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 07/02/2025

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 06/25/2025, Surveyors conducted a complaint investigation and verification visit at Heatherwood CBRF. Data collection continued through 07/02/2025. The complaint was substantiated. Four deficiencies were identified. Four of 4 were repeat deficiencies. See Statement of Deficiency (SOD) CG1Q11, dated 01/25/2024, and SOD CG1Q12, dated 07/24/2024. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 7	{N 000}		
N 158	83.12(2)(a) Caregiver: Investigating abuse & neglect Investigating and reporting abuse, neglect, or misappropriation of property. Caregiver. 1. When a CBRF receives a report of an allegation of abuse or neglect of a resident, or misappropriation of property, the CBRF shall take immediate steps to ensure the safety of all residents. 2. The CBRF shall investigate and document any allegation of abuse or neglect of a resident, or misappropriation of property by a caregiver. If the CBRF ' s investigation concludes that the alleged abuse, or neglect of a resident or misappropriation of property meets the definition of abuse or neglect of a resident, or of misappropriation of property, the CBRF shall report the incident to the department on a form provided by the department, within 7 calendar days from the date the CBRF knew or should	N 158		

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

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have known about the abuse, neglect, or misappropriation of property. The CBRF shall maintain documentation of any investigation.

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not take immediate steps to ensure the safety of all residents when they did not complete a thorough investigation of an allegation of misappropriation after it was reported.

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

Findings include:

The provider is licensed to serve up to 8 residents in the client group irreversible dementia/Alzheimer's disease, advanced aged, terminally ill, and physically disabled.

On 03/21/2025, the department received a complaint regarding a resident's missing property.

On 06/25/2025 at approximately 9:55 AM, Surveyor interviewed Administrator A. When asked if there were any investigations conducted related to misappropriation of resident property, Administrator A stated there were not any investigations s/he was aware of.

At approximately 1:45 PM, Surveyor interviewed Caregiver H. Caregiver H stated Resident 1's ring went missing and was later found. Caregiver H stated Resident 1's ring was found approximately 1 or 2 weeks after it went missing. The ring was found in Resident 1's bedsheets.

On 06/30/2025, Surveyor contacted the Eau

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Claire Police Department (ECPD) via the online records request system and requested any police reports regarding misappropriation of resident property at the facility in 2025.

On 07/01/2025 at 2:00 PM, Surveyor received an email from the ECPD, including a link to review a document. The document was a police report indicating there was a theft reported on 03/17/2025. The victim involved was identified as Resident 1 and the property involved was a ring. The report stated an officer left a voicemail with the provider on 03/20/2025 and requested to speak with Wellness Director (WD) K. The report noted WD K left a voicemail for the officer on 03/21/2025. The report indicated an officer spoke with WD K on 03/28/2025 regarding the theft allegations involving Resident 1. Under a supplemental narrative section of the report, dated 04/05/2025, it stated Resident 1's ring had been found 2 days prior at the edge of Resident 1's bed, near the comforter and table.

At 2:30 PM, Surveyor emailed Administrator A and asked for clarification of WD K's awareness of any investigations related to misappropriation of resident property.

At 2:40 PM, Surveyor received a response via email from Administrator A that stated, "[S/he] is not aware of any reports."

On 07/02/2025, at 9:00 AM, Surveyor interviewed Administrator A via phone. Surveyor shared concerns related to the lack of information available related to Resident 1's missing ring. Surveyor shared concerns related to the reported lack of investigation and lack of documentation to reflect an investigation occurred. Surveyor indicated WD K was identified on the police report

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and was interviewed by an officer related to the misappropriation allegations. Surveyor shared concerns that WD K did not acknowledge awareness of the police investigation related to Resident 1's missing ring.

At 12:27 PM, Surveyor received an email from Administrator A stating Regional Director (RD) N was able to send him/her some documentation regarding how the provider investigated the missing ring. The email contained an attachment including:

- A handwritten document on lined paper. The document did not contain a date, time, or action taken by the provider to ensure the residents' health, safety and well-being. It did not include full names and responsibilities of the individuals who were interviewed. The document did not indicate a conclusion to an investigation as it was not identified Resident 1's ring had been found. It did not appear to include an interview with WD K despite his/her involvement with the investigation as noted in the police report. One of the interviews included a first name and last initial of an individual that appeared to be referencing Caregiver D. Caregiver D stated Caregiver P informed him/her that Resident 1's wedding ring had gone missing. Caregiver D shared concerns with Previous Administrator (PA) O about "drug usage while working and neglect." The documentation did not include the last name of Caregiver P or the outcome of the allegation of drug use and neglect.

"The Wisconsin Background Check and Misconduct Investigation Program Manual," https://www.dhs.wisconsin.gov/publications/p0/p00038.pdf, with a revision date of 03/2025, read, in part:

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N 158	Continued From page 4 "ENTITY INTERNAL INVESTIGATION RESPONSIBILITIES All entities regulated by DQA must conduct a thorough internal investigation and document the findings for all allegations or incidents at the entity. A thorough internal investigation may include: o Collecting and preserving any physical and documentary evidence including videos; o Interviewing alleged victims and witnesses; o Collecting other corroborating/disproving evidence; o Involving other regulatory authorities who can assist (e.g., local law enforcement, elder abuse agency, Adult Protective Service agency, DQA, Board on Aging Ombudsmen, Client Right's Specialist, etc.); and o Documenting each step taken during the internal investigation. These steps should be taken as part of the entity's initial attempt to determine what, if anything, happened and to determine the complete factual circumstances surrounding the alleged incident. An entity's internal investigation will assist in determining if an incident must be reported to DQA (see 6.5.0. - 6.6.0.). If the incident is reported to DQA, the entity ' s internal investigation becomes part of the DQA caregiver misconduct investigation (see 6.7.0.). Entity Internal Investigative Report The entity must investigate any allegation, incident, or suspected occurrence of	N 158		

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misconduct. A timely and thorough entity investigative report is required.

An internal investigative report provides:
· A record of the entity's internal investigator's activities and findings so that nothing is left to memory.
· A permanent official record of the entity's internal investigator's actions, observations, and discoveries.
· A basic reference of the case
· Information on what has been done concerning the case
· A basis for deciding further action
· A method to communicate the findings of the case
· Information that can be evaluated and analyzed to detect and identify patterns of conduct

Elements of the Entity Report

Entity reports should contain the following basic elements:

1. Individuals Involved (Who)
Include all persons who are connected in any way with the incident under investigation:
· Resident, client, or patient
· Complainant
· Suspect or accused person
· Witness
· Any others with first-hand knowledge
Identify each person separately in such a manner that he/she cannot be confused with any other individual, including:
· Legal name - first, middle, last
· Names used - nicknames
· Title, position, place of employment

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N 158	Continued From page 6 · Gender, race · Date of birth · Social security number · Full address · Telephone number 2. Description (What) Describe the incident in a precise and accurate manner. · Document observable facts. · Photograph injuries, bruises, skin tears, etc. · Obtain statements of witnesses. 3. Timeframe (When) Attempt to establish the date and time of the incident. 4. Location (Where) Include the specific location of all persons and things that are related to the offense or incident, including: · Specific location of room, using room numbers, wings · Specific location of objects in the space · Noise · Location of furnishings · Type of furnishings · Clothing of victim Document physical findings using diagrams, sketches, and photographs, as appropriate. 5. Effect on the Client or Client's Reaction 6. How the Incident Occurred ENTITY INTERNAL INVESTIGATION RESULTS The entity must document the results of their internal investigation. The answers to questions asked during the entity's internal investigation are the foundation when determining whether or not to report an incident to DQA."	N 158		

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N 158	Continued From page 7 The provider did not complete a thorough investigation after it was reported that Resident 1's ring was missing and a theft investigation was initiated by the police department. Surveyor requested documentation to reflect an investigation occurred several times and was informed by multiple staff that an investigation did not take place. Surveyor had concluded the investigation when the provider sent documentation related to the investigation. The provider's documentation did not include pertinent information related to the investigation, including the date in which the investigation was initiated, the full names of individuals interviewed, how the provider safeguarded the residents and the outcome of the investigation.	N 158		
{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 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	{N 220}		

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{N 220}	Continued From page 8	{N 220}		

provider did not ensure 6 of 10 employees were screened for clinically apparent communicable disease, including tuberculosis (TB), within 90 days before the start of employment.

This is a repeat deficiency. See Statement of Deficiency (SOD) CG1Q12, dated 07/24/2024.

Findings include:

On 06/25/2025, Surveyor reviewed employee records.

Dietary Assistant (DA) B had a hire date of 01/06/2025. The record did not contain documentation to show DA B had been screened for clinically apparent communicable disease, including TB.

Cook C had a hire date of 04/08/2025. The record did not contain documentation to show Cook C had been screened for clinically apparent communicable disease, including TB.

Caregiver D had a hire date of 10/15/2024. The record did not contain documentation to show Caregiver D had been screened for clinically apparent communicable disease, including TB.

Caregiver E had a hire date of 03/23/2025. The record did not contain documentation to show Caregiver E had been screened for clinically apparent communicable disease, including TB.

Caregiver F had a hire date of 05/13/2025. The record did not contain documentation to show Caregiver F had been screened for clinically apparent communicable disease, including TB.

Caregiver G had a hire date of 12/01/2024. The

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{N 220}	Continued From page 9 record did not contain documentation to show Caregiver G had been screened for clinically apparent communicable disease, including TB. On 07/01/2025 at approximately 12:05 PM, Surveyor interviewed Caregiver F via phone and asked if s/he had completed a communicable disease screen, including TB upon hire. Caregiver F stated, "They did not send me for a TB test when I was rehired in May. but I may have had one back in 2022. I haven't had one this year." At 1:54 PM, Surveyor emailed Administrator A and asked if s/he had located any additional documentation for the above staff. At approximately 2:30 PM, Surveyor received an email from Administrator A indicating, "I also did not locate any additional communicable disease or TB test results."	{N 220}		
{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	{N 239}		

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{N 239}	Continued From page 10 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 4 of 10 employees obtained all department approved training as required. Caregiver E, Caregiver D, and Caregiver M did not have training in fire safety within 90 days after starting employment. Caregiver E, Caregiver D, Caregiver L, and Caregiver M did not have training in first aid and choking within 90 days after starting employment. Caregiver E, who had responsibilities that would create exposure to blood, body fluids or other moist body substances, did not have training in standard precautions prior to assuming these duties. Caregiver E, who had responsibilities for medication administration, did not have training in medication administration and management prior to assuming these duties. This is a repeat deficiency. See Statement of Deficiency (SOD) CG1Q12, dated 07/24/2024.	{N 239}		

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{N 239}	Continued From page 11 Findings include: On 06/25/2025, Surveyor conducted a review of 10 employees to verify compliance with department approved training requirements. Surveyor requested training records from Administrator A. Fire Safety Caregiver E had a hire date of 03/23/2025. Caregiver D had a hire date of 10/15/2024. Caregiver M had a hire date of 05/20/2024. The record for Caregiver E, Caregiver D, and Caregiver M did not contain evidence of training or evidence of meeting an exemption for fire safety. On 07/01/2025, at approximately 2:15 PM, Surveyor interviewed Administrator A via email. Administrator A confirmed the provider did not have evidence Caregiver E, Caregiver D and Caregiver M completed or met an exemption for fire safety training. On 07/01/2025, Surveyor verified Caregiver E, Caregiver D, and Caregiver M was not on the Community-Based Care and Treatment training registry for fire safety. First Aid and Choking Caregiver E had a hire date of 03/23/2025. Caregiver D had a hire date of 10/15/2024. Caregiver L had a hire date of 09/21/2024.	{N 239}		

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{N 239}	Continued From page 12 Caregiver M had a hire date of 05/20/2024. The record for Caregiver E, Caregiver D, Caregiver L, and Caregiver M did not contain evidence of training or evidence of meeting an exemption for first aid and choking. On 07/01/2025 at approximately 2:15 PM, Surveyor interviewed Administrator A via email. Administrator A confirmed the provider did not have evidence Caregiver E, Caregiver D, Caregiver L, and Caregiver M completed or met an exemption for first aid and choking training. On 07/01/2025, Surveyor verified Caregiver E, Caregiver D, Caregiver L, and Caregiver M was not on the Community-Based Care and Treatment training registry for first aid and choking. Standard Precautions Caregiver E had a hire date of 03/23/2025. The record for Caregiver E did not contain evidence of training or evidence of meeting an exemption for standard precautions. On 07/01/2025, at approximately 2:15 PM, Surveyor interviewed Administrator A via email. Administrator A confirmed the provider did not have evidence Caregiver E completed or met an exemption for standard precaution training prior to assuming these job duties. On 07/01/2025, Surveyor verified Caregiver E was not on the Community-Based Care and Treatment training registry for standard precautions. Surveyor reviewed the staff schedule provided by Administrator A. The schedule confirmed	{N 239}		

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{N 239}	Continued From page 13 Caregiver E performed job tasks that may expose the employee to blood or other bodily fluids, as s/he was scheduled routinely in the facility as a "Care Partner," and "Med Tech." Medication Administration Caregiver E had a hire date of 03/23/2025. The record for Caregiver E did not contain evidence of training or evidence of meeting an exemption for medication administration. On 07/01/2025, at approximately 2:15 PM, Surveyor interviewed Administrator A via email. Administrator A confirmed the provider did not have evidence Caregiver E completed or met an exemption for medication management training prior to assuming these job duties. On 04/02/2020, Surveyor verified Caregiver E was not on the Community-Based Care and Treatment training registry for medication administration. Surveyor reviewed the staff schedule provided by Administrator A. The schedule confirmed Caregiver E performed job tasks related to medication administration, as s/he was scheduled routinely in the facility as a "Med Tech."	{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	{N 284}		

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{N 284}	Continued From page 14	{N 284}		

provider did not ensure each employee's required continuing education (CE) training was documented for 3 of 10 employees (Caregiver H, Caregiver I, and Caregiver J) reviewed.

This is a repeat deficiency. See Statement of Deficiency (SOD) CG1Q11, dated 01/25/2024, and SOD CG1Q12, dated 07/24/2024.

Findings include:

On 06/25/2025, Surveyor reviewed employee records.

Caregiver H was hired on 10/10/2017. Caregiver H's training documentation for 2024 included a packet of 16 pages with a training identified on each page. The pages did not identify an amount of time it took to complete each training. Surveyor was unable to establish how many hours of CE was completed by Caregiver H.

At approximately 1:30 PM, Surveyor interviewed Caregiver H. Caregiver H stated s/he completed CE training in 2024. Surveyor reviewed training documentation located in Caregiver H's record along with Caregiver H. Caregiver H stated s/he completed the trainings independently and it took him/her approximately 45 minutes to complete the packet of 16 trainings.

Caregiver I was hired on 02/07/2022. Caregiver I's training documentation for 2024 included a packet of 16 pages with a training identified on each page. The pages did not identify an amount of time it took to complete each training. Surveyor was unable to establish how many hours of CE was completed by Caregiver I.

Caregiver J was hired on 02/16/2022. Caregiver

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 07/02/2025

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 284}	Continued From page 15 J's training documentation for 2024 included a packet of 16 pages with a training identified on each page. The pages did not identify an amount of time it took to complete each training. Surveyor was unable to establish how many CE hours were completed by Caregiver J.	{N 284}		