

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525599	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/07/2024
NAME OF PROVIDER OR SUPPLIER St Joseph Residence		STREET ADDRESS, CITY, STATE, ZIP CODE 107 E Beckert Rd New London, WI 54961	
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** 50467</p> <p>Based on staff interview and record review, the facility did not ensure an allegation of abuse was reported to the State Agency (SA) in a timely manner for 1 resident (R) (R1) of 1 sampled resident.</p> <p>On 10/15/24, R1 reported an allegation of abuse that involved a Certified Nursing Assistant (CNA). The facility did not submit an initial or five-day report to the SA in a timely manner.</p> <p>Findings include:</p> <p>The facility's Abuse Prevention and Response policy, with a review date of 9/23/23, indicates: Any person who becomes aware of alleged abuse, neglect or mistreatment .shall immediately report to the Executive Director .The Executive Director is responsible for receiving allegations of mistreatment, abuse, concerns, and complaints and ensuring the required investigation, reporting and resolution is completed according to State and Federal requirements .External Reporting: .If the suspected allegation does not appear to have caused serious bodily injury to the resident, or there is not a reason to suspect a crime has been committed against a person receiving care in this facility, a report will be submitted to the Department of Quality Assurance (DQA) immediately, but no later then 24 hours after forming the suspicion or notification of the abuse allegation .Response: Initial incident report will be submitted to the Wisconsin Department of Health Services (DHS) within 24 hours of notification of the incident and the investigation documentation and conclusion submitted within 5 working days of the initial report.</p> <p>On 11/7/24, Surveyor reviewed R1's medical record. R1 was admitted to the facility on [DATE] and passed away on 10/26/24. R1 received Hospice services and had diagnoses including traumatic subdural hematoma with loss of consciousness, congestive heart failure (CHF), and cognitive communication deficit. R1's Minimum Data Set (MDS) assessment, dated 9/12/24, had a Brief Interview for Mental Status (BIMS) score of 13 out of 15 which indicated R1 had intact cognition. R1 had an activated Power of Attorney for Healthcare (POAHC).</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 525599
		If continuation sheet Page 1 of 2

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525599	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/07/2024
NAME OF PROVIDER OR SUPPLIER St Joseph Residence		STREET ADDRESS, CITY, STATE, ZIP CODE 107 E Beckert Rd New London, WI 54961	
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 11/7/24, Surveyor reviewed a facility-reported incident (FRI) that indicated the facility was made aware of an allegation of abuse on 10/15/24 at 5:07 AM. The FRI indicated R1 reported to a student nurse that a CNA threw a wash cloth in R1's face when R1 was sleeping. R1 also alleged staff rolled R1 in a way that caused more sores on R1's buttock. Nursing Home Administrator (NHA)-A submitted an initial report to the SA on 10/16/24 at 11:10 AM. The initial report should have been submitted to the SA within 24 hours of when the facility became aware of the incident. The facility started an investigation on 10/15/24 and submitted the five-day investigation to the SA on 10/23/24 at 10:10 PM. The five-day investigation should have been submitted to the SA within 5 business days of the initial report.</p> <p>On 11/7/24 at 1:15 PM, Surveyor interviewed Director of Nursing (DON)-B who confirmed NHA-A and DON-B were aware the five-day report was submitted late. NHA-A was not available for interview at that time.</p>		