STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525315	A. Building B. Wing	08/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Crossroads Care Center of Weyauwega	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)
F 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances. (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

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F 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on staff interview and record review, the facility did not make a prompt and thorough effort to resolve a grievance for 1 resident (R) (R7) of 1 resident.R7's Guardian ((GD)-F) reported to Former Nursing Home Administrator (FNHA)-E that R6 provided R7 with illegal drugs and alcohol. FNHA-E did not file a grievance on behalf of R7 and the facility did not investigate the concern or follow-up with GD-F. Findings include:The facility's Grievance policy, revised 2/12/25, indicates: When a grievance is noted (either verbal or written), the resident or their representative may speak to any member of the facility staff and report the nature or the grievance or submit a written grievance form .An investigation of the grievance will be conducted; A review of the resident's medical record regarding the resident's clinical condition will be completed when indicated; The resident, resident representative, and the healthcare team that have been involved with the resident may be interviewed; The Department Head and/or Grievance Officer will work with staff for problem/grievance resolution; All grievances receive immediate priority and must be investigated with efforts toward resolution within seven days; The resident or resident representative will be provided with a verbal follow-up to the grievance including the steps taken to investigate the grievance and the results of the grievance. A signature by the resident or resident representative will be obtained on the grievance documentThe Federal Drug Administration (FDA) Regulation of Cannabis and Cannabis-Derived Products, Including Cannabidiol (CBD), updated 7/16/24, indicates: Cannabis is a plant of the Cannabaceae family and contains more than eighty biologically active chemical compounds. The most commonly known compounds are delta-9-tetrahydrocannabinol (THC) and cannabidiol (CBD). Parts of the Cannabis sativa plant have been controlled under the Controlled Substances Act (CSA) since 1970 under the drug class Marihuana (commonly referred to as marijuana) .Marihuana is listed in Schedule I of the CSA due to its high potential for abuse, which is attributable in large part to the psychoactive effects of THC, and the absence of a currently accepted medical use of the plant in the United States.The Center for Drug Evaluation and Research (CDER) (a branch of the FDA), updated 8/25/25, indicates: The Cannabis sativa L. plant, which is the source of both marijuana and hemp, contains bioactive compounds known as cannabinoids. Delta-9 tetrahydrocannabinol (THC) is a psychoactive cannabinoid and is typically found in relatively high amounts in cannabis that is used as a source of marijuana .From 8/25/25 to 8/27/25, Surveyor reviewed R7's medical record. R7 was admitted to the facility on [DATE] and had diagnoses including dementia, Wernicke's encephalopathy (a brain disorder caused by vitamin B1 deficiency commonly associated with chronic alcohol abuse), alcohol dependence, fatty liver, and depression. R7's Minimum Data Set (MDS) assessment, dated 8/13/25, had a Brief Interview for Mental Status (BIMS) score of 11 out of 15 which indicated R7 had moderately impaired cognition. R7 had a Guardian who was responsible for R7's healthcare decisions.On 8/25/5 at 1:09 PM, Surveyor interviewed GD-F via phone who indicated GD-F told FNHA-E that R6 provided R7 with illegal drugs and alcohol. (GD-F did not indicate when the information was reported to FNHA-E.) GD-F indicated the facility did not monitor R7 to make sure R7 did not receive illegal drugs and THC was discovered in R7's urine. GD-F indicated GD-F informed FNHA-E that R7 could not be exposed to alcohol, CBD/THC, or any illegal drugs due to R7's history of Wernicke's encephalopathy. GD-F also stated GD-F found a gummy (THC) wrapper in R7's pants that were brought home to be washed. During an emergency room (ER) visit, R7's urine drug screen (collected on 7/5/25) was positive for THC. GD-F also indicated a vape was found in R7's room which was given to FNHA-E and later given back to R7. GD-F was unsure if the vape contained THC or tobacco and did not know what steps the facility took to ensure R7 was not exposed to illegal drugs or alcohol. Surveyor reviewed the results of R7's urine drug screen (collected on 7/5/25) which were presumptive positive for cannabinoids.On 8/27/25 at 11:45 AM, Surveyor interviewed Regional Director of Operations (RDO)-C in the presence of Assistant Director of Nursing (ADON)-B and NHA-A. RDO-C, ADON-B, and NHA-A were not aware of GD-F's concerns, including R7's presumptive positive urine drug screen for cannabinoids, since they were not at the facility when the concerns were reported. RDO-C verified FNHA-E did not file a grievance but wrote a note (on 7/7/25) that indicated FNHA-E had a discussion with GD-F. It was uncertain what FNHA-E did after becoming aware of the presumptive positive THC test. A follow-up visit with R7's provider occurred on 7/9/25 but there was no mention of the test. RDO-C was unsure if the presumptive positive was due to the medications that R7 took and was uncertain what nursing staff did after becoming aware of the results of the test. No evidence of illegal drugs

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. (continued on next page)

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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on staff interview and record review, the facility did not ensure care plans were updated for 2 residents (R) (R6 and R7) of 4 sampled residents.R6 and R7 had a history of drug and/or alcohol abuse. R6 and R7's care plans were not updated after R6 and R7 tested presumptive positive for cannabinoids.Findings include: The facility's Comprehensive Care Plans policy, dated 3/25/25, indicates: The comprehensive care plan will be reviewed and revised by the Interdisciplinary Team after each Comprehensive and Quarterly MDS assessment.The facility's Resident Possession and Use of Illegal Substances policy, revised 1/9/25, indicates: It is the policy of this facility to uphold the resident's right to retain and use personal possessions, unless to do so would infringe upon the rights or health and safety of other residents. The possession and use of illegal substances will not be tolerated .2. If the facility determines through observation that a resident may have access to illegal substances that they brought into the facility or secured from an outside source, the facility will not act as an arm of law enforcement. In accordance with state law, a referral will be made to local law enforcement. 3. If facility staff identify items or substances that pose risks to residents' health and safety and are in plain view, they will confiscate them. 4. Facility staff will not conduct searches of a resident or their belongings unless the resident or resident's representative agrees to a voluntary search and understands the reason for the search.The Federal Drug Administration (FDA) Regulation of Cannabis and Cannabis-Derived Products, Including Cannabidiol (CBD), updated 7/16/24, indicates: Cannabis is a plant of the Cannabaceae family and contains more than eighty biologically active chemical compounds. The most commonly known compounds are delta-9-tetrahydrocannabinol (THC) and cannabidiol (CBD). Parts of the Cannabis sativa plant have been controlled under the Controlled Substances Act (CSA) since 1970 under the drug class Marihuana (commonly referred to as marijuana) .Marihuana is listed in Schedule I of the CSA due to its high potential for abuse, which is attributable in large part to the psychoactive effects of THC and the absence of a currently accepted medical use of the plant in the United States.The Center for Drug Evaluation and Research (CDER) (a branch of the FDA), updated 8/25/25, indicates: The Cannabis sativa L. plant, which is the source of both marijuana and hemp, contains bioactive compounds known as cannabinoids. Delta-9 tetrahydrocannabinol (THC) is a psychoactive cannabinoid and is typically found in relatively high amounts in cannabis that is used as a source of marijuana. Cannabidiol (CBD) is a non-psychoactive cannabinoid that is present at relatively high levels in hemp, defined as cannabis and derivatives of cannabis with extremely low concentrations of delta-9 tetrahydrocannabinol .1.From 8/25/25 to 8/27/25, Surveyor reviewed R6's medical record. R6 was most recently admitted to the facility on [DATE] and had diagnoses including left below knee amputation, congestive heart failure (CHF), diabetes, cognitive communication deficit, drug abuse, and suicidal ideation without current plan or intent. R6's Minimum Data Set (MDS) assessment, dated 7/7/25, had a Brief Interview for Mental Status (BIMS) score of 14 out of 15 which indicated R6 had intact cognition. R6 made R6's own healthcare decisions.R6's medical record contained a urine drug screen panel, collected on 5/27/25, that was presumptive positive for cannabinoids. R6's care plan, dated 7/18/25, indicated R6 had a history of substance abuse/chemical dependency related to a history of illegal drug use prior to admission, marijuana use, and THC use. The care plan contained interventions (dated 7/18/25) to encourage R6 to express thoughts or feelings, encourage R6 to follow Medical Doctor (MD) orders, monitor R6 for behaviors, notify the MD for signs and symptoms of new changes, and Social Services to provide supportive listening as needed. The care plan did not include monitoring for the presence of illegal drug use and did not indicate to notify the Nursing Home Administrator (NHA) if observed so law enforcement could be contacted per the facility's policy. Surveyor noted the care plan was not updated after R6's presumptive positive urine drug screen on 5/27/25. 2. From 8/25/25 to 8/27/25, Surveyor reviewed R7's medical record. R7 was admitted to the facility on [DATE] and had diagnoses including dementia, Wernicke's encephalopathy (a brain disorder caused by vitamin B1 deficiency commonly associated with chronic alcohol abuse), alcohol dependence, fatty liver, and depression. R7's MDS assessment, dated 8/13/25, had a BIMS score of 11 out of 15 which indicated R7 had moderately impaired cognition. R7 had a Guardian who was responsible for R7's healthcare decisions.R7's medical record contained a urine drug screen panel, collected on 7/5/25, that was presumptive positive for THC.R7's care plan, dated 4/1/25, indicated R7 had a history of substance abuse/chemical dependency related to a history of alcohol abuse. The care plan contained interventions (dated 4/7/25) to encourage R7 to express

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F 0742 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide the appropriate treatment and services to a resident who displays or is diagnosed with mental disorder or psychosocial adjustment difficulty, or who has a history of trauma and/or post-traumatic stress disorder. (continued on next page)

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F 0742 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on staff interview and record review, the facility did not develop a plan of care to address a mental health diagnosis and meet the psychosocial and emotional health needs of 1 resident (R) (R2) of 2 sampled residents.The facility did not accurately assess R2's mental health, which included a diagnosis of paranoid schizophrenia, to ensure R2's plan of care addressed R2's psychosocial and emotional health requirements. The facility's Treatment/Services for Mental/Psychosocial Concerns policy, dated 9/29/22, indicates: It is the policy of the facility to provide behavioral health services in accordance with state and federal regulations .The facility will ensure a resident who displays or is diagnosed with mental disorders or psychosocial adjustment difficulty or who has a history of trauma and/or post-traumatic stress disorder (PTSD) receives appropriate treatment and services to correct the assessed problem or to attain the highest practicable mental and psychosocial well-being .The facility's Conducting an Accurate Resident Assessment policy, dated 2/18/25, indicates: The purpose of this policy is to assure all residents receive an accurate assessment, reflective of the resident's status at the time of the assessment, by staff qualified to assess relevant care areas .Qualified staff who are knowledgeable about the resident will conduct an accurate assessment addressing each resident's status, needs, strengths, and areas of decline. The assessment will be documented in the medical record. A qualified health professional will correctly document the resident's medical, functional, and psychosocial problems and identify strengths to maintain or improve medical status, functional abilities, and psychosocial status .Information provided by the initial comprehensive assessment establishes baseline data for the ongoing assessment of resident progress. The physical, mental, and psychosocial condition of the resident determines the appropriate level of involvement of physicians, nurses, rehabilitation therapists, activities professionals, medical social workers, dietitians, and other professionals .to ensure accuracy in the Minimum Data Set (MDS) coding of a diagnosis of schizophrenia, supportive documentation must be present in the medical record and should include, but is not limited to, evaluation of the resident's physical, behavioral, mental, psychosocial status, and comorbid conditions, ruling out physiological effects of a a substance or other medical conditions, indications of distress, change in functional status, resident complaints, behaviors, symptoms, and or state preadmission screening and resident review evaluation .The facility's Comprehensive Care Plans policy, dated 3/25/25, indicates: It is the policy of this facility to develop and implement a comprehensive person-centered care plan for each resident, consistent with resident rights, that includes measurable objectives and timeframes to meet a resident's medical, nursing, mental, and psychosocial needs and all services that are identified in the resident's comprehensive assessment and meet professional standards of quality .Individualized interventions for trauma survivors that recognize the interrelation between trauma and symptoms of trauma, as indicated. Trigger-specific interventions will be used to identify ways to decrease the resident's exposure to triggers .as well as identify ways to mitigate or decrease the effect of the trigger on the resident .From 8/25/25 to 8/26/25, Surveyor reviewed R2's medical record. R2 had diagnoses including anxiety, major depressive disorder, cognitive communication disorder, and PTSD. During R2's stay at the facility, R2 was diagnosed with Lyme disease and received psychiatric care through an outside source. R2 resided at the facility from 6/23/25 until 8/9/25 when R2 was transferred to the hospital and admitted to a psychiatric facility. R2's medical record contained an Aggressive and Harmful Behavior Assessment, dated 6/24/25, with a score of 5.0 that indicated R2 was potentially able to integrate into the peer community and was at minimal risk for aggression. There were no other similar assessments completed during R2's stay at the facility.R2's hospital History and Physical (H&P) (received and scanned into R2's medical record on 6/23/25) indicated R2 had a diagnosis of paranoid schizophrenia. Surveyor noted R2's facility diagnoses list, care plan, and Aggressive and Harmful Behavior Assessment did not include the diagnosis. R2's hospital H&P and referral documentation also indicated R2 received 1:1 supervision in the hospital due to ongoing suicidal and homicidal ideation. On 8/26/25, Surveyor reviewed R2's psychotherapy progress notes which included a diagnosis of paranoid schizophrenia that was indicated prior to R2's admission to the facility on 6/23/25. Surveyor noted R2's psychiatric provider completed a suicidal ideation/homicidal ideation (SI/HI) safety plan, dated 5/11/25, that was not included in R2's medical record. Surveyor reviewed R2's facility progress notes and noted the following: ~ On 6/30/25. R2 was seen by Nurse Practitioner (NP)-D who indicated R2 reported sleep difficulties due to waking up with flashbacks, episodes of tearfulness, and hearing voices. The note indicated nursing staff would reach out regarding the