

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  08/15/2025
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)		
F 0609  Level of Harm - Minimal harm or potential for actual harm  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 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 for 2 residents (R) (R1 and R2) of 8 sampled residents. On 6/27/25, R1 and R2 were struck by Family Member (FM)-C in the dining room. FM-C aggressively grabbed at R1, pulled R1 in, and hit R1 in the mid-section with a closed fist. FM-C also slapped R2 on the right hand, grabbed R2's left hand, and pulled R2's wheelchair toward FM-C. The facility did not notify local law enforcement of the abuse. Findings include: The facility's Abuse Prevention and Response policy, revised 1/1/25, indicates: 1. Upon receipt of an allegation or report of an incident, the licensed staff and/or Social Services will .1.3 Contact the police department if there is a suspected crime against a resident. (The facility's policy did not include examples of crimes that should be reported, including but not limited to assault and battery, and did not indicate the facility consulted with local law enforcement to discuss what to report or not report.) On 8/15/25, Surveyor reviewed a facility-reported incident that indicated FM-C was in the dining room with R1 and R2 on 6/27/25 and became upset when R1 did not eat beans that FM-C brought from home. The investigation indicated Certified Nursing Assistant (CNA)-D witnessed FM-C aggressively grab at R1, pull R1 in, and swing at R1's mid-section with a closed fist. Staff also witnessed FM-C swat at and hit R2's right hand, grab R2's left hand, and pull R2's wheelchair toward FM-C as R2 attempted to roll away. Staff removed R1 and R2 from FM-C's vicinity following the incidents. The facility completed resident interviews, psychosocial assessments, and psychosocial monitoring on 6/27/25. The facility also completed psychosocial monitoring for R1 and R2 for 3 days post-incident. Nursing Home Administrator (NHA)-A spoke to FM-C about the incidents which did not appear to have affected R1 or R2. On 8/15/25 at 10:34 AM, Surveyor interviewed NHA-A who indicated R1 and R2's [NAME] of Attorney (POA) did not want to proceed with charges regarding the incidents. NHA-A did not feel the abuse should be reported to local law enforcement. NHA-A also confirmed the facility had not had a formal discussion with local law enforcement to determine what local law enforcement wanted the facility to report and/or what was considered a crime.</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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