STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016084	A. BUILDING: _____ B. WING _____	R-C 07/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HEATHERWOOD (RCAC)	4510 GATEWAY DR EAU CLAIRE, WI 54701

(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
{U 000}	INITIAL COMMENTS On 06/21/2024, Surveyor conducted three complaint investigations, a verification visit and a standard licensure survey at Heatherwood. Data collection continued through 07/24/2024. Two of 3 complaints were substantiated. Seven deficiencies were identified. One of 7 deficiencies was a repeat deficiency. See Statement of Deficiency (SOD) 5X1P12, dated 01/25/2024, SOD 5X1P11, dated 10/17/2023, and SOD 9XTT11, dated 09/12/2018). Under statutory provisions of Wis. Stat. ch. 50, a $200 revisit fee is being assessed. Census: 31 tenants; 31 apartments	{U 000}		
U 128	89.23(4)(a)1. SERVICES PROVIDER QUALIFICATIONS. Service providers. 1. Residential care apartment complex services shall be provided by staff who are trained in the services that they provide and are capable of doing their assigned work. Any service provider employed by or under contract to a residential care apartment complex shall meet applicable federal or state standards for that service or profession.	U 128		

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

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U 128	Continued From page 1 This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure Cook C and Dietary Aide D received training for kitchen duties and food service prior to assuming job duties. Findings include: On 05/14/2024 and 05/28/2024, the Department received complaints related to food service. On 06/21/2024 at approximately 1:15 PM, Surveyor interview Cook C regarding training and prior experience related to working in the kitchen. Cook C stated s/he received some "on the job" training but did not feel it was adequate. Cook C had no prior experience working in a kitchen and stated, "This is the first kitchen I've worked in." Cook C stated s/he received no training in proper food temperatures and no training related to food safety, but did take a culinary class in high school. Cook C informed Surveyor s/he received a flip book on food safety to use for reference and was present for "dining meetings." Surveyor asked if there were any concerns related to undercooked food. Cook C stated, "Burgers and fries do tend to be undercooked because of the grill we use outside. It's old and not up to date." Cook C stated s/he felt s/he could use more training. On 06/21/2024 at approximately 1:25 PM, Surveyor interviewed Dietary Aide D. Dietary Aide D stated s/he did not complete any training and did not recall seeing an orientation/task checklist upon hire. Dietary Aide D stated s/he learned what to do watching other dietary staff but did not feel s/he received proper training related to	U 128		

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U 128	Continued From page 2 his/her assigned job role. On 06/21/2024 at 4:08 PM, Surveyor reviewed Cook C's record. The record did not contain a job description or orientation/training documentation.	U 128		
U 129	89.23(4)(a)2. SERVICES PROVIDER QUALIFICATIONS. Service Providers. Nursing services and supervision of delegated nursing services shall be provided consistent with the standards contained in the Wisconsin nurse practice act. Medication administration and medication management shall be performed by or, as a delegated task, under the supervision of a nurse or pharmacist. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure medication administration and medication management was performed by, or as a delegated task, under the supervision of a nurse or pharmacist. Findings include: On 04/29/2024, the Department received a complaint regarding staff training and nurse delegation. On 06/21/2024, Surveyor requested to review Executive Director (ED) E's record. ED E had a	U 129		

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U 129	Continued From page 3 hire date of 03/20/2024. ED E had a history of passing medication as evidenced by his/her initials on the May 2024 medication administration record (MAR). ED E's record did not contain documentation to show this task was delegated under the supervision of a nurse or pharmacist. On 07/24/2024 at 2:30 PM, ED A informed Surveyor via email that it had been reported to him/her that the previous Registered Nurse (RN)/Wellness Director confiscated the delegation records from the facility, believing they were his/her property due to his/her signature and license noted on them. ED A stated s/he did not have proof of what was reported to him/her and did not provide any evidence to show staff had been previously delegated by a nurse or pharmacist for medication administration and management.	U 129		
U 133	89.23(4)(c) SERVICES PROVIDER QUALIFICATIONS. Freedom from abuse, neglect and exploitation. A residenial care apartment complex shall ensure that tenants are free from abuse, neglect or financial exploitation by the facility or its staff. A residential care apartment complex shall not employ an individual who has been convicted of a crime that is substantially related to the circumstances of the job or for whom there is a substantiated finding of abuse or neglect or misappropriation of property in the department's registry for nurse aides, home health	U 133		

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U 133	Continued From page 4 aides and hospice aides. The facility shall conduct a criminal records check with the Wisconsin department of justice and shall check with the department's registry for nurse aides, home health aides and hospice aides when hiring a service manager, service providers and other persons to work in the facility or have contact with tenants. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure a criminal record check with the Wisconsin Department of Justice was completed when hiring service providers and other persons who had contact with tenants, for 1 of 3 employees reviewed. Findings include: A complete Caregiver Background Check (CBC), at minimum, consists of: 1) A completed Department of Health Services Form-82064, Background Information Disclosure (BID). 2) A response from the Department of Justice (DOJ). 3) A "Response to Caregiver Background Check" letter from the Department of Health Service, also referred to as the Integrated Background Information System (IBIS). (DQA Publication-00038, Wisconsin Background Check and Misconduct Investigation Program Manual for Entities Regulated by the Division of Quality Assurance, January 2024.)	U 133		

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U 133	Continued From page 5 On 06/21/2024, Surveyor reviewed Executive Director (ED) E's record. ED E had a hire date of 03/20/2024. The record contained a handwritten note which read, "[ED E] was terminated & removed [his/her] employee records. The following is what we have re-covered." The record did not contain a BID, DOJ, or Response to Caregiver Background Check letter. On 07/02/2024 at approximately 12:00 PM, Surveyor interviewed Regional Director (RD) B via phone and discussed the concern that ED E's record was not maintained. RD B informed Surveyor that some onboarding paperwork and electronic signatures were maintained at a corporate level, but background checks and other items were maintained on site at the provider.	U 133		
U 134	89.23(4)(d)1. SERVICES PROVIDER QUALIFICATIONS. Staff training. All facility staff shall have training in safety procedures, including fire safety, first aid, universal precautions and the facility's emergency plan, and in the facility's policies and procedures relating to tenant rights. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure staff had training in safety procedures, including universal precautions, for 2	U 134		

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U 134	Continued From page 6 of 4 records reviewed. Findings include: On 04/29/2024 and 05/14/2024, the Department received a complaint regarding staff training. On 06/21/2024, Surveyor requested to review employee records. Executive Director (ED) E had a hire date of 03/20/2024. The record did not contain evidence to show ED E had completed training in universal precautions. Cook C had a hire date of 03/24/2024. The record did not contain evidence to show Cook C had completed training in universal precautions. On 06/21/2024 at approximately 1:15 PM, Surveyor interview Cook C regarding training and prior experience related to working in the kitchen. Cook C stated s/he received some "on the job" training but did not feel it was adequate. Cook C stated s/he had not received training in universal precautions. On 07/02/2024 at approximately 12:00 PM, Surveyor interviewed Regional Director (RD) B via phone and discussed the concern that employee records were not maintained, and orientation and training was not completed. RD B stated s/he had planned to complete a full internal audit of staff records to ensure compliance moving forward.	U 134		
U 189	89.28(1) Risk Agreement (1) REQUIREMENT	U 189		

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U 189	Continued From page 7 As a protection for both the individual tenant and the residential care apartment complex, a residential care apartment complex shall enter into a signed, jointly negotiated risk agreement with each tenant by the date of occupancy. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 3 of 3 tenants sampled had a signed, jointly negotiated risk agreement by the date of occupancy. Findings include: On 06/21/2024, Surveyor reviewed Tenant 1, Tenant 2, and Tenant 3's record. Tenant 1 had an admission date of 03/29/2024. Tenant 1's record did not include a risk agreement. Tenant 2 had an admission date of 05/05/2023. Tenant 2's record did not include a risk agreement. Tenant 3 had an admission date of 03/04/2024. Tenant 3's record did not include a risk agreement. On 07/03/2024 at 8:27 AM, Surveyor interviewed Executive Director (ED) A via email and asked if risk agreements were on file for Tenant 1, Tenant 2, or Tenant 3. On 07/08/2024 at 11:34 AM, ED A replied via email that there were no risk agreements on file for Tenant 1, Tenant 2, and Tenant 3.	U 189		

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{U 267}	Continued From page 8	{U 267}		
{U 267}	89.34(16) TENANT RIGHTS Rights of tenants. A tenant of a residential care apartment complex shall have all the rights listed in this section. These rights in no way limit or restrict any other rights of the individual under the U.S. Constitution, civil rights legislation or any other applicable statute, rule or regulation. Tenant rights are all of the following: (16) MEDICATIONS. Except as provided for in the service agreement, to have the facility not interfere with the tenant's ability to manage his or her own medications or, when the facility is managing the medications, to receive all prescribed medications in the dosage and at the intervals prescribed by the tenant's physician and to refuse medication unless there is a court order. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure Tenant 1 and Tenant 2 received medications in the dosage and at the intervals prescribed by the tenant's physician, when medications were not documented on the medication administration record (MAR), were unavailable, or administered after the medication was discontinued. This is a repeat deficiency and is being cited for the fourth time. See Statement of Deficiency (SOD) 5X1P12, dated 01/25/2024, SOD 5X1P11, dated 10/17/2023, and SOD 9XTT11, dated	{U 267}		

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{U 267}	Continued From page 9 09/12/2018. Findings include: On 06/21/2024, Surveyor requested to review Tenant 1, and Tenant 2's record. Community Relations Director (CRD) F stated records were maintained in both electronic and physical files. TENANT 1 Tenant 1 had an admission date of 03/29/2024. Tenant 1's record contained a physician order, dated 05/22/2024, with the following orders: - PreserVision: Discontinue pharmacy prescription. Allow patient to self-administer home supply of PreserVision two times per day. - Patient requests pills be given in full pill format and only Tylenol crushed. Surveyor reviewed Tenant 1's May 2024 medication administration record (MAR). PreserVision was administered as evidenced by staff initials through 05/31/2024, and not discontinued as ordered on 05/22/2024. TENANT 2 Tenant 2 had an admission date of 05/09/2023. Surveyor reviewed Tenant 2's May 2024 MAR. The MAR showed the following medications listed with the following documentation: Bupropion HCL XL 300 MG TABLET: Take one tablet by mouth every morning at 8am, and an order that started 05/04/2024, that read: Bupropion HCL XL 150 MG: Take one tablet by mouth every morning at 8am for 14 days.	{U 267}		

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{U 267}	Continued From page 10 -05/04/2024 through 05/09/2024: No documentation to show the 300 mg tablet was administered or on hold. -05/04/2024 through 05/17/2024: Staff initialed the MAR for the 150 mg tablet dose being administered daily. -05/10/2024: 300 mg medication - got it late due to not in computer earlier. -05/11/2024: 300 mg medication not given. 150mg given today 5/11/2024. -05/12/2024: 300 mg medication not given, getting 150mg now. -05/13/2024 through 05/16/2024: Staff initialed both orders (300mg and 150mg), indicating 450mg of Bupropion was given on these dates. -05/17/2024: Staff charted, "none in cart." -05/18/2024: Staff charted the 300 mg tablet was discontinued, but continued to initial the MAR as administered for the 300 mg dose on 05/21/2024 through 05/24/2024, 05/28/2024, and 05/29/2024. Surveyor reviewed orders received from the pharmacy via fax for Tenant 2's Bupropion. Documentation received from the "After Visit Summary" clinic paperwork, dated 05/03/2024 read, "Change Bupropion: Take 1 tablet (150mg) by mouth every morning." The pharmacy dispensed 14 pills to start on 05/04/2024 with no refills. Documentation on the May 2024 MAR indicated staff administered 450mg of Bupropion 05/13/2024 through 05/16/2024. Staff documented on 05/18/2024 the 300mg dose was discontinued but continued to document administration of the 300mg dose 05/21/2024 through 05/24/2024, 05/28/2024, and 05/29/2024 after there was a change (decrease) in the order on 05/03/2024.	{U 267}		

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{U 267}	Continued From page 11 Bion Tears: Administer 1 drop into both eyes four times a day at 8am, 12pm, 4pm, and 9:30pm. Please re-order when 8 left. The May 2024 MAR showed the medication was not available on the following dates/times: -05/14/2024 at 11:14 AM: Not given, none in cart, on re-order. -05/15/2024: Not available, it is on re-order. -05/16/2024: Not available. -05/17/2024: None in cart. On 07/24/2024 at 2:30 PM, Surveyor received an email from Executive Director (ED) A with a note dated 05/24/2024 that stated Tenant 2 had independently decided to purchase his/her own lubricant eye drops and preferred GenTeal Tears over what the pharmacy substitution was. INTERVIEW On 07/23/2024 at approximately 3:15 PM, Surveyor interviewed ED A, Regional Director (RD) B and Community Relations Director (CRD) F about the availability of medications. ED A stated, "We send the reorder, but sometimes there's a delay in physician offices responding so there's a delay in the refill order getting it back to pharmacy so we don't have the medication we need to give." ED A further stated that Tenant 2's preferred medications are not covered by insurance, and it took a while to receive a prior authorization to process through. ED A stated Tenant 1 was trying to manage his/her own prescriptions and was responsible for communicating updates to the facility. ED A stated the facility does not always receive a written order from the physician because they get	{U 267}		

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{U 267}	Continued From page 12 sent automatically to the pharmacy and check it into their system when pharmacy enters it.	{U 267}		
Z 024	50.065(4m)(c) COMPLETE BACKGROUND INFORMATION DISCLOSURE If the background information form completed by a person under sub. (6) (am) indicates that the person is not ineligible to be employed or contracted with for a reason specified under par. (b) 1. to 5., an entity may employ or contract with the person for not more than 60 days pending the receipt of the information sought under sub. (2) (b). If the background information form completed by a person under sub. (6) (am) indicates that the person is not ineligible to be permitted to reside at an entity for a reason specified in par. (b) 1. to 5. and if an entity otherwise has no reason to believe that the person is ineligible to be permitted to reside at an entity for any of these reasons, the entity may permit the person to reside at the entity for not more than 60 days pending receipt of information sought under sub. (2) (am). An entity shall provide supervision for a person who is employed or contracted with or permitted to reside as permitted under this paragraph. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure a background information disclosure (BID) form was completed for Cook C.	Z 024		

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Z 024	Continued From page 13 Findings include: On 06/21/2024, Surveyor requested to review caregiver background checks for Executive Director (ED) E and Cook C. Cook C had a hire date of 03/11/2024. The record did not contain a BID form. On 07/02/2024 at approximately 12:00 PM, Surveyor interviewed Regional Director (RD) B via phone and discussed the concern that employee records were not maintained. RD B stated s/he had planned to complete a full internal audit of staff records to ensure compliance moving forward.	Z 024		