

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525362	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/13/2024
NAME OF PROVIDER OR SUPPLIER Lafayette Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 719 E Catherine St Box 167 Darlington, WI 53530	

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>38725</p> <p>Based on interview and record review, the facility failed to develop and/or 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 of 3 sampled residents (R1) and failed to report to the State Agency for 2 of 3 sampled residents (R2, R3).</p> <p>R1 had a sexual abuse allegation reported to the facility. The facility did not report this allegation to law enforcement.</p> <p>R2 reported that a certified nursing assistant (CNA) was rough with her. The facility did not report this allegation of abuse to the State Agency (SA) or law enforcement.</p> <p>R3 reported that the CNA left her unsupervised in the tub. The facility did not report this allegation of neglect to the SA.</p> <p>This is evidenced by:</p> <p>The Facility's Policy and Procedure entitled Abuse, Neglect and Exploitation dated 11/20/23 documents in part: .Crime is defined by law of the applicable political subdivision where the facility is located. A political subdivision would be a city, county, township or village, or any local unit of government created by or pursuant to State law .Sexual Abuse is non-consensual sexual contact of any type with a resident .VII. Reporting/Response A. The facility will have written procedures that include: 1. Reporting of all alleged violations to the Administrator, state agency, adult protective services and to all other required agencies (e.g. , law enforcement when applicable) within specified timeframes .</p> <p>Example 1</p> <p>Per the facility reported incident (FRI), Adult Protective Services (APS) sent an email on 7/26/24 to SSD C (Social Service Director) alleging sexual abuse of R1 by R1's SO (Significant Other) per a Hospital entity. SSD C opened this email 7/29/24 upon returning from vacation and immediately began the investigation process for this allegation of sexual abuse. Per the FRI, the sexual abuse allegation was not reported to law enforcement.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525362	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/13/2024
NAME OF PROVIDER OR SUPPLIER Lafayette Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 719 E Catherine St Box 167 Darlington, WI 53530	
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>On 8/13/24 at 4:57 PM, Surveyor interviewed SSD C. Surveyor asked SSD C if an allegation of sexual abuse is a crime, SSD C stated yes. Surveyor asked SSD C if law enforcement should have been contacted, SSD C said yes, I think we thought they had been, since the allegation came to us from APS.</p> <p>On 8/13/24 at 5:33 PM, Surveyor interviewed DON B (Director of Nursing). Surveyor asked DON B if an allegation of sexual abuse is a crime, DON B stated yes. Surveyor asked DON B if law enforcement should have been contacted, DON B replied if there is a suspicion that sexual abuse has occurred, yes.</p> <p>50228</p> <p>Example 2</p> <p>R2 reported that a Certified Nursing Assistant (CNA) was rough with her. The facility did not report this allegation of abuse to the State Agency (SA) or law enforcement.</p> <p>Grievance Form, dated 2/6/24, states, in part: .CNA was rough with her .</p> <p>On 8/13/24 at 4:45 PM, Surveyor interviewed SSD C (Social Service Director) and asked if a resident states that a CNA was rough with them, could this be considered an allegation of abuse? SSD C stated, it could be, yes. Surveyor asked if R2's concern was potentially abuse. SSD C stated, it could've been. Surveyor asked if this concern met the definition of contacting the state agency or law enforcement. SSD C stated, we didn't feel so at the time, but looking back at it now, we could have updated the state and contacted law enforcement.</p> <p>On 8/13/24 at 5:25 PM, Surveyor interviewed DON B (Director of Nursing) and asked if a resident states that a CNA was rough with them, could this be considered an allegation of abuse. DON B stated, yes. Surveyor asked if the facility would expect that the State Agency and law enforcement be notified with concern of abuse. DON B stated, yes.</p> <p>Example 3</p> <p>R3 reported that the CNA left her unsupervised in the tub. The facility did not report this allegation of neglect to the State Agency (SA).</p> <p>Grievance Form, dated 5/31/24, states, in part: R3 stated that CNA was not attentive during bathing, she had to request multiple times for assistance, felt CNA was distracted. R3 mentioned that at one point she felt like she could have slipped in the tub unit and asked the CNA to get out of the bath.</p> <p>Employee Disciplinary Form, dated 5/31/24, states, in part: Employee Statement-- .I was over by the sink cutting my nails. I did not know she needed help.</p> <p>On 8/13/24 at 2:00 PM, Surveyor observed the tub/shower room. The bathtub is on the far side of the room, separated from the shower and sink by a wall. Surveyor was unable to visualize the tub when standing near the sink.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525362	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/13/2024
NAME OF PROVIDER OR SUPPLIER Lafayette Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 719 E Catherine St Box 167 Darlington, WI 53530	
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>On 8/13/24 at 4:45 PM, Surveyor interviewed SSD C and asked, if staff needs to supervise residents while they are in the bathtub. SSD C stated, they should, I believe. Surveyor asked SSD C if a resident is unsupervised in the bathtub, could this be considered an allegation of neglect. SSD C stated, yes, it could be.</p> <p>On 8/13/24 at 5:25 PM, Surveyor interviewed DON B and asked if staff need to supervise residents while they are in the bathtub. DON B stated, yes. Surveyor asked if the staff member needs to see the resident during supervision. DON B stated, yes, staff need to have eyes on the resident. Surveyor asked if a staff member is standing near the sink in the tub/shower room, are they able to supervise the resident. DON B stated, no. Surveyor asked if a resident is unsupervised in the bathtub, could this be considered an allegation of neglect. DON B stated, it could be. Surveyor asked if this should have been investigated. DON B stated, yes. Surveyor asked if the facility would expect allegations of neglect to be reported to the SA. DON B stated, yes.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525362	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/13/2024
NAME OF PROVIDER OR SUPPLIER Lafayette Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 719 E Catherine St Box 167 Darlington, WI 53530	
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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p>50228</p> <p>Based on interview and record review, the facility did not investigate an alleged violation of abuse or neglect for 2 of 3 sampled residents (R2 and R3).</p> <p>On 2/6/24, the facility became aware of an alleged violation of abuse to R2 and the facility did not conduct an investigation.</p> <p>On 5/31/24, the facility became aware of an alleged violation of neglect to R3 and the facility did not conduct an investigation.</p> <p>Evidenced by:</p> <p>Facility policy entitled, Resident and Family Grievances dated 1/30/2024, states, in part: .Take any immediate actions needed to prevent further potential violations of any resident rights. Report any allegations involving neglect, abuse, injuries of unknown source, and/or misappropriation of resident property immediately to the administrator and follow procedures for those allegations .</p> <p>Facility policy entitled, Abuse, Neglect, and Exploitation dated 11/20/2023, states, in part: .V. Investigation of Alleged Abuse, Neglect and Exploitation A.An immediate investigation is warranted when suspicion of abuse, neglect or exploitation, or reports of abuse, neglect or exploitation occur. B. Written procedures for investigations include: .4. Identifying and interviewing all involved persons, including the alleged victim, alleged perpetrator, witnesses, and others who might have knowledge of the allegations .</p> <p>Example 1</p> <p>R2's Grievance Form, dated 2/6/24, states, in part: .CNA (certified nursing assistant) was rough with her .SW (social worker) spoke with resident who was unable to name staff member .</p> <p>On 8/13/24 at 10:16 AM, Surveyor interviewed SSD C (Social Services Director) and asked if there was conversation with the staff working on 2/6/24 to determine which staff member worked with R2. SSD C said, No, because the resident couldn't say who the staff member was.</p> <p>On 8/13/24 at 3:13 PM, Surveyor interviewed SSD C and asked would staff on duty be interviewed if a resident reported a concern but was unable to state name of the involved staff member. SSD C stated, yes, to narrow down who might be responsible for the care of the resident. Surveyor asked if the staff on duty on 2/6/24 should have been interviewed. SSD C stated, after reviewing this again, I should have spoken to everyone individually. I should have interviewed all staff.</p> <p>On 8/13/24 at 4:45 PM, Surveyor interviewed SSD C and asked if a resident states that a CNA was rough with them, could this be considered an allegation of abuse? SSD C stated, it could be, yes. Surveyor asked if this would be investigated to rule out abuse. SSD C stated yes, we talk with the resident for further information and talk with staff. Surveyor asked if staff should have been interviewed regarding R2's report of CNA being rough. SSD C stated, yes.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525362	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/13/2024
NAME OF PROVIDER OR SUPPLIER Lafayette Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 719 E Catherine St Box 167 Darlington, WI 53530	
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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 8/13/24 at 5:25 PM, Surveyor interviewed DON B (Director of Nursing) and asked if a resident states that a CNA was rough with them, could this be considered an allegation of abuse. DON B stated, yes. Surveyor asked if R2's report of CNA being rough should have been investigated. DON B stated, yes. Surveyor asked if staff and other residents should have been interviewed. DON B stated, yes.</p> <p>Example 2</p> <p>R3's Grievance Form, dated 5/31/24, states, in part: R3 stated that CNA was not attentive during bathing, she had to request multiple times for assistance, felt CNA was distracted. R3 mentioned that at one point she felt like she could have slipped in the tub unit and asked to get out of bath.</p> <p>Facility Employee Disciplinary Form, dated 5/31/24, states, in part: Employee Statement-- .I was over by the sink cutting my nails. I did not know she needed help.</p> <p>On 8/13/24 at 1:34 PM, Surveyor interviewed R3 and asked about the bath on 5/31/24. R3 stated, the CNA should've been paying more attention to me. She was behind the wall where she couldn't see me. I don't wear a restraining belt, I could have slipped down under the water and she wouldn't have known.</p> <p>On 8/13/24 at 2:00 PM, Surveyor observed the tub/shower room. The bathtub is on the far side of the room, separated from the shower and sink by a wall. Surveyor was unable to visualize the tub when standing near the sink.</p> <p>On 8/13/24 at 2:04 PM, Surveyor interviewed CNA D and asked if residents are allowed to be unsupervised while in the bath tub. CNA D stated, no, you have to keep eyes on them.</p> <p>On 8/13/24 at 4:45 PM, Surveyor interviewed SSD C and asked, if staff needs to supervise residents while they are in the bathtub. SSD C stated, they should, I believe. Surveyor asked SSD C if a resident is unsupervised in the bathtub, could this be considered an allegation of neglect. SSD C stated, yes, it could be. Surveyor asked SSD C if R3's concern of 5/31/24 should have been investigated. SSD C stated, yes. Surveyor asked SSD C if staff and residents should have been interviewed. SSD C stated, yes.</p> <p>On 8/13/24 at 5:25 PM, Surveyor interviewed DON B and asked if staff needs to supervise residents while they are in the bathtub. Surveyor asked if the staff member needs to see the resident during supervision. DON B stated, yes, staff need to have eyes on the resident. Surveyor asked if a staff member is standing near the sink in the tub/shower room, are they able to supervise the resident. DON B stated, no. Surveyor asked if a resident is unsupervised in the bathtub, could this be considered an allegation of neglect. DON B stated, it could be. Surveyor asked if this should have been investigated. DON B stated, yes. Surveyor asked if staff and other residents should have been interviewed. DON B stated, yes.</p>		