STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525653	A. Building B. Wing	05/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Virginia Highlands Care and Rehab LLC	W173 N10915 Bernies Way Germantown, WI 53022

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	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40342 Based on staff interview and record review, the facility did not ensure an injury of unknown origin and allegation of sexual abuse were reported to the Nursing Home Administrator (NHA), the State Agency (SA) and/or local law enforcement in a timely manner for 2 residents (R) (R1 and R2) of 7 sampled residents. On 4/10/24, the facility discovered R1 had a fracture of unknown origin. Staff did not immediately report the injury of unknown origin to NHA-A which delayed the facility's report to the SA. On 4/8/24, R2 alleged R2 was raped by a male nurse. Staff did not immediately report the allegation of sexual abuse to NHA-A which delayed the facility's report to the SA and local law enforcement. Findings include: The facility's Abuse, Neglect and Exploitation policy, dated 11/22, indicates: It is the policy of this facility to provide protections for the health, welfare and rights of each resident by developing and implementing written policies and procedures that prohibit and prevent abuse, neglect, exploitation and misappropriation of resident property .IV. Identification of Abuse, Neglect and Exploitation: A. The facility will have written procedures to assist staff in identifying the different types of abuse-mental/verbal abuse, sexual abuse, physical abuse, and the deprivation by an individual of goods and services . B. Possible indicators of abuse include, but are not limited to: 1. Resident, staff or family report of abuse .3. Physical injury of a resident of unknown source .VII. Reporting/Response: A. The facility will have written procedures that include: 1. Reporting of all alleged violations to the Administrator, State Agency, Adult Protective Services, and to all other required agencies (e.g., law enforcement when applicable) within specified timeframes: a. Immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury . 1. On 5/8/24, Surveyor reviewed R1's medical record. R1 was admitted to the facility on [DATE] with diagnoses including Parkinson's disease (a progressive nervous system disorder that affects movement) and polyosteoarthritis (the repetitive use of joints that causes damage to joint tissue and results in pain and swelling). R1's Minimum Data Set (MDS) assessment, dated 4/12/24, stated R1's Brief Interview for Mental Status (BIMS) score was 12 out of 15 which indicated R1 had moderately impaired cognition. R1's medical record indicated R1's Power of Attorney for Healthcare (POAHC) was responsible for R1's healthcare decisions. (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
	525653	A. Building B. Wing	05/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Virginia Highlands Care and Rehab LLC	W173 N10915 Bernies Way Germantown, WI 53022

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	On 5/8/24, Surveyor reviewed a facility investigation that indicated: On 4/11/24 (date should be 4/10/24), R1 complained of knee pain. R1 was sent to the hospital and diagnosed with a nondisplaced medial condyle fracture of the left femur. Upon investigation, it was discovered that a Certified Nursing Assistant (CNA) who cared for R1 transferred R1 via pivot transfer. After the transfer, R1 complained of pain. The CNA was suspended pending the investigation and was terminated from employment. The police department was contacted and spoke with R1. Conclusion: The improper transfer likely caused the fracture due to R1's inability to properly assist with the pivot transfer and R1's underlying medical conditions. The investigation indicated an initial report was submitted to the SA on 4/11/24 at 9:39 AM. R1's care plan (effective 4/7/23) indicated R1 required the assistance of two staff and a full mechanical lift for transfers. A progress note, dated 4/10/24 at 2:58 PM, indicated: Messages were left for R1's [NAME] of Attorney (POAs) regarding R1's request to go to the hospital due to left knee pain. One of R1's POAs called the facility at 2:41 PM and stated if R1 wanted to go to hospital, the facility should send R1. A progress note, dated 4/10/24 at 4:09 PM, indicated: Writer was called in for a skin check by CNA after R1's weekly shower. Writer noted skin tear on R1's left foot and R1 complained of left knee pain. R1 requested to be transferred to the hospital. R1's family was notified and in agreement. R1 was transferred to the hospital via ambulance. A progress note, dated 4/10/24 at 10:30 PM, indicated: R1 returned from the hospital on a stretcher and was placed in bed. R1 was diagnosed with a closed nondisplaced condyle fracture of the left femur and had an immobilizer on the left knee. R1 denied pain at that time. On 5/8/24 at 12:17 PM, Surveyor interviewed Director of Nursing (DON)-B who indicated DON-B reviewed R1's paperwork on 4/11/24 and noticed the fracture diagnosis. DON-B indicated DON-B immediately notified NHA-A and started interviewing staff. DON-B indicated when CNA-C was initially interviewed, CNA-C stated CNA-C and a nurse transferred R1 with a full mechanical lift. DON-B stated CNA-C then admitted CNA-C transferred R1 into a wheelchair with the pivot technique without a second staff present because R1 wanted to go to Bingo. DON-B indicated R1 complained of pain following the incorrect transfer. DON-B stated DON-B found out R1 was transferred incorrectly at approximately 9:00 AM on 4/11/24 and immediately suspended CNA-C from resident care. DON-B stated CNA-C was terminated from employment the same day for being untruthful and not following R1's care plan. On 5/8/24 at 12:45 PM, Surveyor interviewed Licensed Practical Nurse (LPN)-D via phone. LPN-D verified LPN-D was on duty when R1 returned from the hospital on 4/10/24. LPN-D stated LPN-D learned R1 had a fracture when LPN-D read R1's hospital paperwork. LPN-D indicated R1 wore a knee immobilizer and denied pain. LPN-D stated LPN-D was educated to let administration know immediately of any fractures. On 5/8/24, Surveyor reviewed CNA-C's time card which indicated CNA-C worked on 4/10/24 from 5:59 AM to 2:02 PM and on 4/11/24 from 6:01 AM to 9:11 AM. On 5/8/24, Surveyor reviewed the facility's undated education regarding when to call the NHA/DON. The education instructed staff to call for injuries of unknown origin, including bruises, fractures, and suspected abuse. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525653	A. Building B. Wing	05/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Virginia Highlands Care and Rehab LLC	W173 N10915 Bernies Way Germantown, WI 53022

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	On 5/8/24 at 1:43 PM, Surveyor interviewed DON-B who indicated the facility provided staff education regarding when to call the NHA/DON related to a previous unrelated incident. DON-B indicated the staff education started on 4/9/24 and verified LPN-D's name was on the list of staff educated. DON-B verified the education indicated staff should call immediately for fractures. DON-B verified staff were aware of R1's fracture on 4/10/24, however, administration did not know about R1's fracture until 4/11/24. When Surveyor asked when LPN-D should have called NHA-A regarding R1's fracture, DON-B stated, Once (LPN-D) read the paperwork (from the hospital). 38793 2. R2 was admitted to the facility on [DATE] with diagnoses including dementia, depression, and anxiety. R2's MDS assessment, dated 4/26/24, stated R2's BIMS score was 6 out of 15 which indicated R2 had severely impaired cognition. R2 had an activated POAHC at the time of admission. On 5/8/24, Surveyor reviewed a facility report submitted to the SA on 4/9/24 that stated R2 alleged that a male nurse tried to touch R2's private parts. A progress note, dated 4/8/24 at 6:07 PM, indicated R2's daughter called the facility and said R2 stated a male nurse tried to rape R2. On 5/8/24 at 1:14 PM, Surveyor interviewed DON-B who stated DON-B was made aware of the allegation of abuse on the morning of 4/9/24. DON-B verified Licensed Practical Nurse (LPN)-F should have told administration about R2's allegation on the evening of 4/8/24.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525653	A. Building B. Wing	05/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Virginia Highlands Care and Rehab LLC	W173 N10915 Bernies Way Germantown, WI 53022

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 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Respond appropriately to all alleged violations. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38793 Based on staff interview and record review, the facility did not prevent further potential abuse during an investigation of sexual assault for 1 resident (R) (R2) of 7 sampled residents. R2 accused Licensed Practical Nurse (LPN)-F of sexual abuse on 4/8/24. The facility did not remove LPN-F from resident care pending the results of the investigation. Findings include: The facility's Abuse, Neglect and Exploitation policy, dated 11/22, indicates facility staff should respond immediately to protect residents, including but not limited to, staffing changes and increased supervision. On 5/8/24, Surveyor reviewed R2's medical record. R2 was admitted to the facility on [DATE] with diagnoses including dementia, depression, and anxiety. R2's Minimum Data Set (MDS) assessment, dated 4/26/24, stated R2's Brief Interview for Mental Status (BIMS) score was 6 out of 15 which indicated R2 had severely impaired cognition. R2 had an activated Power of Attorney for Healthcare (POAHC) at the time of admission. On 5/8/24, Surveyor reviewed a facility report that was submitted to the State Agency (SA) on 4/9/24 and indicated R2 alleged that a male nurse tried to touch R2's private parts. The investigation included interviews from staff including LPN-F, Registered Nurse (RN)-G, and Certified Nursing Assistant (CNA)-H. A progress note, dated 4/8/24 at 6:07 PM and written by LPN-F, indicated R2's daughter called the facility and said R2 stated a male nurse tried to rape R2. A statement by LPN-F, dated 4/9/24, indicated LPN-F spoke with R2 after the phone call and R2 denied all allegations of sexual abuse. A statement by RN-G, dated 4/9/24, indicated on 4/8/24, RN-G observed LPN-F attempt to assist R2 from the dining room after dinner when R2 began to yell and accuse LPN-F of rape. A statement by CNA-H, dated 4/10/24, indicated on 4/8/24, CNA-H assisted R2 down the hallway in R2's wheelchair. R2 pointed to LPN-F and told CNA-H that a man down the hall touched and hurt R2. On 5/8/24, Surveyor reviewed nursing schedules that indicated LPN-F worked on 4/10/24 4/12/24, 4/13/24, 4/14/24, and 4/15/24. On 5/8/24 at 1:14 PM, Surveyor interviewed Director of Nursing (DON)-B who stated DON-B was made aware of R2's allegation on the morning of 4/9/24. DON-B stated LPN-F was not removed from resident care pending the outcome of the investigation because LPN-F did not match R2's description of the alleged perpetrator provided to DON-B on 4/9/24. DON-B verified the five-day investigation was submitted to the SA on 4/16/24 and stated the allegation of abuse was not substantiated.