

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 05/29/2025
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)		
F 0602 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Protect each resident from the wrongful use of the resident's belongings or money.</p> <p>46319</p> <p>Based on record review, interviews, and review of facility policy, the facility failed to ensure 13 residents [(R)4, R16, R17, R18, R19, R20, R21, R22, R23, R24, R25, R26, and R27] out of a census of 43 Resident reviewed for misappropriation was free from abuse in the sample of fifteen residents. This failure had the potential for psychosocial impairment from the loss of resident funds by a staff member.</p> <p>Findings include:</p> <p>Review of the facility's reported incident revealed that the former Business Office Manager (FBOM) was alleged to have been taking monies out of the resident trust for personal gain; at which time the BOM was immediately removed from the facility and all access to resident trust was suspended. The report also revealed that the facility reported the incident timely and conducted a thorough investigation identifying thirteen residents that had discrepancies with their trust account. The review also revealed that residents that maintained funds in the resident trust account had not had any issues with receiving money when requested.</p> <p>During an interview on 05/28/25 at 1:41 PM the Regional Director of Operations (RDO) stated in December 2024 an email was sent to corporate office for unauthorized use of facility credit card; the former business office manager (FBOM) was suspected of unauthorized use of the facility credit card. We immediately suspended the FBOM and started an investigation. We also suspended all access to any facility programs (banking, PCC, and intranet). At which time the Regional Business Office Consultant (RBOC) started an audit on the resident trust fund, the facility credit card and petty cash account. The facility notified the police and report completed. The FBOM quit working for the facility once the investigation started. The RDO also stated that a report filed with the Office of Inspector General (OIG) due to missing funds from resident trust accounts. The facility also notified the Social Security Administration (SSI) and notified residents that were identified of resident trust issues. There were residents interviewed about receiving money from their trust and none voiced concerns about receiving money when requested.</p> <p>During an interview on 05/28/25 at 2:30 PM the Registered Nurse Consultant (RNC) stated the FBOM employee record did not indicate any reason for concerns or indications that she would have done that. The RNC also stated that the facility contacted Social Security and they said that they would handle the missing funds from their end. The RNC also stated that the facility stays in contact with the District Attorney's Office for updates on the case. The day of 01/06/25 the FBOM submitted her resignation as soon as she was suspended and notified of the investigation.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: 525282	Facility ID: 525282 If continuation sheet Page 1 of 3

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<p>F 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 05/28/25 at 3:25 PM the Regional Business Office Consultant (RBOC) stated the she completed the audit on the resident trust and anything that did not look right she flagged. The RBOC also stated that facility surety bond amount was \$50000 at the time and the resident trust was covered by the facility surety bond ensure that no residents went without being able to access their funds. The RBOC also stated that the facility has not denied any resident request for funds from the resident trust. Charges have been filed against the alleged perpetrator by way of the District Attorney's Office. The RBOC also stated that there were not any issues identified with the employee file that would have indicated the allegations. The RBOC also stated that the FBOM was good at hiding the movement of monies and making transactions look legitimate. The RBOC also stated that there has been an updated policy for the resident trust account and now no one person alone can access the resident trust account.</p> <p>During an interview on 05/29/25 at 2:00PM the Administrator stated that the FBOM had a clean background check and was very skilled at making transactions seem legitimate with the banking so that there was no suspicion or questions about the resident trust account arose. The Administrator also stated that there were no complainants voiced by any residents regarding their ability to request and receive funds from their account. There was a policy in place prior to the incident and the corporate went over transactions each month with the now terminated FBOM.</p> <p>Interviews conducted with residents throughout the survey process did not indicated any negative outcome form the FBOM allegedly taking monies from the resident trust. All residents interviewed voiced no concerns or issues with receiving money from their account when requested.</p> <p>Review of the facility's policy titled, Abuse, reviewed 06/15/2024, indicated, This facility affirms the right of our residents to be free from abuse, neglect, exploitation, misappropriation of property or mistreatment. This facility therefore prohibits abuse, neglect, exploitation, misappropriation of property, and mistreatment of residents. In order to do so, the facility has attempted to establish a resident sensitive and resident secure environment. The purpose of this policy is to assure that the facility is doing all that is within its control to prevent occurrences of abuse, neglect, exploitation, misappropriation of property and mistreatment of residents. This will be done by: conducting preemployment screening of employees and pre-admission screening of residents; orienting and training employees on how to deal with stress and difficult situations, and how to recognize and report occurrences of abuse neglect, exploitation, and misappropriation of property . implementing systems to promptly and aggressively investigate all reports and allegations of abuse, neglect, exploitation, misappropriation of property and mistreatment, and making the necessary changes to prevent future occurrences .</p> <p>Review of the facility's policy titled, Resident Trust Fund indicated that All Social Security and Supplemental income for which the facility is payee are deposited directly into the P/F account. A check (net of t/f amt) is written from the Trust Fund Account to the Operating Account for the room & board charges by the controller. Interest is posted monthly based on the ending savings amount by RFMS. All T/p disbursements are the responsibility of the Business Office Manager.</p> <p>1. Petty cash disbursements will be signed by the resident. If a resident is unable to sign, the disbursement will be witnessed by another person (not the BOM).</p> <p>2. If resident is unable to go to banking, the BOM will go to the resident room with another employee to disburse funds.</p> <p>(continued on next page)</p>		

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F 0602 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>3. Any personal needs item that is purchased (per resident and or guardian's request) can be reimbursed with proper receipts via checks.</p> <p>4. Any resident with funds close to \$1,800.00 will be notified not to exceed the Medicaid threshold of \$2000.00</p> <p>Any other procedures are to be followed by guidelines of Social Security Administration.</p> <p>A review of the current facility policy that was implemented 01/2025 titled Facility Resident Trust Disbursement of Funds Procedure indicated, It is the practice of this facility to ensure a proper documentation and accountability of the use of Resident Trust Funds. This procedure is to assist residents with management of their funds and to pay for expenses while in a nursing facility. To establish internal controls to protect against misappropriation of such funds and maintain an accurate accounting of the funds . Facility must act as a trustee of the resident's funds and hold, safeguard, manage, and account for all transactions completed . Funds cannot be disbursed to anyone without permission, in writing, from the resident or resident's assigned representative . The Business Office Manager, or his,/her designee will enter the withdrawal transactions in RFMS for each resident with the properly provided documentation as mentioned in Section 2. Employee entering the withdrawals as per Section 3.a. is Not to approve the payment and / or print the check for reimbursement. Payment approval and check issuance will be done by the facility Administrator or his, /her designee once all proper documentation for the fund's disbursement is provided. All such documentation is to be properly filed and stored on a monthly basis as designated by the Business Office Manager and the Administrator in a properly secured location for the amount of time as deemed applicable by law.</p>		