

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525695	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/06/2025
NAME OF PROVIDER OR SUPPLIER Anna John Resident Centered Care Community		STREET ADDRESS, CITY, STATE, ZIP CODE 2901 South Overland Road Oneida, WI 54155	

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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p>Based on staff interview and record review, the facility did not thoroughly investigate an allegation of potential neglect for 1 resident (R) (R1) of 1 sampled resident.</p> <p>R1 fell on 4/22/25 during a shower given by Certified Nursing Assistant (CNA)-C. It was reported that CNA-C did not follow R1's care plan which indicated R1 required the assistance of two staff for transfers, pericare, and showers. R1 fell in the shower and incurred a head and left shoulder abrasion. The facility did not thoroughly investigate the allegation of potential neglect.</p> <p>Findings include:</p> <p>The facility's undated Investigation of Allegations of Abuse, Neglect, Misappropriation of Property, Resident to Resident Altercation and Injury of Unknown Source policy indicates: Basic responsibility: All staff . Documentation - written statements of the investigation, care and treatment of what was provided for the resident .Establish a systematic approach for the investigation of alleged violations involving mistreatment or abuse .To meet the state's Bureau of Quality Assurance requirements on reporting all investigations of alleged abuse, neglect, misappropriation of property, and injury of unknown source in a timely and appropriate manner .5. All staff will be trained during their orientation period, annually, and as needed on the following issues related to abuse prohibition practices .11. The Social Worker or designee will interview other staff, residents, resident representatives, visitors, and other possible witnesses .The nurse/designee will interview other residents who were cared for or had contact with the accused person to get written, signed, and dated statements. The staff may sign and date these forms (a minimum of 4 other residents) .Taking steps to prevent further potential abuse .conducting a thorough investigation of the alleged violation . Investigation: The nurse will interview staff, visitors, resident representatives, and residents who have direct knowledge of the allegation .document on the appropriate forms .interview other potentially affected residents .interview staff from all prior shifts for 24 hours .date and time interviews and include date and time in documentation of events .</p> <p>On 6/6/25, Surveyor reviewed R1's medical record. R1 had diagnoses including autism, long term use of anticoagulants, central pain syndrome, abnormalities to gait and mobility, contracture of left hand, and muscle weakness (general). R1's Minimum Data Set (MDS) assessment, dated 3/13/25, had a Brief Interview for Mental Status (BIMS) score of 12 out of 15 which indicated R1 had moderate cognitive impairment. R1 was R1's own decision maker.</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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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 6/6/25, Surveyor reviewed a facility-reported incident that indicated R1 fell on 4/22/25 during a shower given by CNA-C. Surveyor noted the investigation concluded that R1 stood on R1's own during the shower and CNA-C did not instruct R1 to sit down while CNA-C called for another CNA to assist with the transfer. R1 fell in the shower and incurred a head and left shoulder abrasion.</p> <p>Surveyor noted the investigation indicated resident interviews were completed, however, the investigation did not contain documentation of the resident interviews. Surveyor also noted education for all nursing staff on following care plans to prevent accidents and improved communication during cares was included in the investigation, however, the sign-in sheets for the education provided on 5/20/25, 5/22/25, and 5/28/25 did not contain the signatures of fourteen nursing staff. Surveyor noted Registered Nurse (RN)-D was working on 6/6/25 and was not provided education.</p> <p>On 6/6/25 at 10:40 AM, Surveyor requested resident interview documentation from Director of Nursing (DON)-B.</p> <p>On 6/6/25 at 11:06 AM, Surveyor interviewed DON-B who indicated six residents were interviewed during the investigation. DON-B confirmed there was no documentation of the interviews, including which residents were interviewed. DON-B was unsure why the documentation was not retained and submitted with the investigation.</p> <p>On 6/6/25 at 1:51 PM, Surveyor interviewed DON-B who confirmed not all nursing staff were educated on following care plans. DON-B indicated the staff development nurse was aware that not all nursing staff were educated and would set up a meeting with those who missed the education. DON-B confirmed there were nursing staff who worked since the incident on 4/22/25 and had not yet been educated.</p>		