

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525654	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/08/2025
NAME OF PROVIDER OR SUPPLIER Heritage Lakeside		STREET ADDRESS, CITY, STATE, ZIP CODE 1016 Lakeshore Dr Rice Lake, WI 54868	

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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46693</p> <p>Based on observations, interviews and record review, the facility failed to protect the residents' right to be free from sexual abuse. The facility did not implement interventions to protect other residents (R) from exposure of R3's genital area. This affected 2 of 3 residents reviewed for sexual abuse. (R1 and R2)</p> <p>On 03/21/25, R3 exposed his penis in proximity to R1 and R2 in the west dining room. No new interventions were implemented and the previous intervention of placing a blanket on R3's lap was not effective.</p> <p>Findings include:</p> <p>The facility's Abuse policy, with a revision date of 10/2023, indicates: It is the policy of our facility to maintain a work and living environment that is professional and free from threat and/or occurrences of harassment, abuse (verbal, physical, mental, or sexual), neglect corporal punishment, involuntary seclusion, physical or chemical restraints not required to treat the residents' medical symptoms, exploitation and misappropriate of resident property. Immediate interventions will be initiated to attempt to eliminate the likelihood that the situation could recur. If a resident's detrimental behavior persists, the IDT will care plan the resident again and determine which corrective actions will need to be taken.</p> <p>On 04/08/25, Surveyor requested and reviewed a facility reported incident that addressed and verified the allegations that R3 exposed himself in an area that R1 and R2 could have seen R1's penis. The investigation included a plan to educate staff and update the policy to improve the facility practice. Staff signatures were noted that they received education on 03/26/25.</p> <p>Surveyor reviewed R1's medical records. R1 was admitted to the facility on [DATE] with diagnoses that include Alzheimer's dementia. R1's most recent Minimum Data Set (MDS) dated [DATE] identifies a Brief Interview for Mental Status (BIMS) score of 1/15, which indicates severe cognitive impairment. R1 was discharged from the facility 03/25/25.</p> <p>Surveyor reviewed R2's medical records. R2 was admitted to the facility on [DATE] with diagnoses that include anxiety and dementia. R2's most recent MDS dated [DATE] identifies R2 has severe cognitive impairment. On 04/08/25, Surveyor observed R2 moving self around the unit in a wheelchair chanting, No, repeatedly. R2 was not able to answer questions appropriately.</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
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Surveyor reviewed R3's medical records. R3 was admitted to the facility on [DATE] with diagnoses that include enlarged prostate, stroke, overactive bladder, urinary retention, cognitive communication deficit, and Alzheimer's dementia. R3's care plan with a review date of 04/24/25 indicates R2 requires 2 assist using a mechanical lift for transfers, extensive assist of 2 for toileting and is able to pull pants up and down by self. R3's care plan identifies inappropriate display of nudity and comments to others began on 07/18/23. The latest care planned modification was on 11/18/24.</p> <p>Surveyor reviewed other resident interviews, having no concerns regarding seeing anything inappropriate or feeling uncomfortable.</p> <p>On 04/08/25 at 10:42 AM, Surveyor interviewed Personal Care Assistant (PCA) C who reported is aware of R3's tendencies of exposing himself and is not a Certified Nursing Assistant (CNA) so just reports it. When asked, PCA C stated R3's blanket does not always stay up past his waist.</p> <p>At 12:00 PM, Surveyor interviewed CNA D who reported awareness of R3's behavior of exposing his penis and making sexual comments, but has not seen it personally. When asked what staff is doing to prevent the occurrence, CNA D said staff is to cover R3 up and bring to room for privacy. CNA D added that they do place a blanket on his lap also, but it does not always stay on.</p> <p>At 12:20 PM, Surveyor interviewed Registered Nurse (RN) E. During the interview, RN E stated R3 can drop his blanket at times.</p> <p>At 12:22 PM, Surveyor observed R3 in R3's room, facing the hallway in eyesight of passersby, with the blanket down and his hand in his pants.</p> <p>At 12:30 PM, Surveyor interviewed Director of Nursing (DON) B and together went to R3's room where R3's position was the same. Surveyor asked what could be done differently to avoid exposure to the passersby. DON B stated, We could move his TV and room around to avoid him facing the hallway, and we are trying to change his medication to liquid.</p> <p>At 2:00 PM, Surveyor interviewed CNA F, who verified their presence during the incident, and Surveyor asked what prevention interventions are in place to help prevent R3 from exposing himself to others. CNA F stated they cover R3 up with a blanket and PCA C will do 1:1 if needed. Surveyor asked if the blanket stays on R3's lap and she stated, Not all the time. Surveyor asked if R3 may just need to use the bathroom. CNA F stated does not think so because R3 can and will ask to use the bathroom if needed, and he will laugh and make comments asking staff to play with it (penis) or to sit on it.</p> <p>On 04/08/25 at 2:15 PM, Surveyor interviewed Nursing Home Administrator (NHA) A, and asked what interventions were put into place to avoid the recurrence. NHA A reported it is discussed at morning meetings and the facility is implementing things today.</p>		