

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 525695	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/18/2020
NAME OF PROVIDER OF SUPPLIER ANNA JOHN RESIDENT CENTERED CARE COMMUNITY		STREET ADDRESS, CITY, STATE, ZIP 2901 SOUTH OVERLAND ROAD ONEIDA, WI 54155	
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 F 0610	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
<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>Based on record review and staff interviews, the facility did not ensure that appropriate corrective action was taken for an allegation of abuse for 1 Resident (R) (R1) of 1 alleged violations of abuse, neglect, and /or mistreatment. The facility found Licensed Practical Nurse (LPN)-C to have been verbally abusive towards R1 and did not provide any education to the rest of the facility staff in order to correct and prevent future occurrences of abuse. Findings include: The facility policy, entitled Investigations of Abuse, Neglect, Misappropriation of Property, Resident to Resident Altercation and Injury of Unknown Source, dated 11/28/18, states: Training is to occur .as needed in the following areas: .How to recognize signs of burnout, frustration, and stress that may lead to abuse and identify ways to prevent such from occurring. It also states Verbal/Psychological Abuse: Administration: Examine the facility policies and procedures to determine how to prevent caregiver misconduct, improve reporting .Plan education in-services and/or workshops, as needed, outside the annual in-servicing. On 8/18/20, the Surveyor reviewed a facility self-report about an allegation of abuse. Per the facility self-report, LPN-C was assigned 1:1 supervision for R1 on 6/15/20. LPN-C made sarcastic comments about R1 to other staff and had a cold demeanor towards R1 throughout the shift. It was noted that R1 makes frequent requests to use the bathroom. Certified Nursing Assistant (CNA) - D assisted LPN-C transfer R1 into bed. R1 changed their mind mid-transfer and wanted to go to R1's chair. When CNA-D observed LPN-C continue to transfer R1 to bed after R1 changed their mind, CNA-D ensured R1's safety and reported the incident to Registered Nurse (RN) - F. RN-F immediately went to R1's room, assisted LPN-C with transferring R1 to R1's chair as requested, and removed LPN-C from R1's care while ensuring R1's safety. LPN-C went to the Social Worker's office, wrote a statement, and did not return to the facility. The facility determined that LPN-C was being abusive towards R1 and that it was likely due to frustrations with R1's many requests. On 8/18/20 at 12:15 PM, the Surveyor interviewed the Director of Nursing (DON)-B, who verified that, after this incident, there was no facility-wide training in order to prevent future incidents of abuse and/or burnout.</p>		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE	

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.