

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 03/14/2025
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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51043</p> <p>Based on observation, staff and resident interview, and record review, the facility did not ensure 2 residents (R) (R10 and R11) were allowed continued use of assistive devices to enhance their quality of life.</p> <p>When R10 and R11 were admitted to the facility, R10 and R11 were allowed to use an electric wheelchair/ motorized scooter inside the facility. R10 and R11 were no longer allowed to to use the devices inside the facility after the facility changed their policy.</p> <p>Findings include:</p> <p>The facility's Motorized Mobility Aids: Wheelchairs, Carts, and Scooters policy, dated 10/29/24, indicates: . Motorized mobility aids are permitted in any outside area of the facility unless they pose a direct threat to the safety of others .Motorized mobility aids are operated in such a manner that they do not impede or interfere with normal resident flow, including a roommate's ability to freely access the common area of the room. When common area activities are in progress and crowded, the facility may request that those using motorized devices enter or exit prior to or after other residents to encourage safe resident traffic flow .</p> <p>On 3/14/25 at 12:25 PM, Nursing Home Administrator (NHA-A) indicated the facility did not have any residents who used scooters or electric wheelchairs. NHA-A indicated the facility does not allow scooter or electric wheelchair use on inside the facility any longer. NHA-A did not recall the date the facility's policy changed and indicated it was a process to stop using scooters and electric wheelchairs. NHA-A indicated residents who had a medical need for a scooter or electric wheelchair had to discharge before the facility initiated no scooter/electric wheelchair use inside the facility. NHA-A indicated the last resident with a medical need for an electric wheelchair discharged on [DATE]. NHA-A indicated a Managed Care Organization (MCO) Ombudsman informed NHA-A that NHA-A had to decide all or nothing regarding scooter and electric wheelchair use for residents in the facility. NHA-A met with all residents who used scooters and electric wheelchairs in October and November of 2024 and notified them the facility's policy was changing and they would no longer allow scooter or electric wheelchair use in the facility. NHA-A indicated all [NAME] of Attorney for Healthcare (POAHC) and Guardians of residents who used scooters and electric wheelchairs were updated via phone.</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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>1. On 3/14/25, Surveyor reviewed R10's medical record. R10 was admitted to the facility on [DATE] and had diagnoses including dementia, type 2 diabetes, bipolar disorder, anxiety disorder, post-traumatic stress disorder, venous insufficiency, difficulty in walking, and edema. R10's Minimum Data Set (MDS) assessment, dated 1/20/25, had a Brief Interview for Mental Status (BIMS) score of 13 out of 15 which indicated R10 had intact cognition. R10 made R10's own medical decisions.</p> <p>On 3/14/25 at 2:11 PM, Surveyor interviewed R10 who indicated R10 was excited when the Veterans Administration (VA) brought R10's electric wheelchair to the facility. R10 used the electric wheelchair twice before R10 was told electric wheelchair were no longer allowed inside the facility. R10 was told the policy changed but did not receive a copy of the new policy. R10 indicated R10 felt a mixture of mild anger and depression about the policy change. R10 was upset about the change and contacted the Ombudsman but did not hear back. R10 indicated R10 was [AGE] years old and it wore on R10's hands to self propel a manual wheelchair. R10 indicated a Certified Nursing Assistant (CNA) used to bring R10 to the electric wheelchair. R10 transferred to the wheelchair, signed out, and wheeled out of the dining hall and out the exterior door if R10 was going to use the electric wheelchair.</p> <p>2. On 3/14/25, Surveyor reviewed R11's medical record. R11 was admitted to the facility on [DATE] and had diagnoses including polymyalgia rheumatica, lymphedema, asthma, chronic obstructive pulmonary disease, depression, anxiety, and delusional disorders. R11's MDS assessment, dated 1/29/25, had a BIMS score of 15 out of 15 which indicated R11's cognition was intact. R11 made R11's own medical decisions.</p> <p>On 3/14/25 at 2:24 PM, Surveyor interviewed R11 and observed a Styrofoam lunch tray in R11's room. R11 indicated R11 used a scooter in the facility and stated, They took it away. R11 stated R11 did not have any unsafe incidents in the facility when using the scooter. R11 indicated when R11 first arrived at the facility, a scooter was purchased to use inside and outside the building. R11 was devastated when informed R11 could no longer use the scooter in the facility. R11 indicated without the scooter, R11 could no longer go to the activity room independently and wash dishes. R11 indicated the bathroom sink in R11's room was too small to wash dishes. R11 stated R11 no longer went to activities because the CNAs were too busy to bring R11 to the activity room. If R11 felt unwell at an activity, R11 did not feel the CNAs could take R11 back to R11's room in a timely manner. R11 indicated R11 no longer ate meals in the dining room because R11 felt uncomfortable and could not self propel a manual wheelchair.</p> <p>On 3/14/25 at 2:47 PM, Surveyor interviewed NHA-A who indicated the facility's policy explicitly states residents may not use scooters or electric wheelchairs in the facility. NHA-A indicated each resident's situation is different depending on the resident's needs. NHA-A indicated some residents are able to transfer to an electric scooter or wheelchair and independently leave the facility. NHA-A indicated the reason for the policy change was the potential hazard to other residents.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>50479</p> <p>Based on observation, staff interview, and record review, the facility did not ensure dishes were washed and food was prepared in a safe and sanitary manner. This practice had the potential to affect all 46 residents residing in the facility.</p> <p>Staff did not appropriately test the sanitizing solution in the dishwashing sink.</p> <p>Cook (CK)-C did not wear gloves or wash hands appropriately when preparing pureed fish.</p> <p>Findings include:</p> <p>The facility's undated Cleaning Dishes-Manual Dishwashing policy, indicates: Dishes and cookware will be cleaned and sanitized after each meal .Check sanitation sink frequently using a test strip to assure the level of sanitizing solution is appropriate. Follow chemical manufacturer's guidelines to prepare sanitizing solution . Measure the appropriate amount of sanitizing chemical into the appropriate amount of water following the manufacturer's guidelines. Water should be 75 to 100 Fahrenheit (F). Test the sanitizing solution in the sink using the manufacturer's suggested test strips to assure appropriate level .</p> <p>On 3/14/25, Surveyor reviewed the posted manufacturer's instructions for Hydrion QT-40 test strips to measure the concentration of sanitizer in the dishwashing solution. The instructions indicated the dishwashing solution should be between 65 and 75 degrees F when testing the sanitizer concentration.</p> <p>On 3/14/25 at 9:10 AM, Surveyor interviewed CK-C who indicated the hot water heater supplying the dishwasher broke in February of 2025. CK-C indicated staff had to hand wash dishes when the hot water heater was not functioning. Surveyor observed CK-C test the concentration of sanitizer in the three-compartment sink with a Hydrion QT-40 test strip. CK-C did not obtain the water temperature prior to testing the sanitizing solution.</p> <p>On 3/14/25 at 9:40 AM, Surveyor interviewed Maintenance Director (MD)-F who confirmed the hot water heater that supplied the dishwasher was broken from 12/29/24 to 1/2/25 and 1/19/25 to 2/18/25.</p> <p>On 3/14/25 at 10:40 AM, Surveyor interviewed Dietary Aide (DA)-D who indicated DA-D did not know how to test the concentration of the sanitizer in the three-compartment sink. DA-D indicated washing dishes was one of DA-D's job duties.</p> <p>On 3/14/25 at 11:05 AM, Surveyor interviewed DA-E who indicated DA-E did not know how to test the concentration of the sanitizer in the three-compartment sink. DA-E indicated washing dishes was one of DA-E's job duties.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 3/14/25 at 11:12 AM, Surveyor observed CK-C change the dishwashing water in the three-compartment sink. CK-C did not obtain the water temperature in the sink prior to testing the sanitizing solution. CK-C indicated CK-C does not test the dishwater temperature prior to testing the sanitizer concentration.</p> <p>On 3/14/25 at 11:25 AM, Surveyor observed CK-C prepare pureed fish. CK-C removed tinfoil from a pan of baked fish and touched the lid of a garbage bin when CK-C threw the tinfoil away. CK-C did not wash CK-C's hands before returning to prepare the pureed fish. CK-C removed several pieces of fish from the pan and put the fish in a bowl. CK-C then removed the fish from the bowl with bare hands and put the fish in a blender. Surveyor observed CK-C rinse dirty dishes and put the pureed fish in a holding container. CK-C then rinsed and washed dirty dishes. At 11:40 AM, CK-C removed tin foil from pans that contained lunch items. CK-C did not wash hands between washing dirty dishes and preparing lunch.</p> <p>On 3/14/25 at 2:15 PM, Surveyor interviewed Dietary Manager (DM)-G who indicated cooks are assigned to check the sanitizer concentration in the three-compartment sink. DM-G indicated cooks are supposed to temp the dishwater prior to testing the sanitizing solution. DM-G confirmed the dishwater should be between 65 and 75 degrees F when tested to obtain an accurate result.</p>