STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0009722	A. BUILDING: _____ B. WING _____	C 12/11/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KINDREDHEARTS OF SHAWANO	1377 LINCOLN ST SHAWANO, WI 54166

(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 12/06/2023, Surveyor conducted an abbreviated survey, a self-report review, and 5 complaint investigations at Kindredhearts Shawano. Additional information was gathered through 12/11/2023. As a result, four (4) deficiencies were identified. Five complaints: 1 - Substantiated 4 - Unsubstantiated Census: 10	N 000		
N 491	83.44(2)(c) Interior floors, walls and ceilings. Every interior floor, wall and ceiling shall be clean and in good repair. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure all interior floors were in good repair. Findings include: On 12/06/2023, at approximately 10:40 AM, Surveyor toured the facility, accompanied by Resident Director A (RD A), and observed the following: The carpeting in the hallways leading to residents' rooms had approximately 8 tears that were approximately 4 feet long with an approximate 2 inch gap space between the tears. The tears were covered with gray duct tape from the left side of the hallway to the right side of the hallway. On 12/06/2023, at approximately 10:50 AM,	N 491		

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

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N 491	Continued From page 1 Surveyor interviewed RD A. RD A stated, "I know it isn't supposed to be like this, but residents haven't had any falls." On 12/11/2023, at approximately 11:15 AM, Surveyor interviewed Administrator B, via telephone. Administrator B stated, "We plan on ripping out the carpet within the next 2 weeks and we're going to get laminated flooring."	N 491		
N 492	83.45(1)(a) Exterior areas. Exterior areas. The CBRF shall maintain the yard, any fences, sidewalks, driveways and parking areas of the CBRF in good repair and free of hazards. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure the sidewalks were in good repair and free of hazards. Findings include: The facility is non-ambulatory and is licensed to provide services for up to 16 residents who may have diagnosis including: advanced aged and irreversible dementia/Alzheimer's. On 06/29/2023, the department received a complaint that alleged the concrete surrounding the entrance was a tripping hazard. On 12/06/2023, at approximately 10:40 AM, Surveyor toured the facility, accompanied by Resident Director A (RD A), and observed the following: The parking lot, the front entrance door walkway,	N 492		

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N 492	Continued From page 2 the sidewalk directly to the left and the sidewalk directly to the right of the front entrance door had approximately 50 potholes and cracks, varying in sizes between small, medium, and large, with loose gravel, rocks, debris, and brownish, blackish discoloration stains. The front entrance door was identified on the facility's floor plan as an emergency exit. The sidewalk directly to the left and the sidewalk directly to the right of the front emergency exit was identified on the facility's floor plan as a route to safety. On 12/06/2023, at approximately 10:45 AM, Surveyor interviewed RD A. RD A acknowledged the front entrance/exit door was used for emergency evacuation. RD A stated, "It's been like this for a while, but I don't know how long." On 12/11/2023, at approximately 11:15 AM, Surveyor interviewed Administrator B, via telephone. Administrator B stated, "There are plans to get that fixed. We were told by the owners it would be within the next 2 weeks."	N 492		
N 617	83.55(6)(b) Bath and toilet areas: water temperature The CBRF shall set the temperature of all water heaters connected to sinks, showers and tubs used by residents at a temperature of at least 140°F. The temperature of water at fixtures used by residents shall be automatically regulated by valves and may not exceed 115°F, except for CBRFs serving residents recovering from alcohol or drug dependency or clients of a government correctional agency.	N 617		

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N 617	Continued From page 3 This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure proper water temperatures of a shared bathroom in a common area did not exceed 115 degrees Fahrenheit. Findings include: On 12/06/2023, at approximately 10:40 AM, Surveyor toured the facility accompanied by Resident Director A (RD A). Surveyor tested the water temperature from the common area bathroom across from Room 1. The temperature was observed, by Surveyor and RD A, to be 125.2 degrees Fahrenheit. On 12/06/2023, Surveyor interviewed RD A. RD A stated, "I can see it's too hot, but the maintenance [guy/gal] was just here to fix it. I'll let [him/her] know to check it again."	N 617		
N 631	83.59(1)(a) Class AS, ANA, CS, CNA 2 grade level exits All habitable floors shall have at least 2 exits providing unobstructed travel to the outside. Small class AA CBRFs licensed on or before the effective date of this section with no more than 2 habitable floors may have one exit from the second floor. Class AS, class ANA, class CS and class CNA CBRFs shall have at least 2 grade level or ramped exits to grade. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure all habitable floor had at least 2	N 631		

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N 631	Continued From page 4 exits providing unobstructed travel to the outside. Findings include: On 12/06/2023, at approximately 10:40 AM, Surveyor toured the facility, accompanied by Resident Director A (RD A). Surveyor and RD A observed a sit-to-stand lift machine directly in front of the back exit door, next to Room #8. On 12/06/2023, at approximately 11:00 AM, Surveyor interviewed RD A. RD A acknowledged the back exit door was used for emergency evacuations. RD A stated, "This is not supposed to be here. Everyone was told not to put things in front of the doors. We're going to have to have more training."	N 631		