitor/document for side effects and effectiveness (initiated 2/6/24).</p> <p>A progress note, dated 3/22/24, indicated R3 was walking in the hallway with R3's 1:1 staff when R3 reached out and inappropriately touched R2 on the buttocks. R3 was redirected from the area and administration was notified of the incident.</p> <p>A progress note, dated 2/1/24, indicated R3 reached out and touched R2 on the buttocks. R3 was redirected from the area and administration was notified of the incident.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525270	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/01/2024
NAME OF PROVIDER OR SUPPLIER  Crossroads Care Center of Fond Du Lac		STREET ADDRESS, CITY, STATE, ZIP CODE  115 E Arndt St Fond Du Lac, WI 54935	
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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 5/1/24, Surveyor reviewed R2's medical record. R2 had a court-appointed guardian for financial and healthcare decisions and diagnoses including traumatic brain injury, depressive disorder, and generalized anxiety disorder. R2's MDS assessment, dated 2/27/24, stated R2 had a BIMS score of 13 out of 15 which indicated R2 had intact cognition. R2's medical record indicated R2 had a history of abusive relationships and previous trauma.</p> <p>Surveyor noted the allegation of abuse involving R3 and R2 on 2/1/24 was reported to the State Agency (SA); however, the allegation of abuse involving R3 and R2 on 3/22/24 was not reported to the SA.</p> <p>On 5/1/24 at 11:14 AM, Surveyor interviewed Nursing Home Administrator (NHA)-A and Director of Nursing (DON)-B regarding the incident between R3 and R2 on 3/22/24. NHA-A stated R2 indicated the interaction was okay and stated R2 did not want to get (R3) in trouble. When Surveyor asked NHA-A if an assessment of R2's ability to consent to sexual touch was completed, NHA-A stated an assessment was not completed. When Surveyor asked if R2's history of marital abuse and trauma played a role in R2's statement that the touch was okay and R2 did not want to get R3 in trouble, DON-B indicated DON-B thought R2 would tell DON-B if the touch was not okay because DON-B and R2 had a good relationship. When Surveyor asked if resident and staff interviews were obtained, NHA-A indicated staff were educated on 1:1 job duties which was how the facility kept residents safe and ensured abuse did not occur. When Surveyor asked NHA-A how the facility continued to safeguard residents from abuse with an intervention that did not prevent abuse during the incident on 3/22/24, DON-B indicated staff education on 1:1 job duties was completed. NHA-A and DON-B confirmed the allegation of abuse was not thoroughly investigated and new interventions were not put in place to immediately ensure the safety of residents.</p> <p>On 5/1/24 at 1:13 PM, Surveyor interviewed Certified Nursing Assistant (CNA)-G who confirmed CNA-G was R3's 1:1 staff on 3/22/24. CNA-G indicated R3 was on 1:1 supervision due to sexually inappropriate behavior, including touching other residents. CNA-G indicated CNA-G redirected R3 on 3/22/24 when R3 inappropriately touched R2 by stating others do not like to be touched. CNA-G stated CNA-G documented and reported the incident to administration. CNA-G stated training on 1:1 duties is provided online and before staff start as a 1:1. CNA-G did not recall receiving training after the incident on 3/22/24.</p> <p>38793</p> <p>2. On 5/1/24, Surveyor reviewed R1's medical record. R1 was admitted to the facility on [DATE] with diagnoses including colon and liver cancer, depression, fibromyalgia, anxiety, and insomnia. R1's MDS assessment, dated 3/6/24, stated R1 had a BIMS score of 11 out of 15 which indicated R1 had moderately impaired cognition. R1 received Hospice services and passed away on 3/26/24.</p> <p>A progress note, dated 3/24/24, indicated: R1's Power of Attorney (POA) was here and very upset .POA stated, You guys are neglecting (R1). This is pure neglect and nobody does anything to help. (R1) is just laying here dying.</p> <p>On 5/1/24 at 11:05 AM, Surveyor interviewed DON-B who verified the facility did not investigate R1's POA's allegation of neglect.</p>		