STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525313	A. Building B. Wing	04/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Crossroads Care Center of Sun Prairie	41 Rickel Rd Sun Prairie, WI 53590

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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38725 Based on interview and record review, the facility did not ensure that all injuries of unknown origin/serious bodily injury were reported to the State Agency for 1 of 3 sampled residents (R1) for change of condition. R1 was discovered to have severe bleeding of unknown origin which led to a change of condition and death this was not reported to the State Agency. This is evidenced by: R1 admitted to the facility following a femoral artery bypass surgery and amputation of right foot's digits. R1 had the following diagnoses: idiopathic progressive neuropathy, COVID-19, (Chronic Obstructive Pulmonary Disease (COPD), centrilobular emphysema, sever protein-calorie malnutrition, displacement of femoral arterial graft (Bypass), malignant neoplasm of prostate, complete traumatic amputation of two or more right lesser toes, coronary artery dissection, supraventricular tachycardia, other ventricular tachycardia, peripheral vascular disease, nontraumatic ischemic infarction of muscle- right lower leg, anemia, occlusion and stenosis of bilateral vertebral arteries, chronic pain, and cervical disc disorder. On [DATE] in the morning, R1 had complained of pain to the back of his head and neck. R1 had an as needed (PRN) pain medication administered. R1's blood pressure (BP) (,d+[DATE]) was elevated at this time. R1 had breakfast delivered. R1 had his dressing changed to right groin incision without concerns, no bleeding present. Nurse updated R1's Nurse Practitioner (NP) on pain and blood pressure and received new orders to increase R1's scheduled pain medications. Nurse updated R1 on this new order and checked in on his pain level. R1 said it was a little better but not much and asked if he could have another pain pill when it was time. R1 was served lunch and ate. R1 had a second PRN pain medication administered around lunch time. Certified Nursing Assistant (CNA) saw resident on her last rounds, emptied his urinal, and asked if he needed anything. (continued on next page)

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525313	A. Building B. Wing	04/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Crossroads Care Center of Sun Prairie	41 Rickel Rd Sun Prairie, WI 53590

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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On [DATE] in the afternoon, R1 had a significant change of condition. Occupational Therapy (OT) was working with him and noted that he seemed off - she reported this to R1's nurse, who said she'd re-take blood pressure with a different cuff. Nurse explained to OT about his increased pain and increased pain medication, which could be attributing to his demeanor. OT then obtained a low blood pressure (,d+[DATE]), but she didn't feel the blood pressure was accurate because he was talking with her and drinking water at the time of the reading. OT reported blood pressure to R1's nurse. Shortly after this, Physical Therapy (PT) went in by R1 and he was not responsive verbally to her. PT performed sternal rub (pain stimulus is a technique used to assess the consciousness of a person not responding to normal interaction) with a grunt noise in response and she then yelled for help. Nursing staff ran into room with assorted items BP machine, glucometer, Narcan (medication to treat narcotic overdose in an emergency situation), and oxygen. R1 was able to nod in response to questions from Director of Nursing (DON) and then he slumped forward, at this time he was still breathing and still had a pulse. Narcan was administered. R1 stopped breathing and pulse could not be palpated, and a code was called. In process of placing backboard behind R1 to start CPR (cardiopulmonary resuscitation- an emergency procedure used to restart a person's heartbeat and breathing after one or both have stopped), it was noted R1 had wet, bright red blood on draw sheet and bottom fitted sheet. Despite the efforts of the facility, R1 passed away. Cause of death was noted to be hemorrhagic femoral bypass graft incision. On [DATE] at 12:14 PM, Surveyor interviewed DON B. Surveyor asked DON B if this should have been reported to the State Agency, DON B said didn't even think of that. On [DATE] at 6:20 PM, Surveyor interviewed NHA A (Nursing Home Administrator) if this should have been reported to the State Agency, NHA A said did not report, didn't know it should be. At the time of the incident R1 had severe bleeding of an unknown source, change of condition which led to R1's death. Based on the unknown source of severe bleeding this incident would be considered an injury of unknown origin and with serious bodily injury and would require a report to the state agency.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525313	A. Building B. Wing	04/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Crossroads Care Center of Sun Prairie	41 Rickel Rd Sun Prairie, WI 53590

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 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Respond appropriately to all alleged violations. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38725 Based on interview and record review the facility did not ensure that all injuries of unknown origin/serious bodily injury were thoroughly investigated for 1 of 3 sampled residents (R1) for change of condition. R1 had severe bleeding which led to a change of condition and death this was not thoroughly investigated. This is evidenced by: R1 admitted to the facility following a femoral artery bypass surgery and amputation of right foot's digits. R1 had the following diagnoses: idiopathic progressive neuropathy, COVID-19, Chronic Obstructive Pulmonary Disease (COPD), centrilobular emphysema, severe protein-calorie malnutrition, displacement of femoral arterial graft (Bypass), malignant neoplasm of prostate, complete traumatic amputation of two or more right lesser toes, coronary artery dissection, supraventricular tachycardia, other ventricular tachycardia, peripheral vascular disease, nontraumatic ischemic infarction of muscle- right lower leg, anemia, occlusion and stenosis of bilateral vertebral arteries, chronic pain, and cervical disc disorder. On [DATE] in the morning, R1 had complained of pain to the back of his head and neck. R1 had an as needed (PRN) pain medication administered. R1's blood pressure (BP) (,d+[DATE]) was elevated at this time. R1 had breakfast delivered. R1 had his dressing changed to right groin incision without concerns, no bleeding present. Nurse updated R1's Nurse Practitioner (NP) on pain and blood pressure and received new orders to increase R1's scheduled pain medications. Nurse updated R1 on this new order and checked in on his pain level. R1 said it was a little better but not much and asked if he could have another pain pill when it was time. R1 was served lunch and ate. R1 had a second PRN pain medication administered around lunch time. Certified Nursing Assistant (CNA) saw resident on her last rounds, emptied his urinal, and asked if he needed anything. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525313	A. Building B. Wing	04/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Crossroads Care Center of Sun Prairie	41 Rickel Rd Sun Prairie, WI 53590

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 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On [DATE] in the afternoon, R1 had a significant change of condition. Occupational Therapy (OT) was working with him and noted that he seemed off - she reported this to R1's nurse. Nurse explained to OT about his increased pain and increased pain medication, which could be attributing to his demeanor. OT then obtained a low blood pressure (,d+[DATE]), but she didn't feel the blood pressure was accurate because he was talking with her and drinking water at the time of the reading. OT reported blood pressure to R1's nurse, who said she'd re-take blood pressure with a different cuff. Shortly after this, PT went in by R1 and he was not responsive verbally to her. PT performed sternal rub (pain stimulus is a technique used to assess the consciousness of a person not responding to normal interaction) with a grunt noise in response and she then yelled for help. Nursing staff went running to room with assorted items BP machine, glucometer, Narcan (medication to treat narcotic overdose in an emergency situation), and oxygen. R1 was able to nod in response to questions from Director of Nursing (DON) and then he slumped forward, at this time he was still breathing and still had a pulse. Narcan was administered. Then R1 stopped breathing and pulse could not be palpated, and a code was called. In process of placing backboard behind R1 to start cardiopulmonary resuscitation (CPR; an emergency procedure used to restart a person's heartbeat and breathing after one or both have stopped), it was seen that R1 had wet, bright red blood on draw sheet and bottom fitted sheet. Despite the efforts of the facility, R1 did pass away. Cause of death was noted to be hemorrhagic femoral bypass graft incision. On [DATE] at 12:14 PM, Surveyor interviewed DON B. Surveyor asked DON B if this should have been thoroughly investigated, DON B said we all talked a lot that night, after police left around 2300. On [DATE] at 4:17 PM, Surveyor interviewed DON B. Surveyor asked DON B if there should be a thorough investigation into this situation, DON B stated we didn't formally investigate, I guess, but we talked to all staff involved and made a timeline that is in soft file. On [DATE] at 6:20 PM, Surveyor interviewed NHA A (Nursing Home Administrator) if this should have been thoroughly investigated, NHA A said we made a timeline from interviewing the staff. NHA A provided timeline to Surveyor at this time. This event was unexpected and R1's death was untimely based on his plan to rehab and go home. This event should be investigated thoroughly as R1 had severe bleeding from an unknown source, change of condition which led to R1's death.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525313	A. Building B. Wing	04/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Crossroads Care Center of Sun Prairie	41 Rickel Rd Sun Prairie, WI 53590

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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38725 Based on interview and record review the facility did not maintain medical records on each resident that are complete; accurately documented; readily accessible, and systematically organized for 1 of 3 sampled residents (R1) for change of condition. R1's medical record is missing documentation of his change of condition and subsequent passing away from [DATE]. This is evidenced by: R1 admitted to the facility following a femoral artery bypass surgery and amputation of right foot's digits. R1 had the following diagnoses: idiopathic progressive neuropathy, COVID-19, Chronic Obstructive Pulmonary Disease (COPD), centrilobular emphysema, sever protein-calorie malnutrition, displacement of femoral arterial graft (Bypass), malignant neoplasm of prostate, complete traumatic amputation of two or more right lesser toes, coronary artery dissection, supraventricular tachycardia, other ventricular tachycardia, peripheral vascular disease, nontraumatic ischemic infarction of muscle- right lower leg, anemia, occlusion and stenosis of bilateral vertebral arteries, chronic pain, and cervical disc disorder. R1's last progress note documents the following: [DATE] 1416 (2:16 PM) Patient alert and oriented, able to make needs known, and pleasant and cooperative with cares. Complained of ,d+[DATE] nerve pain starting from back of head/neck down spine and was observed crying out with positional changes. VS obtained and NP updated on VS/complaints of pain. PRN oxycodone administered at 0816 with mild effect and at 1220 with positive effect. New order received to increase Gabapentin from 200 mg (milligrams) TID (three times per day) to 300 mg TID; patient notified of new order and started dosage increase at lunch time. Dressing to right groin incisional site/right foot amputation site changed per order and patient tolerated without difficulty. No s/s (signs and symptoms) of infection noted at time of dressing change. 1 assist w/ADL's (with Activities of Daily Living), Incontinent of bowl and bladder during shift. Patient encouraged to stay hydrated. Appetite decreased. Patient currently resting in bed with eyes closed and appears to be in no acute distress at this time. Call bell within reach. Participates as scheduled. After the above noted, R1's medical record does not include his change of condition, the facility's actions including implementing cardiopulmonary resuscitation or R1 expiring at the facility Below is a synopsis of R1's change of condition, the facility's actions, and his passing: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525313	A. Building B. Wing	04/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Crossroads Care Center of Sun Prairie	41 Rickel Rd Sun Prairie, WI 53590

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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On [DATE] in the afternoon, R1 had a significant change of condition. Occupational Therapy (OT) was working with him and noted that he seemed off, she reported this to R1's nurse. Nurse explained to OT about his increased pain and increased pain medication, which could be attributing to his demeanor. OT then obtained a low blood pressure (,d+[DATE]), but she didn't feel the blood pressure was accurate because he was talking with her and drinking water at the time of the reading. OT reported blood pressure to R1's nurse, who said she'd re-take blood pressure with different cuff. Shortly after this, Physical Therapist (PT) went in by R1 and he was not responsive verbally to her. PT performed sternal rub (pain stimulus is a technique used to assess the consciousness of a person not responding to normal interaction) with a grunt noise in response and she then yelled for help. Nursing staff went running to room with assorted items BP machine, glucometer, Narcan (medication to treat narcotic overdose in an emergency situation), and oxygen. R1 was able to nod in response to questions from Director of Nursing (DON) and then he slumped forward, at this time he was still breathing and still had a pulse. Narcan was administered. Then R1 stopped breathing and pulse could not be palpated, and a code was called. In process of placing backboard behind R1 to start cardiopulmonary resuscitation (CPR; an emergency procedure used to restart a person's heartbeat and breathing after one or both have stopped), it was seen that R1 had wet, bright red blood on draw sheet and bottom fitted sheet. Despite the efforts of the facility, R1 did pass away. Cause of death was noted to be hemorrhagic femoral bypass graft incision. On [DATE] at 4:17 PM, Surveyor interviewed DON B. Surveyor asked DON B if R1's medical record should include documentation on his change of condition and passing away, DON B stated, Absolutely, I wrote note and emailed it to NHA A (Nursing Home Administrator) and neither of us remembered to put it in his record.