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 01/22/2024

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 000	Initial Comments On 01/22/2024, Surveyor completed a verification visit at Sylvan Crossings of Fitchburg, a CBRF in Fitchburg. Three deficiencies were identified. The deficiencies were repeat deficiencies - See Statement of Deficiency (SOD) NKN513, dated 01/02/2020; NKN511 dated, 12/14/2020; SOD 2G1Q12, dated 05/02/2022; SOD 2GIQ13 dated, 10/26/2022; SOD KF1311, dated 01/19/2023; SOD KFI312, dated 06/07/2023 and SOD KFI313, dated 10/24/2023. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 14	N 000		
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. This Rule is not met as evidenced by: Based on record review, observation and	N 389		

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

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N 389	Continued From page 1	N 389		

interview, the provider did not update the individual service plan (ISP) for 3 of 5 residents reviewed.

Resident 14's ISP was not updated to document his/her oral care needs.
Resident 10's ISP was not updated to document his/her current needs for eating and mobility.
Resident 11's ISP was not updated to document his/her need for escort to meals, assistance of 2 for toileting and a lift for transfers.

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; SOD KFI312, dated 06/07/2023 and SOD KFI313, dated 10/24/2023.

Findings include:

On 01/22/2024 at approximately 10:30 a.m., Surveyor reviewed resident records and identified the following concerns with ISPs:

Example 1 - Resident 14

Resident 14 was admitted to the provider's facility on 07/20/2023. Resident 14 's ISP, dated 08/17/2023, stated, "Staff will assist [Resident 11] with setting up [his/her] toothbrush for oral care. Staff will apply toothpaste to [his/her] toothbrush and give it to [Resident 11] ... [Resident 11] doesn't have teeth the staff will help [Resident 11] with good oral care."

On 01/22/2024 at approximately 1:00 p.m., Surveyor reviewed Resident 14's ISP with Executive Director P and Vice President R. Surveyor pointed out that Resident 14's ISP documented Resident 11's oral care needs.

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N 389	Continued From page 2 Executive Director P stated the information must have been copied and pasted from Resident 11's ISP to Resident 14's ISP. Executive Director P wrote him/herself a note to update the ISP. Executive Director P clarified that Resident 14 had his/her own teeth and required assistance for oral cares. Example 2 - Resident 10 Resident 10 was admitted to the provider's facility on 01/27/2023. Resident 10's ISP, dated 12/04/2023, stated Resident 10 required full assistance with eating, that s/he used a manual wheelchair as a form of ambulation, required the assistance of a 4 wheeled walker and s/he ambulated independently. On 01/22/2024 at approximately 10:45 a.m., Surveyor observed Resident 10 dancing independently in the common area with no assistive device. On 01/22/2024 at approximately 12:30 p.m., Surveyor observed Resident 10 eating lunch in the dining room independently. On 01/22/2024 at approximately 1:00 p.m., Surveyor reviewed Resident 10's ISP with Executive Director P and Vice President R. Executive Director P stated Resident 10 was independent with mobility and eating. Executive Director P wrote him/herself a note to update the ISP. Example 3 - Resident 11 Resident 11 was admitted to the provider's facility on 12/15/2011. Resident 11's ISP, dated 12/04/2023, stated Resident 11 would come to	N 389		

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N 389	Continued From page 3 meals independently once staff informed Resident 11 it was time to eat. The ISP stated Resident 11 required 1 assist with toileting tasks. The ISP stated in 1 section that Resident 11 required an EZ stand for transfers. A different section of the ISP stated Resident 11 was independent with transfers. On 01/22/2024 at approximately 11:30 a.m., Surveyor observed Resident 11 escorted to the dining room by a caregiver pushing his/her wheelchair. On 01/22/2024 at approximately 1:00 p.m., Surveyor interviewed Executive Director P and Vice President R regarding Resident 11's needs. Executive Director P stated Resident 11 required physical escort to meals, assist of 2 caregivers for toileting tasks and an EZ stand lift for transfers. Executive Director P wrote him/herself a note to update the ISP.	N 389		
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.	N 452		

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N 452	Continued From page 4	N 452		

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. The provider served vegetables under 140°F.

This is a repeat deficiency. See Statement of Deficiency (SOD) KFI313, dated 10/24/2023.

Findings include:

On 01/22/2024 at approximately 11:00 a.m., Surveyor requested that staff provide Surveyor with a sample plate once all residents were served lunch.

On 01/22/2024 at approximately 12:00 p.m., Surveyor observed the first resident be served lunch, which was meatloaf and sweet potatoes. From 12:00 p.m. to approximately 12:20 p.m., caregivers brought residents to the dining room to be served.

On 01/22/2024 at approximately 12:25 p.m., Surveyor received his/her sample plate. Surveyor took the temperature of the food and received the following readings:

- Meatloaf: 140.7°F
- Sweet Potatoes: 89°F and warm to touch.

On 01/22/2024 at approximately 12:30 p.m., Surveyor interviewed Executive Director P and Vice President R regarding the sweet potatoes

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N 452	Continued From page 5 being significantly under 140°F. Executive Director P stated the potatoes should have been kept in the oven until serving to ensure they were warm enough. Vice President R stated the potatoes should have been put in the microwave prior to serving.	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. Caregivers completed tasks for or with residents without explanation of what they were doing. Resident 13 had a chair alarm that would loudly play music when s/he shifted his/her weight in his/her wheelchair.	{Y3234}		

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{Y3234}	Continued From page 6 This is a repeat deficiency. See Statement of Deficiency (SOD) NKN513, dated 01/02/2020; SOD 2GIQ13 dated, 10/26/2022 and SOD KFI313, dated 10/24/2023. Findings include: On 01/22/2024, Surveyor completed a verification visit. The following treatment concerns were identified: Example 1 - Communication/Interaction: On 01/22/2024 at approximately 10:00 a.m., Surveyor observe the provider's activity calendar which listed "Gentle Movement" as the 10:00 a.m. activity. Surveyor observed 6 residents sitting in the provider's common area with no activity taking place. On 01/22/2024 at approximately 10:12 a.m., Surveyor observed Caregiver S and Caregiver Z transfer Resident 13 from his/her wheelchair to a recliner, using a gait belt, with no guidance to explain the process. On 01/22/2024 at approximately 10:15 a.m., Surveyor observed Caregiver Z turn a 1950s music video program on the television. Surveyor then observed Caregiver Q begin dancing with residents by holding their hands and moving back and forth. Surveyor did not observe a caregiver explain that the "Gentle Movement" activity was taking place. From approximately 10:15 a.m. to 10:45 a.m., Surveyor observed Caregiver S, Caregiver Z and Caregiver Q intermittently walk up to residents and begin dancing. Surveyor did not observe caregivers engage in meaningful conversation or	{Y3234}		

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{Y3234}	Continued From page 7	{Y3234}		

explain the activity with residents. Resident 11 appeared agitated by the dancing and yelled, "God [expletive]. I don't want to dance." Caregivers did not provide reassurance or redirection. Caregiver Q was heard stating, "Yeah. No se. Tambien." Residents did not appear to understand or respond to Caregiver Q.

From approximately 11:10 a.m. to 12:00 p.m., Surveyor observed Caregiver Q, Caregiver S and Caregiver Z assist Resident 9, Resident 13, Resident 11 and Resident 15 to their rooms to provide toileting assist. While escorting or transferring residents, caregivers did not inform residents what they were doing.

On 01/22/2024 at approximately 12:15 p.m., Surveyor observed Caregiver Q provide Resident 12 with lunch. Surveyor observed Resident 12 with his/her mouth closed and Caregiver Q hold a spoon up to Resident 12's mouth with no communication as to what was being served or whether or not Resident 12 was interested in eating. Resident 12 would jolt his/her head back when the spoon was brought to his/her mouth and then eventually open his/her mouth and take a bit. Surveyor then observed Caregiver Q leave Resident 12 2 times to assist other residents with getting into the dining room, without telling Resident 12 that s/he would be returning to provide assistance. Resident 12 looked forward with his/her hands in his/her lap throughout the meal.

On 01/22/2024 at approximately 12:20 p.m., Surveyor observed Caregiver S provide feeding assistance for Resident 22. Surveyor did not observe Caregiver S inform Resident 22 what was served or ask if Resident 22 was interested in eating.

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{Y3234}	Continued From page 8 On 01/22/2024 at approximately 1:00 p.m., Surveyor interviewed Executive Director P and Vice President R. Surveyor discussed concern that caregivers were observed completing tasks with residents with no interaction regarding what task was about to be performed. Example 2 - Alarm: On 01/22/2024 from approximately 12:10 p.m., Surveyor heard the "It's a Small World" tune playing at a high volume in the dining room. The volume of the tune made it difficult to hear conversations occurring within 6 feet in the dining room and could be heard from the back of the facility. After a few minutes of the tune playing, Surveyor observed Executive Director P go over to Resident 13, who was sitting in his/her wheelchair eating, to turn off an alarm. Surveyor then heard the alarm activate 2 additional times within 15 minutes, playing "It's a Small World" loudly each time. On 01/22/2024 at approximately 1:00 p.m., Surveyor interviewed Executive Director P and Vice President R regarding Resident 13's chair alarm. Executive Director P stated the tune was Resident 13's chair alarm that would activate anytime Resident 13 shifted his/her weight and ring out the "It's a Small World" tune. Executive Director P stated the alarm was very sensitive, so it engaged at times when Resident 13 was not attempting to stand up. Surveyor shared concern that the volume and frequency of the tune was disturbing. Vice President R agreed with Surveyor and stated a different fall measure needed to be put into place.	{Y3234}		