STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	110524	A. BUILDING: _____ B. WING _____	R-C 10/24/2023

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SYLVAN CROSSINGS OF FITCHBURG	5784 CHAPEL VALLEY RD FITCHBURG, WI 53711

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{N 000}	Initial Comments On 10/23/2023 with information gathered through 10/24/2023, Surveyors conducted a verification visit and complaint investigation at Sylvan Crossings of Fitchburg. Nine deficiencies were identified. Five were repeat deficiencies from Statement of Deficiency (SOD)# NKN511 dated, 12/14/2028; #LBS211 dated 12/23/2020; SOD #SOD #KNN513 dated, 01/02/2020; SOD #DR211 dated, 10/12/2021; SOD # 2G7Q12 dated, 05/02/2022; SOD 2GIQ13 dated, 10/26/2022; SOD # KFI311 dated, 01/19/2023; SOD #KF1312 dated, 06/07/2023. Two complaints were substantiated. Under statutory provisions of Wis.Stat. ch. 50 a $200 revisit fee is being assessed. Census: 17	{N 000}		
N 196	83.14(2)(a) Licensee ensures facility complies with laws The licensee shall ensure the CBRF and its operation comply with all laws governing the CBRF. This Rule is not met as evidenced by: Based on observation, record review and interviews, the licensee and its operation did not comply with all laws governing the CBRF. This is a repeat deficiency see Statement of Deficiency (SOD) #DR2111 dated, 10/12/2021. Findings include:	N 196		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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N 196	Continued From page 1 Sylvan Crossings of Fitchburg is a Class CNA (Non-ambulatory) facility which serves irreversible dementia/Alzheimer's and advanced aged. The provider has a capacity for 19 adults. On 08/15/2023, a verification visit and complaint investigation (2) was conducted for Statement of Deficiency (SOD) #KFI312, dated 06/07/2023. The following deficiencies were identified: 83.32(3)(h) Rights of residents: Receive medication 83.35(3)(d) Service plan updated annually or on changes- Repeat 83.37(1)(k) Medication error or adverse reaction 83.38(1)(c) Leisure time activities- Repeat On 08/15/2023, the department issued the Notice and Orders letter which included Notice of Violation; Order to Comply with Requirements, Notice of Special Orders; Notice of Imposed Forfeiture; Notice of Right to Appeal and Notice of Revisit Fee. The Notice of Special Orders were as follows: SPECIAL ORDERS Based on the results of the Department's investigation, and pursuant to Wis. Stat. § 50.03(5g)(b), EFFECTIVE UPON RECEIPT OF THIS NOTICE and ORDER, the Department of Health Services HEREBY ORDERS that Sylvan Crossings of Fitchburg: 1. Pursuant to Wis. Stat. § 50.03(5g)(b)6., effective immediately, the licensee shall provide an activity program based on the interests and needs identified in resident assessments and shall offer residents the opportunity to participate in meaningful social, recreational, and therapeutic programs. WITHIN 45 DAYS of receipt of this notice, the licensee shall develop and implement corrective	N 196		

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N 196	Continued From page 2	N 196		

measures to resolve the leisure time deficiency identified in Statement of Deficiency KFI312. All managers and resident care staff with responsibilities for developing or implementing the leisure time activity program will receive inservice training regarding the provider's corrective measures. Training will be documented in personnel records and will include the date/duration of training, the signature/qualifications of the instructor, and an outline of course content.

On 10/23/2023, at 1:00 PM, Surveyors interviewed Executive Director P, VP of Training/Compliance M and Vice President R regarding the training requirements for the Special Orders. VP of Training/Compliance stated the training was completed for staff on 07/19/2023 by the former executive director. VP of Training/Compliance M stated the document would be mailed to the department on 10/23/2023.

On 10/23/2023 at 4:25 PM, the department received a copy of an agenda for a "Staff Meeting." The notes included the "Goal of Activities." A reminder that activities take place daily. There was a schedule of activities. Eight employees signed an attendance sheet. The attendance sheet did not include Caregiver Y and Caregiver Q.

A review of the employee roster provided to Surveyors on 10/23/2023, by Executive Director P, noted the employees who attended the 7/23/2023 staff meeting noted 2 employees remained employed at Sylvan Crossings of Fitchburg.

Surveyors interviewed VP of Training/Compliance

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N 196	Continued From page 3 M on 10/23/2023 at 1:00 PM. VP of Training/Compliance M stated no additional training on activities was conducted since the order letter dated 08/15/2023. Surveyors asked when Executive Director P was hired at Sylvan Crossings of Fitchburg. Executive Director P stated after the former director left around the end of 08/2023. On 10/24/2023, the department conducted a verification visit to Statement of Deficiency (SOD) # KFI312, dated 06/07/2023. The visit resulted in nine deficiencies. Five were repeat deficiencies from Statement of Deficiency (SOD)# NKN511 dated, 12/14/2018; SOD #LBS211 dated 12/23/2020; SOD #SOD #KNN513 dated, 01/02/2020; SOD #DR211 dated, 10/12/2021; SOD # 2G7Q12 dated, 05/02/2022; SOD 2GIQ13 dated, 10/26/2022; SOD # KFI311 dated, 01/19/2023; SOD #KF1312 dated, 06/07/2023. Two complaints were substantiated. 83.12(2)(a) Licensee complies with laws- Repeat 83.32(3)(g) Resident rights-free from physical restraints 83.35(1)(a) Preadmission and ongoing assessments- Repeat 83.35(3)(d) Service plan updated annually and with changes- Repeat 83.38(1)(a) Personal care 83.38(1)(c) Leisure time activities-Repeat 83.41(1)(c) Dishwashing 83.41(3)(b) Food safety 50.09(1)(e) Treatment-Repeat A review of the department record noted history of non-compliance at Sylvan Crossings of Fitchburg. From 12/14/2018 to 10/23/2023 a total of 13 surveys were conducted. Ten complaints substantiated and 3 complaints not substantiated.	N 196		

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N 196	Continued From page 4 Concerns in the following areas: A complaint investigation and standard survey was conducted and resulted in SOD # KFI311 dated 01/19/2023- 8 deficiencies. The complaints (2) were substantiated. 83.17(1) Licensee background check 83.31(4)(c) Involuntary discharge notice 83.32(3)(i) Prompt and Adequate treatment 83.35(3)(d) Service plan updated annually and with changes 83.37(3)(c) Medication storage 83.42(1) Resident record maintained 83.43(3) Toxic chemicals A verification visit, standard survey and complaint investigation was conducted and resulted in SOD #2G1Q13 dated, 10/26/2022- 8 deficiencies. The complaint was substantiated. 83.25 Continued education 83.38(1)(c) Leisure time activities 83.38(1)(i) Information and referral 83.44(1)(c) Clothes dryer 83.44(2)(a) Rooms clean 83.46(1)(a) Comfortable and safe environment 83.55(6)(b) Bath and Toilet area- water temperature 50.09(1)(e) Treatment A verification visit and complaint investigation was conducted and resulted in SOD #2G1Q12 dated, 05/02/2022- 3 deficiencies. The complaint was substantiated. 83.35(3)(b) Service plan develop 83.35(3)(d) Service plan updated annually and on changes 83.37(1)(i) PRN psychotropic medications A complaint investigation was conducted and resulted SOD #2G1Q11 dated, 11/11/2021- 5	N 196		

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N 196	Continued From page 5 deficiencies. One complaint was substantiated and one was not substantiated. 83.35(1)(b) Source used for assessment 83.35(3)(b) Service plan development 83.37(1)(i) PRN psychotropic medications 83.37(3)(c) Medication storage 83.45(3) Toxic chemicals A desk review survery was conducted and resulted in SOD #DR2111 dated, 10/12/2021- 1 deficiency 83.14(2)(a) Licensee complies with laws A complaint investigation and review of a self report visit was conducted, resulting in SOD #GLUG11 dated, 06/22/2021. The complaint was not substantiated. - 1 deficiency 83.37(2)(d) Documentation of medication administration A complaint investigation and standard survey was conducted. Two complaints substantiated resulting in SOD # LBS211 dated, 12/23/2020- 16 deficiencies 83.12(2)(a) Caregiver investigation abuse and neglect 83.12(3)(a) Injury unknown source 83.15(3)(a) Administrator supervise daily operation 83.21(1)-(3) All employee training 83.22(1)-(4) Task specific training 83.25 Continued Ed 83.29(2) Admission agreement 83.32(3)(d) Rights- Free mistreatment 83.32(3)(i) Rights-Adequate treatment 83.32(3)(k) Rights-Self determination 83.35(1)(a) Pre-admission and ongoing assessment 83.38(1)(c) Leisure time activities 83.43(1) Environment Safe	N 196		

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N 196	Continued From page 6 83.47(2)(d) Fire Drills 83.47(2)(e) Other evacuation drills 83.59(2)(a) One hand- one motion A complaint investigation and verification visit was conducted. The complaint was substantiated. SOD #NN513 dated, 01/02/2020 - 5 deficiencies 83.12(5)(a) Notification of incident, injury change 83.39(1) Infection control 83.39(3) Hand washing 83.41(3)(b) Food safety 50.09(1)(e) Treatment A self report and verification visit was conducted resulting in SOD #NKN512 dated, 05/28/2019- 1 deficiency 83.47(2)(e) Other evacuation drills A standard survey and complaint investigation was conducted resulting in SOD #NKN511 dated, 12/14/2018- 5 deficiencies 83.12(4)(b) Law enforcement 83.35(1)(c) Listed areas of assessment 83.35(3)(d) Service plan updated 83.38(1)(i) Behavior management 83.47(2)(e) Other evacuation drill As a result of current and previous non-compliance, Sylvan Crossings of Fitchburg did not obtain and sustain compliance.	N 196		
N 351	83.32(3)(g) Rights of Residents: Physical restraints In addition to the rights under s. 50.09, Stats., each resident shall have all of the following rights: Freedom from physical restraints. Be free from physical restraints except upon prior review and approval by the department upon written	N 351		

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N 351	Continued From page 7 authorization from the resident ' s primary physician or advanced practice nurse prescriber as defined in s. N 8.02(2). The department may place conditions on the use of a restraint to protect the health, safety, welfare and rights of the resident. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure Resident 15 was free from physical restraints. On 10/04/2023, Resident 15 was physically restrained to his/her bed using a bed sheet. Findings include: From 10/23/2023 to 10/24/2023, Surveyor conducted a complaint investigation alleging that a resident was physically restrained to his/her bed. On 10/23/2023 at approximately 9:30 a.m., Surveyor reviewed Resident 15's record. Resident 15 was admitted to the provider's facility on 09/22/2023 with diagnosis of dementia. Resident 15's record included an incident report, dated 10/04/2023 at 10:30 a.m., that stated Resident 15 was found bound at his/her legs by a flat sheet. On 10/23/2023 at approximately 10:00 a.m., Surveyor reviewed the provider's investigation of the 10/04/2023 incident. The investigation included caregiver statements from all individuals that worked overnight from 10/03/2023 to 10/04/2023 and the morning of 10/04/2023. The provider's investigation did not conclude which	N 351		

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N 351	Continued From page 8	N 351		

caregiver restrained Resident 15 to the bed. All 3 caregivers that worked overnight from 10/03/2023 to 10/04/2023, including Caregiver U, Caregiver V and Caregiver W, were terminated and reported to the Office of Caregiver Quality. The provider reported the incident to law enforcement on 10/05/2023 and completed a self-report to the department on 10/06/2023.

On 10/23/2023 at approximately 11:20 a.m., Executive Director P explained to Surveyor that on 10/04/2023 s/he was alerted by hospice staff that Resident 15 was found restrained to his/her bed. Executive Director P stated s/he immediately went to Resident 15's room, where s/he observed Resident 15's legs tied together by his/her ankles, using a flat sheet. Executive Director P stated the flat sheet was then tied or tucked into the bed to prevent Resident 15 from moving his/her legs. Executive Director P stated there was a slight indent on Resident 15's leg, but that subsided quickly, and no injuries were observed.

On 10/23/2023 at approximately 12:20 p.m., Surveyor interviewed VP of Compliance M, Executive Director P and Vice President R and discussed that Resident 15 was restrained with a bedsheet during the overnight of 10/03/2023 to 10/04/2023. All 3 individuals acknowledged concern. Executive Director P stated the provider had an "emergency training" as follow up and planned to have additional training with the Ombudsman the following week.

On 10/24/2023 at approximately 8:30 a.m., Surveyor interviewed Detective X. Detective X stated s/he completed an investigation related to the 10/04/2023 incident. Detective X stated s/he planned to pursue charges against Caregiver V, who admitted to holding Resident 15's legs while

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N 351	Continued From page 9 the legs were tied, but that s/he was unable to confirm if the other 2 caregivers were involved in restraining Resident 15. Cross Reference: N0381 DHS 83.35(1)(a) Pre-Admission And Ongoing Assessments N0386 DHS 83.35(3)(a) Comprehensive Individualized Service Plan	N 351		
N 381	83.35(1)(a) Pre-admission and ongoing assessments. Scope. The CBRF shall assess each resident ' s needs, abilities, and physical and mental condition before admitting the person to the CBRF, when there is a change in needs, abilities or condition, and at least annually. The assessment shall include all areas listed under par. (c). This requirement includes individuals receiving respite care in the CBRF. For emergency admissions the CBRF shall conduct the assessment within 5 days after admission. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure an assessment was completed when Resident 15 had a change in behavior. This is a repeat deficiency. See Statement of Deficiency (SOD) LBS211, dated 12/23/2020 and SOD KFI311, dated 01/15/2023. Findings include: On 10/24/2023 at approximately 8:30 a.m.,	N 381		

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N 381	Continued From page 10	N 381		

Surveyor requested Resident 15's records from Executive Director P.

On 10/24/2023 at approximately 9:30 a.m., Surveyor reviewed Resident 15's records. Resident 15 was admitted to the provider's facility on 09/22/2023 with diagnosis of dementia. Resident 15's assessment, dated 09/22/2023, documented that s/he showed no signs of aggressive/combative behaviors and that s/he displayed positive interactions. Resident 15's record included the following documentation:

- 09/25/2023 4:15 p.m.: "Resident having aggression [towards] staff today hitting and kicking. Noticed bruising on left first toe [Hospice] here. Most likely due to kicking ... Took 3 staff to get [his/her] pants on. [Resident 15] ripped [his/her] depends off and threw stuffing everywhere. [S/he] also took [his/her] glasses off and threw them. [S/he] was in bed for 10 minutes. [S/he] attempted to get out of it multiple times ..."
- 09/28/ 2023 6:45 p.m.: "The resident has a peculiar way of communicating with staff, which is not maintained. The staff treats with affection and compassion to serve [him/her], but [s/he] refuses, kicks, hits and insults the staff ..."
- 09/30/2023 9:15 p.m.: "The resident continues to have a deliberative attitude. Insults, kicks, spit, when one wants to give attention ..."
- 10/01/2023 1:45 p.m.: " ...We proceeded to start with the cleaning and the resident put up resistance, insulting the staff, spitting, kicking and hitting the staff getting all dirty ..."
- 10/03/2023 7:05 p.m.: "Spit pills at staff."
- 10/07/2023 12:45 p.m.: "[S/he] is a bit agitated. Staff are redirecting as [Resident 15] is attempting to hit and kick staff. [S/he] is spitting meds ..."
- 10/08/2023 9:00 a.m.: "[Resident 15] was

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N 381	Continued From page 11 agitated. Upon getting up [s/he] had a large bowel movement. [S/he] is kicking and hitting staff." - 10/09/2023 4:15 p.m.: "[Resident 15] was hitting and kicking staff ..." - 10/12/2023 6:15 p.m.: "Resident was agitated with 2 staff members by punching, kicking, spitting. Had to get more help in order to get [him/her] changed properly ..." On 10/24/2023 at approximately 11:00 a.m., Surveyor interviewed Executive Director P. Surveyor asked Executive Director P if a behavior assessment had been completed due to Resident 15 exhibiting no signs of aggression on admission and exhibiting signs of aggression since admission. Executive Director P stated an assessment had not been completed, but that it was a priority to complete that week. Cross Reference: N0351 DHS 83.32(3)(g) Rights Of Residents: Physical Restraints	N 381		
{N 389}	83.35(3)(d) Service plans updated annually or on changes Individual service plan review. Annually or when there is a change in a resident ' s needs, abilities or physical or mental condition, the individual service plan shall be reviewed and revised based on the assessment under sub. (1). All reviews of the individual service plan shall include input from the resident or legal representative, case manager, resident care staff, and other service providers as appropriate. The resident or resident ' s legal representative shall sign the individual service plan, acknowledging their involvement in, understanding of and agreement with the individual service plan.	{N 389}		

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{N 389}	Continued From page 12	{N 389}		

This Rule is not met as evidenced by:
Based on record review, observation and staff interview, the provider did not update the individual service plan (ISP) for 2 out of 5 residents reviewed.

The ISP for Resident 13 did not address a change in personal care needs such as toileting need the use of an alarm or mobility needs.

Resident 14's ISP did not address personal care needs such as toileting assistance, and the use of an alarm due to risk of falls.

This is a repeat deficiency see Statement of Deficiency (SOD) #NKN511 dated, 12/14/2020, SOD# 2G1Q12 dated 05/02/2022; SOD #KF1311 dated 01/19/2023 and SOD #KFI312 dated 06/07/2023.

Findings include:

Sylvan Crossings of Fitchburg is a Class CNA (Non-ambulatory) facility which serves irreversible dementia/Alzheimer's and advanced aged. The provider has a capacity for 19 adults.

Example 1 - Resident 13

Resident 13 was admitted to the provider on 05/26/2023 with a diagnosis including dementia. Resident 13's record included an ISP, dated 05/08/2023, that indicated Resident 13 was independent with toileting. In the area of mobility the ISP noted Resident 13 ambulated without devices. The ISP did not address Resident 13's need for assistance with transfers.

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{N 389}	Continued From page 13 On 10/23/2023, at 8:15 AM, 8:30 AM, 8:44 AM, 9:36 AM, 10:16 AM,10:21 AM, 10:30 AM, 10:35 AM and 10:45 AM. Surveyor observed Resident 13 seated in a recliner in the living room. At 10:45 AM, 2 staff members assisted Resident 13 out of the chair, by grabbing under Resident 13's arms and on top of their forearms to raise Resident 13 from the chair. Staff then assisted Resident 13 to the bathroom. On 10/23/2023 at approximately 12:20 PM, Surveyor interviewed Executive Director P. Surveyor asked when Resident 13 had received incontinence cares. Executive Director P followed up with caregivers and reported that Resident 13 had been changed at 8:00 AM, 10:00 AM and 12:00 PM. Surveyor asked if Resident 13 was incontinent and needed assistance with toileting. Executive Director P stated yes. The ISP was not updated to address Resident 13's current need for assistance with toileting. Surveyor interviewed Executive Director P regarding staff pulling Resident 13 up to a standing position by grabbing under his/her arms. Executive Director P stated they do have gait belts and could have assisted with the belt. The ISP did not address the need for assistance with transfers. Example 2 - Resident 14 Resident 14 was admitted to the provider 07/20/2023 with a diagnosis including dementia. Resident 14's record included an ISP, dated 08/17/2023, that indicated Resident 14 needed staff stand by toileting assistance. The ISP did not specify the time staff are to provide assistance. The ISP addressed Resident 14's need for a pressure alarm due to falls. The ISP noted Resident 14 was independent with mobility	{N 389}		

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{N 389}	Continued From page 14 using a walker and wheelchair as assistive devices. On 10/23/2023, at 8:15 AM, 8:30 AM, 8:44 AM, 9:36 AM, 10:16 AM,10:21 AM, 10:30 AM, 10:35 AM, and 11:07 AM. Surveyor observed Resident 14 seated in a recliner by the fire place in the living room. Resident 14 did not move or change position from 8:15 AM to 11:07 AM. Resident 14 did have any alarm device nor was Resident 14 assisted with repositioning. At 11:07 AM, Caregiver Y assisted Resident 14 to the bathroom. On 10/23/2023 at approximately 12:20 PM. Surveyor interviewed Executive Director P. Surveyor asked when Resident 14 had received incontinence cares as Surveyor did not observe any being completed. Executive Director P followed up with caregivers and reported that Resident 14 had been changed at 8:00 AM and 11:00 AM but was not wet. Surveyor informed Executive Director P Surveyor observed Resident 14 did not receive incontinence cares from 8:15 AM to 11:07 AM. Executive Director P stated s/he would follow up with caregivers. Surveyor received no additional information. Surveyor asked about the use of the alarm. Executive Director P stated that the ISP should be updated as the alarm is to be used when Resident 14 is moving around. Vice President R confirmed the alarm should be utilized at all times and the ISP should reflect that.	{N 389}		
N 425	83.38(1)(a) Personal care. As appropriate, the CBRF shall teach residents	N 425		

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the necessary skills to achieve and maintain the resident's highest level of functioning. In addition to the assessed needs as determined under s. DHS 83.35(1), the CBRF shall provide or arrange services adequate to meet the needs of the residents in all of the following areas:

Personal care.

Personal care services shall be designed and provided to allow a resident to increase or maintain independence.

This Rule is not met as evidenced by:
Based on observation, record review and interviews, the provider did not arrange for services or provide services adequate to meet the needs of the residents by providing assistance with personal cares including toileting for 4 out of 5 residents reviewed.

Findings include:

Sylvan Crossings of Fitchburg is a Class CNA (Non-ambulatory) facility which serves irreversible dementia/Alzheimer's and advanced aged. The provider has a capacity for 19 adults.

Example 1 - Resident 9

Resident 9 was admitted to the facility on 07/14/2022 with a diagnosis including dementia. Resident 9's record included an individual service plan, dated 08/10/2023, that indicated Resident 9 needed toileting assistance every 2 hours by using a 2 person assist to maintain proper hygiene for incontinence. Resident 9 was not able

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to toilet self nor ambulate to the bathroom.

On 10/23/2023, at 8:15 AM, 8:30 AM, 8:44 AM, 9:36 AM, 10:16 AM,10:21 AM, 10:30 AM, 10:35 AM, 11:07 AM, 11:15 AM, 11:33 AM and 12:01 PM, Surveyor observed Resident 9 seated in a broda chair in the living room. Resident 9 was not repositioned. Resident 9 was not asked by staff to use the bathroom. Surveyor remained in line of sight of Resident 9. Resident 9 did not move from the area.

On 10/23/2023 at approximately 12:20 PM, Surveyor interviewed Executive Director P. Surveyor informed Executive Director P of observations that Resident 9 did not receive assistance with personal cares or incontinence care from 8:15 AM to 12:10 PM. Executive Director P stated s/he would follow up with caregivers.

Example 2 - Resident 14
Resident 14 was admitted to the provider's facility on 07/20/2023 with a diagnosis including dementia. Resident 14's record included an individual service plan (ISP), dated 08/17/2023, that indicated Resident 14 needed staff stand by toileting assistance. The ISP did not specify the time staff are to provide assistance. The ISP further stated Resident 14 required staff assistance with all activities of daily living.

On 10/23/2023, at 8:15 AM, 8:30 AM, 8:44 AM, 9:36 AM, 10:16 AM,10:21 AM, 10:30 AM, 10:35 AM, 11:07 AM and 11:26 AM. Surveyor observed Resident 14 seated in a recliner by the fire place in the living room. The foot rest was raised and Resident 14 did not move or change position from 8:15 AM to 11:07 AM. At 10:35 AM, Surveyor asked Caregiver Q when Resident 14

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was last assisted to the toilet. Caregiver Q stated they were going to assist the other resident with toileting now. Surveyor remained in line of sight of Resident 14. Resident 14 did not move from the area.

At 11:26 AM, Caregiver Y assisted Resident 14 to the bathroom. Surveyor did not observe staff ask Resident 14 if s/he needed to use the restroom, needed any assistance. Resident 14 was not able to lower the legs on the chair to independently stand.

On 10/23/2023. at 11:26 AM, Surveyor observed when staff assisted Resident 14 to the bathroom, Resident 14's brief was wet and Resident 14 voided in the toilet.

On 10/23/2023 at approximately 12:20 PM. Surveyor interviewed Executive Director P. Surveyor asked when Resident 14 had received incontinence cares. Executive Director P followed up with caregivers and reported that Resident 14 had been changed at 8:00 AM and 11:00 AM but was not wet. Surveyor informed Executive Director P Surveyor observed Resident 14 did not receive incontinence cares from 8:15 AM to 11:07 AM. Executive Director P stated s/he would follow up with caregivers. Vice President R stated the resident should receive assistance every 2 hours.

Example 3 - Resident 12

Resident 12 was admitted to the facility on 01/21/2019 with a diagnosis including Alzheimer's. Resident 12's record included an individual service plan (ISP), dated 05/12/2023, that indicated Resident 12 needed toileting assistance by staff. The ISP noted one staff member was to assist with toileting every 2 hours.

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N 425	Continued From page 18 On 10/23/2023, at 8:15 AM, 8:30 AM, 8:44 AM, 9:36 AM, 10:16 AM,10:21 AM, 10:30 AM, 10:35 AM, 11:07 AM. Surveyor observed Resident 12 seated in a recliner in the living room. At 11:46 AM, 2 staff members assisted Resident 12 off the chair by grabbing under Resident 12's arms and on top of their forearms to raise Resident 12 from the chair. Staff then assisted Resident 12 to the bathroom. Surveyor remained in line of sight of Resident 12. Resident 12 did not move from the area. On 10/23/2023 at approximately 12:20 PM, Surveyor interviewed Executive Director P. Surveyor asked when Resident 12 had received incontinence cares. Executive Director P followed up with caregivers and reported that Resident 12 had been changed at 7:00 AM and 9:30 AM and was wet. Surveyor informed Executive Director P Surveyor observed Resident 12 did not receive incontinence cares from 8:15 AM to 11:46 AM. Executive Director P stated s/he would follow up with caregivers. Example 4 - Resident 15 Resident 15 was admitted to the provider's facility on 09/22/2023 with diagnosis of dementia. Resident 15's record included a temporary ISP, dated 09/22/2023, that indicated Resident 15 needed toileting assistance every 2 hours. On 10/23/2023, Surveyors observed Resident 15 in his/her bed from approximately 8:20 a.m. to 10:50 a.m. Three scheduled caregivers and 1 caregiver from an affiliated facility were observed interacting with other residents during this time. On 10/23/2023 at approximately 10:50 a.m.,	N 425		

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N 425	Continued From page 19 Surveyor observed Caregiver Q and Caregiver S assist Resident 15 with incontinence cares using a hoyer lift. On 10/23/2023 at approximately 12:20 p.m., Surveyor interviewed Executive Director P. Surveyor asked when Resident 15 had received incontinence cares. Executive Director P followed up with caregivers and reported that Resident 15 had been changed at 7:30 a.m. and was checked and dry at 9:15 a.m. Surveyor shared that Resident 15's room was within line of sight of Surveyor and s/he did not observe Resident 15 receive cares from 8:20 a.m. to 10:50 a.m. Executive Director P made note of Surveyor's observation and stated s/he would follow up with caregivers.	N 425		
{N 427}	83.38(1)(c) Leisure time activities. As appropriate, the CBRF shall teach residents the necessary skills to achieve and maintain the resident ' s highest level of functioning. In addition to the assessed needs as determined under s. DHS 83.35(1), the CBRF shall provide or arrange services adequate to meet the needs of the residents in all of the following areas: Leisure time activities. The CBRF shall provide a daily activity program to meet the interests and capabilities of the residents. Employees shall encourage and promote resident participation in the activity program. The CBRF shall develop and post the activity schedule in an area available to residents. This Rule is not met as evidenced by: Based on observation and interview, the provider	{N 427}		

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did not ensure that a daily activity program was provided to meet the interests and capabilities of the residents.

This is a repeat violation from Statement of Deficiency (SOD) #LBS211, dated 12/23/2020, SOD #2G1Q13, dated 10/26/2022 and SOD #KFI312, dated 06/07/2023.

Findings include:

Sylvan Crossings of Fitchburg is a Class CNA (Non-ambulatory) facility which serves irreversible dementia/Alzheimer's and advanced aged. The provider has a capacity for 19 adults.

On 10/23/2023, at 8:15 AM, Surveyors toured the facility. Surveyors observed an activity calendar for the month of October posted on the wall by the dining area. The following activities were scheduled for the day: 10AM - Gentle Movement; 10:30 AM - Newspaper Highlights; 11:00 AM - Bowling; 2:00 PM - Trivia and 3:00 PM - Snack and Chat.

On 10/23/2023, at 8:15 AM, Surveyors observed six residents seated in chairs in the front living room area. Observed on the television was a Spanish speaking television program titled El Dragon. The following residents were seated in recliners: Resident 13, Resident 12, Resident 18 and Resident 16. Resident 9 was seated in a broda chair and beside Resident 9, Resident 14 in a recliner. Resident 17 was observed seated on a couch and would walk about the area.

On 10/23/2023, at 8:44 AM, a staff member changed the channel on the television to the movie "Grease."
Staff also blew up balloons and began tossing the

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two balloons with approximately 6 residents. Shortly after the balloon toss started, three residents were assisted to the dining room and dominoes were placed in front of the residents. Resident 19 was observed interacting with a caregiver using a translation device during a one to one visit. Resident 19 went into the bedroom and returned with a pair of shoes. Resident 19 was bare foot and attempted to put on shoes.

On 10/23/2023, at 9:21 AM, Resident 20 was observed sleeping at the table with domino's placed on the table in front of the resident. One other resident was observed holding a pencil by a coloring book and did not appear to know what to do with the pencil. Two other residents were observed looking at the domino's and placing them on the table. Staff members were in the area, although staff was not observed interacting or showing the residents at the table what to do with the activities in front of them.

The residents remained at the kitchen table and seated in the living room until 10:21 AM. At 10:21 AM, a visitor arrived for Resident 16. The other residents remained at the kitchen table with the activity materials being picked up. The residents seated in the living room remained seated. The channel on the television was changed to 1980 and 1990's music video's when the movie was still in progress. The balloon toss activity remained in progress. Staff was observed speaking to each other however, staff was not observed verbally interacting nor explaining what activity was to occur with the residents.

From 8:44 AM to approximately 11:07 AM, Resident 10 was observed dancing in the living room with staff smiling and holding Resident 10's hands sporadically. At times, staff spoke to each

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{N 427}	Continued From page 22 other while smiling at Resident 10 and Resident 10 looked at staff questionably, but did not engage in conversation. Staff members were speaking with each other using a language not spoken by Resident 10. At 11:46 AM to 12:01 PM, staff was observed assisting a few residents to the dining room. Resident 13, Resident 18 remained seated in the living room. Resident 9 was seated in a broda chair and beside Resident 9, Resident 14 in a recliner. On 10/23/2023, at approximately 1:00 PM, Surveyors interviewed Executive Director P regarding the activities. Surveyors asked Executive Director P why the calendar was not followed. Executive Director P stated it was posted but did not know why the calendar was not followed and stated it should have been. Surveyor asked if staff was expected to engage the residents in the activities. Executive Director P stated they should have. Surveyor asked if staff should have explained to the residents were to do with the coloring book and dominoes. Executive Director P stated yes. Cross Reference: N0196 DHS 83.14(2)(a) Licensee Ensures Facility Complies with Law	{N 427}		
N 447	83.41(1)(c) Dishwashing Dishwashing. 1. Whether washed by hand or mechanical means, all equipment and utensils shall be cleaned using separate steps for pre-washing, washing, rinsing and sanitizing. Residential dishwashers may be used in kitchens serving 20 or fewer residents. Kitchens serving	N 447		

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N 447	Continued From page 23 21 or more residents shall have a commercial type dishwasher for washing and sanitizing equipment and utensils in accordance with standard practices described in the Wisconsin food code. 2. A 3-compartment sink for washing, rinsing and sanitizing utensils, with drain boards at each end is required for all large facilities with a central kitchen. Washing, rinsing and sanitizing procedures shall be in accordance with standard practices described in the Wisconsin food code. In addition, a single compartment sink or overhead spray wash located adjacent to the soiled drain board is required for pre-washing. This Rule is not met as evidenced by: Based on observation and staff interview, the provider did not ensure all dishes, washed by hand, were cleaned using separate steps for pre-washing, washing, rinsing and sanitizing. Findings include: On 10/23/2023, at 12:10 PM, Surveyor observed Caregiver T washing dishes using a 2 compartment sink. On the right side of the sink, Caregiver T was observed washing silverware and dishes using Dawn dish soap. Caregiver T then held the dishes over the left side of the sink, rinsed the silverware and dishes in hot water and placed them onto a wash cloth. The wash cloth appeared very stained and discolored. Surveyor interviewed Caregiver T at 12:10 PM, regarding the process. Caregiver T stated s/he is new to the provider, is learning and is old school with washing dishes. Caregiver T stated s/he prefers to hand wash instead of dish machines. Caregiver T stated his/her responsibilities include	N 447		

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N 447	Continued From page 24 passing medications, cooking and resident care. On 10/23/2023, at approximately 1:00 PM, interviewed Executive Director P, and Vice President R regarding the observation. Vice President R stated the dishes should have been sanitized.	N 447		
N 452	83.41(3)(b) Food safety. Food safety. Whether food is prepared at the CBRF or off-site, the CBRF shall store, prepare, distribute and serve food under sanitary conditions for the prevention of food borne illnesses, including food prepared off-site, according to all of the following: 1. The CBRF shall refrigerate all foods requiring refrigeration at or below 40°F. Food shall be covered and stored in a sanitary manner. 2. The CBRF shall maintain freezing units at 0°F or below. Frozen foods shall be packaged, labeled and dated. 3. The CBRF shall hold hot foods at 140°F or above and shall hold cold foods at 40°F or below until serving. This Rule is not met as evidenced by: Based on observation and staff interview, the provider did not hold food at 140°F or above until serving. Findings include: On 10/23/2023, the department investigated a concern related to food served at the provider.	N 452		

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N 452	Continued From page 25 Surveyor observed the noon meal and the following was noted: Meal service began at 12:01 PM. Caregiver T prepared twelve plates on the counter top by the kitchen sink. Placed on top of each plate was a slice of pork with a cream sauce, baked yams and peas. Surveyor asked Caregiver T, when all residents are served to prepare a plate for Surveyor to sample. At 12:12 PM, Caregiver T provided Surveyor a sample plate consisting of slice of pork with a cream sauce, baked yams and peas. Surveyor noted the following food temperatures: Pork - 91.6°F Yams- 97.7°F Surveyor tasted the pork with the cream sauce and noted the pork was cold to the taste. Surveyor tasted the yams and noted the yams were cold to the taste. At approximately 12:15 PM Surveyor interviewed Caregiver T regarding meal service. Caregiver T stated s/he is new to the facility and is still learning the residents and process at the facility. At approximately 1:00 PM, Surveyor interviewed Executive Director P and Vice President R regarding the food temperature. Vice President R stated the food should have been warmer. Executive Director P stated Caregiver T is a new employee and currently is in training. According to the United States Department of Agriculture, "Leaving food out too long at room temperature can cause bacteria to grow to dangerous levels that can cause illness. Bacteria	N 452		

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	110524	A. BUILDING: _____ B. WING _____	R-C 10/24/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SYLVAN CROSSINGS OF FITCHBURG	5784 CHAPEL VALLEY RD FITCHBURG, WI 53711

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 452	Continued From page 26 grow most rapidly in the range of temperatures between 40° F and 140° F, doubling in number in as little as 20 minutes. This range of temperature is often called the 'Danger Zone.'...Keep hot food hot-at or above 140° F...Keep cold food cold-at or below 40° F." (Source: United States Department of Agriculture-Food Safety and Inspection Service, Danger Zone, 06/28/2017, https://www.fsis.usda.gov/food-safety/safe-food-handling-and-preparation/food-safety-basics/danger-zone-40f-140f (retrieval date 09/05/2023).)	N 452		
Y3234	50.09(1)(e) Treatment (1) RESIDENTS' RIGHTS. Every resident in a nursing home or community based residential facility shall, except as provided in sub. (5), have the right to: (e) Be treated with courtesy, respect and full recognition of the resident's dignity and individuality, by all employes of the facility and licensed, certified or registered providers of health care and pharmacists with whom the resident comes in contact. This Rule is not met as evidenced by: Based on observation and staff interview, the provider did not ensure each resident was treated with courtesy and respect when signs were posted related to personal resident information and visible to anyone in the facility. Staff did not	Y3234		

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Y3234	Continued From page 27	Y3234		

treat resident with dignity when assisted with transfers, escorted to the dining room and when staff interacted with residents.

This is a repeat deficiency. See Statement of Deficiency (SOD) #NKN513, dated 01/02/2020 and SOD #2GIQ13 dated, 10/26/2022.

Findings include:

Sylvan Crossings of Fitchburg is a Class CNA (Non-ambulatory) facility which serves irreversible dementia/Alzheimer's and advanced aged. The provider has a capacity for 19 adults.

Personal information:
On 10/23/2023, at approximately 8:30 AM, Surveyors conducted a tour of the facility. Several of the doors to the resident rooms were open and had a sign posted on the bathroom door, visible to Surveyor and anyone passing by from the hallway. The signs indicated the residents name, date, last bowel movement, and size/type of bowel movement. Surveyor observed signs in the following resident rooms: Resident 12; Resident 10; Resident 21; Resident 18 and Resident 11.

Lack of Homelike:
A large sign was posted in the living room of the home which stated "Notice No Cell phones allowed in work area and during work hours phone allowed during lunch time only. Phones shall not be kept in pockets as well." The sign was posted in the front living room of the home by the television. Multiple residents were seated in the living room of the home during the survey.

Treatment:
Tips for Caregivers and Families of People With

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Y3234	Continued From page 28 Dementia (alzheimers.gov). Noted the following: "Be gentle and respectful. Tell the person what you are going to do, step by step while you help them bathe or get dressed." And, "Communication can be hard for people with Alzheimer's and related dementias because they have trouble remembering things. They also can become agitated and anxious, even angry ...To help make communication easier, you can: Reassure the person. Speak calmly. Listen to his or her concerns and frustrations." (Retrieval date 10/30/2023.) Resident 13- On 10/23/2023, at 10:45 AM, Surveyor observed Resident 13 seated in a recliner in the living room. Two staff members approached Resident 13 and without greeting or telling Resident 13 what they were going to be doing with Resident 13, grabbed under Resident 13's arm and on top of the forearms to raise Resident 13 from the chair. Staff then assisted Resident 13 to the bathroom. Staff did not explain to Resident 13 what they were planning to do with Resident 13, how they were to assist Resident 13 nor explain where they were going with Resident 13. Resident 13 appeared confused. Surveyor reviewed Resident 13's record and noted Resident 13 had a diagnosis including dementia. Resident 12- On 10/23/2023, at 11:07 AM, Surveyor observed Resident 12 seated in a recliner in the living room. At 11:46 AM, 2 staff members assisted Resident 12 off the chair, grabbed under Resident 12's arm and on top of the forearms to raise Resident 12 from the chair. Resident 12's feet and legs would twist during the transfer.	Y3234		

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Y3234	Continued From page 29	Y3234		

Staff then assisted Resident 12 to the bathroom. Staff did not explain to Resident 12 what they were going to do, how they would assist Resident 12 and where they were going to go. Resident 12 appeared confused as to what was happening.

Surveyor reviewed Resident 12's record and noted Resident 12 had a diagnosis including dementia.

Resident 19-
Resident 19 was observed interacting with a caregiver using a translation device during a one to one visit. Resident 19 was observed attempting to talk into the device. The caregiver did not respond. Resident 19 and caregiver were unable to successfully communicate about Resident 19's needs.

Resident 19 then went into the bedroom and returned with a pair of shoes. Resident 19 was bare foot and attempted to put on shoes without socks. The caregiver observed Resident 19 struggling to place the shoes on Resident 19's feet. The caregiver took the shoes from Resident 19, smiled, and proceeded to put the shoes on Resident 19. The caregiver had to remove the shoes several times, as Resident 19 could not get the shoes on his/her feet with the assistance. No verbal interaction was noted during the provision of assistance. Resident 19 was heard asking the caregiver questions, and the caregiver smiled but did not offer a response to the question.

Noon Meal-
On 10/23/2023, at 12:01 PM, several residents were seated in the living room. Staff began assisting residents to the dining room and bathroom. Staff was heard by the Surveyors talking to each other but not to any residents.

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Y3234	Continued From page 30 Residents were taken by wheelchairs, broda chair and assisted with ambulating to the dining room. Staff did not explain to the residents what was happening and where they were going. On 10/23/2023, at approximately 1:00 PM, Surveyor interviewed Executive Director P and Vice President R regarding the observations. Executive Director P and Vice President R stated they are working on obtaining different translation devices for staff and resident use so that staff could explain to residents what cares they would be providing to them before providing the care. When interviewed about the personal information posted on the bathroom doors, Vice President R stated it could have been placed differently in the room to permit confidentiality.	Y3234		