

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525489	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/19/2024
NAME OF PROVIDER OR SUPPLIER Newcare		STREET ADDRESS, CITY, STATE, ZIP CODE 903 Main Ave Crivitz, WI 54114	

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>47248</p> <p>Based on staff interview and record review, the facility did not report an allegation of sexual abuse to the State Agency (SA) for 2 residents (R) (R29 and R94) of 2 sampled residents.</p> <p>On 3/21/24, staff observed R29 seek out R94 after redirection and kiss R94 on the lips. The facility did not report the allegation of sexual abuse to the SA.</p> <p>Findings include:</p> <p>The facility's Resident Abuse, Neglect, and Misappropriation/Exploitation of Property Policy and Procedure, with a revision date 5/1/24, indicates: It is the policy of NEWCare, Inc. that residents be maintained in a safe, protective, and humane environment free from mistreatment, neglect, verbal, sexual, physical, and mental abuse .All possible attempts will be made to identify residents whose personal histories render them at risk of abusing other residents and when identified, care plans will include intervention strategies to prevent occurrences of abusive behavior. Allegations that abuse of any type has occurred will be handled as identified in the following procedure .Reporting: 1. The Nursing Home Administrator, Director of Nursing, and Social Services Designee shall be informed within two hours of suspected abuse .2. Once the facility administration becomes aware of any alleged violations, the facility must report to the designated state agency within 24 hours if deemed a reportable incident. 3. After the facility submits a report of an alleged violation, the facility must conduct a thorough investigation, prevent any other incident from occurring throughout the investigation and report the results of the investigation to the state agency within five working days.</p> <p>On 6/18/24, Surveyor reviewed R29's medical record. R29 had diagnoses including unspecified dementia, unspecified severity, without behavioral disturbance, psychotic disturbance, mood disturbance, anxiety, cognitive communication deficit, and adjustment disorder with mixed disturbance of emotions and conduct. R29's most recent Minimum Data Set (MDS) assessment, dated 4/10/24, documented R29 had a Brief Interview for Mental Status (BIMS) score of 1 out of 15 which indicated R29 had severe cognitive impairment. R29 had an activated Power of Attorney (POA).</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: 525489	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/19/2024
NAME OF PROVIDER OR SUPPLIER Newcare		STREET ADDRESS, CITY, STATE, ZIP CODE 903 Main Ave Crivitz, WI 54114	
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>A behavior care plan, initiated 7/21/22 and updated on 3/19/24, stated R29 will not exhibit socially inappropriate/disruptive behavior through the next review period and indicated the following: R29 will often greet other residents by touching or rubbing their arm or leg in a friendly manner. R29 has become more affectionate toward male residents with no regard to personal privacy. Please redirect R29 when this is happening. R29 has also been lifting R29's top and exposing R29's self to male residents and visitors. Make sure R29 has a camisole, bra, or long t-shirt tucked into R29's pants so R29 is not able to lift R29's top.</p> <p>A progress note, dated 3/21/24, indicated: R29 sought out R94 in the dining room when staff left to deliver a meal tray. After staff redirected R29, R29 reached back and kissed R94 on the lips. R29 was redirected to the dinner table and R94 was moved closer to R94's room. R29 sought out R94 again and was redirected. Staff initiated 1:1 supervision for R29.</p> <p>On 6/18/24 at 2:36 PM, Surveyor interviewed Registered Nurse (RN)-E who witnessed the incident on 3/21/24 and wrote the progress note. RN-E stated RN-E redirected R29 from R94 after RN-E returned to the dining room after delivering a meal tray. After R29 was redirected, RN-E stated R29 self-propelled R29's wheelchair back to R94's table and kissed R94 on the lips. RN-E stated R29 and R94 were separated and staff initiated 1:1 supervision for R29 until R29 was assisted to bed that evening. RN-E stated 1:1 supervision was initiated to ensure the safety of R94 throughout the night. RN-E stated RN-E updated Director of Nursing (DON)-B either that evening or the following morning and indicated behavioral incidents are documented in R29's chart as they occur.</p> <p>On 6/18/24, Surveyor reviewed R94's medical record. R94 had diagnoses including encounter for palliative care, cerebral palsy, anxiety disorder, major depressive disorder, and unspecified intellectual disabilities. R94's MDS assessment, dated 3/27/24, documented R94 had a BIMS score of 0 out of 15 which indicated R94 had severe cognitive impairment. R94 had a court-appointed guardian for healthcare decisions.</p> <p>On 6/18/24 at 10:26 AM, Surveyor interviewed Social Services Director (SSD)-D who was a part of the team that reports and investigates allegations of abuse. SSD-D stated SSD-D was not aware of the incident between R29 and R94 on 3/21/24. SSD-D stated SSD-D was aware R29 had sexual behaviors and targeted R94 and verified R29 and R94 were unable to consent to sexual contact. SSD-D confirmed allegations of sexual abuse should be reported to the SA.</p> <p>On 6/18/24 at 10:38 AM, Surveyor interviewed DON-B and Nursing Home Administrator (NHA)-A who stated they were not aware of the incident between R29 and R94 on 3/21/24 and did not report the incident to the SA. DON-B stated DON-B would look at the documentation and provide Surveyor with information on the allegation and investigation and if the incident should have been reported.</p> <p>On 6/19/24 at 8:10 AM, Surveyor interviewed DON-B who remembered updating R29's physician regarding R29's behaviors and requested an order for a medication that was previously discontinued due to R29's refusals. DON-B stated R29's sexual behaviors were less when R29 was prescribed the medication. DON-B again stated DON-B was not aware of the incident on 3/21/24. DON-B stated staff document behaviors on a behavioral sheet and the unit nurse is responsible for documenting behaviors in the resident's medical record. DON-B stated documentation is reviewed and discussed during daily team meetings.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525489	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/19/2024
NAME OF PROVIDER OR SUPPLIER Newcare		STREET ADDRESS, CITY, STATE, ZIP CODE 903 Main Ave Crivitz, WI 54114	
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 6/19/24 at 9:45 AM, Surveyor interviewed DON-B regarding the review of daily documentation. DON-B confirmed the documentation was reviewed and DON-B was uncertain how it slipped through their minds to report the incident of potential sexual abuse between R29 and R94 because previous and post incidents were reported and investigated. DON-B confirmed the incident of sexual contact between R29 and R94 on 3/21/24 should have been reported to the SA.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525489	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/19/2024
NAME OF PROVIDER OR SUPPLIER Newcare		STREET ADDRESS, CITY, STATE, ZIP CODE 903 Main Ave Crivitz, WI 54114	
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>47248</p> <p>Based on staff interview and record review, the facility did not ensure an allegation of sexual abuse was investigated for 2 residents (R) (R29 and R94) of 2 sampled residents.</p> <p>The facility did not investigate an allegation of sexual abuse involving R29 and R94.</p> <p>Findings include:</p> <p>The facility's Resident Abuse, Neglect, and Misappropriation/Exploitation of Property Policy and Procedure, with a revision date of 5/1/24, indicates: It is the policy of NEWCare, Inc. that residents be maintained in a safe, protective, and humane environment free from mistreatment, neglect, verbal, sexual, physical, and mental abuse .by staff as well as other residents throughout their stay in the facility .All possible attempts will be made to identify residents whose personal histories render them at risk of abusing other residents and when identified, care plans will include intervention strategies to prevent occurrences of abusive behavior. Allegations that abuse of any type has occurred will be handled as identified in the following procedure . Investigation of abuse allegation: An investigation by the abuse team which includes the Nursing Home Administrator, Director of Nursing, and Social Services Designee will start immediately upon notification of an alleged event .The facility will document investigation findings, including witness statements, corrective action findings, and conclusions in an administrative file. The abuse team is responsible for notifying the resident and/or resident representative of any investigational findings and outcomes as allowable within privacy standards. Collect and preserve physical and documentary evidence and always include the following: 1. The initial complaint report will be reviewed. 2. Regulatory authorities that may assist .will be contacted for involvement and assistance. 3. The incident will be discussed with the individual initiating the complaint to determine whether all parties involved with the incident have been identified. 4. The perpetrator will be informed that an allegation has been made. 5. All individuals involved with the incident: witness(s), victim(s), and alleged perpetrator(s)will be interviewed and written signed statements from each party will be taken. 6. In the case of an abuse allegation, the charge nurse and another staff member will examine the resident. 7. The abuse team will collect and review the investigation material and determine whether the alleged abuse is substantiated. 8. Random resident reviews will be conducted with each investigation. 9. A summary of the finding will be written upon completion of the investigation and will be maintained in the Social Services office with all complaint reports and written statements from all staff members involved . Analysis: The abuse team will meet within five days of the initial report to reevaluate the incident and any potential factors leading to the incident that require changes to policy or procedure or any discipline within the facility to prevent further incident. Within the facility ability, changes will be implemented immediately .</p> <p>On 6/18/24, Surveyor reviewed R29's medical record. R29 had diagnoses including unspecified dementia, unspecified severity, without behavioral disturbance, psychotic disturbance, mood disturbance, anxiety, cognitive communication deficit, and adjustment disorder with mixed disturbance of emotions and conduct. R29's most recent Minimum Data Set (MDS) assessment, dated 4/10/24, documented a Brief Interview for Mental Status (BIMS) score of 1 out of 15 which indicated R29 had severe cognitive impairment. R29 had an activated Power of Attorney (POA).</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525489	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/19/2024
NAME OF PROVIDER OR SUPPLIER Newcare		STREET ADDRESS, CITY, STATE, ZIP CODE 903 Main Ave Crivitz, WI 54114	
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>A behavior care plan, initiated on 7/21/22 and updated on 3/19/24, stated R29 will not exhibit socially inappropriate/disruptive behavior through the next review period and indicated the following: R29 will often greet other residents by touching or rubbing their arm or leg in a friendly manner. R29 has become more affectionate toward male residents with no regard for personal privacy. Please redirect R29 when this is happening. R29 has also been lifting R29's top and exposing R29's self to male residents and visitors. Make sure R29 has a camisole, bra, or long t-shirt tucked into R29's pants so R29 is not able to lift R29's top.</p> <p>A progress note, dated 3/21/24, indicated the following: R29 sought out R94 in the dining room when staff left to deliver a meal tray. After staff redirected R29, R29 reached back and kissed R94 on the lips. R29 was redirected to the dinner table and R94 was moved closer to R94's room. R29 sought out R94 again. R29 was redirected and staff initiated 1:1 supervision for R29.</p> <p>On 6/18/24 at 2:36 PM, Surveyor interviewed Registered Nurse (RN)-E who witnessed the incident on 3/21/24 and wrote the progress note. RN-E stated RN-E redirected R29 from R94 after RN-E returned to the dining room after delivering a meal tray. After R29 was redirected, RN-E stated R29 self-propelled R29's wheelchair back to R94's table and kissed R94 on the lips. RN-E stated R29 and R94 were separated and staff initiated 1:1 supervision for R29 until R29 was assisted to bed that evening. RN-E stated 1:1 supervision was initiated to ensure the safety of R94 throughout the night. RN-E stated RN-E updated Director of Nursing (DON)-B either that evening or the following morning and indicated behavioral incidents are documented in R29's chart as they occur.</p> <p>A progress note, dated 3/22/24 and written by Director of Nursing (DON)-B, indicated: Consulted Medical Doctor (MD)-H regarding R29's behaviors. R29 was better when R29 took citalopram (an anti-depressant medication). An order was received to start citalopram liquid 10 mg (milligrams) daily.</p> <p>On 6/18/24 Surveyor reviewed R94's medical record. R94 had diagnoses including encounter for palliative care, cerebral palsy, anxiety disorder, major depressive disorder, and unspecified intellectual disabilities. R94's MDS assessment, dated 3/27/24, documented a BIMS score of 0 out of 15 which indicated R94 had severe cognitive impairment. R94 had a court-appointed guardian for healthcare decisions.</p> <p>On 6/18/24 at 10:26 AM, Surveyor interviewed Social Service Director (SSD)-D who is part of the team that reports and investigates allegations of abuse. SSD-D stated SSD-D was not aware of the incident between R29 and R94 on 3/21/24. SSD-D stated SSD-D was aware R29 had sexual behaviors and targeted R94 and verified R29 and R94 were unable to consent to sexual contact. SSD-D confirmed allegations of sexual abuse should be thoroughly investigated.</p> <p>On 6/18/24 at 10:38 AM, Surveyor interviewed DON-B and Nursing Home Administrator (NHA)-A who stated they were not aware of the incident between R29 and R94 on 3/21/24. DON-B stated DON-B would look at the documentation and provide Surveyor with information on the allegation and investigation.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525489	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/19/2024
NAME OF PROVIDER OR SUPPLIER Newcare		STREET ADDRESS, CITY, STATE, ZIP CODE 903 Main Ave Crivitz, WI 54114	

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 6/19/24 at 8:10 AM, Surveyor interviewed DON-B who stated DON-B remembered updating R29's physician regarding R29's behaviors and requested an order for a medication that was discontinued due to R29's frequent refusals. DON-B stated R29's sexual behaviors were less when R29 was prescribed the medication. DON-B again stated DOB-B was not aware of the incident between R29 and R94 on 3/21/24. DON-B stated staff document a resident's behavior on a behavioral sheet and the unit nurse is responsible for documenting the behavior in the resident's medical record. DON-B stated all documentation is reviewed and discussed at a daily team meeting. DON-B stated DON-B did not receive a call regarding the incident on 3/21/24 which is why the incident was not investigated.</p> <p>On 6/19/24 at 9:45 AM, Surveyor interviewed DON-B regarding the review of daily documentation. DON-B confirmed the documentation on 3/21/24 was reviewed and DON-B was uncertain how it slipped through their minds to investigate the incident because previous and post incidents were investigated. DON-B confirmed the incident of sexual contact between R29 and R94 should have been thoroughly investigated.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525489	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/19/2024
NAME OF PROVIDER OR SUPPLIER Newcare		STREET ADDRESS, CITY, STATE, ZIP CODE 903 Main Ave Crivitz, WI 54114	
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47248</p> <p>2. On 6/18/24, Surveyor reviewed R29's medical record. R29 had diagnoses including unspecified dementia, unspecified severity, without behavioral disturbance, psychotic disturbance, mood disturbance, anxiety, cognitive communication deficit, and adjustment disorder with mixed disturbance of emotions and conduct. R29's most recent MDS assessment, dated 4/10/24, documented a BIMS score of 1 out of 15 which indicated R29 had severe cognitive impairment. R29 had an activated Power of Attorney (POA) for medical decisions.</p> <p>A behavior care plan, initiated on 7/21/22 and updated on 3/19/24, stated R29 will not exhibit socially inappropriate/disruptive behavior through the next review period and indicated: R29 will often greet other residents by touching or rubbing their arm or leg in a friendly manner. R29 has become more affectionate toward male residents with no regard for personal privacy. Please redirect R29 when this is happening. R29 has also been lifting R29's top and exposing R29's self to male residents and visitors. Make sure R29 has a camisole, bra, or long t-shirt tucked into R29's pants so R29 is not able to lift R29's top.</p> <p>R29's medical record indicated the following:</p> <p>A progress note, dated 3/21/24, indicated: R29 reached out to an ambulatory resident when the resident passed by. R29 touched the resident's knee and the resident told R29 to stop. R29 also passed the residents' room, stopped, and looked in at the resident.</p> <p>A progress note, dated 3/21/24, indicated: R29 sought out R94 in the dining room when staff left to deliver a meal tray. After R29 was redirected, R29 reached back and kissed R94 on the lips. R29 was redirected to the dinner table and R94 was moved closer to R94's room. R29 again sought out R94 and was redirected. Staff initiated 1:1 supervision for R29 until R29 was assisted to bed that evening.</p> <p>A progress note, dated 3/22/24, indicated: Staff observed R29 exit R94's room. When staff walked away from the nurses' station, R29 entered R94's room. R29 was redirected away from R94 because R29 got too close and R94 showed signs of being uncomfortable.</p> <p>A progress note, dated 4/5/24, indicated: R29 was redirected away from R94 after R29 was observed touching/ rubbing R94's knee.</p> <p>A progress note, dated 4/6/24, indicated: R29 was redirected away from R94 after R29 was observed touching/ rubbing R94's knee.</p> <p>On 4/24/24, Staff observed R29 lean over and kiss R94 on the mouth near the nurses' station. R29 and R94 were separated.</p> <p>On 6/19/24 at 7:55 AM, Surveyor interviewed LPN-C who stated R29 had frequent sexual behaviors but did not have them as often. LPN-C stated R29 previously targeted R94 but redirection usually worked. LPN-C stated there were no interventions besides redirection for R29's sexual behaviors.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525489	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/19/2024
NAME OF PROVIDER OR SUPPLIER Newcare		STREET ADDRESS, CITY, STATE, ZIP CODE 903 Main Ave Crivitz, WI 54114	
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 6/19/24 at 8:05 AM, Surveyor interviewed Certified Nursing Assistant (CNA)-F who stated R29 touched and/or slightly rubbed other residents' arms and legs. CNA-F stated CNA-F did not see any resident become upset by the touching and stated redirection was the only intervention CNA-F was aware of.</p> <p>Surveyor noted R29's care plan did not contain monitoring interventions for R29's behavior toward other residents and, aside from brief 1:1 monitoring initiated on 3/21/24, did not include monitoring interventions implemented after the above documented incidents.</p> <p>On 6/18/24 at 10:38 AM, Surveyor interviewed DON-B and NHA-A regarding R29's behavior. DON-B and NHA-A stated R29's care plan stated to redirect R29. DON-B also stated R29's care plan stated R29 should wear a camisole or tank top due to flashing visitors and other residents. When Surveyor asked DON-B and NHA-A about R29's documented sexual behaviors and what interventions were added to prevent future incidents of unwanted touch, DON-B stated R29's behavioral interventions and care plan were last updated on 3/19/24.</p> <p>On 6/19/24 at 9:45 AM, Surveyor interviewed DON-B who stated DON-B did not know what interventions to put in place for supervision for R29 because staff indicated R29 could leave the unit and make it to the other side of the building in fifteen minutes which made fifteen minute checks pointless. DON-B also stated DON-B discussed R29's behavior with department heads and indicated the only suggestion was for staff to monitor R29; however, there were no specifications for monitoring.</p> <p>49010</p> <p>Based on staff interview and record review, the facility did not ensure the resident environment remained as free of accident hazards as possible for 1 resident (R) (R142) of 2 sampled residents. In addition, the facility did not implement appropriate monitoring interventions for 1 (R29) of 2 sampled residents who displayed sexual behavior toward other residents.</p> <p>R142 was a known smoker. Staff did not complete a smoking assessment for R142.</p> <p>R29 displayed sexual behavior toward other residents. Staff did not implement behavioral or monitoring interventions following incidents documented in R29's medical record.</p> <p>Findings include:</p> <p>The facility's Smoking Policy for Residents indicates: It is the policy of NEWCare Inc. that all residents that smoke will go through the NEWCare Smoking Assessment for safe handling of smoking materials.</p> <p>The facility's Care plan, Comprehensive Person Centered policy, last revised March 2022, indicates: .9. Care plan interventions are chosen only after data gathering, proper sequencing of events, careful consideration of the relationship between the resident's problem area(s), and their causes, and relevant clinical decision making .11. Assessments of residents are ongoing and care plans are revised as information about the residents and the resident's conditions change .</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525489	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/19/2024
NAME OF PROVIDER OR SUPPLIER Newcare		STREET ADDRESS, CITY, STATE, ZIP CODE 903 Main Ave Crivitz, WI 54114	
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The facility's Behavioral Assessment, Intervention and Monitoring policy, last revised March 2019, indicates: Behavioral or Psychological Symptoms of Dementia (BPSD) describe behavioral symptoms in individuals with dementia that cannot be attributed to a specific medical or psychiatric cause .3. Current guidelines recommend the use of non-pharmacological interventions for BPSD .1. The interdisciplinary team will evaluate behavioral symptoms .Safety strategies will be implemented .to protect the resident and others from harm .8. Interventions and approaches will be based on detailed assessment of physical, psychological, and behavioral symptoms and their underlying causes, as well as the potential situation and environmental reasons for the behavior. The care plan will include: .b. Targets and individual interventions for the behavioral .symptoms, the rational for the interventions and approaches .and how the staff will monitor for effectiveness of the interventions.</p> <p>1. On 6/18/24, Surveyor reviewed R142's medical record. R142 was admitted to the facility on [DATE] with diagnoses including liver cell carcinoma, claustrophobia, agoraphobia with panic disorder, anxiety, autism, and mild intellectual disabilities. A Minimum Data Set (MDS) assessment was not yet completed due to R142's recent admission. R142's medical record contained an activated Power of Attorney for Health Care (POAHC) document that indicated R142's POAHC was responsible for R142's medical decisions.</p> <p>A baseline care plan, completed on 6/14/24, indicated: Resident's daily routine and preferences: Will smoke per facility policy or with family.</p> <p>R142's medical record did not indicate a smoking assessment was completed.</p> <p>On 6/18/24 at 10:05 AM, Surveyor observed staff ask R142 if R142 wanted to smoke and retrieved R142's smoking materials.</p> <p>On 6/18/24, Surveyor requested a copy of R142's smoking assessment from Director of Nursing (DON)-B who provided the assessment on 6/18/24 at 6:20 PM. The smoking assessment was created on 6/18/24 at 5:47 PM.</p> <p>On 6/19/24 at 7:49 AM, Surveyor interviewed Nursing Home Administrator (NHA)-A who stated a smoking assessment should be completed before a resident smokes at the facility. NHA-A confirmed R142's smoking assessment should have been completed prior to 6/18/24.</p> <p>On 6/19/24 at 10:13 AM, Surveyor interviewed DON-B who confirmed DON-B completed 142's smoking assessment on 6/18/24. DON-B stated a smoking assessment should be completed within 48 hours and verified R142's smoking assessment was not completed timely.</p> <p>On 6/19/24 at 12:52 PM, Surveyor interviewed Licensed Practical Nurse (LPN)-C who stated R142 smoked daily at the facility since R142 was admitted .</p>		