STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525270	A. Building B. Wing	06/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Crossroads Care Center of Fond Du Lac	115 E Arndt St Fond Du Lac, WI 54935

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0623 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45942 Based on staff and resident interview and record review, the facility did not ensure 1 resident (R) (R8) of 1 resident reviewed for hospitalization received a transfer notice that included the date of the transfer, the reason for the transfer, the location of the transfer, and appeal rights. R8 was transferred to the hospital on 3/4/24 and 4/28/24. R8 was not provided with a written transfer notice for either transfer. Findings include: The facility's Notice of Transfer and Discharge policy, with a revision date of 8/10/22, indicates: Prior to discharge or transfer, the facility will notify the resident and the resident's representative(s) of the transfer or discharge and the reasons for the move in writing .Written notice of transfer or discharge will contain the following: The reason for transfer or discharge; the effective date of transfer or discharge; the specific location .A statement of the resident's appeal rights, including the name, address (mailing and email), and telephone number of the entity which receives such requests and how to obtain an appeal form and assistance in completing the form and submitting the appeal hearing request; The name, address (mailing and email) and telephone number of the Office of the State Long-Term Care Ombudsman; Information on how to obtain an appeal form . From 6/3/24 to 6/5/24, Surveyor reviewed R8's medical record. R8 was admitted to the facility on [DATE] with diagnoses of non-ST-elevation myocardial infarction (NSTEMI) (a less severe form of heart attack), transient ischemic attack (temporary blockage of blood flow to the brain) and cerebral infarction (otherwise known as stroke). R8's Minimum Data Set (MDS) assessment, 5/12/24, documented R8 had a Brief Interview for Mental Status (BIMS) score of 15 out of 15 which indicated R8 had intact cognition. R8 did not have an activated power of attorney for healthcare (POAHC). R8's medical record indicated R8 was transferred to the hospital on 3/4/24 and 4/28/24 due to chest pain and shortness of breath (SOB). R8's medical record did not contain a written notice for either transfer. On 6/3/24 at 10:19 AM, Surveyor interviewed R8 who indicated R8 did not remember receiving written transfer notices when R8 was transferred to the hospital. (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0623 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 6/4/24 at 3:08 PM, Surveyor requested copies of R8's transfer notices from Nursing Home Administrator (NHA)-A. The transfer notices were not provided. On 6/5/24 at 11:48 AM, Surveyor interviewed Director of Nursing (DON)-B who stated R8's medical record contained eInteract transfer forms for R8's change of condition. DON-B verified R8 should have received a written notice for both transfers. On 6/5/24 11:50 AM, Surveyor interviewed NHA-A who indicated eInteract is not the correct transfer notice and verified transfer notices with the required information should have been provided to R8.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45942 Based on staff interview and record review, the facility did not ensure neurological checks were completed per policy for 2 residents (R) (R35 and R38) of 4 residents reviewed for falls. Staff did not consistently complete neurological checks after R35 fell on [DATE], 2/21/24, 4/13/24, and 4/21/24. Staff did not consistently complete neurological checks after R38 fell on [DATE]. Findings include: The facility's Fall Prevention Program, effective date 5/17/22, contained the following information: Procedure: .7) Residents will be evaluated after a fall has occurred in an attempt to identify any causative factors that need correction. 8) At the time of the fall, the resident will be evaluated for any injuries . The facility's Neurological Assessment policy, revised on 9/25/23, contained the following information: Residents will have a neurological assessment completed when they experience a head injury or a change in condition that deems it necessary .Neurological assessments will be completed .when indicated for a change of resident's condition, after all head injuries, and when nursing judgment deems necessary. 2) Observe, assess, and document the resident's level of consciousness, speech, pupils, hand grasps and vital signs. 3) Unless otherwise ordered by the physician, neurochecks will be completed along the following schedule: every 15 minutes x 1 hour, every 30 minutes x 1 hour, every hour x 4 hours, and every shift x 72 hours or as ordered by the attending physician. From 6/4/24 to 6/5/24, Surveyor reviewed R35's medical record. R35 was admitted to the facility on [DATE] with diagnoses including restlessness, agitation, fracture of left femur (thighbone), and diabetes. R35's Minimum Data Set (MDS) assessment, dated 2/26/24, documented a Brief Interview for Mental Status (BIMS) score of 14 out of 15 which indicated R35 had intact cognition. The MDS indicated R35 was impaired on one side of the body and required substantial assistance for transfers. R35's medical record indicated R35 had unwitnessed falls on 2/3/24, 2/21/24, 4/13/24, and 4/21/24. Surveyor reviewed R35's neurochecks and noted the following: On 2/3/24, there were four missing neurochecks. On 2/21/24, there were two incomplete neurochecks. On 4/13/24, there was one missing neurocheck. On 4/21/24, there were six missing neurochecks. From 6/4/24 to 6/5/24, Surveyor reviewed R38's medical record. R38 was admitted to the facility on [DATE] with diagnoses including stroke and flaccid hemiplegia (decreased muscle tone and paralysis) affecting the left side. R38's MDS assessment, dated 4/22/24, documented R38 had a BIMS score of 12 out of 15 which indicated R38 had moderately impaired cognition. The MDS indicated R38 was impaired on one side of the body and was dependent on staff for transfers. R38's medical record indicated R38 had an unwitnessed fall on 3/28/24. Surveyor reviewed R38's neurochecks and noted the following: On 3/28/24, there were five missing neurochecks. (continued on next page)

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 6/4/24 at 2:13 PM, Surveyor interviewed Licensed Practical Nurse (LPN)-D who stated unwitnessed fall neurochecks were completed in the facility's electronic health record system. LPN-D indicated staff no longer completed neurochecks on paper. On 6/4/24 at 2:39 PM, Surveyor interviewed Director of Nursing (DON)-B who verified R35 and R38 had missing neurochecks and DON-B expects staff to complete all neurochecks.

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F 0727 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis. 43361 Based on staff interview and record review, the facility did not ensure a Registered Nurse (RN) was on duty at least 8 consecutive hours per day 7 days per week. This practice had the potential to affect all 46 residents residing in the facility. The facility did not have an RN on duty for 8 consecutive hours per day 7 days per week on 24 of 26 days reviewed. Findings include: Between 6/3/24 and 6/5/24, Surveyor reviewed the nurse staffing schedules for sampled days based on the facility's Payroll Based Journal (PBJ). The facility triggered for no RN hours on 25 weekend days between October 2023 and December 2023. On 6/3/24 at 11:42 AM, Surveyor interviewed Power of Attorney for Healthcare (POAHC)-H who indicated on Memorial Day (5/27/24), POAHC-H visited the facility and could not find a nurse. On 6/4/24, the facility provided schedules for the following requested dates: 10/1/23, 10/14/23, 10/15/23, 10/21/23, 10/22/23, 10/28/23, 10/29/23, 11/4/23, 11/5/23, 11/11/23, 11/12/23, 11/18/23, 11/19/23, 11/25/23, 11/26/23, 12/2/23, 12/3/23, 12/9/23, 12/10/23, 12/16/23, 12/17/23, 12/23/23, 12/24/23, 12/30/23, 12/31/23, and 5/27/24. On 6/4/24, Surveyor cross-referenced employees who worked their roles and noted on 2 of the 26 days reviewed, Director of Nursing (DON)-B's name was on the schedule. On the other 24 weekend or holiday days, the schedule contained Licensed Practical Nurses (LPNs) but no RNs. On 6/4/24 at 3:25 PM, Surveyor interviewed LPN-D who stated LPN-D mostly worked PM shifts and also worked weekends. LPN-D stated the facility hired an RN a few months ago who worked every other weekend. LPN-D stated either DON-B or Assistant Director of Nursing (ADON)-G were on-call on the opposite weekends. LPN-D stated there was always someone on-call and DON-B or ADON-G came in if needed. On 6/5/24 at 9:23 AM, Surveyor interviewed LPN-F who stated the facility hired an RN to work every other weekend a couple of months ago. LPN-F stated DON-B or ADON-G were on-call and available via phone on the opposite weekends. LPN-F indicated LPN-F called DON-B or ADON-G if something was needed and they came in to assist. On 6/5/24 at 10:33 AM, Surveyor interviewed Certified Nursing Assistant (CNA)-E who stated CNA-E did the facility's schedule. CNA-E was currently working on the schedule and had names on the schedule, but no roles. CNA-E stated CNA-E did not know which staff on the list were RNs and which were LPNs, but stated the facility has more LPNs than RNs. CNA-E also stated weekend staff were sometimes just LPNs and an RN was on-call. CNA-E stated DON-B scheduled who was on-call for nurses on the weekends. (continued on next page)

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F 0727 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	On 6/5/24 at 11:48 AM, Surveyor interviewed DON-B who confirmed the facility had an RN scheduled for a shift every other weekend. DON-B stated DON-B and ADON-G took turns being on-call on the opposite weekends. DON-B stated sometimes if DON-B picked up a shift due to a call in, DON-B's name was added to the schedule. When Surveyor showed DON-B the 10/14/23 and 10/15/23 schedules which contained DON-B's name, DON-B confirmed DON-B probably worked the floor those days. DON-B stated on weekend days when DON-B was in the building, DON-B was mostly in DON-B's office doing paperwork. DON-B was unable to verify those dates, but stated when DON-B was in the building it was for 6 to 8 hours. DON-B indicated if intravenous (IV) therapy or an assessment was needed, DON-B or ADON-G came in to complete what was needed. DON-B stated DON-B thought the facility had a waiver for RN staffing. When DON-B asked Nursing Home Administrator (NHA)-A about a waiver for RN staffing, NHA-A stated NHA-A would check but didn't think so. DON-B and NHA-A acknowledged the PBJ report listed the dates without RN coverage for 8 consecutive hours per day.

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49010 Based on observation, staff interview, and record review, the facility did not ensure food was stored and prepared in a sanitary manner. This practice had the potential to affect 46 of 46 residents residing in the facility. The facility did not ensure time/temperature control foods were labeled with open or use-by dates. Findings include: On [DATE] at 8:39 AM, Dietary Manager (DM)-C stated the facility follows the Wisconsin Food Code as their standard of practice. Open/Unlabeled/Undated/Expired Food: The Wisconsin Food Code 2020 documents at ,d+[DATE].17 Ready-to-Eat, Time/Temperature Control for Safety (TCS) Food, Date Marking: (A) Except when packaging food using a reduced oxygen packaging method as specified under S ,d+[DATE].12, and except as specified in (E), (F), and (H) of this section, refrigerated, ready to eat, time/temperature control for safety food prepared and held in a food establishment for more than 24 hours shall be clearly marked to indicate the date or day by which the food shall be consumed on the premises, sold, or discarded when held at a temperature and time combination of 5 degrees C (Celsius) (41 degrees F (Fahrenheit)) or less for a maximum of 7 days. The day of preparation shall be counted as day 1 .(2) The day or date marked by the food establishment may not exceed a manufacturer's use-by date if the manufacturer determined the use-by date based on food safety .(D) A date marking system that meets the criteria stated in (A) and (B) of this section may include: .(3) Marking the date or day the original container is opened in a food establishment with a procedure to discard the food on or before the last date or day by which the food must be consumed on the premises, sold, or discarded as specified under (B) of this section .Disposition. (A) A food specified under ,d+[DATE].17 (A) or (B) shall be discarded if it: (1) Exceeds the temperature and time combination specified in ,d+[DATE].17 (A) Except time that the product is frozen; (2) Is in a container or package that does not bear a date or day. The facility's undated Food Storage Policy and Procedure Manual includes the following: .C. Date marking will be visible on all high risk food to indicate the date by which a ready-to-eat, TCS food should be consumed, sold, or discarded. 8 .All containers must be legible and accurately labeled and dated. Refrigerated Food Storage: All foods shall be covered, labeled, and dated. Frozen Foods: All foods shall be covered, labeled, and dated. During an initial tour of the kitchen on [DATE] at 8:39 AM, Surveyor and DM-C observed the following items: Dry Storage: -7.5 loaves of unlabeled and undated bread. (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	-2.5 bags of unlabeled and undated hamburger buns. -An open bag of mini marshmallows, dated [DATE] (open date per DM-C) with no use-by date. -An open bag of chocolate chips, dated ,d+[DATE] (open date per DM-C) with no use-by date. -An open box of [NAME] Crocker Mashed Potatoes, dated ,d+[DATE] (open date per DM-C) with no use-by date. -An open bag of vanilla pudding, dated ,d+[DATE] (open date per DM-C) with no use-by date. -An open container of breadcrumbs, dated [DATE] (open date per DM-C) with no use-by date. -An open box of dry hashbrowns, dated ,d+[DATE] (open date per DM-C) with no use-by date. -A container of powdered sugar, dated [DATE] (put in/open date per DM-C) with no use-by date. -A container of flour, dated [DATE] (put in/open date per DM-C) with no use-by date. -A container of white sugar, dated [DATE] (put in/open date per DM-C) with no use-by date. -An unlabeled plastic container of Frosted Flakes (identified by DM-C), dated ,d+[DATE] (put in/open date per DM-C) with no use-by date. -An unlabeled plastic container of Raisin Bran (identified by DM-C), dated ,d+[DATE] (put in/open date per DM-C) with no use-by date. -An unlabeled plastic container of Corn Flakes (identified by DM-C), dated ,d+[DATE] (put in/open date per DM-C) with no use-by date. -An unlabeled, undated plastic container of Cheerios (identified by DM-C). Walk-In Cooler: -An undated container of shredded cheese. -A 1 gallon container of mayonnaise, dated ,d+[DATE] (delivery date per DM-C) and ,d+[DATE] (open date per DM-C) with no use-by date. -A container labeled Chicken noodle, dated ,d+[DATE] (put in/open date per DM-C) with no use-by date. -Two hard boiled eggs in a baggie, dated ,d+[DATE] with a use-by date of ,d+[DATE]. (DM-C threw the eggs away because they were past the use-by date.) -A container of sliced cheese, dated ,d+[DATE] (put in/open date per DM-C) with no use-by date. (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	-A container of shredded mozzarella cheese, dated ,d+[DATE] (put in/open date per DM-C) with no use-by date. Freezer -A container of pinto beans, dated [DATE] (made date and/or frozen date per DM-C) with no use-by date. -A container of meatballs, dated ,d+[DATE] (made date and/or frozen date per DM-C) with no use-by date. -A container of chicken fried steak, dated ,d+[DATE] (made date and/or frozen date per DM-C) with no use-by date. -A container of meat sauce, dated ,d+[DATE] (made date and/or frozen date per DM-C) with no use-by date. -A container of pulled pork, dated ,d+[DATE] (made date and/or frozen date per DM-C) with no use-by date. -A pan of spice cake, dated ,d+[DATE] (made date and/or frozen date per DM-C) with no use-by date. -A container of diced pork, dated ,d+[DATE] (made date and/or frozen date per DM-C) with no use-by date. First Floor Unit Refrigerator/Freezer: -Various sandwiches, food items, and snacks for residents without use-by dates. Second Floor Unit Refrigerator/Freezer: -Various sandwiches, food items, and snacks for residents without use-by dates. Surveyor interviewed DM-C throughout the initial kitchen tour. DM-C verified the facility uses a first in/first out (FIFO) food storage process. DM-C stated staff should date items with the date the item was opened/made and a use-by date. DM-C stated DM-C did not have a reference sheet regarding how long to safely store food items and was told by the facility's contracted kitchen company last week that the dating system the facility used was insufficient. DM-C stated DM-C had not had time in the past week to find a food storage guideline, but DM-C intended to find a food storage guideline and share it with kitchen staff. During a subsequent kitchen visit on [DATE] at 7:43 AM, Surveyor interviewed DM-C who stated DM-C expects staff to date all food items correctly.