

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525713	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/20/2025
NAME OF PROVIDER OR SUPPLIER Neighbors - East Neighborhood (the)		STREET ADDRESS, CITY, STATE, ZIP CODE 658 Howison Circle Menomonie, WI 54751	

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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility did not ensure an allegation of sexual abuse was thoroughly investigated for 1 of 3 residents (R) reviewed. (R1)On 10/01/25, R1 alleged was sexually assaulted by a man. The facility nursing staff did not complete a full body skin assessment to thoroughly investigate the allegation. Facility's policy titled Reporting & Investigating Resident Rights Violations with revised date of 12/15/24, read in part: Assess the Effect on the Resident: Nursing supervisor immediately completes a body assessment and documents findings. R1 was admitted to the facility on [DATE]. R1's current diagnoses include dementia with anxiety, generalized anxiety disorder, dementia with mood disturbance, type 2 diabetes mellitus, chronic kidney disease, and restless legs syndrome. Minimum Data Set (MDS) dated [DATE] a quarterly assessment documented a Brief Interview for Mental Status (BIMS) score of 3/15, indicating severe impaired cognition. R1 has fluctuating behaviors of delirium with inattention and disorganized thinking. Verbal behaviors directed toward others. Review of facility reported incident that occurred on 10/01/25, documented R1 reported to staff that a man had sexually assaulted him in the past few days. The man was tall and had light hair. R1 was not able to describe the person and not able to say specifically when this happened. The male Certified Nursing Assistant (CNA) C was placed on leave. CNA C did not meet R1's description of the alleged male. Local law enforcement and R1's Power of Attorney (POA) were notified. R1 was assessed by the rounding provider the day he voiced the concern. Social Worker completed an interview with R1 stating a tall guy sexually assaulted R1 and stating, I'm guessing in bed. Of note, R1 sleeps in recliner in the den next to the nurse's station. The facility interviewed other residents and staff. Of note, the facility's investigation did not document a full body including peri area skin assessment being completed on R1 to assess for any skin abrasions, redness, bruising, or trauma. Review of Nurse Practitioner's (NP) E progress note dated 10/01/25 documented, [R1] is reporting an incident that occurred with another resident, where he was either struck or grabbed on the right arm. This story appears to be different from that of what he told to other staff members earlier today. The exact details of what had occurred remains unclear, and given his advanced dementia, it is unclear the accuracy of what he is recalling. There does not appear to be any obvious injury, or physical abnormalities noted to the site he is referring to. On 10/20/25 at 11:42 AM, Surveyor interviewed Licensed Practical Nurse (LPN) D asking if a full body skin assessment including peri area was completed. LPN D stated no assessment of R1's body was completed. Director of Nursing (DON) B and physician checked R1 and only stated R1's arm being hurt. On 10/20/25 at 1:24 PM, Surveyor interviewed DON B asking if R1's skin was assessed. DON B stated NP asked R1 if he was hurt. R1 stated arm and DON B and NP E assessed R1's arm. Surveyor asked if a full body skin assessment was completed. DON B stated will check to see if a skin assessment was completed. On 10/20/25 at 2:30 PM, Surveyor interviewed DON B asking if expectation to have a full body skin assessment including peri area be completed with allegations of sexual abuse. DON B stated in hindsight a full assessment should have been completed.</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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