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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>525362   | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing  | (X3) DATE SURVEY COMPLETED<br><br>08/13/2025 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Lafayette Manor  |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br>719 E Catherine St Box 167<br>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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)  |   |  |
| F 0609<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few                            | <p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>Based on interview and record review the facility did not ensure all alleged violations involving abuse, neglect, exploitation, or mistreatment were reported immediately to the administrator of the facility and to other officials, including the State Survey Agency, in accordance with State law through established procedures for 2 of 5 residents reviewed for abuse (R4 and R5). Staff documented a resident-to-resident altercation, involving R4 on 8/5/25, which was not reported to the State Agency. Staff documented a resident-to-resident altercation, involving R5 on 8/5/25, which was not reported to the Administrator or State Agency. Evidenced by: The facility policy titled, Abuse, Neglect and Exploitation, revised 6/24/25, includes in part: Policy: It is the policy of this facility to provide protections for the health, welfare and rights of each resident by developing and implementing written policies and procedures that prohibit and prevent abuse, neglect, exploitation and misappropriation of resident property. The components of the facility abuse prohibition plan are discussed herein: .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: a. Immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or b. Not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury. On 8/13/25 Surveyors reviewed a progress note for R2, dated and timed 8/5/25 9:09 PM, Author: LPN C (Licensed Practical Nurse). The note contained the following information, in part: Once supper was over, resident was taken out by staff for a cigarette, upon return her behaviors worsened. She began yelling at R4 to Shut the fuck up. Writer was at med cart when she heard an item fall, resident threw her wander guard in R4's direction, it is unknown if she had the intention to hit him with the object. When resident R5 walked by, she slammed her walker into the chair in front of her and said, I'll kill you. On 8/13/25 at 4:02PM Surveyors interviewed LPN C (Licensed Practical Nurse) via telephone regarding the events she documented on 8/5/25 involving, R2, R4, and R5. During the interview LPN C indicated she recalled the events documented in her note. LPN C indicated that she reported the events between R2 and R4 to NHA A (Nursing Home Administrator) but was only about certain she reported the events between R2 and R5 to NHA A. Surveyor asked LPN C if she should report a potential verbal abuse or threat to the NHA when a resident says, I'll kill you, to another resident. LPN C indicated, it makes sense to report it as abuse, but with R2 it's hard because it's part of her disease. On 8/13/25 at 2:06PM Surveyors interviewed NHA A. Surveyors reviewed the information from the 8/5/25 progress note above with NHA A. During the interview NHA A indicated that LPN C reported to her the events between R2 and R4 and that she did not recall the events between R2 and R5 being reported to her. Surveyor asked NHA A if these events should have been reported to her and to the State Agency as allegations of abuse. NHA A indicated they should have.</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE                   | (X6) DATE  |
| FORM CMS-2567 (02/99)<br>Previous Versions Obsolete                   | Event ID:<br><br>525362 | Facility ID:<br><br>525362<br><br>If continuation sheet<br>Page 1 of 2 |

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| <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>Based on interview and record review, the facility did not have evidence that all alleged violations of abuse were thoroughly investigated for 2 of 5 residents reviewed for abuse (R4 and R5). Staff documented an observation of a resident-to-resident altercation, involving R4 on 8/5/25, which was not investigated by the facility. Staff documented an observation of a resident-to-resident altercation, involving R5 on 8/5/25, which was not investigated by the facility. Evidenced by: The facility policy titled, Abuse, Neglect and Exploitation, revised 6/24/25, includes in part: Policy: It is the policy of this facility to provide protections for the health, welfare and rights of each resident by developing and implementing written policies and procedures that prohibit and prevent abuse, neglect, exploitation and misappropriation of resident property. The components of the facility abuse prohibition plan are discussed herein: .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. On 8/13/25 Surveyors reviewed a progress note for R2, dated and timed 8/5/25 9:09PM, Author: LPN C (Licensed Practical Nurse). The note contained the following information, in part: Once supper was over, resident was taken out by staff for a cigarette, upon return her behaviors worsened. She began yelling at R4 to Shut the fuck up. Writer was at med cart when she heard an item fall, resident threw her wander guard in R4's direction, it is unknown if she had the intention to hit him with the object. When R5 walked by, she slammed her walker into the chair in front of her and said, I'll kill you. On 8/13/25 at 2:06PM Surveyors interviewed NHA A and reviewed the information from the 8/5/25 progress note above with NHA A. Surveyors asked if the events documented between R2 and R4 and R2 and R5 should have been investigated as allegations of abuse. NHA A indicated they should have.</p> |   |  |