STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525616	A. Building B. Wing	10/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Crossroads Care Center of Mayville	305 S Clark St Mayville, WI 53050

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 0554 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Allow residents to self-administer drugs if determined clinically appropriate. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38882 Based on observation, interview, and record review, the facility did not ensure that self-administering of medications was determined to be clinically appropriate for 1 of 1 resident (R3) reviewed for self-administration of medications out of a total sample of 3 residents. Surveyor observed R3 with a large green pill without staff present. The facility did not complete a self-administration of medication assessment on R3, and R3 did not have a physician order for administering her own medications. Evidenced by: The facility's policy, entitled Self-Administration of Medications and Treatments, undated, includes self-administration of medications and treatment are determined by physician order after determining that a resident is able to self-administer. Medications and treatments for self-administration are kept in a locked drawer in the resident's room . Assessment of the ability to self-administer medications will be done by nursing using the tool assessment for self-administer medications. Resident teaching will be performed by nursing staff. If a treatment is self-administered, the resident must perform a return demonstration of the treatment to be able to do the treatment independently. A care plan (is created) for the resident who self-administer, and documentation should be present in the nursing notes of teaching related to self-administration of medications or treatments. R3 admitted to the facility on [DATE] with diagnoses including cognitive communication deficit and other signs and symptoms involving cognitive function and awareness. On 10/2/24 at 9:47 AM, Surveyor observed a large green capsule lying on R3's bedside table. R3 indicated the nurse dropped off a cup of medications and exited the room. R3 indicated she took the other medications but was waiting on taking this one. R3 indicated the nurse usually sticks around until she has taken her medications, but today she did not. R3 was unsure what the medication was and if the dose was appropriate, but she thought this was a new antibiotic she was prescribed for an infection in her leg. On 10/2/24 at 10:00 AM, LPN C (Licensed Practicing Nurse) indicated R3 does have moments of confusion. LPN C indicated she dropped off R3's medications in her room this morning but did not observe her take them. LPN C indicated she was unaware R3 did not take the large green pill. LPN C indicated R3 does not have a completed assessment demonstrating safe self-administering medications and R3 does not have a physician order for self-administering her medications. (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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525616	A. Building B. Wing	10/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Crossroads Care Center of Mayville	305 S Clark St Mayville, WI 53050

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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 0554 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 10/2/24 at 10:15 AM, NHA A (Nursing Home Administrator) and DON B (Director of Nursing) indicated R3 gets confused at times. DON B and NHA A indicated R3 does not have an order for self-administration of medication or a completed assessment indicating R3 is safe to self-administer her medications. DON B indicated LPN C should not leave medications with R3 unsupervised.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525616	A. Building B. Wing	10/02/2024

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Crossroads Care Center of Mayville	305 S Clark St Mayville, WI 53050

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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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50228 Based on interview and record review, the facility did not develop a comprehensive, person-centered care plan for 1 (R3) of 1 resident reviewed for person-centered care plans. R3's care plan states R3 has an active order for anti-anxiety and anti-depressant medication. R3's care plan does not include person-centered, non-pharmacological interventions for anxiety or depression. Evidenced by The facility policy, Comprehensive Care Plans, dated 9/26/22, states, in part; Purpose: To develop a comprehensive care plan that directs the care team and incorporates the resident's goals, preferences, and services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being.The care plan will describe interventions .in order to eliminate triggers . The facility policy, Medication Management, dated10/25/14, states, in part; In order to optimize the therapeutic benefit of medication therapy and minimize or prevent potential adverse consequences, facility staff, the attending physician/prescribers, and the consultant pharmacist perform ongoing monitoring for appropriate effective, and safe medication use. When selecting medications and non-pharmacological interventions, members of the interdisciplinary team participate in the care process to identify, assess, address, advocate for, monitor, and communicate the resident's needs . R3 was admitted to the facility on [DATE] with diagnoses including anxiety disorder, depression, and cognitive communication deficit. R3's care plan, states, in part; .Focus-the resident has an active order for antidepressant medication for depression. Date initiated 8/27/2024 .Focus-the resident has an active order for anti-anxiety medication for anxiety. On 10/2/24 at 5:47 PM, Surveyor interviewed DON B (Director of Nursing) and asked the facility would expect a comprehensive care plan to be developed for the residents. DON B stated yes. Surveyor asked if facility would expect non-pharmacologic interventions to be performed for a resident if they were having triggered behaviors. DON B stated yes. Surveyor asked if facility would expect that a resident receiving psychotropic medications would have a care plan that reflects a resident's triggered behaviors and the non-pharmacologic interventions to be utilized. DON B stated yes. Surveyor asked if R3 had non-pharmacologic interventions in her care plan. DON B stated no. The facility failed to create a person-centered care plan with interventions that are tailored to the specific individual.