| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 0015336 | A. BUILDING: _____ B. WING _____ | 12/21/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| HELPING HEARTS ASSISTED LIVING LLC | 143 SCHOOL CREEK TRL LUXEMBURG, WI 54217 |

| (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<br><br>On 12/18/2023 with additional information gathered through 12/21/2023, Surveyor conducted a standard survey and self-report review at Helping Hearts Assisted Living in Luxemburg. As a result, 1 deficiency was identified.<br><br>Census: 18 | N 000 | | |
| N 538 | 83.48(3)(a) Fire detection systems inspected annually.<br><br>After the first year following installation, fire detection systems shall be inspected, cleaned and tested annually by certified or trained and qualified personnel in accordance with the specifications in NFPA 72 and the manufacturer ' s specifications and procedures.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not ensure the fire detection system was inspected annually in 2022. This had the potential to affect all 18 residents in the facility.<br><br>Findings include:<br><br>The facility is licensed to provide services for up to 20 residents who are physically disabled, terminally ill, advanced age and/or have irreversible dementia/Alzheimer's.<br><br>On 12/18/2023 at 1:15 PM, Surveyor asked Assistant Administrator A to review the facility's fire detection system inspection for 2022. Assistant Administrator A stated s/he was newer to his/her role and did not know where Licensee B kept the facility's inspections. S/he asked for additional time to attempt to locate the fire | N 538 | | |

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

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| N 538 | Continued From page 1<br>detection system inspection report for 2022. Surveyor asked for an update on 12/19/2023 by 12:00 PM.<br><br>On 12/19/2023 at 2:15 PM, Surveyor followed up with Executive Director C via phone who indicated Assistant Administrator A was still searching for the fire detection system inspection for 2022. S/he asked if s/he could follow up again with Surveyor on 12/20/2023 and would provide an update prior to 12:00 PM.<br><br>On 12/20/2023 at 11:21 AM, Surveyor sent a follow up email to Executive Director C requesting an update to the requested information. Surveyor asked for documentation to be provided by the end of day on 12/20/2023.<br><br>On 12/21/2023 at 8:30 AM, Surveyor spoke with Licensee B who stated s/he thought a fire detection system inspection was completed in 2022, but would need to verify with Family D as s/he was the one who took care of scheduling the inspections. Surveyor asked for an update by 4:00 PM on 12/21/2023.<br><br>On 12/21/2023 at 4:02 PM, Surveyor received an email from Licensee B stating the last fire detection system inspection was completed on 02/01/2021. Licensee B reported they thought another company was handling the inspection; however, they were not.<br><br>On 12/21/2023 at 4:05 PM, Surveyor followed up with Licensee B via phone who verified a fire detection system inspection was not done annually in 2022. Licensee B indicated s/he would work with Executive Director C and get one scheduled. | N 538 | | |

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| N 538 | Continued From page 2<br>The provider did not ensure the fire detection system was inspected at least annually as required. | N 538 | | |