

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525286	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/26/2024
NAME OF PROVIDER OR SUPPLIER Juliette Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 482 Oak Street Berlin, WI 54923	

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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40342</p> <p>Based on observation, staff interview, and record review, the facility did not ensure appropriate supervision was implemented to ensure the safety of 3 residents (R) (R5, R6, and R7) of 8 sampled residents.</p> <p>On 3/1/24, R1 made a lewd comment to R5. The facility did not complete a thorough investigation.</p> <p>On 6/19/24, R1 asked R6 to expose R6's self while R1 watched from outside the window. The facility did not revise R1's care plan to provide sufficient supervision.</p> <p>On 8/9/24, R1 entered R7's room while R7 was sleeping. The facility did not complete a thorough investigation or revise R1's care plan to provide sufficient supervision.</p> <p>Findings include:</p> <p>The facility's LTC (Long Term Care) Resident Abuse Prevention & Reporting Policy, with a review date of 9/12/24, indicates: The purpose of this policy is .to ensure: (1) Residents live in a safe environment where they are free from abuse and neglect and are treated with respect and dignity .C. Prevention: .5. The population of LTC facilities present the following factors which could result in mistreatment of residents, including but not limited to: a. The assessment, planning of care and services, and monitoring of residents with needs and behaviors which might lead to conflict or neglect, such as residents with a history of cognitive deficits, sensory deficits, aggressive behaviors, residents who have behaviors such as entering other residents' rooms .socially inappropriate behaviors .E. Protection: 1. Immediately upon receiving a report of alleged abuse or any other defined misconduct, the facility will take all necessary steps to protect residents from additional harm .F. Investigation: 1. When an incident or suspected incident of abuse or any other defined misconduct is reported, the Administrator, or their designee, will promptly and thoroughly investigate the incident .</p> <p>On 11/25/24, Surveyor reviewed R1's medical record. R1 was admitted to the facility on [DATE] and had diagnoses including emphysema (shortness of breath due to swelling of the tiny air sacks in the lungs). R1's Minimum Data Set (MDS) assessment, dated 9/26/24, stated R1's Brief Interview for Mental Status (BIMS) score was 15 out of 15 which indicated R1 had no cognitive impairment. R1 was responsible for R1's healthcare decisions.</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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R1's medical record contained a Care Management Final Disposition document from the hospital, dated 12/20/24, that stated, .Legal Concerns: Sex Offender Registry .</p> <p>R1's care plan contained no mention of sexually inappropriate concerns.</p> <p>A safety plan for R1, dated 11/18/24, indicated R1 was a low security risk. R1 had reported/initial behavior of a history of making inappropriate remarks to staff and residents which made staff and residents feel uncomfortable around R1. The safety plan indicated staff should sustain a quiet environment, maintain proper spacing and reactionary distances and, in case of emergency, contact Security for assistance. Security should confirm that a safety plan visual was displayed outside R1's room at eye level and reinforce that inappropriate behavior and remarks would not be tolerated.</p> <p>On 11/25/24 at 10:25 AM, Surveyor attempted to interview R1 in R1's room. R1 indicated R1 did not want to talk to anyone about anything. Surveyor noted there was not a safety plan visual displayed outside R1's room.</p> <p>On 11/25/24 at 12:14 PM, Surveyor interviewed Certified Nursing Assistant (CNA)-C. When asked what a safety plan visual looked like, CNA-C indicated residents had a plan of care in their closet that indicated what kind of assistance they needed.</p> <p>On 11/25/24 at 12:18 PM, Surveyor interviewed Registered Nurse (RN)-D. When asked what a safety plan visual looked like, RN-D appeared confused and indicated the facility had a video system that detected movement in rooms of residents assessed to be at risk for falls which displayed a green light above the door.</p> <p>Surveyor reviewed an investigation that indicated on 6/19/24, R6 reported that R1 asked if R6 was interested in a relationship and asked R6 to stand in R6's bedroom window and expose R6's self to R1 outside. An investigation was completed including a report to law enforcement, however, there were no changes made to R1's care plan. The investigation indicated R1's safety plan was updated.</p> <p>On 11/25/24, Surveyor reviewed R6's medical record. R6 was admitted to the facility on [DATE] and had diagnoses including seizure disorder and anxiety. R6's MDS assessment, dated 6/20/24, stated R6's BIMS score was 13 out of 15 which indicated R6 had little to no cognitive impairment. R6 had a court-appointed guardian who was responsible for R6's healthcare decisions. R6 was discharged to the community on 7/17/24.</p> <p>On 11/25/24 at 1:34 PM, Surveyor interviewed Nursing Home Administrator (NHA)-A who indicated staff could see a resident's safety plan (if applicable) on the left side of their computer screen when logged into a resident's electronic medical record (EMR).</p> <p>On 11/25/24 at 1:47 PM, Surveyor interviewed RN-D. When asked to show Surveyor R1's safety plan, RN-D indicated RN-D didn't know how. When Surveyor and RN-D viewed R1's EMR, Surveyor pointed out the safety plan which was noted by a flag in a column on the left side of R1's profile screen. RN-D indicated RN-D had only worked at the facility for two weeks.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 11/25/24 at 1:59 PM, Surveyor interviewed NHA-A and Director of Nursing (DON)-B. NHA-A verified the facility was aware upon admission that R1 was on the sex offender list. NHA-A indicated NHA-A was told R1 was on the list but didn't need a case worker because R1's charge was old. When asked what interventions were put in place after R1 asked R6 to expose R6's self, NHA-A indicated the facility called law enforcement and had Security visit more frequently. NHA-A indicated the facility had not needed to called Security for R1 prior to that incident. NHA-A indicated the plan was to have staff call Security and NHA-A immediately if anything further occurred. DON-B indicated Security typically visited R1's unit twice in a 24-hour period. DON-B indicated Security did not talk to R1 during the visits unless staff had concerns.</p> <p>On 11/26/24 at 8:13 AM, Surveyor interviewed NHA-A who indicated R1's safety plan provided to Surveyor on 11/25/24 only contained active notes. NHA-A then provided Surveyor with documents that NHA-A indicated contained all of R1's active and inactive safety notes.</p> <p>Surveyor reviewed the safety documents which indicated the following:</p> <ul style="list-style-type: none"> ~ On 2/21/24, R1 verbally sexually harassed staff with lewd remarks. A care plan intervention was added for two staff when completing cares. An E-mail sent to nurses contained information on where to locate R1's safety plan and indicated a yellow safety sign was put on R1's door. ~ On 3/1/24, R1 made a lewd remark to R5. A care plan intervention was added for R1 to have no contact with R5 unless in a supervised area. ~ Notes indicated R1 had no behavior concerns from a Security standpoint during the months of March and April (2024). Notes indicated on 4/28/24, R1 was removed from the safety plan for good behavior. ~ On 6/19/24, R1 asked R6 to expose R6's self. The safety plan was reinitiated and indicated R1 was at low risk. Security officers were to reinforce that inappropriate behavior and remarks would not be tolerated. ~ On 8/1/24, NHA-A requested a safety plan update that included education for R1 about being respectful to residents and staff and that R1 needed to knock and receive permission before entering residents' rooms. ~ On 8/9/24, R1 was discovered in R7's room while R7 was asleep. Notes indicated R1 indicated a CNA gave R1 permission to enter the room, however, the CNA denied giving R1 permission. The note stated, . I spoke to (R1) and will file a report when further information is gathered from the Administrator . There was no change in verbiage for R1's plan for Security. <p>On 11/26/24, Surveyor reviewed R5's medical record. R5 was admitted to facility on 12/28/21 and had diagnoses including dementia and anxiety. R5's MDS assessment, dated 9/19/24, stated R5's BIMS score was 8 out of 15 which indicated R5 had moderate cognitive impairment. R5 had a court-appointed guardian who was responsible for R5's healthcare decisions.</p> <p>A note, dated 3/1/24, indicated staff spoke to R5 regarding an incident with another patient and a plan to prevent reoccurrence. The note indicated R5 expressed understanding that R5 should notify staff if the other resident violated the safety agreement.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 11/26/24, Surveyor reviewed R7's medical record. R7 was admitted to the facility on [DATE] and had diagnoses including emphysema. R7's MDS assessment, dated 9/13/24, stated R7's BIMS score was 12 out of 15 which indicated R7 had moderate cognitive impairment. R7 was responsible for R7's healthcare decisions.</p> <p>R7's medical record did not contain notes regarding the above mentioned incident on 8/9/24.</p> <p>On 11/26/24 at 10:02 AM, Surveyor interviewed CNA-E who indicated staff can't always pay attention to what R1 is doing. When asked about R1's safety plan, CNA-E first indicated the facility had green lights in the hall connected to a movement sensor for residents who were at risk for falls. CNA-E indicated R1 did not have a green light. When asked if R1 was on a safety plan, CNA-E stated, I don't think so. We just try to keep an eye on (R1). CNA-E indicated nurses put notes in the EMR when they are notified of concerns. CNA-E indicated CNAs did not complete behavior monitoring documentation.</p> <p>Surveyor reviewed a document that indicated NHA-A interviewed CNA-F on 11/26/24. CNA-F indicated CNA-F did not permit R1 to enter R7's room but waved to R1 as CNA-F weighed residents on the scale. CNA-F checked on R7 within three minutes and redirected R1 to R1's room.</p> <p>On 11/26/24 at 10:44 AM, Surveyor interviewed NHA-A and DON-B. NHA-A verified CNA-F was the CNA mentioned in R1's safety plan notes for 8/9/24. DON-B was unsure of the specific time of day the 8/9/24 incident occurred but thought it was later in the afternoon. NHA-A indicated CNA-F was weighing residents in the same hall as R7's room when R1 waved to CNA-F and CNA-F waved back. After CNA-F finished obtaining weights, CNA-F observed R1 in R7's room and redirected R1 out of the room. NHA-A indicated the facility's Social Worker interviewed R7 who did not know R1 was in R7's room. NHA-A verified a thorough investigation was not completed. NHA-A indicated other residents were not interviewed because nothing else was reported. NHA-A indicated other staff were not interviewed because CNA-F was the one who reported the concern. When asked if interventions were put in place, NHA-A indicated the facility notified Security and followed the same intervention to call Security. When asked if preventative measures were put in place, NHA-A indicated R1 stated R1 had approval to enter R7's room. Staff re-educated R1 that R1 was not permitted to enter a resident's room unless R1 knocked on the door and received verbal permission. NHA-A indicated the incident was an unfortunate misunderstanding. DON-B indicated updates were R1's safety plan notes which nursing staff could see in R1's EMR. When asked why CNA-F's interview with NHA-A was dated 10/26/24, NHA-A indicated NHA-A had to verify the SW spoke to CNA-F the day it happened. NHA-A indicated NHA-A was made aware of the incident on 8/9/24 and would have been made aware of the incident the following morning at morning meeting.</p> <p>On 11/26/24 at 11:06 AM, Surveyor interviewed CNA-F via phone. CNA-F indicated the incident on 8/9/24 occurred in the morning after 8:00 AM. CNA-F indicated CNA-F was weighing three residents when R1 came from other unit (R1 did not reside on same unit as R7). CNA-F indicated R7 kept R7's door open enough so staff could see R7's bed. CNA-F was in the hall approximately twenty feet from R7's room. CNA-F indicated R1 was by R7's door when R1 made a friendly wave to CNA-F and CNA-F waved back. After CNA-F finished weighing residents, CNA-F saw R1 in R7's room. When CNA-F asked what R1 was doing, R1 said, You told me I could come in. CNA-F stated, No. (R7) is sleeping. CNA-F indicated R1 stormed off to another unit. CNA-F indicated R1 was in R7's room for approximately three to four minutes. CNA-F indicated the SW asked CNA-F about the incident later that afternoon.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 11/26/24 at 11:51 AM, Surveyor interviewed NHA-A who indicated Security sometimes picked up labs to take to the hospital and did rounds and checked-in with staff. NHA-A indicated lab runs were often done around 2:00 AM.</p> <p>On 11/26/24 at 11:55 AM, Surveyor interviewed Social Services Designee (SSD)-G who was the facility's SW but was not licensed. SSD-G indicated SSD-G was on vacation during the 3/1/24 incident. Regarding the 8/9/24 incident, SSD-G indicated R1 and staff reported the incident. SSD-G indicated R1 and R7 were previously friends and R7 would let R1 into R7's room to talk. SSD-G indicated staff reminded R1 that R1 needed to knock and be invited into rooms before entering. Staff informed Security of the incident. SSD-G verified no other residents were interviewed during the investigation.</p> <p>On 11/26/24 at 12:35 PM, Surveyor interviewed Lead Security Officer (LSO)-H who indicated a safety plan visual was a yellow triangle shaped placard with an exclamation point in the middle which alerted staff to check the resident's safety plan before entering the room. Surveyor and LSO-H observed R1's room. LSO-H verified there was not a safety plan visual on R1's door and indicated a safety plan visual should be on the door based on R1's safety plan. LSO-H indicated nurses were responsible for putting a safety plan visual on a resident's door. LSO-H indicated when R1 was rude and uppity, staff would tell Security who talked to R1 and R1 calmed down. LSO-H was aware R1 was on the sex offender list and indicated Security checked on R1 approximately once per week. LSO-H indicated R1's safety plan was set up for nurses to contact Security for concerning events and indicated R1 was on a low risk plan. LSO-H indicated medium and high risk plans required daily or hourly Security checks.</p> <p>On 11/26/24 at 12:47 PM, Surveyor interviewed NHA-A and DON-B. Regarding the 8/1/24 incident, NHA-A indicated R5 notified the nurse about a comment R1 made to R5. NHA-A indicated the lewd comment included the word pussy. Staff brought the concern to administration's attention. When R5 was interviewed, R5 couldn't recall the conversation. When R1 was interviewed, R1 indicated the conversation never occurred. NHA-A indicated staff informed Security and suggested R1 no longer engage in conversation with R5. NHA-A indicated other residents were not interviewed because the facility felt it was an isolated incident. When asked how the facility determined it was isolated if other residents were not interviewed, NHA-A indicated there were no other reports from staff who indicated only R1 and R5 were involved in the incident. DON-B verified there was no further investigation. DON-B indicated R1 removed the yellow triangle shaped placard from R1's door. DON-B could not recall the date R1 removed the placard. DON-B indicated the placard was originally put on R1's door on 2/21/24 and R1 had taken it down prior to the 8/1/24 incident. DON-B was not sure if the placard was ever replaced. DON-B verified the yellow triangle placard should have been on R1's door to alert staff to review R1's safety plan.</p>		