

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525509	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/21/2026
NAME OF PROVIDER OR SUPPLIER Good Shepherd Services Ltd		STREET ADDRESS, CITY, STATE, ZIP CODE 607 Bronson Rd Seymour, WI 54165	
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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on staff 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 when an allegation of sexual abuse was not reported to local law enforcement or the State Agency (SA) for 1 resident (R) (R1) of 3 sampled residents. On 4/15/26, R1 reported to Certified Nursing Assistant (CNA)-C that R1 was raped. Later that morning, R1 stated R1 was raped to Activities Director (AD)-D and Director of Nursing (DON)-B. The facility did not report the allegation of abuse to local law enforcement or the SA. Findings include: The facility's undated Investigation of Allegation of Abuse, Neglect, Misappropriation of Property or Injury of Unknown Source policy indicates: It is the obligation of any staff to report to the Director of Nursing (DON) or Nursing Home Administrator (NHA)/Executive Director (ED) any allegation of abuse. Notification of NHA/ED is to take place immediately as soon as the allegation is made, reported, or discovered. All allegations of abuse must be sent to the Division of Quality Assurance (DQA) immediately. The investigation is to include notification to outside authorities such as law enforcement and Adult Protective Services (APS) as applicable. On 4/22/26, Surveyor reviewed R1's medical record. R1 was admitted to the facility on [DATE] and had diagnoses including Lewy Body dementia with psychotic/mood disturbance and depression. R1's Minimum Data Set (MDS) assessment, dated 3/31/26, had a Brief Interview for Mental Status (BIMS) score of 6 out of 15 which indicated R1 had severe cognitive impairment. R1 had an activated Power of Attorney for Healthcare (POAHC). On 4/22/26 at 10:07 AM, Surveyor interviewed CNA-C regarding R1's allegation of abuse. CNA-C stated during morning cares on 4/15/26 at approximately 7:00 AM, R1 stated R1 was raped two days prior. CNA-C ensured R1 was safe and immediately reported the allegation to Licensed Practical Nurse (LPN)-E and DON-B. On 4/22/26 at 10:36 AM, Surveyor interviewed LPN-E who indicated LPN-E knew about the allegation but didn't do anything further since DON-B was aware. On 4/22/26 at 10:44 AM, Surveyor interviewed DON-B who verified DON-B heard R1 make statements in the common area on 4/15/26 about being raped. DON-B could not recall if staff reported the allegation to DON-B prior to DON-B hearing the statements. DON-B verified the incident was not reported to local law enforcement or the SA. DON-B indicated the facility typically reports allegations of rape or sexual abuse. On 4/22/26 at 1:29 PM, Surveyor interviewed Executive Director (ED)-F who indicated ED-F was notified of R1's allegation of rape during a behavior meeting on 4/15/26 at 11:00 AM. ED-F verified the allegation was not reported to law enforcement or the SA due to concerns for R1's psychological distress regarding a potential investigation, police involvement, and/or hospitalization. ED-F verified the facility typically reports allegations of abuse, neglect, and misappropriation to local law enforcement (if applicable) and the SA.</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
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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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on staff interview and record review, the facility did not ensure an allegation of abuse was thoroughly and accurately investigated for 1 resident (R) (R1) of 3 sampled residents. On 4/15/26, R1 reported to Certified Nursing Assistant (CNA)-C that R1 was raped. Later that morning, R1 stated R1 was raped to Activities Director (AD)-D and Director of Nursing (DON)-B. The facility did not ensure the allegation of abuse was thoroughly and accurately investigated Findings include:The facility's undated Investigation of Allegation of Abuse, Neglect, Misappropriation of Property or Injury of Unknown Source policy indicates: After an allegation is made and initially reported, the facility will begin a thorough investigation to collect information that corroborates or disproves the incident and document the findings .a thorough investigation may include: collecting and preserving physical evidence, interviewing the alleged victim and witnesses, interviewing other residents to determine if they have been abused, interviewing staff who worked to determine if they were aware of the incident, and involving other regulatory authorities who may assist, including law enforcement.On 4/22/26, Surveyor reviewed R1's medical record. R1 was admitted to the facility on [DATE] and had diagnoses including Lewy Body dementia with psychotic/mood disturbance and depression. R1's Minimum Data Set (MDS) assessment, dated 3/31/26, had a Brief Interview for Mental Status (BIMS) score of 6 out of 15 which indicated R1 had severely impaired cognition. R1 had an activated Power of Attorney for Healthcare (POAHC). On 4/22/26 at 10:07 AM, Surveyor interviewed CNA-C regarding R1's allegation of abuse. CNA-C indicated during morning cares on 4/15/26 at approximately 7:00 AM, R1 stated R1 was raped two days prior. CNA-C ensured R1 was safe and immediately reported the allegation to Licensed Practical Nurse (LPN)-E and DON-B. On 4/22/26 at 10:44 AM, Surveyor interviewed DON-B who verified DON-B heard R1 make statements about being raped on 4/15/26 while R1 was in the common area. DON-B could not recall if staff reported the allegation to DON-B prior to DON-B hearing R1's statements. DON-B completed a skin assessment for R1 and updated R1's care plan. R1 also had a psych consult. DON-B did not think the facility interviewed other residents or staff and verified law enforcement was not notified.On 4/22/26 at 1:29 PM, Surveyor interviewed Executive Director (ED)-F who verified the facility did not complete additional staff or resident interviews. ED-F also verified the facility did not offer R1/R1's POAHC a sexual assault exam after the allegation because the facility believed it would be traumatic for R1. ED-F verified staff education was not completed related to reporting and investigating requirements.</p>		