

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  06/27/2025
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 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>Based on observation, staff interview, and record review, the facility did not maintain an infection prevention and control program designed to prevent the transmission of communicable disease and infection for 3 residents (R) (R10, R4 and R5) of 3 residents observed during the provision of cares.</p> <p>R10 was on enhanced barrier precautions (EBP). On 6/27/25, staff exited R10's room without removing personal protective equipment (PPE) and transferred R10 with a lift without donning the appropriate PPE. In addition, staff did not sanitize the lift after use.</p> <p>During an observation of pericare for R4 on 6/27/25, staff did not appropriately remove gloves and complete hand hygiene and touched items in R4's room with soiled gloves. In addition, a used bed pan was stored on R4's floor.</p> <p>On 6/27/25, staff put clean wash clothes in an unsanitized sink and used them to complete pericare for R5. In addition, staff did not appropriately remove gloves and complete hand hygiene during the provision of pericare.</p> <p>Findings include:</p> <p>The facility's Enhanced Barrier Precautions policy, revised 2/25/25, indicates: Personal protective equipment (PPE) for enhanced barrier precaution (EBP) is only necessary when performing high-contact care activities and may not need to be donned prior to entering a resident's room .Position a trash can inside the resident's room and near the exit for discarding PPE after removal prior to exit of the room or before providing care for another resident in the same room .High-contact resident care activities include: a. dressing .c. transferring, d. providing hygiene, e. changing linens, f. changing briefs or assisting with toileting.</p> <p>The facility's Infection Control-Cleaning and Disinfection/Non-Critical and Shared Equipment policy, dated 2/4/21, indicates .Any equipment used in rooms (such as items listed below) must be cleaned with a disinfectant wipe immediately after use/upon exit of the room C. Mechanical lift equipment.</p> <p>The facility's Perineal Care policy, revised 3/7/25, indicates: .Remove gloves, perform hand hygiene, and apply new gloves prior to continuing care (after completing pericare) .If a resident has bladder or bowel incontinence, don a clean pair of gloves and apply a barrier cream to protect the skin around the perineum . Remove gloves and perform hand hygiene.</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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(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>1. On 6/27/25 at 4:33 AM, Surveyor observed Certified Nursing Assistant (CNA)-D exit R10's room in a gown and gloves. CNA-D walked down the hallway, retrieved a garbage bag, walked back up the hallway, and re-entered R10's room. Surveyor noted R10 was on EBP.</p> <p>On 6/27/25 at 4:38 AM, Surveyor observed CNA-C and CNA-D enter R10's room to transfer R10 with a Hoyer lift. CNA-C and CNA-D donned gloves but did not don gowns prior to the transfer. When Surveyor asked CNA-C if CNA-C and CNA-D should have worn gowns, CNA-C indicated a gown was only needed during cares. When Surveyor indicated the sign on R10's door stated PPE was required for transfers, CNA-C confirmed CNA-C and CNA-D should have donned gowns for the transfer.</p> <p>On 6/27/25 at 4:43 AM, Surveyor observed CNA-D exit R10's room with the lift. CNA-D did not sanitize the lift and left the lift in the hallway.</p> <p>On 6/27/25 at 5:41 AM, Surveyor interviewed CNA-D who confirmed lifts should be sanitized after use</p> <p>2. On 6/27/25 at 4:49 AM, Surveyor observed CNA-E complete pericare for R4. During the observation, Surveyor noted CNA-E did not change gloves or complete hand hygiene and did not remove soiled gloves until all cares were completed and R4 was repositioned in bed. Surveyor observed CNA-E touch R4's pillows, position wedges, and blankets with soiled gloves.</p> <p>On 6/27/25 at 4:50 AM, Surveyor observed a used bed pan on the floor on the left side of the head of R4's bed. CNA-E confirmed that was where staff kept R4's bed pan.</p> <p>On 6/27/25 at 5:05 AM, Surveyor interviewed CNA-E who confirmed CNA-E should have changed gloves and completed hand hygiene during pericare and should have removed soiled gloves prior to touching items in R4's room.</p> <p>3. On 6/27/25 at 5:11 AM, Surveyor observed CNA-C complete pericare for R5. Prior to completing pericare, Surveyor observed CNA-C run water and put two wash cloths in R5's sink. When Surveyor asked if CNA-C had sanitized the sink, CNA-C indicated CNA-C had not sanitized the sink and stated staff do not use basins. During the observation of pericare, Surveyor noted CNA-C did not change gloves or remove gloves and complete hand hygiene until R5 was fully dressed.</p> <p>On 6/27/25 at 5:27 AM, Surveyor interviewed CNA-C who confirmed CNA-C should have removed gloves and completed hand hygiene during pericare.</p> <p>On 6/27/25 at 10:46 AM, Surveyor interviewed Director of Nursing (DON)-B who indicated staff should not exit precaution rooms without removing PPE and should don a gown and gloves while transferring a resident on EBP. DON-B indicated staff should don PPE before entering the room and remove PPE before exiting the room. DON-B verified staff should change gloves and complete hand hygiene between dirty and clean tasks and sanitize lifts with bleach wipes after use. DON-B indicated staff should fill a basin with warm water instead of emerging wash cloths in a resident's sink and should not put wash cloths in an unsanitized sink. In addition, DON-B verified bed pans should not be stored on the floor and should be stored in a plastic bag in a drawer or in the bathroom.</p>		