STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016083	A. BUILDING: _____ B. WING _____	R-C 07/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HEATHERWOOD (CBRF)	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
{N 000}	Initial Comments On 06/21/2024, Surveyor conducted two complaint investigations, a verification visit and standard survey at Heatherwood CBRF. Data collection continued through 07/24/2024. Both complaints were substantiated. Twelve deficiencies were identified. One of 12 deficiencies was a repeat deficiency. See Statement of Deficiency (SOD) CG1Q11, dated 01/25/2024). Under statutory provisions of Wis. Stat. ch. 50, a $200 revisit fee is being assessed. Census: 8	{N 000}		
N 196	83.14(2)(a) Licensee ensures facility complies with laws The licensee shall ensure the CBRF and its operation comply with all laws governing the CBRF. This Rule is not met as evidenced by: Based on record review and interview, the licensee did not ensure the CBRF (community based residential facility) and its operation complied with all laws governing the CBRF. Findings include: On 06/21/2024, Surveyor entered the facility. Surveyor met with Community Relations Director (CRD) F, who informed Surveyor that Executive Director (ED) A was transitioning into the	N 196		

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

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N 196	Continued From page 1 Executive Director role. Surveyor noted ED A was not listed as the facility Administrator. CRD F stated the listed Administrator was not involved in day-to-day operations, and the Executive Director was designated to be in charge of the day-to-day operations of the community (facility). CRD F stated Executive Director (ED) E was previously in charge but was only employed for a short period of time and "didn't work out." Prior to ED E, there was another ED in the role for a short period of time. CRD F confirmed ED A was the fourth Executive Director hired within the past 10 months to oversee the daily operations. The current survey was initiated by 2 complaints regarding administration, oversight, staff training, resident care and safety concerns, a verification visit, and standard survey. Both complaints were substantiated and the following concerns were identified: - Caregiver background checks were not conducted. - Employees were not screened for communicable disease. - Employees were working without department-approved training courses. - Orientation was not completed upon hire. - Residents were not screened for communicable disease, including tuberculosis. - Resident satisfaction surveys were not completed annually. - Residents were not evaluated for evacuation limitations upon admission. - Residents were not evaluated annually for evacuation limitations. - The transportation policy was not followed.	N 196		

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N 196	Continued From page 2 - Fire drills were not conducted at least quarterly or at a time that simulated usual sleeping hours. - Background information disclosure forms were not completed. On 07/02/2024 at approximately 12:00 PM, Surveyor interviewed Regional Director (RD) B and asked about the turnover in the ED role and the decision to hire ED E. RD B stated they did not have many applicants to choose from and chose ED E because s/he had listed on his/her resume that s/he was an "Executive Director" before. RD B stated s/he interviewed very well. RD B stated s/he knew after ED E was terminated that ED E fabricated a lot of his/her experience as evidenced by his/her lack of ability to oversee the daily operations, and communication style. RD B stated staff did have minor concerns regarding ED E but nothing major. RD B stated that at the time, s/he felt coaching may help ED E with building rapport with the staff. Surveyor reviewed ED E's resume. The resume stated s/he was the "Executive Director" for another CBRF facility and had written, "Managed assisted living community, hiring and manage [sic] staff, creates and implements budgets, creates competitive pricing for room and board rates, overseas [sic] well being [sic] of facility [sic]." The resume further stated the following under "Education": "Bachelor's degree in Healthcare Administration [name of college university] September 2022 to Present." Surveyor discussed the concern that ED E did not complete the department-approved training	N 196		

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N 196	Continued From page 3 course for Standard Precautions and worked several shifts on the floor, passing medications and caring for residents. RD B stated ED E told him/her s/he had received all the trainings and it was assumed since s/he previously worked in a CBRF, s/he had the required trainings. No follow-up verification was completed upon ED E's hire. Surveyor asked RD B what training looked like for Executive Directors and Wellness Coordinators, since they also saw a turnover in Wellness Coordinators within the past 10 months. RD B stated s/he was trying to figure out where the breakdown was because they felt corporate support was available for the community for new individuals in these roles. RD B stated it had been challenging piecing it all back together because there were so many management positions vacant at the same time. Cross references N0219 DHS 83.17(1) Licensee Conduct Caregiver Background Check N0220 DHS 83.17(2)(a) Employees Screened For Communicable Disease N0239 DHS 83.20(2)(a)-(d) Department-Approved Training Courses N0284 DHS 83.26(2) Orientation, Continuing Education Documented N0302 DHS 83.28(4)(a) Resident Health Screening And Documentation N0392 DHS 83.35(4) Resident Satisfaction Evaluation N0393 DHS 83.35(5)(a) Initial Evaluation Of Evacuation Limitations N0394 DHS 83.35(5)(b) Annual Evaluation Of Evacuation Limits	N 196		

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N 196	Continued From page 4 N0435 DHS 83.38(1)(k) Transportation N0525 83.47(2)(d) Fire Drills Z0024 50.065(4m)(c) Complete Background Information Disclosure	N 196		
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 a complete caregiver background check was completed for Executive Director (ED) E. 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	N 219		

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N 219	Continued From page 5 (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.) On 06/21/2024, Surveyor reviewed 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.	N 219		
N 220	83.17(2)(a) Employees screened for communicable disease. The CBRF shall obtain documentation from a physician, physician assistant, clinical nurse practitioner or a licensed registered nurse indicating all employees have been screened for clinically apparent communicable disease including tuberculosis. Screening for tuberculosis shall be conducted using centers for	N 220		

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N 220	Continued From page 6 disease control and prevention standards. The screening and documentation shall be completed within 90 days before the start of employment. The CBRF shall keep screening documentation confidential, except the department shall have access to the screening documentation for verification purposes. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 5 employees were screened for clinically apparent communicable disease including, tuberculosis (TB), within 90 days before the start of employment. Findings include: On 06/21/2024, Surveyor reviewed employee records. Executive Director (ED) E had a hire date of 03/20/2024. The record did not contain documentation to show ED E had been screened for clinically apparent communicable disease, including TB. Caregiver G had a hire date of 04/05/2024. The record did not contain documentation to show Caregiver G had been screened for clinically apparent communicable disease, including TB. 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.	N 220		

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N 239	83.20(2)(a)-(d) Department-approved training courses. Standard Precautions. All employees who may be occupationally exposed to blood, body fluids or other moist body substances, including mucous membranes, non-intact skin, secretions, and excretions except sweat, whether or not they contain visible blood shall successfully complete training in standard precautions before the employee assumes any responsibilities that may expose the employee to such material. Fire safety. Within 90 days after starting employment, all employees shall successfully complete training in fire safety. First aid and choking. Within 90 days after starting employment, all employees shall successfully complete training in first aid and procedures to alleviate choking. Medication administration and management. Any employee who manages, administers or assists residents with prescribed or over-the-counter medications shall complete training in medication administration and management prior to assuming these job duties. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 4 employees obtained all department approved training as required. Executive Director (ED) E, who had responsibilities that would create exposure to blood, body fluids or other moist body substances, did not have training in standard	N 239		

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N 239	Continued From page 8	N 239		

precautions prior to assuming these duties.

Caregiver H, who had responsibilities for medication administration, did not have training in medication administration and management prior to assuming these duties.

Findings include:

On 06/21/2024, Surveyor conducted a review of 4 employees to verify compliance with department approved training requirements. Surveyor requested training records from ED A and Community Relations Director (CRD) F for ED E and Caregiver H.

Medication Administration

On 06/21/2024 at approximately 10:30 AM, Surveyor interviewed Caregiver H who was working as a caregiver at the time of survey.

The record for Caregiver H, hired 02/14/2024, did not contain evidence of training or evidence of meeting an exemption for medication administration. On 06/21/2024, at approximately 10:30 AM, Surveyor interviewed Caregiver H. Caregiver H confirmed s/he is responsible for medication administration duties. Surveyor reviewed the May 2024 medication administration record (MAR) that contained Caregiver H's initials for medication administration. CRM F confirmed the provider did not have evidence Caregiver H completed or met an exemption for medication management training prior to assuming these job duties.

On 06/21/2024, Surveyor verified Caregiver H was not on the Community-Based Care and

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N 239	Continued From page 9 Treatment training registry for medication administration. Standard Precautions On 06/21/2024 at approximately 10:30 AM, Surveyor interviewed Caregiver G and Caregiver H, who were scheduled to work at the time of survey and asked if ED E had responsibilities working the floor as a caregiver while s/he was employed. Caregiver G and Caregiver H stated ED E did work the floor to perform job tasks that may expose him/her to blood or bodily fluids, and often passed medications. The record for ED E, hired 03/20/2024, did not contain evidence of training or evidence of meeting an exemption for standard precautions. On 07/02/2024 at approximately 12:00 PM, Regional Director (RD) B confirmed the provider did not have evidence ED E completed or met an exemption for standard precaution training prior to assuming these job duties. On 06/21/2024, Surveyor verified ED E was not on the Community-Based Care and Treatment training registry for standard precautions.	N 239		
{N 284}	83.26(2) Orientation, continuing education documented Employee orientation and hours of continuing education shall be documented in the employee ' s file. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure orientation was documented in the employee's file, for 3 of 5	{N 284}		

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{N 284}	Continued From page 10	{N 284}		

employees reviewed.

Findings include:

This is a repeat deficiency. See Statement of Deficiency (SOD) CG1Q11, dated 01/25/2024.

On 04/29/2024 and 05/14/2024, the Department received complaints regarding staff training.

On 06/21/2024, Surveyor reviewed employee records.

Executive Director (ED) E had a hire date of 03/20/2024. The record had a handwritten note with the following message: "[ED E] was terminated & removed [his/her] employee records. The following is what we have re-covered." The record did not contain evidence to show orientation had been completed.

Caregiver G had a hire date of 04/05/2024. The record did not contain evidence to show orientation had been completed.

Caregiver H had a hire date of 02/14/2024. The record did not contain evidence to show orientation had been completed.

On 06/21/2024 at approximately 10:30 AM, Surveyor interviewed Caregiver G and Caregiver H. Caregiver G and Caregiver H stated they recalled doing some orientation training but could not recall if they signed anything or had a checklist to complete.

On 07/02/2024 at approximately 12:00 PM, Surveyor interviewed Regional Director (RD) B via phone and discussed the concern that

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{N 284}	Continued From page 11 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.	{N 284}		
N 302	83.28(4)(a) Resident health screening and documentation Resident health screening. 1. Within 90 days before or 7 days after admission, a physician, physician assistant, clinical nurse practitioner or a licensed registered nurse shall screen each person admitted to the CBRF for clinically apparent communicable disease, including tuberculosis, and document the results of the screening. 2. Screening for tuberculosis and all immunizations shall be conducted using centers for disease control and prevention standards. 3. The CBRF shall maintain the screening documentation in each resident ' s record. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 3 residents reviewed, were screened for clinically apparent communicable disease, including tuberculosis (TB), within 90 days before or 7 days after admission. Findings include: On 06/21/2024, Surveyor requested to review Resident 1 and Resident 3's record.	N 302		

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N 302	Continued From page 12 Resident 1 had an admission date of 11/11/2022. The record did not contain documentation to show Resident 1 was screened for communicable disease, including TB. Resident 3 had an admission date of 02/14/2024. The record did not contain documentation to show Resident 3 was screened for communicable disease, including TB. On 07/24/2024 at 2:30 PM, Executive Director (ED) A informed Surveyor via email that s/he could not locate any documentation to show Resident 1 or Resident 3 were screened for communicable disease, including TB.	N 302		
N 392	83.35(4) Resident satisfaction evaluation. Satisfaction evaluation. At least annually, the CBRF shall provide the resident and the resident ' s legal representative the opportunity to complete an evaluation of the resident ' s level of satisfaction with the CBRF ' s services. The evaluation shall be completed on either a department form or a form developed by the CBRF and approved by the department. This Rule is not met as evidenced by: Based on record review and interview, the provider did not provide the resident and the resident's legal representative the opportunity to complete an evaluation, at least annually, of the resident's level of satisfaction with the provider's services, for 2 of 2 residents reviewed. Findings include: On 06/21/2024, Surveyor reviewed resident records for satisfaction surveys.	N 392		

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N 392	Continued From page 13 Resident 1 had an admission date of 11/11/2022. The record did not contain evidence to show a satisfaction survey was sent to Resident 1 or Resident 1's representative at least annually. Resident 2 had an admission date of 01/01/2023. The record did not contain evidence to show a satisfaction survey was sent to Resident 2 or Resident 2's representative at least annually. On 07/24/2024 at 2:30 PM, Executive Director (ED) A informed Surveyor via email that s/he was not able to locate evidence to show Resident 1 or Resident 2 were provided a satisfaction survey.	N 392		
N 393	83.35(5)(a) Initial evaluation of evacuation limitations. Initial evaluation. The CBRF shall evaluate each resident within 3 days of the resident ' s admission to determine whether the resident is able to evacuate the CBRF within 2 minutes in an unsprinklered CBRF and 4 minutes in a sprinklered CBRF without any help or verbal or physical prompting, and what type of limitations that resident may have that prevent the resident from evacuating the CBRF within the applicable period of time. A form provided by the department shall be used for the evaluation. The resident ' s evaluation shall be retained in the resident ' s record. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 3 residents reviewed, were evaluated within 3 days of	N 393		

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N 393	Continued From page 14 admission for evacuation capabilities. Findings include: On 06/21/2024, Surveyor reviewed resident records. Resident 1 had an admission date of 11/11/2022. The record did not contain an initial evaluation of evacuation capabilities. An evacuation assessment was completed for Resident 1 on 08/13/2023, approximately 9 months after admission. The form was completed but did not have the name of the evaluator listed. Resident 2 had an admission date of 01/01/2023. The record did not contain an initial evaluation of evacuation capabilities. An evacuation assessment was completed for Resident 2 on 06/01/2023, approximately 5 months after admission. On 07/24/2024 at 2:30 PM, Executive Director (ED) A informed Surveyor via email that initial evacuation assessments were not available for Resident 1 and Resident 2.	N 393		
N 394	83.35(5)(b) Annual evaluation of evacuation limits Evaluation update. The CBRF shall evaluate each resident ' s mental or physical capability to respond to a fire alarm at least annually or when there is a change in the resident ' s mental or physical capability to respond to a fire alarm. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure Resident 2 was assessed	N 394		

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N 394	Continued From page 15 at least annually for evacuation capabilities. Findings include: On 06/21/2024, Surveyor requested to review resident records. Resident 2 had an admission date of 01/01/2023. The record contained an evacuation assessment, dated 06/01/2023. On 07/02/2024 at approximately 12:00 PM, Surveyor discussed the concern with Regional Director (RD) B. RD B stated s/he acknowledged a lot of inconsistencies with turnover in the executive director role and planned to do a complete internal audit on records to ensure compliance moving forward.	N 394		
N 435	83.38(1)(k) Transportation. 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: Transportation. The CBRF shall provide or arrange for transportation when needed for medical appointments, work, educational or training programs, religious services and for a reasonable number of community activities of interest. CBRFs that transport residents shall develop and implement written policies addressing the safe and secure transportation of residents.	N 435		

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N 435	Continued From page 16 This Rule is not met as evidenced by: Based on record review and interview, the provider did not implement written policies addressing the safe and secure transportation of residents. Residents were being transported to community activities of interest by an unlicensed driver for approximately 2 years and 4 months. Findings include: On 04/29/2024, the Department received a complaint regarding transportation services. On 06/21/2024, Surveyor interviewed Executive Director (ED) A and Community Relations Manager (CRM) F and asked who was responsible for transporting residents. ED A and CRM F stated Life Enrichment Coordinator (LEC) I was primarily responsible for transporting residents to community activities and outings and had been transporting residents since s/he was hired. On 06/21/2024, Surveyor reviewed LEC I's record. LEC I had a hire date of 12/30/2021. A copy of LEC I's driver's license was in the record and was valid/issued on 04/27/2024. On 06/21/2024 at approximately 2:30 PM, ED A reported to Surveyor s/he spoke to LEC I who stated s/he did have an occupational driver's license prior to being issued a regular license but was not sure if s/he could produce it. On 06/21/2024 at approximately 4:30 PM, CRM F provided Surveyor with a driver record abstract report requested on the facility's behalf from the Wisconsin Department of Transportation (DOT).	N 435		

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N 435	Continued From page 17	N 435		

The report showed LEC I's driver's license was suspended and revoked in 2016 due to operating while intoxicated (OWI), with a reinstated date listed of 04/27/2024. LEC I had several other blood alcohol content violations and habitual traffic offender violations, and additional OWI violations after the initial incident in 2016.

The driver record abstract report from the DOT showed LEC I's driver's license was reinstated with the following restrictions: No operation with alcohol level more than .02; ignition interlock device (IID) required for class D operation: Functioning IID required from 04/27/2024 through 01/26/2027; corrective lenses; financial responsibility.

On 07/02/2024, Surveyor requested the provider's transportation policy from Regional Director (RD) B. On 07/09/2024, RD B provided Surveyor with a copy of the policy which included a "Transportation Driver Verification Checklist." The checklist included the following requirements:

- Must be over age 25 to drive company vehicles.
- Must provide copy of proof of personal automobile insurance.
- Must provide a copy of current valid driver's license.
- Must provide a copy of clean DMV record.
- Must complete the [company name] "Basic Driving Skills" orientation.
- Must review and understand the Transportation policies.

On 07/09/2024, Surveyor asked ED A and RD B if LEC I had a signed transportation policy

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N 435	Continued From page 18 agreement in his/her record as the record reviewed on 06/21/2024 did not contain a signed policy. On 07/09/2024, RD B replied via email and stated they were not able to locate a signed copy of the policy for LEC I and informed Surveyor the policy was not new and should have been completed when LEC I was hired.	N 435		
N 525	83.47(2)(d) Fire drills. Fire drills. 1. Fire evacuation drills shall be conducted at least quarterly with both employees and residents. Drills shall be limited to the employees scheduled to work at that time. Documentation shall include the date and time of the drill and the CBRF ' s total evacuation time. The CBRF shall record residents having an evacuation time greater than the time allowed under s. HFS 83.35(5) and the type of assistance needed for evacuation. Fire evacuation drills may be announced in advance. 2. At least one fire evacuation drill shall be held annually that simulates the conditions during usual sleeping hours. Fire evacuation drills may be announced in advance. Drills shall be limited to the employees scheduled to work during the residents ' normal sleeping hours. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure fire drills were conducted at least quarterly and did not conduct annually at least one fire evacuation drill that simulates the conditions during usual sleeping hours.	N 525		

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N 525	Continued From page 19 Findings include: On 06/21/2024, Surveyor requested to review fire drills for 2022 to present. The following drills were documented: - 03/01/2022 - 05/24/2022 - 08/18/2022 - 02/07/2023 - 05/24/2023 - 04/23/2024 On 06/21/2024 at approximately 3:30 PM, Surveyor asked Community Relations Director (CRD) F if additional fire drills were available to meet the requirement. CRD F stated s/he would continue to look. No other documents were provided for review. The provider did not conduct drills quarterly in 2022 or 2023 and did not conduct a drill to simulate usual sleeping hours in 2022 or 2023.	N 525		
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)	Z 024		

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Z 024	Continued From page 20 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 2 of 4 employees reviewed. Findings include: On 06/21/2024, Surveyor requested to review employee records, including Cook C and Caregiver H. Cook C had a hire date of 03/11/2024. The record did not contain a BID form. Caregiver H had a hire date of 02/14/2024. 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	Z 024		

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Z 024	Continued From page 21 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		