STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0010415	A. BUILDING: _____ B. WING _____	R 02/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KINDREDHEARTS OF ELKHORN	450 E GENEVA ST ELKHORN, WI 53121

(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 01/30/2024, with information obtained through 02/02/2024, the Bureau of Assisted Living, Southern Regional Office, conducted a verification visit and standard licensing survey at Kindredhearts of Elkhorn, a community-based residential facility (CBRF) located in Elkhorn, WI. As a result of the survey, 4 deficiencies were identified. Under statutory provisions of Wis. Stat. Chapter 50, a $200 revisit fee is being assessed. Census: 13	N 000		
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	N 239		

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

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N 239	Continued From page 1 assuming these job duties. This Rule is not met as evidenced by: Based on interview and record review, the provider did not ensure 1 of 3 employees reviewed obtained all department approved training as required. Caregiver B, who had responsibilities that would create exposure to blood, body fluids, or other moist body substances, as well as responsibilities for medication administration, did not have training in standard precautions or medication administration prior to assuming these duties, respectively. Findings include: On 01/30/2024, Surveyor conducted a review of 3 employees to verify compliance with department approved training requirements. Surveyor requested training records from Administrator A for Caregiver B. Medication Administration On 01/30/2024, Surveyor reviewed the January 2024 medication administration records (MARs) for Residents 2 and 3. Surveyor observed that Caregiver B initialed off on administering Resident 2's 8:00 a.m. medications on 3 days, including 01/24/2024, 01/25/2024, and 01/26/2024. Surveyor observed that Caregiver B initialed off on administering Resident 3's 6:00 a.m. and 8:00 a.m. medications on 4 days, including 01/22/2024, 01/24/2024, 01/25/2024,	N 239		

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N 239	Continued From page 2	N 239		

and 01/26/2024.

The record for Caregiver B, hired 01/03/2024, did not contain evidence of training or evidence of meeting an exemption for medication administration. On 01/30/2024, at approximately 4:58 p.m., Surveyor interviewed Administrator A. Administrator A confirmed the provider did not have evidence that Caregiver B completed or met an exemption for medication management training prior to assuming these duties. Administrator A reported s/he thought that since Caregiver B was delegated by the provider's registered nurse to administer medications that s/he could do so.

On 01/30/2024, Surveyor verified Caregiver B was not on the Community-Based Care and Treatment training registry for medication administration.

Standard Precautions

On 01/30/2024, Surveyor reviewed a self-report documented completed by Administrator A regarding Resident 2 having a witnessed fall. The report, dated 01/22/2024, documented Caregiver B as the only staff being involved in the incident. The report documented that prior to Resident 2 falling, Caregiver B had assisted Resident 2 onto the toilet.

The record for Caregiver B, hired 01/03/2024, did not contain evidence of training or evidence of meeting an exemption for standard precautions. On 01/30/2024, at approximately 4:58 p.m., Surveyor interviewed Administrator A. Administrator A confirmed the provider did not have evidence that Caregiver B completed or met an exemption for standard precautions training

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N 239	Continued From page 3 prior to assuming these job duties. On 01/30/2024, Surveyor verified Caregiver B was not on the Community-Based Care and Treatment training registry for standard precautions.	N 239		
N 310	83.29(2) Admission agreement include services, charges The admission agreement shall be given in writing and explained orally in the language of the prospective resident or legal representative. Admission is contingent on a person or that person ' s legal representative signing and dating an admission agreement. The admission agreement shall include all of the following: (a) An accurate description of the basic services provided, the rate charged for those services and the method of payment; (b) Information about all additional services offered, but not included in the basic services. The CBRF shall provide a written statement of the fees charged for each of these services; (c) The method for notifying residents of a change in charges for services; (d) Terms for resident notification to the CBRF of voluntary discharge. This paragraph does not apply to a resident in the custody of a government correctional agency; (e) Terms for refunding charges for services paid in advance, entrance fees, or security deposits in the case of transfer, death or voluntary or involuntary discharge; (f) A statement that the amount of the security deposit may not exceed one month ' s fees for services, if security deposit is collected; (g) Terms for holding and charging for a resident ' s room during a resident ' s temporary absence. This paragraph does not apply to a resident in the custody of a government correctional agency; (h)	N 310		

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N 310	Continued From page 4 Reasons and notice requirements for involuntary discharge or transfer, including transfers within the CBRF. This paragraph does not apply to a resident in the custody of a government correctional agency. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure Resident 2's admission was contingent on him/her signing and dating an admission agreement. Findings include: On 01/30/2024, Surveyor reviewed Resident 2's record. Resident 2 was admitted to the provider on 07/20/2023. Resident 2's facesheet indicated that s/he was his/her own legal representative. Surveyor did not observe a signed admission agreement in his/her record. At approximately 4:25 p.m., Surveyor interviewed Administrator A. Administrator A reported that s/he must have missed Resident 2's admission agreement but s/he had went over the admission agreement information with Resident 2 and Person C, who was Resident 2's family member. Administrator A reported during the interview that s/he was e-mailing Person C an admission agreement to sign. When asked if Resident 2 was his/her own legal representative or if Person C was Resident 2's activated power of attorney (POA), Administrator A was observed calling Person C. During this phone call, Person C confirmed s/he was not an activated power of attorney for Resident 2 and that Resident 2 was his/her own legal representative. Administrator A reported s/he was still having Person C sign the	N 310		

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N 310	Continued From page 5 admission agreement because Resident 2 had told him/her in the past that it was okay for Person C to sign on his/her behalf.	N 310		
N 408	83.37(1)(i) PRN psychotropic medication. As needed (PRN) psychotropic medication. When a psychotropic medication is prescribed on an as needed basis for a resident, the CBRF shall do all of the following: 1. The resident ' s individual service plan shall include the rationale for use and a detailed description of the behaviors which indicate the need for administration of PRN psychotropic medication. 2. The administrator or qualified designee shall monitor at least monthly for the inappropriate use of PRN psychotropic medication, including but not limited to, use contrary to the individual service plan, presence of significant adverse side effects, use for discipline or staff convenience, or contrary to the intended use. 3. Documentation in the resident ' s record shall include the rationale for use, description of behaviors requiring the PRN psychotropic medication, the effectiveness of the medication, the presence of any side effects, and monitoring for inappropriate use for each PRN psychotropic medication given. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure that Resident 3's individual service plan (ISP) included a rationale for use and detailed description of the behaviors which indicated the need for administration of his/her as-needed (PRN) Lorazepam. Findings include:	N 408		

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N 408	Continued From page 6 On 01/30/2024, Surveyor reviewed Resident 3's record. Resident 3 was admitted to the provider on 12/01/2022 with diagnoses including acute respiratory failure. Resident 3 was documented as having hospice services. Resident 3's prescriptions included Lorazepam 0.5 mg tablets with the following instructions: "Take 1 or 2 tablets by mouth every 2 hours as needed for mild-moderate anxiety/restlessness/nausea for administer 1 and for severe anxiety/restlessness/nausea administer 2." Surveyor reviewed Resident 3's most recent ISP, signed as reviewed on 12/01/2023. There was no evidence of a detailed description of behaviors indicating the need for his/her PRN Lorazepam, or information regarding what mild-moderate versus severe symptoms were for Resident 3 to guide staff whether 1 or 2 tablets were to be administered. At approximately 4:41 p.m., Surveyor interviewed Administrator A. Administrator A confirmed a detailed description of Resident 3's behaviors indicating the need for his/her PRN Lorazepam was not in his/her ISP.	N 408		
N 538	83.48(3)(a) Fire detection systems inspected annually. 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. This Rule is not met as evidenced by: Based on record review and interview, the	N 538		

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provider did not ensure that fire detection systems were inspected and tested annually by certified or trained and qualified personnel in accordance with the specifications in National Fire Protection Association (NFPA) 72.

The provider did not have an inspection of their fire detection systems for 2023.

On 01/30/2024, Surveyor reviewed facility records to verify compliance with facility-related inspection requirements. Surveyor requested a fire detection system inspection for 2023 from Administrator A. At approximately 10:00 a.m. Administrator A reported the fire department was out a couple months ago and s/he thought the fire detection inspection report would be part of that. Administrator A was later observed calling the local fire department and requesting their inspection report of the provider's fire detection systems. After this phone call, Administrator A confirmed the fire department did not inspect the facility's fire detection system.

At approximately 5:03 p.m., Surveyor interviewed Administrator A again. Administrator A reported s/he was going to ask around for more information about the provider's last fire detection system. Surveyor gave a deadline of 02/01/2024 at 4:00 p.m. to receive the report.

On 02/02/2024, Surveyor reviewed an e-mail sent by Administrator A on 02/01/2024 at approximately 4:00 p.m. Administrator A documented that the company the provider used for their fire detection system inspections was unable to complete an inspection in 2023 due to issues on their end. Surveyor reviewed an attached document of e-mail correspondence between Administrator A and Person D, identified

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N 538	Continued From page 8 as a service coordinator for the company contracted by the provider to conduct the facility's fire detection system inspections. The e-mail was dated 02/01/2024. In the e-mail, Person D confirmed that the last fire detection system inspection occurred in August 2022 and that due to high turnover and staffing shortages the company was unable to complete an inspection in 2023. On 02/02/2024, at approximately 8:38 a.m., Surveyor requested from Administrator A any evidence that the provider attempted to correspond with its contracted company prior to the survey to troubleshoot the lack of inspection that occurred in 2023. Administrator A confirmed s/he did not have any additional correspondence.	N 538		