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 _____	C 06/25/2025

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 06/24/2025, Surveyor conducted a complaint investigation at Sylvan Crossings of Fitchburg, a CBRF in Fitchburg. Two deficiencies were identified. One deficiency is a repeat deficiency - See Statement of Deficiency (SOD) LBS211, dated 12/23/2020. The complaint was substantiated. Census: 16	N 000		
N 161	83.12(3)(a) Investigate injuries of unknown source. Investigating injuries of unknown source. A CBRF shall investigate any of the following: 1. An injury that was not observed by any person. 2. The source of an injury to a resident that cannot be adequately explained by the resident. 3. An injury to a resident that appears suspicious because of the extent of the injury or the location of the injury on the resident. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure all injuries of an unknown source were investigated for 1 of 1 residents reviewed. This is a repeat deficiency. See Statement of Deficiency (SOD) LBS211, dated 12/23/2020. Findings include: On 06/24/2025 at approximately 10:45 a.m., Surveyor reviewed Resident 1's record. Resident 1 was admitted to the provider's facility on 06/30/2023 and had an activated Health Care	N 161		

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

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N 161	Continued From page 1 Power of Attorney. Resident 1's progress notes, dated 04/01/2025 to 06/24/2025, included documentation of the following injuries: - 04/01/2025: Resident observed injured to right ear. - 04/03/2025: Staff noticed resident had a bruise on his/her left arm. - 04/20/2025: Resident had a small bruise on left side of face and right hand was swollen. " ...Noticed that in [his/her] left cheekbone and in [his/her] left eye [s/he] apparently had a blow ...". - 04/21/2025: Resident's right cheek looked swollen. Right hand was swollen. Left cheek was purple. - 04/22/2025: Resident had scrape observed in middle of the back. - 05/01/2025: Staff found an open wound on his/her left arm this morning. - 05/08/2025: Resident had laceration to his/her back, small swelling in his/her right eye and scratches. - 05/18/2025: Resident had a bruise on the left foot. - 05/30/2025: Resident had a swollen right hand. - 06/11/2025: Resident had wound on the top part of the ankle. On 06/24/2025 at approximately 11:00 a.m., Surveyor reviewed the injuries documented in Resident 1's progress notes with Marketing Director B and asked if the provider had documentation related to the causes of the injuries. Marketing Director B stated Resident 1 liked to rub his/her feet together which caused some wounds, and that the provider's protocol was to update hospice of any injuries. Surveyor asked Marketing Director B if s/he had any investigations related to the injuries. Marketing Director B replied, "No," and stated hospice may	N 161		

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N 161	Continued From page 2 have some documentation. On 06/24/2025 at approximately 11:15 a.m., Surveyor reviewed Resident 1's individual service plan (ISP), dated 07/24/2025 and noted the ISP did not include information regarding Resident 1's skin integrity or rubbing his/her feet together to cause wounds. On 06/24/2025 at approximately 12:30 p.m., Surveyor requested records from hospice. On 06/24/2025 at approximately 10:15 a.m., Surveyor interviewed Hospice RN D regarding Resident 1's injuries. Hospice RN D stated right hand swelling would have been edema related to medical conditions and the cheek bruise may have been caused by the lift, but that s/he would need to review notes regarding the other wounds. Hospice RN D stated his/her staff would assess the wounds, but not necessarily investigate the cause. Hospice RN D stated s/he would review his/her notes to determine if there was a documented cause of the injuries identified in Resident 1's facility progress notes, dated 04/01/2025 to 06/24/2025. On 06/24/2025 at approximately 11:15 a.m., Surveyor reviewed hospice records provided by Hospice RN D, which did not include an investigation of the injuries documented in Resident 1's progress notes, dated 04/01/2025 to 06/24/2025.	N 161		
N 357	83.32(3)(m) Rights of Residents: Recording and filming In addition to the rights under s. 50.09, Stats., each resident shall have all of the following rights:	N 357		

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N 357	Continued From page 3 Recording, filming, photographing. Not be recorded, filmed or photographed without informed, written consent by the resident or resident ' s legal representative. The CBRF may take a photograph for identification purposes. The department may photograph, record or film a resident pursuant to an inspection or investigation under s. 50.03(2), Stats., without his or her written informed consent. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure residents were free from being recorded, filmed or photographed. Resident 1 was recorded without the consent of his/her legal representative and video was posted to a social media platform. Findings include: On 06/24/2025, Surveyor conducted a complaint investigation alleging the provider's staff recorded a resident without consent and posted the video on social media. On 06/24/2025 at approximately 8:00 a.m., Surveyor reviewed a self-report, dated 04/23/2025, that stated Former Caregiver A was involved with posting confidential and inappropriate content involving Resident 1 on a social media platform. On 06/24/2025 at approximately 9:15 a.m., Surveyor requested documentation from Marketing Director B of any recording and filming concerns that occurred at the facility. On 06/24/2025 at approximately 9:50 a.m.,	N 357		

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N 357	Continued From page 4 Surveyor reviewed an investigation that indicated the provider received an anonymous email on 04/21/2025 reporting a night shift staff member had posted inappropriate and confidential content to a social media website. The email reported that the video showed a resident sitting on the toilet undressed, a staff member putting in door codes and exposed what facility was being recorded. The investigation stated an internal investigation was initiated immediately and evidence reviewed from the social media website showed that resident rights and privacy were violated. The investigation indicated the employee responsible for the violation of resident rights and privacy was identified, removed from the schedule and terminated. The investigation stated a report would be sent for resident misconduct and necessary notifications made. On 06/24/2025 at 10:30 a.m., Surveyor confirmed with Office of Caregiver Quality C that a Misconduct Incident Report was received regarding Former Caregiver A's recording, which included Resident 1. On 06/24/2025 at approximately 10:45 a.m., Surveyor reviewed Resident 1's record. Resident 1 was admitted to the provider's facility on 06/30/2023 and had an activated Health Care Power of Attorney. Resident 1's record did not include documentation of him/her or his/her legal representative giving permission to be recorded and posted on social media. On 06/24/2025 at approximately 11:00 a.m., Surveyor reviewed concern with Marketing Director B that Resident 1's rights were violated when Former Caregiver A recorded Resident 1 without the consent of Resident 1 and/or his/her legal representative. Marketing Director B nodded	N 357		

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N 357	Continued From page 5 his/her head in agreement and wrote down Surveyor's concern. Marketing Director B shared that training regarding recording and filming of residents was completed with caregivers following the incident.	N 357		