STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525685	A. BUILDING _____ B. WING _____	**09/02/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
PLYMOUTH HEALTH SERVICES	**916 E CLIFFORD ST PLYMOUTH, WI 53073**

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)
F 0610 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Few	**Respond appropriately to all alleged violations.** Based on record review and staff interview, the facility did not ensure all alleged violations involving sexual abuse were thoroughly investigated involving 1 Resident (R) (R1) of 5 sampled residents. R1 reported VD (Van Driver)-C touched R1's breast when repositioning R1 during transport. The facility did not conduct a thorough investigation of the allegation to rule out sexual abuse when the facility did not report the allegation of sexual abuse to local law enforcement. Findings include: The facility policy entitled Abuse Prevention Program with an effective date of March 2018, indicated residents have the right to be free from abuse. This includes but is not limited to freedom from sexual abuse. The facility must report alleged violations of abuse to the proper authorities. On 8/31/2020, the Surveyor reviewed a facility self-report regarding an allegation of sexual abuse, which was sent to the State Agency. The self-report indicated R1 was transported by VD-C to a medical appointment. On return to the facility, R1 indicated to facility staff VD-C touched R1's breasts when repositioning during transport. This allegation of sexual abuse was reported to NHA (Nursing Home Administrator)-A, who reported the allegation to the State Survey Agency. The self report did not include documentation that the incident had been thoroughly investigated, as local law enforcement was not notified of the allegation of sexual abuse on the date the allegation was made. On 9/2/2020 at approximately 8:50 AM, the Surveyor interviewed NHA-A regarding the investigation of the allegation of sexual abuse. NHA-A verified the allegation of sexual abuse was not reported to local law enforcement. On 9/2/2020 at 11:42 AM, the Surveyor interviewed SW (Social Worker)-D regarding the investigation of the allegation of sexual abuse. SW-D verified the allegation of sexual abuse was not reported to local law enforcement until today (9/2/2020) after the Surveyor asked for the police report regarding the allegation of sexual abuse. SW-D then stated the police were at the facility this morning at approximately 10:30 AM after being called regarding the allegation. In hindsight, it was not a thorough investigation of the allegation of sexual abuse by the facility. The allegation should have been reported to local law enforcement on the date it was reported to the facility by R1.

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