STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0011573	A. BUILDING: _____ B. WING _____	C 06/28/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HEARTSONG ASSISTED LIVING	415 EAST AVENUE BELLEVILLE, WI 53508

(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 06/27/2023 with information gathered through 06/29/2023, Surveyor conducted a complaint investigation at Heartsong Assisted Living. Five deficiencies were identified. The complaint was substantiated. Census: 12	N 000		
N 219	83.17(1) Licensee conduct caregiver background check Caregiver background check. At the time of hire, employment or contract and every 4 years after, the licensee shall conduct and document a caregiver background check following the procedures in s. 50.065, Stats., and ch. DHS 12. A licensee shall not employ, contract with or permit a person to reside at the CBRF if the person has been convicted of the crimes or offenses, or has a governmental finding of misconduct, found in s. 50.065, Stats., and ch. DHS 12, Appendix A, unless the person has been approved under the department ' s rehabilitation process as defined in ch. DHS 12. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure complete background checks were conducted upon hired for 2 of 4 employees reviewed. The complete background check is to include the background information disclosure form (BID), the criminal history search form from the	N 219		

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

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N 219	Continued From page 1 department of justice (DOJ), and the information maintained by the department of safety and professional service regarding a person's credentials (IBIS). Findings include: On 06/272023, Surveyor reviewed employee records and identified the following: -Caregiver D was hired 05/15/2023 and his/her record did not include DOJ or IBIS letter due at time of hire. Administrator A provided the documents dated 06/27/2023. -Manager C was hired on 05/07/2023 and his/her record did not include a BID, DOJ or IBIS letter due at time of hire. Administrator A then provided the documents dated 06/27/2023. On 06/27/2023 at 2:00 PM, Surveyor interviewed Administrator A. Administrator A stated they had a large turnover of staff and have been busy with hiring new staff. Administrator A stated s/he was not aware the background checks were not completed.	N 219		
N 223	83.18(1) Employee records maintained and current. A separate record for each employee shall be maintained, kept current, and at a minimum, include: (a) Written job description including duties, responsibilities and qualifications required for the employee; (b) Beginning date of employment; (c) Educational qualifications for administrators; (d) Completed caregiver background check following procedures under s. 50.065, Stats., and ch. HFS	N 223		

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N 223	Continued From page 2 12; (e) Documentation of training, or exemption verification. This Rule is not met as evidenced by: Based on record review and staff interview, the provider did not maintain a separate record for each employee which included documentation of training for Co-Owner B who passed medications. The provider did not maintain a separate record for Manager C which included documentation of medication administration training. Findings include: Example 1- Co-Owner B On 06/27/2023, at approximately 12:00 PM, Surveyor asked Administrator A to review of the staff file of Co-Owner B. Administrator A stated they did not have a file for Co-Owner B but Co-Owner B did pass medications to residents of the facility and did have medication administration training in 2006 however, they do not have a copy of the certificate. Surveyor asked if Co-Owner B is on the department approved registry for medication administration. Administrator A stated, "No, and I do not believe s/he will take the training." Surveyor reviewed the medication administration record for Resident 1. The medication administration record contained Co-Owner B's initials for administering Resident 1's medication on 05/11/2023 at 2:00 PM; 05/12/2023 at 2:00 PM; 05/13/2023 at 8:00 PM; 05/14/2023 and 05/15/2023 at 2:00 PM; 05/17/2023 at 8:00 PM; 05/27/2023 at 8:00 AM; 05/30/2023 at 12:00 PM; 06/03/2023 at 8:00 AM; 06/04/2023 at 8:00 PM.	N 223		

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N 223	Continued From page 3 Surveyor interviewed Co-Owner B and Administrator A on 06/27/2023 at 2:40 PM. Co-Owner B stated s/he did pass medications to the residents at the facility including Resident 1 and others. Administrator A verified this and stated Co-Owner B is not passing medications any longer as Administrator A stated s/he is aware of the requirement to maintain documentation of medication training. Example 2- Manager C On 06/27/2023, at approximately 12:00 PM, Surveyor asked Administrator A to review of the staff file of Manager C. Manager C's date of hire was 05/07/2023. Administrator A provided the file. The file did not contain documentation of medication administration for Manager C. Surveyor asked Administrator A if Manager C passed medication to residents. Administrator A stated yes. Surveyor asked about the state approved training certificate or proof Manager C was on the state registry. Administrator A stated they are in the process of obtaining certificates and believed Manager C did have the training. Administrator A stated s/he is aware of the requirement to maintain employee records but they have been busy with many staff changes at the facility. On 06/27/2023, at approximately 12:00 PM, Surveyor interviewed Manager C. Manager C stated s/he did receive the training through the department approved training program but did not know why s/he was not on the registry and did not know why the file did not contain documentation of the training.	N 223		
N 352	83.32(3)(h) Rights of Residents: Receive medication	N 352		

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N 352	Continued From page 4 In addition to the rights under s. 50.09, Stats., each resident shall have all of the following rights: Receive medication. Receive all prescribed medications in the dosage and at intervals prescribed by a practitioner. The resident has the right to refuse medication unless the medication is court ordered. This Rule is not met as evidenced by: Based on record review and staff interview, Resident 1 and Resident 2 did not receive all prescribed medications in the dosage and at intervals prescribed by a practitioner. Findings include: On 06/27/2023, the department conducted a complaint investigation related to residents not receiving prescribed medication at the interval prescribed by a practitioner. Surveyor requested that Caregiver H and Manager C provide Resident 1 and Resident 2's records which included the physician orders and medication administration records for the month of May 2023 and June 2023. Example 1- Resident 1 Surveyor reviewed Resident 1's record. Resident 1 was admitted to the provider on 03/01/2022 with a diagnoses including chronic congestive heart failure, hypertension, osteoarthritis, borderline glaucoma with ocular hypertension and type 2 diabetes mellitus. Resident 1 had a physician order for Latanoprost 0.005% Ophth sol one drop into both eyes at bedtime ordered on 03/27/2023.	N 352		

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N 352	Continued From page 5 According the medication administration record for the month of May 2023 and June 2023 the Latanoprost eye drops were not administered from 05/18/2023 to 06/13/2023. Staff documented the reason as "HLD." On 05/18/2023 the reason for not administered was "other." On 05/19/2023 and 05/20/2023 the reason was "refused." On 05/20/2023, no reason was documented and no staff signature was provided. From 05/01/2023 to 05/17/2023, Resident 1 did accept and receive the eye drops. On 06/13/2023 to 06/26/2023 Resident 1 did accept and receive the eye drops. On 06/27/2023, at approximately 12:00 PM, Surveyor observed the medication cart with Manager C. Manager C showed Surveyor the Latanoprost eye drops. The container had a very small amount remaining. On 06/27/2023, at approximately 2:40 PM, Surveyor asked Administrator A what the abbreviation "HLD" meant. Administrator A stated s/he was not sure if staff did not document this correctly, if they could not find the eye drops on the cart, or if the medication was not administered. Surveyor asked why the other medications were documented as administered. Co-Owner B stated sometimes Resident 1 would refuse the eye drops, however, it is documented as a refusal. Surveyor asked if they were concerned that Resident 1 did not receive the medication for 26 days. Administrator A stated s/he believed they were waiting on a refill from pharmacy and the physician had been contacted. Administrator A asked Manager C about their system to ensure refills were ordered timely. Manager C stated that when staff notify Manager C of the need for a refill, Manager C would call pharmacy.	N 352		

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N 352	Continued From page 6 On 06/28/2023, at 9:25 AM, Surveyor interviewed Pharmacy Tech G regarding the Latanoprost eye drops. Pharmacy Tech G stated the last Latanoprost eye drop delivery was on 05/22/2023 and they had not received any other requests for refills. Pharmacy Tech G stated this medication would need to be called into the pharmacy for re-orders. Example 2 - Resident 2 Surveyor reviewed the record of Resident 2. Resident 2 was admitted to the provider on 03/27/2023 with a diagnoses including end stage renal disease, anemia, chronic kidney disease and diabetes mellitus type 2. Resident 2 had a physician order dated 03/16/2023 for Trazodone 100 MG one tablet by mouth once daily at bedtime. Must be given by 2230 on Sunday, Tuesday and Thursday for dialysis preparation. A review of the medication administration record for the month of May 2023 noted Resident 2 did not receive the medication 18 times from 05/01/2023 to 05/31/2023. 05/01/2023; 05/03/2023; 05/04/2023; 05/05/2023; 05/06/2023; 05/08/2023; 05/12/2023; 05/13/2023; on 05/14 and 05/15/2023 Resident 2 was in the hospital. On 05/17/2023; 05/19/2023; 05/20/2023; 05/22/2023; 05/24/2023; 05/25/2023; 05/26/2023; 05/27/2023; 05/29/2023; 05/31/2023 Resident 2 did not recieve the medication. A review of medication administration record for the month of June 2023 noted Resident 2 did not receive the medication 6 times from 06/01/2023 to 06/11/2023. No reason was documented as to why Resident 2 did not receive the medication.	N 352		

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N 352	Continued From page 7 06/02/2023; 06/03/2023; 06/05/2023; 06/07/2023; 06/09/2023; 06/10/2023. On 06/27/2023 at approximately 2:40 PM, Surveyor interviewed Administrator A, Co-Owner B and Manager C regarding the medication not being administered. Co-Owner B stated the medication was available however Resident 2 might have refused it. Surveyor asked if Resident 2 refused the medication. Co-Owner B stated s/he was not sure but it would have been documented as a refusal. Administrator A stated the resident should have received the medications and they had made staffing changes due to medication administration concerns.	N 352		
N 419	83.37(3)(c) Medication storage: locked cabinet. Administered by facility. The CBRF shall keep medicine cabinets locked and the key available only to personnel identified by the CBRF. This Rule is not met as evidenced by: Based on observation and interview, the facility did not ensure that medications administered by the facility, were kept locked. Findings include: Heartsong Assisted Living is a Class CNA (non-ambulatory) home serving developmentally disabled; irreversible dementia/Alzheimer's; advanced aged and physically disabled. The home has a capacity for 16 adults. On 06/27/2023, at 9:04 AM Surveyor entered the facility and walked into the dining room. The medication cart was stored outside the kitchen. No staff immediately present and the medication	N 419		

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N 419	Continued From page 8 cart containing medications for 14 residents was not locked. At 9:07 AM, Caregiver C entered the room and greeted Surveyor. Shortly after, Caregiver D greeted Surveyor and stated s/he was passing medications and serving breakfast. Three residents were seated in the dining room in close proximity to the medication cart. Caregiver D then placed something into the medication cart, closed the drawer, walked away from the cart. The cart was not locked. Surveyor began to tour the facility and at 9:20 AM, 9:40 AM, 10:19 AM. Staff and residents were observed in the area. At 10:30 AM the cart was locked and at 11:36 AM the cart was unlocked. On 06/27/2023, at approximately 2:00 PM, Surveyor interviewed Caregiver D and Manager C regarding the med cart. Surveyor asked Caregiver D if s/he had passed medications that morning. Caregiver C stated yes. Surveyor asked about the unlocked cart. Caregiver D stated s/he did not realize this, and probably should have taken the cart with him/her on the medication pass. Caregiver D stated s/he is new to the facility and in the process of training. Manager C stated the medication cart should have been locked at all times.	N 419		
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	N 427		

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N 427	Continued From page 9	N 427		

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 observations, resident and staff interviews and record review, the provider did not provide a daily activity program to meet the interests and capabilities of the residents or develop and post the activity schedule in an area available to residents.

Findings include:

On 06/27/2023, at 9:04 AM Surveyor entered the facility and conducted a tour. No activity calendar was posted in the facility.

On 06/27/2023, at 9:27 AM, Surveyor interviewed Resident 1. Resident 1 stated there were no activities to attend. Resident 1 stated they did have bingo about one month ago. Resident 1 stated s/he would like to play cards more bingo and have church groups come into the facility from time to time. Resident 1 stated there is no activity calendar and they used to get a calendar each month but that stopped a long time ago.

On 06/27/2023, at approximately 10:40 AM, Surveyor interviewed Resident 4. Resident 4 stated staff turnover is bad and they lost good people. Now there is not much to do and would like more to do. Resident 4 stated there is really nothing to do here.

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N 427	Continued From page 10 On 06/27/2023, at approximately 11:50 AM, Surveyor interviewed Resident 3. Resident 3 stated to tell Co-Owner B they want more to do. There is not enough to do keep busy. The did get exercises but since the covid pandemic there is nothing to do. Resident 3 stated the last program was last Thursday, they did play bingo. Resident 3 stated this morning they did exercises but the staff are too busy and if there is one caregiver on duty, they can't do any activities. Resident 3 stated Caregiver H will do exercises with residents when able but the residents want more to do. On 06/27/2023, at 10:13 AM, Surveyor interviewed Caregiver D regarding activities. Caregiver D stated the caregivers are responsible to do activities with the residents however, Caregiver D is the medication passer today and has to help with meals and cares. They try to do things but it is hard. Surveyor asked about the activity calendar. Caregiver D stated there is no activity calendar. On 06/27/2023, at approximately 12:00 noon, Surveyor interviewed Caregiver H. Caregiver H stated that s/he will try to organize exercise groups when s/he can as s/he knows the residents like that program. Surveyor asked about documentation of activities. Caregiver H stated s/he specifically does document in daily tasks when programs are done and who attends them. Caregiver H provided a copy of the daily task sheet identifying the programs. Caregiver H stated administration did change this process but it was documented was today, 06/27/23 when at 12:29 PM exercises was provided to 7 residents. On 06/26/2023, they did exercises at 11:05 AM with 6 in attendance.	N 427		

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N 427	Continued From page 11 06/22/2023- 10:25 AM 6 in attendance. The following was documented on the daily task sheets: 06/20/2023- exercises not held due to nobody was interested. 06/19/2023- exercises not held due to one staff in building. 06/12/2023- no interest. 06/03/2023- no interest. 06/01/2023- no time to hold exercises. 05/11/2023- staff did not show up so no exercises provided. 05/02/2023- staff training. 05/04/2023- no time to hold exercises. 04/27/2023- only one staff on. A review of a second task sheet provided by Caregiver H noted other programs provided such as sitting outside, a church visit on 05/13/2023; a bingo activity on 05/05/2023. At 2:40 PM, on 06/27/2023, Surveyor interviewed Administrator A regarding activities. Administrator A stated caregivers are responsible to do activities when they can. Administrator A stated that a calendar was in the cardboard box in the dining and that was just hung on the wall. Administrator A stated they do not have the funding for activity staff so caregivers do them when they can. Administrator A stated s/he did not know why there was no calendar for June	N 427		

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N 427	Continued From page 12 2023.	N 427		