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	0010415	A. BUILDING: _____ B. WING _____	R-C 07/09/2025

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 07/09/2025, the Bureau of Assisted Living, Southern Regional Office, conducted a verification visit and complaint investigation at Kindredhearts of Elkhorn, a community-based residential facility (CBRF) located in Elkhorn, WI. As a result of the survey, 8 deficiencies were identified. Five deficiencies are repeat deficiencies. See Statement of Deficiency (SOD) FTUV14, dated 12/05/2024, SOD FTUV13, dated 07/12/2024, SOD FTUV12, dated 02/02/2024, and SOD FTUV11, dated 08/25/2023. Under statutory provisions of Wis. Stat. Chapter 50, a $200 revisit fee is being assessed. The complaint was substantiated. Census: 18	{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 provider did not ensure that the CBRF and its operation complied with all laws governing it. This is a repeat deficiency. See Statement of Deficiency (SOD) FTUV14, dated 12/05/2024. Findings include:	{N 196}		

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

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{N 196}	Continued From page 1	{N 196}		

Example 1 - Repeated noncompliance

On 07/09/2025, Surveyor conducted a complaint investigation and verification visit for Statement of Deficiency (SOD) FTUV14, dated 12/05/2024. Eight citations of noncompliance were identified, 5 of which were repeat citations, as identified below:

N0196 DHS 83.14(2)(a) Licensee Ensures Facility Complies with Laws
This requirement is being cited for a second time. See SOD FTUV14, dated 12/05/2024. Of note, the previous citation in SOD FTUV14 involved the provider's noncompliance with a special order from SOD FTUV13, which was issued on 08/23/2024 and directed for the licensee to provide each resident's legal representative and case manager (if any) that SOD and corresponding Notice and Order letter. The same special order was issued again with SOD FTUV14 on 03/21/2025 and was not followed by the provider (as documented in Example 2 below).

N0310 DHS 83.29(2) Admission Agreement Include Services, Charges
This requirement is being cited for a fourth time. See SOD FTUV14, dated 12/05/2024, SOD FTUV13, dated 07/12/2024, and SOD FTUV12, dated 02/02/2024.

N0389 DHS 83.35(3)(d) Service Plans Updated Annually or on Changes
This requirement is being cited for a third time. See SOD FTUV14, dated 12/05/2024, and SOD FTUV13, dated 07/12/2024.

N0431 DHS 83.38(1)(g) Health Monitoring

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{N 196}	Continued From page 2 This requirement is being cited for a second time. See SOD FTUV11, dated 08/25/2023. N0491 DHS 83.44(2)(c) Interior Floors, Walls, and Ceilings This requirement is being cited for a second time. See SOD FTUV13, dated 07/12/2024. Example 2 - Special orders On 07/09/2025, Surveyor reviewed Department files for the provider, which included the most recently issued SOD, SOD FTUV14, and its corresponding "Notice and Order" letter. The "Notice and Order" letter was dated 03/21/2025 and documented the following special orders: "Based on the results of the Department's investigation, and pursuant to Wis. Stat. § 50.03(5g)(b), EFFECTIVE UPON RECEIPT OF THIS NOTICE and ORDER, the Department of Health Services HEREBY ORDERS that Kindredhearts of Elkhorn: "1. Pursuant to Wis. Stat. § 50.03(5g)(b)6., within 7 days of receipt of this notice, the licensee shall provide each resident's legal representative and case manager (if any) with a copy of Statement of Deficiency FTUV14 and a copy of this Notice and Order letter. The licensee shall retain documentation, acceptable to the department, to verify compliance with Order #1. Acceptable documentation will be a signed, certified mail receipt or a verification letter or email from each legal representative and case manager. Required evidence will be made available to the department representatives upon request." On 07/09/2025, at approximately 12:30 p.m., Surveyor reviewed the Notice and Order letter	{N 196}		

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{N 196}	Continued From page 3 from SOD FTUV14, including its special order, with Acting Directors R and S. Surveyor requested from Acting Directors R and S any evidence of compliance with the above special order. At approximately 1:15 p.m., Surveyor interviewed Acting Directors R and S. Both reported that they were not in their current roles with the provider when SOD FTUV14 was issued. Acting Director R reported s/he called the previous administrator, Former Administrator P, to ask if s/he had complied with the special order. Acting Director R reported that Former Administrator P replied that s/he had not and thought that Former Administrator O (the administrator before s/he was the administrator) had complied with the special order. Acting Director R reported that s/he then called Former Administrator O to ask about the special order and that Former Administrator O reported that SOD FTUV14 was issued after s/he already left her role with the provider and so s/he was unaware of the special order. Acting Directors R and S confirmed there was no evidence of the provider's compliance with the above special order. Cross Reference: N0310 DHS 83.29(2) Admission Agreement Include Services, Charges N0389 DHS 83.35(3)(d) Service Plans Updated Annually or on Changes N0431 DHS 83.38(1)(g) Health Monitoring N0491 DHS 83.44(2)(c) Interior Floors, Walls, and Ceilings	{N 196}		
{N 310}	83.29(2) Admission agreement include services, charges	{N 310}		

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{N 310}	Continued From page 4 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) 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 that the signed admission	{N 310}		

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{N 310}	Continued From page 5	{N 310}		

agreement for Resident 15 contained correct information regarding the facility, state's advocacy groups, resident rights, and refunds. The provider also did not ensure that the admissions of Residents 13, 14, 15, and 16 were contingent upon an admission agreement being signed and dated by them or their legal representatives.

This is a repeat deficiency. See Statement of Deficiency (SOD) FTUV14, dated 12/05/2024, SOD FTUV13, dated 07/12/2024, and SOD FTUV12, dated 02/02/2024.

Findings include:

Example 1 - Admission agreement information

On 07/09/2025, Surveyor reviewed Department records for the provider. The provider's records indicated that the current licensed facility was owned by Company L. An e-mail in the provider's record, dated 02/16/2024, documented a notification of "a change in management of operations" for Kindredhearts of Elkhorn. The e-mail identified that Company M "will be the new management company" and that Company M has owned and operated several assisted living facilities in an adjacent state.

On 07/09/2025, Surveyor reviewed the signed admission agreement for Resident 15.

The admission agreement documented on the first page: "Establishment Owner: [Company M]" and provided Company M's mailing address. Underneath that, the following was documented: "Community Name:..." The name was documented as, "Elkhorn, WI."

The first page of the agreement documented,

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{N 310}	Continued From page 6 "This agreement is between [Company M] and, (RESIDENT NAME) hereafter referred to as [Company M initials] Resident, and hereafter referred to as Responsible Party, who,...do hereby agree to be bound by the following terms, conditions and arrangements regarding the provision of Assistance Services to Family Member. [Company M] is licensed as a Shared Housing Establishment by the [adjacent state] Department of Public Health." The entire 12-page admission agreement documented terms in conjunction with Company M. There was no information about Company L or "Kindredhearts of Elkhorn" in the admission agreement. Under the "Complaint Resolution Process" section of the admission agreement, the following advocacy information was documented: "The Resident may request assistance with complaint resolution from [adjacent state] Department on Aging Helpline or the Long Term Care Ombudsman. [Adjacent state] Department of Aging Senior Helpline #--- [phone number]. Long Term Care County Ombudsman #--- [specific ombudsman's name and phone number]." Upon Surveyor's further investigation, the name and phone number listed for the ombudsman were linked on a website for a company whose services were documented as being located in the same adjacent state as listed elsewhere in the agreement. There was no information regarding resident advocacy groups that served clients in Wisconsin, including the ombudsman program located in Wisconsin or Disability Rights Wisconsin, Inc. Under the "Resident Rights" section of the admission agreement, the following was documented: "According to Section [statute number] Resident Rights include..." The rights	{N 310}		

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{N 310}	Continued From page 7 listed were not the resident rights as defined by Wis. Admin Code § DHS 83.32(3). Upon Surveyor's further investigation, the administrative code listed in the admission agreement was for administrative code of an adjacent state (the same state as referenced elsewhere in the agreement), which identified resident rights of assisted living residents in that state. Upon comparison of the that state's rights listed from the administrative code in the agreement and Wis. Admin Code § DHS 83.32(3), the following rights were not documented in the agreement: - Rights under Wis. Admin Code § DHS 83.32(3)(a) (Communications) - Information regarding the right to be free from misappropriation of property, as under Wis. Admin Code § DHS 83.32(3)(d) (Freedom from Mistreatment) - Rights under Wis. Admin Code § DHS 83.32(3)(e) (Freedom from Seclusion) - Rights under Wis. Admin Code § DHS 83.32(3)(h) (Receive Medication) - Rights under Wis. Admin Code § DHS 83.32(3)(i) (Prompt and Adequate Treatment) - Rights under Wis. Admin Code § DHS 83.32(3)(L) (Least Restrictive Environment) - Rights under Wis. Admin Code § DHS 83.32(3)(m) (Recording, Filming, Photographing) - Rights under Wis. Admin Code § DHS 83.32(3)(n) (Safe Environment) One section of the admission agreements documented, "[Adjacent state] DEPARTMENT OF PUBLIC HEALTH [state agency initials] shall conduct an annual, unannounced on-site review of the establishment to determine compliance with the applicable licensure requirements and standards...During an on-site review, [adjacent state's public health department] may tour any	{N 310}		

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{N 310}	Continued From page 8	{N 310}		

area of the establishment, observe residents and staff,...[and] inspect the resident's clinical and administrative records with the resident's written consent..."

A section titled "Refund PROCEDURE" documented that any refunds were to be issued to responsible parties "within 60-90 days following the removal of the [Company M initials] Resident from [Company M]." Surveyor observed that this information conflicted with Wis. Admin Code § DHS 83.29(3)(a), which directs that "The CBRF shall return all refunds due a resident under the terms of the admission agreement within 30 days after the date of discharge." According to Wis. Admin Code § DHS 83.29(4), "No statement of the admission agreement may be in conflict with any part of this chapter, unless the department has granted a waiver or variance of a provision of this chapter." Upon reviewing the Department's records for the provider again, Surveyor did not observe any waiver granted from the Department that allowed Company M to return funds in 60-90 days as opposed to 30 days after a resident's discharge.

At approximately 11:15 a.m., Surveyor interviewed Acting Directors R and S. Both reported they were unaware of the incorrect information regarding the owner and facility name as well as the incorrect information regarding relevant resident rights, advocacy groups, and refund terms located within the admission agreements. Acting Director S confirmed that Company M was the contracted management company for Company L.

At approximately 1:15 p.m., Surveyor interviewed Acting Directors R and S again. Acting Director S reported that s/he found a blank admission

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{N 310}	Continued From page 9	{N 310}		

agreement template that fit the Wisconsin-specific information but confirmed that there was no signed copy of this for Resident 15.

Of note, Surveyor also reviewed admission agreements that were requested for Residents 13 and 14, provided by Acting Director S. The admission agreements for both contained information specific to them, including their "contract dates" which were documented as the dates of their admission as well as their specific monthly service rates. Acting Director S reported that s/he intended for the agreements shown to Surveyor to be signed by the legal representatives of Residents 13 and 14. While the agreements were unsigned by the residents or their legal representatives, they contained the same information regarding the facility, state's advocacy groups, resident rights, and refunds as documented in Resident 15's admission agreement (described above).

Examples 2 - 5 - Unsigned admission agreements for Residents 13, 14, and 16, and late signed admission agreement for Resident 15

On 07/09/2025, Surveyor reviewed Resident 13's record. Resident 13 was admitted to the provider on 04/16/2025. There was no evidence of a signed admission agreement in Resident 13's record. In reviewing the face sheet for Resident 13, Surveyor observed that s/he was documented as being his/her own legal decision maker, however, power of attorney paperwork for Resident 13 documented that s/he had his/her power of attorney for healthcare activated on 05/01/2025 (shortly after his/her admission).

On 07/09/2025, Surveyor reviewed Resident 14's record. Resident 14 was admitted to the provider

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{N 310}	Continued From page 10	{N 310}		

on 06/01/2025. There was no evidence of a signed admission agreement in Resident 14's record. In reviewing the face sheet for Resident 14, Surveyor observed that s/he was documented as being his/her own legal decision maker.

On 07/09/2025, Surveyor reviewed Resident 15's record. Resident 15 was admitted to the provider on 06/20/2025. The admission agreement in Resident 15's record was signed on 07/09/2025 (day of the survey) by Family Member T. In reviewing the face sheet for Resident 15, Surveyor observed that s/he was documented as being his/her own legal decision maker.

On 07/09/2025, Surveyor reviewed Resident 16's record. Resident 16 was admitted to the provider on 04/01/2025 where s/he resided until 06/17/2025. There was no evidence of a signed admission agreement in Resident 16's record. In reviewing the face sheet for Resident 16, Surveyor observed that s/he was documented as being his/her own legal decision maker.

At approximately 10:45 a.m., Surveyor interviewed Acting Directors R and S regarding the above admission agreements. Regarding Resident 13, Acting Director R reported s/he believed that Former Administrator P sent an admission agreement to Resident 13's spouse for him/her to sign but shortly afterwards the spouse was admitted to the hospital where s/he remained.

As part of the same interview, Acting Director R reported that Resident 14 was admitted when Former Administrator P was in charge. Acting Director R reported that Resident 14's family member was going to come in later that day to sign his/her admission agreement. When

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{N 310}	Continued From page 11 Surveyor reported that Resident 14's face sheet indicated that s/he was his/her own legal representative, Acting Director R reported that s/he believed Resident 14 had an activated power of attorney for healthcare. After looking in Resident 14's record, Acting Director R confirmed s/he did not have any power of attorney paperwork for Resident 14 and that s/he would have to look into the issue further. As part of the same interview, Acting Directors R and S confirmed that Family Member T signed Resident 15's admission agreement just that day. When Surveyor reported that Resident 15's face sheet indicated that s/he was his/her own legal representative, Acting Director R reported that Family Member T claimed to be Resident 15's activated power of attorney for healthcare since his/her admission. After looking in Resident 15's record, Acting Director R confirmed s/he did not have any records showing that Resident 15's power of attorney for healthcare was activated. Acting Director R reported s/he was still waiting on Family Member T to provide this evidence. As part of the same interview, Acting Director S reported that s/he was unable to find a signed admission agreement for Resident 16. Cross Reference: N0196 DHS 83.14(2)(a) Licensee Ensures Facility Complies with Laws N0343 DHS 83.32(2)(a) Explanation of Rights, Grievance Procedure	{N 310}		
N 343	83.32(2)(a) Explanation of rights, grievance procedure. Explanation of resident rights, grievance	N 343		

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procedure, and house rules. Before the admission agreement is signed by the resident or the resident ' s legal representative or at the time of admission, the CBRF shall provide a copy of and explain resident rights, the grievance procedure under s. HFS 83.33 and the house rules to the person being admitted, the person ' s legal representative, and family members of the person. The resident or the resident ' s legal representative shall be asked to sign a statement to acknowledge the receipt of an explanation of resident rights. The CBRF shall document the date and to whom the information was provided.

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not ensure that Residents 13, 14, 15, and 16, or their legal representatives, were provided a copy and explanation of resident rights and the provider's grievance procedure (with all applicable grievance information in accordance with Wis. Admin Code § DHS 83.33(1)(a)) at the time of their admission. The provider also did not ensure that the same residents or their legal representatives signed a statement acknowledging receipt of an explanation of resident rights.

Findings include:

Example 1 - Resident 13

On 07/09/2025, Surveyor reviewed Resident 13's record. Resident 13 was admitted to the provider on 04/16/2025. In reviewing the face sheet for Resident 13, Surveyor observed that s/he was documented as being his/her own legal decision maker, however, power of attorney paperwork for Resident 13 documented that s/he had his/her

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power of attorney for healthcare activated on 05/01/2025 (shortly after his/her admission). There was no evidence that Resident 13 or his/her power of attorney were provided information regarding resident rights or the provider's grievance procedure.

Example 2 - Resident 14

On 07/09/2025, Surveyor reviewed Resident 14's record. Resident 14 was admitted to the provider on 06/01/2025. In reviewing the face sheet for Resident 14, Surveyor observed that s/he was documented as being his/her own legal decision maker. There was no evidence that Resident 14 was provided information regarding resident rights or the provider's grievance procedure.

Example 3 - Resident 15

On 07/09/2025, Surveyor reviewed Resident 15's record. Resident 15 was admitted to the provider on 06/20/2025. The admission agreement in Resident 15's record was signed on 07/09/2025 (day of the survey) by Family Member T. In reviewing the face sheet for Resident 15, Surveyor observed that s/he was documented as being his/her own legal decision maker. There was no evidence that Resident 15 or Family Member T was provided information regarding resident rights or the provider's grievance procedure.

Example 4 - Resident 16

On 07/09/2025, Surveyor reviewed Resident 16's record. Resident 16 was admitted to the provider on 04/01/2025 where s/he resided until 06/17/2025. In reviewing the face sheet for Resident 16, Surveyor observed that s/he was

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N 343	Continued From page 14 documented as being his/her own legal decision maker. There was no evidence that Resident 16 was provided information regarding resident rights or the provider's grievance procedure. INTERVIEW: On 07/09/2025, at approximately 1:15 p.m., Surveyor interviewed Acting Directors R and S. Acting Director S reported the provider had a template form where residents or their legal representatives initiated off on receipt of resident rights and grievance procedure information. Acting Director S showed Surveyor the blank template form on his/her laptop. Acting Director S reported that there was no evidence that that form was completed for Residents 13, 14, 15, 16, or their applicable legal representatives. When Surveyor asked if there was any evidence of Residents 13, 14, 15, or 16, or their applicable legal representatives, having received information regarding resident rights and the provider's grievance procedure with all the required information in accordance with Wis. Admin Code § DHS 83.33(1)(a), Acting Director S confirmed s/he was unable to find any. Cross Reference: N0310 DHS 83.29(2) Admission Agreement Include Services, Charges	N 343		
N 352	83.32(3)(h) Rights of Residents: Receive medication In addition to the rights under s. 50.09, Stats., each resident shall have all of the following rights: Receive medication. Receive all prescribed medications in the dosage and at intervals prescribed by a practitioner. The resident has the	N 352		

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right to refuse medication unless the medication is court ordered.

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not ensure that Resident 16 received all his/her prescribed medications in the dosage and at intervals prescribed by his/her medical provider.

Resident 16 did not receive approximately 3 doses of his/her prescribed morphine between 04/01/2025 - 06/17/2025. Observation notes indicated that Resident 16's as needed (PRN) oxycodone tablets ran out sometime after the evening of 06/02/2025 but before the afternoon of 06/05/2025. Resident 16 was not able to receive his/her oxycodone as s/he requested on 06/05/2025 due to it being out. Both Resident 16's morphine and oxycodone tablets were used to manage pain related to his/her multiple sclerosis diagnosis.

Findings include:

On 07/09/2025, Surveyor conducted a complaint investigation into concerns regarding medication administration.

On 07/09/2025, Surveyor reviewed Resident 16's record. Resident 16 was admitted to the provider on 04/01/2025 where s/he resided until 06/17/2025. Resident 16 was documented as being his/her own legal representative. Resident 16's diagnoses included multiple sclerosis. An assessment for Resident 16, dated 05/07/2025, documented that Resident 16 required staff assistance to administer medication. The individual service plan (ISP) for Resident 16, not dated or signed as reviewed by him/her, did not

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document anything regarding his/her medication administration or medication management needs. In reviewing observation notes for Resident 16 throughout his/her admission, Surveyor observed an entry on 04/02/2025 (the day after his/her admission) by Former Administrator P, which documented, " ...When resident is getting low on any of [his/her] meds, please contact [his/her] [primary care provider] or notify myself so that I can get those reordered. Please do not wait until [s/he] is out ..."

Surveyor reviewed the following medications prescribed to Resident 16:

- Morphine sulfate extended release 30 mg tablets with instructions to, "Take 1 tablet by mouth every 12 hours"

- Oxycodone/acetaminophen 5-325 mg tablets with instructions to, "Give 2 tablets (10/650 mg) by mouth every 8 hours as needed." On 05/23/2025, the instructions for this were changed for Resident 16 to take 2 tablets in the morning as needed, 1 tablet in the afternoon as needed, and 2 tablets in the evening as needed.

Resident 16's medication administration records (MARs) documented his/her morphine administration to occur at 8:00 a.m. and 8:00 p.m. In reviewing the MARs throughout Resident 16's admission, Surveyor observed the following:

- 04/13/2025 (7:48 p.m.): Morphine tablet documented as not administered due to being out of stock. An annotation entry documented that Resident 16's spouse was "informed thurs,fri [sic] and saturday." Surveyor noted that 04/13/2025 was a Sunday.

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N 352	Continued From page 17 - 04/14/2025 (8:30 a.m.): Morphine tablet documented as not administered with no other annotations - 05/19/2025: Resident 16's 8:00 a.m. morphine tablet was documented as being administered at 5:39 p.m. His/her 8:00 p.m. morphine tablet was documented as being administered at 8:52 p.m. (approximately 3 hours later). Within Resident 16's PRN medication log, an entry was made showing that Resident 16 was administered his/her oxycodone tablets this day at 4:30 a.m. with the annotation, "resident requested due to being out of [his/her] other pain medication for the night and still being in pain ...without [his/her] regularly scheduled pain meds [s/he] is not feeling good." Surveyor reviewed Resident 16's observation notes again and observed the following entries correlating with the above MAR entries: - 04/13/2025 (1:30 p.m.): "[Spouse] was contacted Thursday, Friday, Saturday in regard to resident needing a refill of [his/her] Morphine. [Spouse] was reminded Saturday again that refills were needed. Resident is currently out of Morphine now. [Spouse] said that resident should just take the Oxycodone in place of the Morphine until [s/he] gets to the pharmacy tomorrow. - 04/14/2025 (1:15 p.m.): " ...Resident Morphine is on order to pharmacy. Director called [primary care provider] to get the morphine ordered to pharmacy ..." - 05/17/2025 (1:45 p.m.): "Writer called pharmacy for a refill on ...Morphine. Pharmacy stated [s/he] needs a new script for the morphine."	N 352		

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- 05/19/2025 (1:45 p.m.): "Resident had a bad day, currently out of [his/her] Morphine, that should be delivered tomorrow." Surveyor observed that this entry correlated with Resident 16's MAR which showed that Resident 16 was not administered a morphine tablet prior to 5:39 p.m. that day.

On 07/09/2025, Surveyor reviewed e-mail communication between Family Member U and Regional Director K that occurred 06/08/2025 - 06/11/2025 in which Family Member U raised various concerns s/he had. In this e-mail, Family Member U sent the following in an e-mail on 06/08/2025 at 2:25 p.m.:

" ...I wanted to give you some history on the complaints and concerns I have with Shepherd's in Elkhorn prior to our phone call tomorrow ...

"1. [Resident 16] received a dose of Oxycodone on 6/1/2025 and did not receive [his/her] next dose until 6/6/2025 around 6/6:30pm. This medication is crucial in controlling [Resident 16]'s pain that is due to [his/her] Multiple Sclerosis diagnosis. During this week [Resident 16] went through withdrawals which included some [gastrointestinal] upset. As a result from not receiving [his/her] medications [his/her] hands were beginning to uncontrollably cramp as well ...

"2. Sometime in April after [Resident 16] arrived at the facility there was another medication mix-up in which [Resident 16] was without [his/her] morphine for 2-3 days. During this time [s/he] was very ill from the withdrawal ..."

Regional Director K replied to Family Member U's e-mail on 06/11/2025 at 10:59 a.m. with the following in response to his/her medication

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administration concerns: "Our nurse and the med passers will have weekly meetings to keep close tabs on all medication to avoid any delays and nearing depleted meds."

In reviewing Resident 16's record for information regarding his/her oxycodone administration as expressed as being a concern by Family Member U, Surveyor observed the following in Resident 16's observation notes:

- 06/05/2025 (1:30 p.m.): "Resident in a lot of pain today, still waiting on prn Oxycodone to arrive from pharmacy. Resident scheduled Morphine is helping some."

- 06/05/2025 (6:30 p.m.): "Residents [sic] PRN Oxy did not come with the delivery. Staff contacted pharmacy and questioned why it was not delivered. Pharmacy said, 'we did not request it to be filled, and it must be requested' Staff replied that we have called almost every day about this refill' [sic] Pharmacy said 'that is untrue' Oxy has not been requested and will be here tomorrow 6/6/25."

In reviewing Resident 16's MAR for June 2025, Surveyor observed that staff initialed off on administering Resident 16 oxycodone tablets on 06/02/2025 at 1:20 p.m. The next tablets were initialed as administered on 06/06/2025 at 6:48 p.m.

At approximately 2:05 p.m., Surveyor interviewed Acting Directors R and S regarding the concerns related to Resident 16's oxycodone and morphine tablets. Acting Director R reported s/he was working as a caregiver during the time that Resident 16 was a resident and that Former Administrator P was in charge. Acting Director R

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N 352	Continued From page 20 confirmed that staff administered Resident 16's medications and that staff was responsible for managing his/her medications. Acting Director R reported s/he recalled an occasion when Resident 16's morphine was out but s/he could not recall the specifics of what occurred or how many days it was out. Acting Director R reported s/he was unaware of any other times that Resident 16's morphine was out. Regarding Resident 16's PRN oxycodone, Acting Director R reported that Resident 16 frequently requested it due to pain. Acting Director R reported s/he recalled an occasion where s/he had to call the provider's pharmacy for a refill of Resident 16's oxycodone and was told by pharmacy staff that a new prescription was needed. Acting Director R reported s/he had followed up with Resident 16's primary care provider but s/he believed Resident 16 was already out of his/her oxycodone tablets by then. Surveyor reviewed the 06/05/2025 observation entry (documented above) with Acting Director R and asked if there was any evidence prior to that day that staff attempted to refill Resident 16's oxycodone prescription or discuss Resident 16's oxycodone prescription refill concerns with the pharmacy. Acting Director R reported there was no other evidence of staff having communicated with the pharmacy other than that entry.	N 352		
N 387	83.35(3)(b) Service plan development: parties involved Development. The CBRF shall involve the resident and the resident ' s legal representative, as appropriate, in developing the individual service plan and the resident or the resident ' s legal representative shall sign the plan acknowledging their involvement in,	N 387		

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N 387	Continued From page 21 understanding of and agreement with the plan. If a resident has a medical prognosis of terminal illness, a hospice program or home health care agency, as identified in s. HFS 83.38(2) shall, in cooperation with the CBRF, coordinate the development of the individual service plan and its approval under s. HFS 83.38 (2) (b). The resident ' s case manager, if any, and any health care providers, shall be invited to participate in the development of the service plan. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure that Resident 16 signed his/her individual service plan (ISP) to indicate his/her involvement in, understanding of, and agreement with it. Findings include: On 07/09/2025, Surveyor reviewed Resident 16's record. Resident 16 was admitted to the provider on 04/01/2025 where s/he resided until 06/17/2025. Resident 16 was documented as being his/her own legal representative. Resident 16's ISP did not contain a signature or date of review. Resident 16's record contained a "30 Day Assessment" document, which documented information regarding Resident 16's needs and staff interventions that correlated with his/her ISP. The assessment was dated 05/07/2025 but there was no signature on it to indicate that it was reviewed by Resident 16. At approximately 11:25 a.m., Surveyor requested evidence of a signed ISP for Resident 16 from Acting Directors R and S.	N 387		

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N 387	Continued From page 22 At approximately 2:05 p.m., Acting Director S confirmed s/he was unable to find evidence of a signed ISP for Resident 16.	N 387		
{N 389}	83.35(3)(d) Service plans updated annually or on changes Individual service plan review. Annually or when there is a change in a resident ' s needs, abilities or physical or mental condition, the individual service plan shall be reviewed and revised based on the assessment under sub. (1). All reviews of the individual service plan shall include input from the resident or legal representative, case manager, resident care staff, and other service providers as appropriate. The resident or resident ' s legal representative shall sign the individual service plan, acknowledging their involvement in, understanding of and agreement with the individual service plan. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure that the ISP for Resident 17 was reviewed and signed at least annually by his/her legal representative. Resident 17's ISP was last signed as reviewed by his/her legal representative on 05/02/2024 (approximately 14 months prior to the survey). This is a repeat deficiency. See Statement of Deficiency (SOD) FTUV14, dated 12/05/2024, and SOD FTUV13, dated 07/12/2024. Findings include:	{N 389}		

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{N 389}	Continued From page 23 On 07/09/2025, Surveyor reviewed Resident 17's record. Resident 17 was admitted to the provider on 11/03/2022 with diagnoses including generalized anxiety disorder and congestive heart failure. Resident 17 was documented as having an activated power of attorney (POA) for healthcare. The ISP most recently reviewed by Resident 17's POA was signed and dated by him/her on 05/02/2024. At approximately 10:45 a.m., Surveyor interviewed Acting Directors R and S. Acting Director S confirmed awareness of annual ISP review requirements. Acting Director R reported s/he believed Resident 17 was on the provider's nurse's list of residents' ISPs to be reviewed that month. Acting Director S confirmed s/he had no evidence of an ISP reviewed by Resident 17's POA more recently than the one from 05/02/2024. Cross Reference: N0196 DHS 83.14(2)(a) Licensee Ensures Facility Complies with Laws	{N 389}		
N 431	83.38(1)(g) Health monitoring. 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: Health monitoring. 1. The CBRF shall monitor the health of residents and make arrangements for physical health, oral health or mental health services unless otherwise arranged for by the resident. Each resident shall have an annual physical health examination completed by a physician or	N 431		

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an advanced practice nurse as defined in s. N 8.02(1), unless seen by a physician or an advanced practice nurse as defined in s. N 8.02(1) more frequently. 2. When indicated, a CBRF shall observe residents ' food and fluid intake and acceptance of diet. The CBRF shall report significant deviations from normal food and fluid intake patterns to the resident ' s physician or dietician. 3. The CBRF shall document communication with the resident ' s physician and other health care providers, and shall record any changes in the resident ' s health or mental health status in the resident ' s record.

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not ensure Resident 16's health was monitored in accordance with his/her need to have his/her weight taken daily. Throughout Resident 16's admission, from 04/01/2025 - 06/17/2025, Resident 16's weight was not taken on 11 days.

This is a repeat deficiency. See Statement of Deficiency (SOD) FTUV11, dated 08/25/2023.

Findings include:

On 07/09/2025, Surveyor reviewed Resident 16's record. Resident 16 was admitted to the provider on 04/01/2025 where s/he resided until 06/17/2025. Resident 16 was documented as being his/her own legal representative. Resident 16's diagnoses included congestive heart failure. Resident 16's prescriptions included furosemide 20 mg tablets, active throughout his/her entire admission, which contained the direction to, "Give 1 tablet by mouth every morning, notify provider

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of 3 lb weight gain in 24 hours and/or more than 5 lbs in 7 days." Resident 16's observation notes contained an entry made by Former Administrator P on 04/02/2025 at 12:30 p.m. which documented, " ...Resident is also a daily weight, and this MUST be done daily (NO EXCEPTIONS)." The only assessments in Resident 16's record, dated 04/18/2025 and 05/07/2025, both documented his/her need to have his/her weight taken daily.

Resident 16's individual service plan (ISP), active at the time of his/her admission, was not signed or dated as reviewed, but documented inconsistent information regarding his/her vitals assessment. Under the "General Health" section, staff were directed to, "Take vitals daily" with a corresponding frequency of "once every day." Below that, it was documented for "Vitals [to be] taken and recorded weekly" with a corresponding frequency of "Monthly Vitals." There was no information clarifying Resident 16's vitals monitoring needs or what specific vitals were to be included as part of this monitoring.

Surveyor reviewed Resident 16's weight monitoring records throughout his/her admission and observed the following 11 days in which Resident 16's weights were not recorded: 04/04/2025, 04/09/2025, 05/24/2025, 05/27/2025, 05/28/2025, 06/02/2025, 06/04/2025, 06/07/2025, 06/08/2025, 06/11/2026, and 06/16/2025.

At approximately 2:05 p.m., Surveyor interviewed Acting Directors R and S regarding Resident 16's weight monitoring. Acting Director R reported that Resident 16's weight was required to be taken daily due to his/her diuretic medication. Surveyor reviewed the above missing dates with Acting Director R, who reported that s/he was not sure

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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 431	Continued From page 26 why Resident 16's weights were not taken those days. Cross Reference: N0196 DHS 83.14(2)(a) Licensee Ensures Facility Complies with Laws	N 431		
N 491	83.44(2)(c) Interior floors, walls and ceilings. Every interior floor, wall and ceiling shall be clean and in good repair. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure that all interior floors were in good repair. The doorway thresholds for 9 residents' rooms were missing covers, exposing the subfloor underneath the vinyl planks and causing the edges of vinyl planks to be exposed. This is a repeat deficiency. See Statement of Deficiency (SOD) FTUV13, dated 07/12/2024. Findings include: On 07/09/2025, Surveyor toured the environment and observed the following: - At approximately 10:04 a.m., the threshold to Resident 13's room was observed with a gap between the vinyl floor planks from the hallway and the vinyl floor planks from his/her room (Photo 1). The gap was approximately 0.5" at its widest and exposed the subfloor underneath. - At approximately 10:07 a.m., the threshold to Resident 17's room was observed with a gap between the vinyl floor planks from the hallway	N 491		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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N 491	Continued From page 27	N 491		

and the vinyl floor planks from his/her room (Photo 2). The gap was approximately 0.5" at its widest and exposed the subfloor underneath.

- At approximately 10:13 a.m., the threshold to Resident 18's room was observed with a gap between the vinyl floor planks from the hallway and the vinyl floor planks from his/her room (Photo 3). The gap was approximately 0.75" at its widest and exposed the subfloor with bits of debris underneath. The edges of the vinyl planking were observed to be slightly raised off the subfloor, causing a trip hazard (Photo 4). While observing Resident 18's floor, Surveyor interviewed Resident 18. Resident 18 was observed to ambulate independently throughout his/her room. When asked about his/her doorway threshold, Resident 18 replied that it had been like that for awhile. Resident 18 reported that a few months ago the flooring in the building was replaced but the maintenance staff never returned to address the doorway thresholds. Resident 18 reported that his/her bathroom doorway threshold was like that as well. Surveyor then observed the threshold to Resident 18's bathroom, which appeared with an approximate 0.5" gap between the vinyl floor planks from his/her room and the vinyl floor planks from his/her bathroom (Photo 5).

- At approximately 10:20 a.m., the threshold to Resident 19's room was observed with a gap between the vinyl floor planks from the hallway and the vinyl floor planks from his/her room (Photo 6). The gap was approximately 0.5" at its widest and exposed the subfloor underneath.

- At approximately 10:24 a.m., the threshold to Resident 11's room was observed with a gap between the vinyl floor planks from the hallway

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N 491	Continued From page 28	N 491		

and the vinyl floor planks from his/her room (Photo 7). The gap was approximately 0.5" at its widest and exposed the subfloor with bits of debris underneath.

- At approximately 10:26 a.m., the threshold to Resident 14's room was observed with a gap between the vinyl floor planks from the hallway and the vinyl floor planks from his/her room (Photo 8). The gap was approximately 0.75" at its widest and exposed the subfloor with bits of debris underneath.

- At approximately 10:26 a.m., the threshold to Resident 20's room was observed with a gap between the vinyl floor planks from the hallway and the vinyl floor planks from his/her room (Photo 9). The gap was approximately 0.5" at its widest and exposed the subfloor with bits of debris underneath.

- At approximately 10:27 a.m., the threshold to Resident 21's room was observed with a gap between the vinyl floor planks from the hallway and the vinyl floor planks from his/her room (Photo 10). The gap was approximately 0.5" at its widest and exposed the subfloor underneath.

- At approximately 10:35 a.m., the threshold to Resident 22's room was observed with a gap between the vinyl floor planks from the hallway and the vinyl floor planks from his/her room (Photo 11). The gap was approximately 0.5" at its widest and exposed the subfloor underneath.

At approximately 2:35 p.m., Surveyor discussed the concern of missing threshold covers for resident rooms with Acting Directors R and S. Acting Director R reported that maintenance staff was going to be at the facility at some point in the

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N 491	Continued From page 29 next 1-2 weeks in order to address the concern. Acting Director R reported that by Surveyor's next visit the doorway thresholds would be fixed. Cross Reference: N0196 DHS 83.14(2)(a) Licensee Ensures Facility Complies with Laws	N 491		