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-C 02/13/2026

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 02/11/2026, with information obtained through 02/13/2026, 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, 4 deficiencies were identified. Two deficiencies are repeat deficiencies. See Statement of Deficiencies (SOD) FTUV16, dated 10/28/2025, SOD FTUV15, dated 07/09/2025, SOD FTUV13, dated 07/12/2024 and SOD FTUV12, dated 02/02/2024. Under statutory provisions of Wis. Stat. Chapter 50, a $200 revisit fee is being assessed. The complaint was substantiated. Census: 18	{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	N 239		

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

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N 239	Continued From page 1 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 interview and record review, the provider did not ensure 3 of 3 employees reviewed obtained all department approved training as required. Caregiver X, Caregiver V and Acting Director R did not have training in fire safety within 90 days after starting employment. Caregiver X did not have training in first aid and choking within 90 days after starting employment. This is a repeat deficiency. See Statement of Deficiency (SOD) FTUV13, dated 07/12/2024, and SOD FTUV12, dated 02/02/2024 and SOD FTUV16, dated 10/28/2025. Findings include: On 02/11/2026, Surveyor conducted a review of 3 employees to verify compliance with department approved training requirements. Surveyor requested training records from Acting Director R for Caregiver X, Caregiver V and Acting Director R	N 239		

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N 239	Continued From page 2 Fire Safety The record for Caregiver V, hired 03/01/2025, did not contain evidence of training or evidence of meeting an exemption for fire safety. The record for Caregiver X, hired 06/24/2025, did not contain evidence of training or evidence of meeting an exemption for fire safety. The record for Acting Director R, hired 01/26/2026, documented completion of fire safety on 01/26/2026, greater than 1 month after the provider's plan of correction date from SOD FTUV16, dated 10/28/2025. On 02/11/2026, at approximately 11:25 a.m., Surveyor interviewed Acting Director R. Acting Director R confirmed the provider did not have evidence Caregiver V and Caregiver X completed or met an exemption for fire safety training. Acting Director R acknowledged his/her fire safety training was completed after the provider's plan of correction date. Acting Director R stated s/he had been asking his/her management to put employees through the training, but it had not been done. Acting Director R stated management had questioned who was responsible for the cost of CBRF trainings. On 02/11/2026, Surveyor verified Caregiver V and Caregiver X were not on the Community-Based Care and Treatment training registry for fire safety. First Aid and Choking The record for Caregiver X, hired 06/24/2025, did not contain evidence of training or evidence of	N 239		

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N 239	Continued From page 3 meeting an exemption for first aid and choking. On 02/11/2026, at approximately 11:25 a.m., Surveyor interviewed Acting Director R. Acting Director R confirmed the provider did not have evidence Caregiver X completed or met an exemption for first aid and choking training. Acting Director R stated s/he had been asking his/her management to put employees through the training, but it had not been done. Acting Director R stated management had questioned who was responsible for the cost of CBRF trainings. On 02/11/2026, Surveyor verified Caregiver X was not on the Community-Based Care and Treatment training registry for first aid and choking. Cross Reference: N0397 83.36(1)(b) Qualified Staff In Charge, On Duty And Awake	N 239		
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 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 Resident 23 received his/her prescribed medication in the dosage prescribed by his/her practitioner. From 01/01/2026 to 02/11/2026, Resident 23	N 352		

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N 352	Continued From page 4	N 352		

received an insulin dosage different from the prescribed order 16 times.

This is a repeat deficiency. See Statement of Deficiency (SOD) FTUV15, dated 07/09/2025 and SOD FTUV16, dated 10/28/2025.

Findings include:

On 02/11/2026 at approximately 12:00 p.m., Surveyor reviewed Resident 23's record. Resident 23 was admitted to the provider's facility on 08/01/2025 with diagnosis of diabetes. Resident 23's record documented frequent occurrences of him/her instructing the provider's staff on how many insulin units they should administer to Resident 23 that were different from the prescribed order. Resident 23's record included a physician order for fiasp insulin (Start Date: 12/03/2025 / End Date: 01/29/2026) at breakfast, lunch and dinner per the following sliding scale: Blood Sugar (BS) 70-90=9 units, 91-130=15 units, 131-150=17 units, 151-200=19 units, 201-250=21 units, 251-300=23 units, 301-350=25 units, 351-400=27 units, 401-450=29 units, >450=31 units *Treat low BS of >70, recheck BS in 15 mins. If BS is more than 70, then take the number of units of insulin in the 70-90 if before a meal.

Resident 23's Medication Administration Record (MAR), dated 01/01/2026 to 02/11/2026, documented the following occurrences when Resident 23 did not receive his/her insulin as prescribed:

- 01/02/2026 5:50 p.m. BS 127 - No insulin administered.
*Per order, 15 units should have been administered.

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N 352	Continued From page 5 - 01/03/2026 7:53 a.m. BS 157 - 3 units administered. *Per order, 19 units should have been administered. - 01/03/2026 4:09 p.m. BS 209 - 4 units administered. *Per order, 21 units should have been administered. - 01/04/2026 4:38 p.m. BS 169 - 3 units administered. *Per order, 19 units should have been administered. - 01/11/2026 4:30 p.m. BS 244 - 6 units administered. *Per order, 21 units should have been administered. - 01/14/2026 4:28 p.m. BS 261 - 8 units administered. *Per order, 23 units should have been administered. - 01/16/2026 7:53 a.m. BS 173 - 4 units administered. *Per order, 19 units should have been administered. - 01/16/2026 11:30 a.m. BS 219 - 4 units administered. *Per order, 21 units should have been administered. - 01/17/2026 4:18 p.m. BS 279 - 8 units administered. *Per order, 23 units should have been administered. - 01/18/2026 4:27 p.m. BS 181 - 4 units administered. *Per order, 19 units should have been administered. - 01/19/2026 12:45 p.m. BS 204 - 4 units administered. *Per order, 21 units should have been administered.	N 352		

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N 352	Continued From page 6 - 01/20/2026 4:32 p.m. BS 280 - 8 units administered. *Per order, 23 units should be administered. - 01/21/2026 6:00 p.m. BS 130 - 0 units administered. *Per order, 15 units should have been administered. - 01/22/2026 6:01 p.m. BS 140 - 0 units administered. *Per order, 15 units should have been administered. - 01/27/2026 4:42 p.m. BS 158 - 6 units administered. *Per order, 19 units should have been administered. - 01/28/2026 4:20 p.m. BS 337 - 14 units administered. *Per order, 25 units should have been administered. Surveyor noted the above occurrences did not document the reason the number of units administered varied from the physician order. On 02/11/2026 at 1:00 p.m., Surveyor interviewed Acting Director R. Surveyor shared concern that there were several occurrences when Resident 23 received an insulin dosage different from the prescribed order and there was no documentation as to why. Acting Director R stated if Resident 23 received an insulin dosage different from the prescribed order due to Resident 23's refusal for the prescribed amount, staff should have documented that Resident 23's refusal was the reason the insulin administration differed from the prescribed order. Acting Director R stated Resident 23 received new insulin orders on 01/29/2026 and now followed the insulin orders as prescribed.	N 352		

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N 397	Continued From page 7	N 397		
N 397	83.36(1)(b) Qualified staff in charge, on duty and awake. The CBRF shall ensure all of the following: 1. An administrator or other designated qualified resident care staff in charge is on the premises of the CBRF daily to ensure the CBRF is providing safe and adequate care, treatment and services. 2. At least one qualified resident care staff is present in the CBRF when one or more residents are present in the CBRF. 3. At least one qualified resident care staff is on duty and awake if at least one resident in the CBRF is in need of supervision, intervention or services on a 24-hour basis to prevent, control or improve the resident ' s constant or intermittent mental or physical condition that may occur or may become critical at any time including residents who are at risk of elopement, who have dementia, who are self-abusive, who become agitated or emotionally upset or who have changing or unstable health conditions that require close monitoring. 4. At least one qualified resident care staff is on duty and awake if the evacuation capability of at least one resident is 4 minutes or more. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure at least 1 qualified resident care staff was present in the CBRF when 1 or more residents were present. From 01/01/2026 to 02/11/2026, there were 14 occurrences when the provider's facility was not staffed with a qualified resident care staff. Findings include:	N 397		

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N 397	Continued From page 8 DHS Chapter 83.02(42) identifies "Qualified resident care staff" as an employee who has successfully completed all of the applicable training and orientation under subch. IV. On 02/11/2026 at 11:00 a.m., Surveyor reviewed employee records provided by Acting Director R that documented the following: - Caregiver X had not received training for fire safety or first aid, indicating s/he had not successfully completed all of the applicable training and orientation under subch. IV. - Caregiver V had not received training for fire safety, indicating s/he had not successfully completed all of the applicable training and orientation under subch. IV. - Acting Director R did not receive training for fire safety until 01/26/2026, indicating s/he had not successfully completed all of the applicable training and orientation under subch. IV until 01/26/2026. On 02/11/2026 at 11:25 a.m., Surveyor interviewed Acting Director R. Acting Director R confirmed Caregiver X had not received training for fire safety or first aid and Caregiver V had not received training for fire safety. Acting Director R stated all employees should be completing CBRF trainings later in the month. Acting Director R also confirmed s/he recently completed his/her fire safety training. On 02/11/2026 at 11:45 a.m., Surveyor reviewed the provider's staff schedule, dated 01/01/2026 to 02/11/2026, which identified the following occurrences of the facility being staffed without a "qualified resident care staff": - 01/01/2026: Acting Director R was the only staff	N 397		

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N 397	Continued From page 9	N 397		

present from 6:00 a.m. to 7:15 a.m.
- 01/02/2026: Caregiver X and Caregiver V were the only staff present from 6:00 a.m. to 12:00 p.m.
- 01/07/2026: Caregiver X and Caregiver V were the only staff present from 6:00 a.m. to 2:00 p.m.
- 01/10/2026: Caregiver V was the only staff present from 2:00 a.m. to 6:00 a.m.
- 01/13/2026: Caregiver X and Caregiver V were the only staff present from 6:00 a.m. to 7:15 a.m.
- 01/14/2026: Caregiver X and Caregiver V were the only staff present from 2:00 a.m. to 2:00 p.m.
- 01/17/2026: Caregiver X was the only staff present from 6:00 a.m. to 7:15 a.m.
- 01/19/2026: Caregiver V was the only staff present from 6:00 a.m. to 7:15 a.m.
- 01/20/2026: Caregiver X and Caregiver V were the only staff present from 6:00 a.m. to 7:15 a.m.
- 01/21/2026: Caregiver X and Caregiver V were the only staff present from 6:00 a.m. to 2:00 p.m.
- 01/23/2026: Caregiver X and Caregiver V were the only staff present from 6:00 a.m. to 2:00 p.m.
- 01/28/2026: Caregiver X and Caregiver V were the only staff present from 6:00 a.m. to 2:00 p.m.
- 02/01/2026: Caregiver X was the only staff present from 6:00 a.m. to 7:15 a.m.
- 02/05/2026: Caregiver X and Caregiver V were the only staff present from 6:00 a.m. to 2:00 p.m.

O 02/11/2026 at 1:35 p.m., Surveyors reviewed concerns with Acting Director R and Acting Director S that the provider had several occurrences when the provider's facility was not staffed with a qualified resident care staff. Acting Director R acknowledged that staff, who had not completed all department approved trainings, were working shifts by themselves. Acting Director S stated all employees would complete department approved trainings later in the month.

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N 397	Continued From page 10 Cross Reference: N0239 DHS 83.20(2)(a-d) Department Approved Training	N 397		
N 425	83.38(1)(a) Personal care. 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: Personal care. Personal care services shall be designed and provided to allow a resident to increase or maintain independence. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure personal care services provided by staff for Resident 15 related to his/her catheter care were adequate to meet his/her needs. Findings include: On 02/11/2026, Surveyors conducted a complaint investigation into allegations regarding unsanitary catheter care practices. On 02/11/2026, at approximately 9:50 a.m., Surveyor interviewed Resident 15 in his/her room. Resident 15 was observed sitting in his/her	N 425		

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N 425	Continued From page 11	N 425		

manual wheelchair and using his/her feet to propel him/her around the room throughout the interview. Resident 15 was observed to have a catheter, with the bottom of the bag and a section of tubing touching the floor. The tubing and bottom of the catheter bag were observed to slide along the floor as Resident 15 propelled him/herself around his/her room. At the end of the interview, Resident 15 propelled him/herself into the bathroom within his/her room and was observed to initiate a transfer to his/her toilet.

At approximately 12:14 p.m., Surveyor observed Resident 15 at the dining area, where several residents were eating lunch. Resident 15 was sitting in his/her wheelchair at a dining table. The bottom of Resident 15's catheter bag was observed touching the floor.

At approximately 12:15 p.m., Surveyor observed Resident 15's bathroom, within his/her room. Surveyor observed a catheter bag hanging off a towel bar on the wall. A small amount of liquid, consistent in color with urine, was still observed in the bag. Towels and washcloths were also observed hanging on the bar. One washcloth and one towel were observed resting against the side of the catheter bag.

On 02/11/2026, Surveyor reviewed Resident 15's record. Resident 15 was admitted to the provider on 06/20/2025 with diagnoses including unspecified dementia and urinary retention. Resident 15's current individual service plan (ISP), last signed on 07/22/2025, identified the following related to his/her catheter: "Staff assistance needed to perform foley catheter care 2x/day and as needed...Resident requires staff assistance to perform catheter." The corresponding goal to this was documented as,

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N 425	Continued From page 12 "To prevent any [signs or symptoms] of [urinary tract infections]." A medical report in Resident 15's record, titled "Physician Discharge Summary," detailed a hospitalization Resident 15 experienced from 08/29/2025 - 09/04/2025. One of Resident 15's medical concerns during that hospitalization was a diagnosed urinary tract infection (UTI), which was noted to be "recurrent" and required intravenous (IV) antibiotic treatment. At approximately 12:30 p.m., Surveyor interviewed Caregiver GG regarding catheter care hygiene. Caregiver GG confirmed s/he had received training regarding catheter cares. Surveyor asked Caregiver GG to observe Resident 15's catheter with him/her. Surveyor and Caregiver GG then went to Resident 15's room, where Resident 15 was sitting in his/her wheelchair completing a word search. Resident 15's bag was observed touching the floor. Upon Surveyor discussing the concern of Resident 15's bag touching the floor, Caregiver GG reported s/he wondered if s/he would be able to hang Resident 15's bag any higher. Caregiver GG reported that staff used clips to help maintain Resident 15's catheter tubing off the floor but sometimes these came loose and had to be fixed. At approximately 1:35 p.m., Surveyor interviewed Acting Director R and Acting Director S. Both reporting understanding of Surveyor's concerns related to Resident 15's catheter hygiene and his/her bag touching the floor. Acting Director S asked Surveyor if using a bag cover would help to resolve the issue.	N 425		