

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0016084	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 12/19/2025
NAME OF PROVIDER OR SUPPLIER HEATHERWOOD (RCAC)		STREET ADDRESS, CITY, STATE, ZIP CODE 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 12/17/2025, Surveyor conducted a verification visit and two complaint investigations. Data collection continued through 12/19/2025. One of 2 complaints were substantiated. The deficiency identified in Statement of Deficiency (SOD) 5X1P14, dated 07/01/2025 was corrected. One deficiency was identified and was a repeat deficiency. See SOD 5X1P13, dated 07/24/2025. Under statutory provisions of Wis. Stat. ch. 50, a \$200 revisit fee is being assessed. Census: 33 tenants; 28 apartments	{U 000}		
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	U 129		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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U 129	Continued From page 1 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 for 3 of 3 employee records sampled. This is a repeat deficiency. See Statement of Deficiency (SOD) 5X1P13, dated 07/24/2024. Findings include: On 09/11/2025, the Department received a complaint regarding nurse delegation. On 12/17/2025 at approximately 9:00 AM, Surveyor interviewed Administrator A and Wellness Director (WD) B and asked who the delegating nurse was. Administrator A stated they had a hospice nurse helping out, but did not have a contract with him/her. WD B stated s/he had been delegated by the hospice nurse to delegate to non-licensed staff for medications and tasks requiring nurse delegation. Surveyor asked WD B if s/he had a nursing license. WD B stated s/he did not have a license and was under the impression s/he could be delegated to delegate to others. WD B stated s/he was going to complete the delegation to all staff responsible for passing medications the following day at the monthly staff meeting. WD B informed Surveyor s/he could confirm Caregiver C and Caregiver D who were recently hired had not received delegation. WD B informed Surveyor all staff responsible for passing medications did not have a current delegation in place and would need to be re-delegated. Surveyor reviewed the employee roster provided by Administrator A and asked WD B which staff were responsible for passing medications. WD B	U 129		

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U 129	Continued From page 2 informed Surveyor the majority of staff were trained to pass medications, and listed the following employees: Caregiver C, Caregiver D, Caregiver E, Caregiver F, Caregiver G, and Caregiver H. Surveyor requested to review a sample of 3 employee records. Caregiver C had a hire date of 10/10/2025. The record did not contain evidence Caregiver C received delegation to pass medications. Caregiver D had a hire date of 10/27/2025. The record did not contain evidence Caregiver C received delegation to pass medications. Caregiver E had a hire date of 10/17/2025. The record did not contain evidence Caregiver C received delegation to pass medications. The provider did not ensure staff were delegated to pass medications when the nurse resigned approximately 4 months ago.	U 129		