STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525414	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mercy Health Services	2727 W Mitchell St Milwaukee, WI 53215

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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38829 Based on record review and staff interview, the facility did not ensure that 1 allegation of a Resident to Resident altercation involving 2 Residents (R2 and R9) was reported immediately to the State Survey Agency. * On 7/14/24, R2 received a closed fist hit to the left forearm resulting in a bruise which was not reported to the State Survey Agency. Findings Include: The facility's policy Abuse, Neglect, and Exploitation policy and procedure implemented 3/2018 and last reviewed/revised on 7/15/2022 documents: 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. V. Investigation of Alleged Abuse, Neglect and Exploitation A. An immediate investigation is warranted when allegation or suspicion of abuse, neglect or exploitation, or reports of abuse, neglect or exploitation occur. B. Written procedures investigations include: 1. Identifying staff responsible for the investigation 3. Investigating different types of alleged violations 4. Identifying and interviewing all involved persons, including the alleged victim, alleged perpetrator, witnesses, and others who might have knowledge of the allegation(s) 5. Focusing the investigation on determining if abuse, neglect, exploitation, and/or mistreatment has occurred, the extent, and cause (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525414	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/05/2024
NAME OF PROVIDER OR SUPPLIER Mercy Health Services		STREET ADDRESS, CITY, STATE, ZIP CODE 2727 W Mitchell St Milwaukee, WI 53215	

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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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	6. Providing complete and thorough documentation of the investigation 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 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 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 4. Taking all necessary actions as a result if the investigation, which may include, but are not limited to, the following: a. Analyzing the occurrence(s) to determine why abuse, neglect, misappropriation of Resident property or exploitation occurred, and what changes may be needed to prevent further occurrences b. Defining whether care provision should be changed and/or improved to protect Residents receiving services c. Training of staff on changes made and demonstration of staff competency after training is implemented d. Identification of staff responsible for implementation of corrective actions e. The expected date for implementation f. Identification of staff responsible for monitoring the implementation of the plan B. The Administrator will follow up with government agencies to report the results of the investigation when final within 5 working days of the incident, as required by state agencies. 1) R2 was admitted to the facility on [DATE] with diagnoses of Hemiplegia and Hemiparesis Following Cerebral Infarction Affecting Right Dominant Side, Generalized Idiopathic Epilepsy, Hypothyroidism, Anxiety, Major Depressive Disorder, Schizophrenia, and Pervasive Developmental Disorder. R2's Quarterly Minimum Data Set (MDS) completed on 5/4/24 documents that R2 has both short and long term memory impairment and demonstrates severely impaired skills for daily decision making. R2 has a Patient Health Questionnaire(PHQ-9) score of 0 and no behaviors are documented. R2 is dependent on staff for mobility, transfers, dressing, and toileting needs. R2's comprehensive care plan documents the following applicable focused problems with interventions: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525414	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/05/2024
NAME OF PROVIDER OR SUPPLIER Mercy Health Services		STREET ADDRESS, CITY, STATE, ZIP CODE 2727 W Mitchell St Milwaukee, WI 53215	

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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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	1. Behavior monitoring due to anxiety, cognitive impairment, schizophrenia, history of verbal/physical agitation/aggression, yelling out, calling out, grabbing at others, hitting self and other Residents, lack of response to interventions/becomes combative/agitation, history of picking at skin and putting objects in mouth, history of taking food from other Resident, history of wandering and pacing. Initiated 10/3/19, Revised 7/9/24 -May be physically abusive-11/4/20 -May be verbally abusive-11/4/20 -Verbal/Physical Aggression-11/5/20 1. Provide consistent staff 2. Anticipate and meet needs in a timely manner 3. Provide music for R2 -Encourage R2 to propel wheelchair in areas where there is more personal space-7/9/24 2. Episodes of anxiety as evidenced by (yelling out, calling out, hitting at self) due to cognitive impairment, impaired communication, loss of control-11/4/20 -Target Behavior-calling out/yelling out, hitting at self-11/5/20 1. Provide reassurance 2. Provide comfort items 3. Provide music 4. Anticipate and meet needs in a timely manner -Target Behavior-throwing self on floor-11/5/20 1. Allow for R2 to sit in common areas with other Residents 2. Give positive praise 3. Provide R2 comfort with stuffed animals/music -Target Behavior-yelling out/calling out, grabbing at others-11/5/20 1. Family visits/calls 2. Address pain, toileting needs, and other caregiver needs in a timely manner 3. Keep hands occupied with stuffed animals (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525414	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/05/2024
NAME OF PROVIDER OR SUPPLIER: Mercy Health Services		STREET ADDRESS, CITY, STATE, ZIP CODE: 2727 W Mitchell St Milwaukee, WI 53215	

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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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	3. Vulnerability: R2 is a vulnerable adult and is at risk for potential abuse due to cognitive deficit, ability to communicate, inappropriate behavior, wandering-2/10/24 -Facility staff educated on reporting abuse-2/10/24 -Facility staff will follow facility policy and procedure-2/10/24 -Facility staff will observe for changes in mood, behavior, psychological needs and cognition-2/10/24 -Redirect from potentially dangerous situations-2/10/24 -Redirect when around others that disturb me or that I disturb-2/10/24 -R2 will be free of retaliation if alleged abuse is reported-2/10/24 2) R9 was admitted to the facility on [DATE] with diagnoses of Hemiplegia and Hemiparesis Following Cerebral Infarction Affecting Left On-Dominant Side, Dyspagia, Chronic Obstructive Pulmonary Disease, Adult Failure to Thrive, Chronic Systolic Heart Failure, and Dementia. Surveyor noted that that R9's comprehensive care plan was not updated with interventions after the Resident to Resident altercation on 7/14/24. On 7/14/24 at 10:48 AM, Licensed Practical Nurse (LPN)-C documented: R2 received aggression(closed fist hit) to the right forearm by another Resident. No apparent injury noted at this time. Residents immediately separated. Notifications to Director of Nursing (DON)-B, physician, HCPOA, and caseworker. On 7/14/24 at 10:51 AM, LPN-C documented: The current status is Resident to Resident altercation. Monitor right forearm for bruising entered. On 7/15/24 at 2:43 AM, Registered Nurse (RN)-D documented: Current status is R2 remains on 24 hour board for peer-to-peer incident that leg to a bruise right forearm. R2 is resting in bed with eyes closed and doesn't appear to be in any pain or discomfort. Right forearm bruise is more in AC area which is pinkish in color. R2 can move right forearm without any limitations. On 7/15/24 at 2:52 AM, RN-D documented: Current status is R9 remains on 24 hour board for peer to peer behavioral incident. On 7/15/24 at 6:49 AM, LPN-E documented: Current status is peer to peer altercation. Bruise to left forearm continue to resolve. On 7/15/24 at 10:50 AM, LPN-C documented: Correction: Bruise is to the left forearm. On 7/16/24 at 10:55 AM, LPN-C documented: The current status is Post Resident to Resident: R2 sustained a left forearm bruise. Bruise remains no signs/symptoms of bleeding/infection. No signs/symptoms of pain/discomfort. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525414	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/05/2024
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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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 7/16/24 at 12:47 AM, DON-B documented: Bruise/redness to the left forearm is resolved. All parties of the care team and HCPOA notified. On 7/18/24 at 11:25 AM, LPN-C documented: Current status is post new left forearm bruise. Bruise has no signs/symptoms of bleeding/infection. Nursing staff continue to monitor behaviors. Surveyor noted R9's nursing progress notes located in R9's medical record document that R9 is being monitored for aggressive behavior due to Resident to Resident altercation. On 8/1/24 at 3:01 PM, DON-B informed Surveyor that the team did not feel R9 hitting R2 with a closed fist was an intent to harm R2. DON-B explained that R2 can get very loud, vocal, and gets too close to other Residents. Surveyor shared the concern that this altercation was not submitted to the State Survey Agency within the required reporting time frame. No further information was provided by the facility at this time. On 8/5/24 at 11:37 AM, Surveyor again shared the concern that R2's progress notes contain documentation that R2 was hit with a closed fist by R9 resulting in a bruise to the left forearm. DON-B stated, the team did not feel there was intent and there actually was no bruise on R2. Surveyor informed DON-B that R2's progress notes document R2 had a bruise and was being monitored for the bruise. Surveyor shared that R9 was being monitored for aggressive behaviors. Surveyor asked to the facility if there is any additional information to provide that explained why the facility did not report this incident to the State Survey Agency within the required timeframes. No additional information was provided as to why the Resident to Resident altercation involving R2 and R9 was not reported immediately to the State Survey Agency.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525414	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/05/2024
NAME OF PROVIDER OR SUPPLIER Mercy Health Services		STREET ADDRESS, CITY, STATE, ZIP CODE 2727 W Mitchell St Milwaukee, WI 53215	

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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 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Respond appropriately to all alleged violations. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38829 Based on record review and staff interview, the facility did not ensure that 2 allegations of Resident to Resident altercations involving 4 Residents(R2 and R3 and R2 and R9) were thoroughly investigated. *On 7/12/24 the facility submitted a Misconduct Incident Report describing an altercation of R2 scratching R3 on 7/5/24. The facility did not complete a thorough investigation including staff statements, other resident statements, and a root/cause analysis of the altercation. *On 7/14/24 the facility did not complete a thorough investigation of the altercation between R9 and R2. R9 hit R2 with a closed fist on the left forearm resulting in a bruise. The facility did not obtain staff statements, other resident statements, and a root/cause analysis of the altercation. Findings Include: The facility's policy Abuse, Neglect, and Exploitation policy and procedure dated as last reviewed/revised on 7/15/2022 documented: 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. V. Investigation of Alleged Abuse, Neglect and Exploitation A. An immediate investigation is warranted when allegation or suspicion of abuse, neglect or exploitation, or reports of abuse, neglect or exploitation occur. B. Written procedures investigations include: 1. Identifying staff responsible for the investigation 3. Investigating different types of alleged violations 4. Identifying and interviewing all involved persons, including the alleged victim, alleged perpetrator, witnesses, and others who might have knowledge of the allegation(s) 5. Focusing the investigation on determining if abuse, neglect, exploitation, and/or mistreatment has occurred, the extent, and cause 6. Providing complete and thorough documentation of the investigation VII. Reporting Response (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525414	A. Building B. Wing	08/05/2024

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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 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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 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 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 4. Taking all necessary actions as a result if the investigation, which may include, but are not limited to, the following: a. Analyzing the occurrence(s) to determine why abuse, neglect, misappropriation of Resident property or exploitation occurred, and what changes may be needed to prevent further occurrences b. Defining whether care provision should be changed and/or improved to protect Residents receiving services c. Training of staff on changes made and demonstration of staff competency after training is implemented d. Identification of staff responsible for implementation of corrective actions e. The expected date for implementation f. Identification of staff responsible for monitoring the implementation of the plan B. The Administrator will follow up with government agencies to report the results of the investigation when final within 5 working days of the incident, as required by state agencies. 1) R2 was admitted to the facility on [DATE] with diagnoses of Hemiplegia and Hemiparesis Following Cerebral Infarction Affecting Right Dominant Side, Generalized Idiopathic Epilepsy, Hypothyroidism, Anxiety, Major Depressive Disorder, Schizophrenia, and Pervasive Developmental Disorder. R2's Quarterly Minimum Data Set (MDS) completed on 5/4/24 documented R2 has both short and long term memory impairment and demonstrates severely impaired skills for daily decision making. R2 has a Patient Health Questionnaire(PHQ-9) score of 0 and no behaviors are documented. R2 is dependent on staff for mobility, transfers, dressing, and toileting needs. R2's comprehensive care plan documented the following applicable focused problems with interventions: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525414	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/05/2024
NAME OF PROVIDER OR SUPPLIER Mercy Health Services		STREET ADDRESS, CITY, STATE, ZIP CODE 2727 W Mitchell St Milwaukee, WI 53215	

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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 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	1. Behavior monitoring due to anxiety, cognitive impairment, schizophrenia, history of verbal/physical agitation/aggression, yelling out, calling out, grabbing at others, hitting self and other Residents, lack of response to interventions/becomes combative/agitation, history of picking at skin and putting objects in mouth, history of taking food from other Resident, history of wandering and pacing. Initiated 10/3/19, Revised 7/9/24 -May be physically abusive-11/4/20 -May be verbally abusive-11/4/20 -Verbal/Physical Aggression-11/5/20 1. Provide consistent staff 2. Anticipate and meet needs in a timely manner 3. Provide music for R2 -Encourage R2 to propel wheelchair in areas where there is more personal space-7/9/24 2. Episodes of anxiety as evidenced by (yelling out, calling out, hitting at self) due to cognitive impairment, impaired communication, loss of control-11/4/20 -Target Behavior-calling out/yelling out, hitting at self-11/5/20 1. Provide reassurance 2. Provide comfort items 3. Provide music 4. Anticipate and meet needs in a timely manner -Target Behavior-throwing self on floor-11/5/20 1. Allow for R2 to sit in common areas with other Residents 2. Give positive praise 3. Provide R2 comfort with stuffed animals/music -Target Behavior-yelling out/calling out, grabbing at others-11/5/20 1. Family visits/calls 2. Address pain, toileting needs, and other caregiver needs in a timely manner 3. Keep hands occupied with stuffed animals (continued on next page)

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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 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	3. Vulnerability: R2 is a vulnerable adult and is at risk for potential abuse due to cognitive deficit, ability to communicate, inappropriate behavior, wandering-2/10/24 -Facility staff educated on reporting abuse-2/10/24 -Facility staff will follow facility policy and procedure-2/10/24 -Facility staff will observe for changes in mood, behavior, psychological needs and cognition-2/10/24 -Redirect from potentially dangerous situations-2/10/24 -Redirect when around others that disturb me or that I disturb-2/10/24 -R2 will be free of retaliation if alleged abuse is reported-2/10/24 2) R3 was admitted to the facility on [DATE] with diagnoses of Parkinsons Disease, Chronic Kidney Disease, Stage 3, Cardiomyopathy, Malignant Neoplasm of Liver, Dementia, and Bipolar. R3's Quarterly Minimum Data Set (MDS) completed on 7/15/24 documented R3 has a Brief Interview for Mental Status(BIMS) score of 9, which means R3 demonstrates moderately impaired skills for daily decision making. R3's MDS does not document any mood or behavior issues. R3 is dependent for mobility. transfers, and dressing. R3's comprehensive care plan documented: -R3 is at risk for changes in mood due to anxiety, depression, psychiatric illness, history of peer-to-peer altercation Initiated 11/8/23 Revised 7/17/24 -Vulnerability: R3 is a vulnerable adult and is at risk for potential abuse due to cognitive deficit-3/4/24 3) R9 was admitted to the facility on [DATE] with diagnoses of Hemiplegia and Hemiparesis Following Cerebral Infarction Affecting Left On-Dominant Side, Dyspagia, Chronic Obstructive Pulmonary Disease, Adult Failure to Thrive, Chronic Systolic Heart Failure, and Dementia. R9's Quarterly Minimum Data Set (MDS) completed on 5/3/24 documented R9 has a Brief Interview for Mental Status(BIMS) score of 9, which means R9 demonstrates moderately impaired skills for daily decision making. R9 has no mood issues and delusions is documented for R9. R9 is dependent for mobility, transfers, and dressing. Surveyor notes that R9's comprehensive care plan was not updated with interventions after the Resident to Resident altercation on 7/14/24. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525414	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/05/2024
NAME OF PROVIDER OR SUPPLIER Mercy Health Services		STREET ADDRESS, CITY, STATE, ZIP CODE 2727 W Mitchell St Milwaukee, WI 53215	

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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 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 7/14/24 at 10:48 AM, Licensed Practical Nurse (LPN)-C documented R2 received aggression(closed fist hit) to the right forearm by another Resident. No apparent injury noted at this time. Residents immediately separated. Notifications to Director of Nursing (DON)-B, physician, HCPOA, and caseworker. On 7/14/24 at 10:51 AM, LPN-C documented the current status is Resident to Resident altercation. Monitor right forearm for bruising entered. On 7/15/24 at 2:43 AM, Registered Nurse (RN)-D documented current status is R2 remains on 24 hour board for peer-to-peer incident that leg to a bruise right forearm. R2 is resting in bed with eyes closed and doesn't appear to be in any pain or discomfort. Right forearm bruise is more in AC area which is pinkish in color. R2 can move right forearm without any limitations. On 7/15/24 at 2:52 AM, RN-D documented: Current status is R9 remains on 24 hour board for peer to peer behavioral incident. On 7/15/24 at 6:49 AM, LPN-E documented: Current status is peer to peer altercation. Bruise to left forearm continue to resolve. On 7/15/24 at 10:50 AM, LPN-C documented: Correction:bruise is to the left forearm. On 7/16/24 at 10:55 AM, LPN-C documented The current status is Post Resident to Resident: R2 sustained a left forearm bruise. Bruise remains no signs/symptoms of bleeding/infection. No signs/symptoms of pain/discomfort. On 7/16/24 at 12:47 AM, DON-B documented: Bruise/redness to the left forearm is resolved. All parties of the care team and HCPOA notified. On 7/18/24 at 11:25 AM, LPN-C documented: Current status is post new left forearm bruise. Bruise has no signs/symptoms of bleeding/infection. Nursing staff continue to monitor behaviors. Surveyor noted that R9's nursing progress notes located in R9's medical record document that R9 is being monitored for aggressive behavior due to Resident to Resident altercation. On 7/5/24 the facility submitted an Alleged Nursing Home Resident Mistreatment, Neglect, and Abuse Report to the State Survey Agency documenting R2 was observed reaching out and scratching R3 on the right forearm measuring 11x0.5x0.1. The facility submitted the Misconduct Incident Report on 7/12/24. The report was submitted along with 1 staff statement from the Social Worker (SW)-F who witnessed it. Education on how to recognize behaviors to help prevent incident from recurring was given to the staff. Surveyor noted the Misconduct Incident Report was missing a page. (continued on next page)

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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 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 8/1/24 at 3:01 PM, DON-B informed Surveyor that the team did not feel R9 hitting R2 with a closed fist was an intent to harm. DON-B explained that R2 can get very loud, vocal, and gets too close to other Residents. Surveyor shared the concern that this altercation was not submitted to the State Survey Agency with-in the required reporting time-frame. No further information was provided by the facility at this time. Surveyor shared the concern that a thorough investigation was not completed with staff statements, Resident interviews, and a root/cause analysis completed for each of R2 peer to peer altercation with R3 and R9 peer to peer altercation with R2. No further information was provided at this time by the facility. On 8/5/24 at 11:37 AM, Surveyor again shared the concern that R2's progress notes contain documentation that R2 was hit with a closed fist by R9 resulting in a bruise to the left forearm. DON-B stated, the team did not feel there was intent and there actually was no bruise on R2. Surveyor shared R2's progress notes document R2 had a bruise and was being monitored for the bruise. Surveyor shared that R9 was being monitored for aggressive behaviors. Surveyor shared again the concern that R2 and R3's altercation investigation did not contain staff statements, Resident interviews, and a root/cause analysis was identified. Surveyor expressed to the facility if there is any additional information to provide it for Surveyor to review. No additional information was provided as to why the facility did not ensure that the two allegations of Resident to Resident altercations involving R2 and R3 and R2 and R9 were thoroughly investigated.