

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525315	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/08/2024
NAME OF PROVIDER OR SUPPLIER Crossroads Care Center of Weyauwega		STREET ADDRESS, CITY, STATE, ZIP CODE 717 E Alfred St Weyauwega, WI 54983	

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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43361</p> <p>Based on staff interview and record review, the facility did not implement policies and procedures for ensuring the reporting of a reasonable suspicion of a crime in accordance with section 1150B of the Act for 1 resident (R) (R3) of 6 sampled residents.</p> <p>On 8/11/24, Certified Nursing Assistant (CNA)-C reported an allegation of verbal abuse involving CNA-D and R3. The facility did not report the allegation of abuse to local law enforcement.</p> <p>Findings include:</p> <p>The facility's undated Abuse policy indicates: External Reporting: Informing Local Law Enforcement: The facility shall also contact local law enforcement authorities .in the following situations: When there is a reasonable suspicion that a crime has been committed in the facility by a person other than a resident. If there is reasonable suspicion that a crime has been committed that is not listed above and does not involve serious bodily injury, then report to local law enforcement as soon as possible but within 24 hours of when the suspicion was formed.</p> <p>On 10/8/24, Surveyor reviewed R3's medical record. R3 was admitted to the facility on [DATE] with diagnoses including unspecified intracranial injury with loss of consciousness and nontraumatic subarachnoid hemorrhage. R3's Minimum Data Set (MDS) assessment, dated 7/11/24, had a Brief Interview for Mental Status (BIMS) score of 5 out of 15 which indicated R3 had severe cognitive impairment. R3 had a guardian.</p> <p>On 10/8/24, Surveyor reviewed a facility-reported incident (FRI) submitted to the State Agency (SA). The FRI indicated CNA-C reported that CNA-C walked toward the nurses' station on 8/11/24 and observed CNA-D look around, put CNA-D's face in front of R3's face, and state in a raised voice, You better f***ing listen .you f***ing . CNA-C called CNA-D's name and CNA-D then started speaking to R3 in a soft voice. The allegation of abuse was reported immediately to administration. The facility submitted an initial report to the SA and began an investigation. CNA-D was interviewed and denied the allegation. Other residents were interviewed. No other staff witnessed the incident. CNA-D was immediately suspended and returned to work after CNA-D completed abuse, effective communication, and managing difficult behaviors education. Surveyor noted the FRI did not indicate the facility contacted local law enforcement regarding the alleged abuse.</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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F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 10/8/24 at 1:25 PM, Surveyor interviewed Nursing Home Administrator (NHA)-A who indicated NHA-A did not notify local law enforcement but typically did so for allegations of abuse. NHA-A was not sure why NHA-A did not contact local law enforcement as part of the investigation.		