

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525282	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/17/2024
NAME OF PROVIDER OR SUPPLIER Crossroads Care Center of Kenosha		STREET ADDRESS, CITY, STATE, ZIP CODE 8633 32nd Ave Kenosha, WI 53142	

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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 16584</p> <p>Based on observation, record review and interview, the facility did not ensure that 1 (R1) out of 3 residents who currently had pressure injuries received the necessary care and treatment to promote the healing of the pressure ulcers.</p> <p>R1 was admitted with an unstageable pressure ulcer to her left thigh and left shin. R1 was also admitted wearing a brace to the lower left leg for the healing of a fracture. The facility did not update R1's plan of care to indicate when the use of the leg brace was to be discontinued. The facility also did not update R1's plan of care to include the use of heel boots to provide pressure relief and did not offer to place the heel boots on after wound treatment was performed.</p> <p>Findings include:</p> <p>1.) R1 was admitted to the facility on [DATE] with diagnosis that included fracture of upper end of left tibia, type 2 diabetes, major depressive order, anxiety, unstageable pressure ulcer to the left thigh and an unstageable pressure ulcer to the left shin. R1 was also admitted with a brace to the left left, to be worn at all times, for healing of the fracture to the left lower leg.</p> <p>R1's admission MDS (Minimum Data Set), dated 6/20/24, documents that R1 is at risk of developing pressure ulcers and was admitted with 2 unstageable areas and that a device for the chair, for the bed and pressure injury care are being provided.</p> <p>R1's initial wound evaluation and management summary dated 6/13/24 documents that R1 has an unstageable (due to necrosis) pressure ulcer to the left thigh that measures 10 cm (centimeters) x 5 cm. by depth not measurable. There is also an unstageable (due to necrosis) pressure ulcer to the left shin that measures 4 cm x 7 cm by 0.1 cm.</p> <p>R1's individual plan of care documents that R1 was admitted with 2 unstageable pressure ulcers to : 1.) left thigh, 2.) left shin . This was initiated on 6/14/24. Interventions included air mattress on bed settings per weight, administer treatments as ordered and reposition every 2-3 hours.</p> <p>On 7/23/24, R1 was seen at the orthopedic clinic. The progress note documented that stated R1 should continue with left leg brace and checking skin for pressure injuries. R1 continued to have issues with the wound at the anterior knee.</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: 525282	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/17/2024
NAME OF PROVIDER OR SUPPLIER Crossroads Care Center of Kenosha		STREET ADDRESS, CITY, STATE, ZIP CODE 8633 32nd Ave Kenosha, WI 53142	
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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 8/6/24, R1 was seen again at the orthopedic clinic. The progress note documents that R1 was seen and examined in clinic today and new x-rays were obtained. The imaging does not demonstrate significant evidence of bony healing however R1 is not very tender to palpitation at he fracture site. The progress notes documents: What is far more concerning is her continued wound issues about the anterior knee and had a pressure ulcer on her left heel (later determined to be a venous stasis ulcer). At this point we will plan to forego the brace and R1 does not need to wear it, but I would ask that the brace be held onto in case of need for in the future. Since R1 is not having a brace, the leg must be supported at all times an on all sides with multiple pillows.</p> <p>On 9/16/24, Surveyor conducted a review of the Certified Nursing Assistant (CNA) Kardex for care related to R1. Under the mobility section it documents that R1 is to have brace to left leg at all times. Under the resident care section is also documents a brace to left leg.</p> <p>Surveyor noted that the Kardex is a tool for the CNAs to use to know what care and treatment needs to be provided to each individual resident. The CNA Kardex was not updated after 8/6/24 when the Orthopedic Physician gave the order for R1 to no longer wear the brace to the left leg.</p> <p>Review of R1's individual plan of care documents that R1 has and ADL (activities of daily living) performance deficit due to history of CVA (cardiovascular accident) and non-weight bearing to left lower extremity. Interventions include to have brace to left leg. This intervention was initiated on 7/19/24. The plan of care also documents that R1 is at risk for pain due to fractures to her left leg. Interventions include brace to left leg at all times. This was initiated on 6/17/24. The plan of care was not updated on 8/6/24 when the Orthopedic Physician gave orders for R1 to no longer wear the brace to the left leg .</p> <p>R1's Medication Administration Record for August 2024 documents that staff are to check the skin under R1's brace each shift and continue to monitor. This order was originally written on 6/17/24 and was discontinued on 8/22/24. Facility nursing staff continued to sign-out that they observed R1's skin, under the brace on the left leg to monitor the condition of her skin. The facility was to discontinue the use of the brace to the left leg on 8/6/24.</p> <p>Surveyor conducted a review of the facility's pressure ulcer list as of 9/16/24. This listed documented that R1 currently has an unstageable pressure ulcer to the left thigh that measures 3.0 cm x 6.0 cm x 0.1 cm. The area has improved, and interventions are heel boots, air mattress and turn and reposition. The pressure to the left shin measures 1.0 cm x 2.0 cm x 0.1 cm and is now considered a Stage #3 (healed and reopened).</p> <p>On 9/17/24 at 9:35 a.m., Surveyor made observations of Wound RN- C providing treatment to R1's pressure ulcers to the thigh and shin. Upon entering R1's room, Surveyor observed that R1 was positioned with 2 pillows below her right and left knees. Wound RN- C removed the old dressing, cleansed the areas, and applied the ordered treatments and dressing. Wound- RN- C had assistance from RN- D to help position R1 during the treatment.</p> <p>Surveyor observed both Wound RN- C and RN- D clean up the waste bin, reposition R1 and then exit the room.</p> <p>Surveyor noted that Wound- RN C or RN-D did not ask R1 to place the heel boots on her as she remained lying in bed.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525282	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/17/2024
NAME OF PROVIDER OR SUPPLIER Crossroads Care Center of Kenosha		STREET ADDRESS, CITY, STATE, ZIP CODE 8633 32nd Ave Kenosha, WI 53142	

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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 9/17/24 at 9:54 a.m., Surveyor interviewed Wound RN- C about the treatment he completed with R1. Surveyor asked Wound RN- C when R1 was to have the use of the left leg brace discontinued. Wound RN- C stated that he was not sure of the exact date but knows that it was discontinued after R1 was at the Orthopedic Clinic in August. Surveyor confirmed that the progress note from the visit on 8/6/24 documents that the brace should be discontinued. Surveyor then told Wound RN- C that staff continued to sign out on the Mar for August 2024 that they were checking the skin under R1's brace up until 8/22/24. Wound RN- C stated he does not know why staff would initial that it was completed because she was not wearing the brace. Surveyor then asked why the plan of care and the CNA Kardex had not been updated to reflect that the left leg brace was discontinued. Wound RN- C stated he was not sure, and it is the responsibility of the Interdisciplinary Team. Surveyor then asked Wound RN- C why the plan of care was not updated for the use of the heel boots. Wound RN- C stated that is should be on the plan of care because R1 is supposed to have the heel boots on at all times. Surveyor confirmed with Wound RN- C that R1 was not offered the heel boots by either Wound RN- C or RN- D after they completed the treatment to R1's unstageable pressure ulcers to the left thigh and shin. Wound RN- C stated yes, he did not offer to put the heel boots on R1 and should have done so prior to leaving the room.</p> <p>On 9/17/24 at 10:48 a.m., Surveyor interviewed Director of Nursing (DON)- B regarding R1's care and treatment of the pressure ulcers to the left thigh and shin. DON- B confirmed that R1's plan of care should have been updated to reflect that the left leg brace was to no longer be in use and that R1 should have heel boots on at all times to provide pressure relief.</p> <p>No additional information was provided as to why the facility did not ensure that R1 received the necessary care and treatment to promote the healing of the pressure ulcers.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525282	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/17/2024
NAME OF PROVIDER OR SUPPLIER Crossroads Care Center of Kenosha		STREET ADDRESS, CITY, STATE, ZIP CODE 8633 32nd Ave Kenosha, WI 53142	

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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 16584</p> <p>Based on observations, record review and staff interviews, the facility did not ensure that they implemented Enhanced Barrier Precautions (EBP) for 2 (R1 & R2) out of 3 residents requiring EBP as recommended by the Center for Disease Control (CDC) and per the Facility's policy.</p> <p>Findings include:</p> <p>The facility's policy dated 3/25/24 and titled Enhanced Barrier Precautions documents:</p> <p>It is the policy of this facility to implement enhanced barrier precautions for the prevention of transmission of multidrug-resistant organisms.</p> <p>Policy Explanation and Compliance Guidelines: (includes)</p> <p>2.) Initiation of Enhanced Barrier Precautions:</p> <p>b. An order for enhanced barrier precautions (in accordance with the physician approved standing orders) will be initiated for residents with any of the following:</p> <p>i. Wounds (e.g., chronic wounds such as pressure ulcers, diabetic foot ulcers, unhealed surgical wounds and chronic venous stasis ulcers) and/or indwelling medical devices (e.g., central lines, urinary catheters, feeding tubes, tracheostomy/ventilator tubes) even if the resident is not known to be infected or colonized with a MDRO.</p> <p>3.) Implementation of Enhanced Barrier Precautions: (includes)</p> <p>a. Make gowns and gloves immediately near or outside of the resident's room.</p> <p>b. PPE for enhanced barrier precautions is only necessary when performing high-contact care activities (described below) and may not need to be donned prior to entering the resident's room.</p> <p>4.) High-contact resident activities include:</p> <p>h. Wound care: any chronic skin opening requiring a dressing.</p> <p>1.) R1 was admitted to the facility on [DATE] with diagnosis that included: fracture of upper end of left tibia, type 2 diabetes, major depressive order, anxiety, unstageable pressure ulcer to the left thigh and an unstageable pressure ulcer to the left shin. Additionally, R1 is documented as also having an indwelling catheter in place upon admission.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525282	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/17/2024
NAME OF PROVIDER OR SUPPLIER Crossroads Care Center of Kenosha		STREET ADDRESS, CITY, STATE, ZIP CODE 8633 32nd Ave Kenosha, WI 53142	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R1's individual plan of care documents that R1 is to have enhanced barrier precautions due to wounds to the left thigh, left heel and left knee. This was initiated on 9/5/2024. Interventions included: Apply Personal protective equipment (PPE) per facility policy. Implement Enhanced Barrier Precaution. Provide a sign on R1's door to warn visitors and staff. Instruct family/visitors/caregivers to wear disposable gown and gloves during physical contact with R1. Discard in appropriate receptacle and wash hands before leaving.</p> <p>On 9/16/24 at 1:55 p.m., Surveyor made an observation of R1's room. Surveyor noted that there was no sign posted on the door to warn visitors or staff that enhanced barrier precautions should be used. Surveyor also observed that there were not gloves or gowns immediately near or outside R1's door.</p> <p>On 9/17/24 at 9:35 a.m., Surveyor made an observation of R1 receiving treatment to the arterial wound to the left heel, the stage #3 pressure ulcer to the left knee and the unstageable pressure ulcer to the left thigh. RN- C (Wound Nurse/ Unit Manger) and RN- D entered R1's room and applied gloves and got the treatment supplies prepared next to R1's bed. It was noted that both RN- C and RN- D did not done a gown. There was not a sign posted on R1's door to warn staff and visitors that enhanced barrier precautions need to be in place. RN- C and RN- D proceeded to position R1 in her bed and removed the old treatment dressing to her left heel. RN- C was observed to remove his gloves and wash his hands. RN- C placed clean gloves on and proceeded with the treatments to the left thigh, knee, and heel. When RN- C and RN- D were finished with the treatment, they both removed their gloves, washed their hands, and exited R1's room. At no time during the treatment did RN- C and RN- D follow the enhanced barrier precautions by wearing gown in addition to the gloves.</p> <p>On 9/17/24 at 9:54 a.m., Surveyor interviewed RN- C regarding Surveyors observation of the treatments administered to R1. Surveyor asked RN- C if he was aware that R1's plan of care indicates enhanced barrier precaution are to be in place. RN- C stated that yes, he was aware that R1 is to have enhanced barrier precautions. RN- C confirmed that he and RN- D did not follow the enhanced barrier precautions by wearing both gloves and a gown while completing the treatment.</p> <p>On 9/17/24 at 10 48 a.m., Surveyor interviewed Director of Nursing (DON)- B regarding the use of enhanced barrier precautions. DON- B reviewed the facility's policy with Surveyor and confirmed that those residents who have a catheter and any type of wound should be on enhanced barrier precautions, including R1. DON- B stated that she would expect that staff wear a gown and gloves when provided cares and treatment.</p> <p>No additional information had been provided as to why RN- C and RN- D did not follow the enhanced barrier precautions when providing treatment to R1's wounds to the left thigh, knee, and heel.</p> <p>48391</p> <p>2.) R2 is an [AGE] year-old resident who was admitted to the facility on [DATE]. R2's diagnoses include Alzheimer's Disease, dementia, rhabdomyolysis, fracture of the first lumbar vertebra, osteoporosis, and acute kidney failure.</p> <p>R2's Significant Change MDS (Minimum Data Set) completed on 7/26/24, documents that R2 has unhealed pressure injuries, arterial ulcers, and an indwelling catheter. R2 was documented as having a BIMS (Brief Interview for Mental Status) score of 3, indicating R2 has severe cognitive impairment.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525282	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/17/2024
NAME OF PROVIDER OR SUPPLIER Crossroads Care Center of Kenosha		STREET ADDRESS, CITY, STATE, ZIP CODE 8633 32nd Ave Kenosha, WI 53142	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R2's care plan dated 4/19/24, documents:</p> <p>~ R2 has an arterial wound to her left medial ankle and left medial foot (date initiated 6/7/24). Interventions include: 1. Monitor/document/report as needed any signs/symptoms of infection: green drainage, foul odor, redness and swelling, red lines coming from the wound, excessive pain, and/or fever (date initiated 6/7/24). 2. Provide treatments as ordered, monitor effectiveness and for signs/symptoms of adverse reactions (date initiated 6/7/24). 3. Weekly treatment documentation to include measurement of each area of skin breakdowns, width, length, depth, type of tissue, exudate and any other notable changes or observations (date initiated 6/7/24).</p> <p>~ R2 has a urinary catheter related to obstructive and reflux uropathy (date initiated 4/19/24). Interventions include: 1. R2 has a Foley catheter. Position catheter bag and tubing below the level of the bladder and away from entrance room door (date initiated 4/19/24). 2. Monitor for signs and symptoms of discomfort on urination and frequency (date initiated 4/19/24). 3. Monitor signs and symptoms of catheter complications such as leaking or obstruction (date initiated 4/19/24). 4. Monitor, record, report to MD for signs/symptoms of urinary tract infection (UTI): pain, burning, blood-tinged urine, cloudiness, no output, deepening of urine color, increased pulse, increased temperature, urinary frequency, foul smelling urine, fever, chills, altered mental status, changes in behavior, or changes in eating patterns (date initiated 4/19/24).</p> <p>~ R2 was admitted with a deep tissue injury (DTI) to the left heel and Stage 1 Coccyx pressure injury. On 4/25/24, R2's left heel now presents as an unstageable pressure ulcer. On 5/22/24, R2 with Stage 4 pressure injury to her right ischium (date initiated 4/22/24, revised on 8/30/24). Interventions include: 1. Administer treatments as ordered and monitor for effectiveness (date initiated 4/22/24). 2. Air mattress on bed, setting per R2's weight (date initiated 4/22/24). 3. Assess/record/monitor wound healing. Report improvements and declines to the MD (date initiated 4/22/24). 4. Heel boots on at all times. May remove during cares and showers (date initiated 4/22/24). 5. Turn and reposition every two to three hours and as needed (date initiated 4/22/24). 6. Weekly treatment documentation to include measurement of each area of skin breakdown, width, length, depth, type of tissue, and exudate (date initiated 4/22/24).</p> <p>On 9/16/24, at 2:01 PM, Surveyor observed R2 in her room laying supine in her bed with the head of the bed up 30 degrees. R2 was observed having an indwelling urinary catheter hanging below the bladder on the left side of the bed. There were no enhanced barrier precautions indications observed.</p> <p>On 9/17/24, at 8:42 AM, Surveyor observed Registered Nurse (RN) Unit Manager- C and RN- D perform wound care treatments on R2. Surveyor observed both RN Unit Manager- C and RN- D using gloves and hand hygiene throughout wound care treatments. Surveyor notes RN Unit Manager- C and RN- D did not use enhanced barrier precautions (including a gown) while performing wound care treatments for R2.</p> <p>On 9/17/24, at 10:48 AM, Surveyor interviewed Director of Nursing (DON)- B who states residents with wounds and urinary catheters would qualify for enhanced barrier precautions according to the facility policy. Surveyor expressed concerns to DON- B with R2 not being in EBP while having active wound care treatments and a urinary catheter. Surveyor also notified DON of concerns with RN Unit Manager- C and RN- D performing wound care treatments on R2 on 9/17/24 without practicing/observing EBPs. DON- B acknowledged these concerns. Surveyor requested additional information if available.</p> <p>No additional information was provided.</p>		