STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0011775	A. BUILDING: _____ B. WING _____	R-C 09/11/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KINDREDHEARTS OF COTTAGE GROVE	325 W COTTAGE GROVE ROAD COTTAGE GROVE, WI 53527

(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 09/11/2023, Surveyor conducted a verification visit at Kindredhearts of Cottage Grove, a CBRF in Cottage Grove. Fourteen deficiencies were identified. Thirteen defciencies are repeat deficiencies - See Statement of Deficiency (SOD) G0WL11, dated 03/26/2020, SOD G0WL12, dated 03/24/2021, SOD G0WL13, dated 07/12/2021, SOD 8ITE11, dated 10/07/2021 and SOD G0WL14, dated 02/23/2023. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 11	{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 observation, record review and interview, the provider did not ensure the CBRF and its operation complied with all laws governing the CBRF. This is a repeat deficiency. See Statement of Deficiency (SOD) 8ITE11, dated 10/07/2021. Findings include: On 09/11/2023 at approximately 8:00 a.m., Surveyor conducted a verification. As a result of the verification visit, 14 deficiencies were	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		

identified, 13 of which were repeat deficiencies. The following concerns were noted:

Employee/Personnel:

- The department was not updated with 7 days regarding change in administrator.

Environment:

- Menus were not posted or followed. *Repeat deficiency
- The facility's sprinkler system had a deficiency identified during the most recent inspection that had not been addressed. *Repeat deficiency
- Food in the facility's refrigerator was stored unsecured and not dated. Food was also found that had a "use or freeze by" date 10 to 15 days prior. *Repeat deficiency
- The facility's carpeting was torn in several areas in the hallway. *Repeat deficiency
- Toxic chemicals were accessible to residents in the laundry room and cleaning closet. *Repeat deficiency

Resident Care:

- One of 2 residents reviewed was not screened for communicable disease, including tuberculosis. *Repeat deficiency
- Two of 2 residents reviewed did not have an admission agreement signed and dated by the legal representative. *Repeat deficiency
- Two of 2 residents reviewed did not have a signed statement documenting the legal representative had received an explanation of resident rights. *Repeat deficiency
- One of 2 resident records reviewed did not include an individual service plan signed by his/her legal representative. *Repeat deficiency

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N 196	Continued From page 2 - Two of 2 residents reviewed were not provided the opportunity to complete an evaluation of the residents' level of satisfaction with the facility's services in the past year. *Repeat deficiency - Tw of 2 residents reviewed were not assessed to determine their ability to evacuate the CBRF within 3 days of admission. *Repeat deficiency - One of 1 residents reviewed was not assessed to determine his/her ability to evacuate the CBRF at least annually. *Repeat deficiency On 09/11/2023 at approximately 10:30 a.m., Surveyor reviewed department records which confirmed SOD G0WL14, dated 02/23/2023, was electronically delivered to Licensee J on 06/08/2023. On 09/11/2023 at approximately 11:00 a.m., Surveyor reviewed environmental, employee/personnel and resident records/care concerns with Administrator C. Surveyor asked Administrator C if s/he had reviewed the previous statement of deficiency (SOD), which identified deficiencies in need of correction. Administrator C replied, "No. I thought [Operations A] addressed all that before [s/he] left." Administrator C explained that Operations A was no longer with the provider and stated, "Things have been rough around here." Surveyor asked Administrator C if Licensee J reviewed the SOD and explained follow up required with Administrator C. Administrator C replied, "No." Cross Reference: N0200 DHS 83.14(2)(e) Notify Within 7 Days Administrator Change N0302 DHS 83.28(4)(a) Resident Health Screening And Documentation N0310 DHS 83.29(2) Admission Agreement, Include Services And Charges	N 196		

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N 196	Continued From page 3 N0343 DHS 83.32(2)(a) Explanation of Rights, Grievance Procedure N0389 DHS 83.35(3)(d) Service Plans Updated Annually Or On Changes N0392 DHS 83.35(4) Resident Satisfaction Evaluation N0393 DHS 83.35(5)(a) Initial Evaluation Of Evacuation Limitations N0394 DHS 83.35(5)(b) Annual Evaluation Of Evacuation Limitations N0450 DHS 83.41(2)(c) Nutrition: Menus N0452 DHS 83.41(3)(b) Food Safety N0491 DHS 83.44(2)(c) Interior Floors, Walls And Ceilings N0499 DHS 83.45(3) Toxic Substances N0558 DHS 83.48(8)(b)1 Sprinkler System Installation And Maintenance	N 196		
N 200	83.14(2)(e) Notify within 7 days of administrator change The licensee shall notify the department within 7 days after there is a change in the administrator. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure the department was updated within 7 days when there was a change in administrator. Findings include: On 09/11/2023 at approximately 8:00 a.m., Surveyor reviewed the department's records for the facility and noted Former Administrator I was listed as the facility's administrator. On 09/11/2023 at approximately 9:30 a.m., Surveyor interviewed Administrator C.	N 200		

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N 200	Continued From page 4 Administrator C stated s/he was the administrator of the facility and had been in his/her role since February 2023. Surveyor asked if the provider submitted a notification to the department regarding the administrator change. Administrator C replied, "I don't think so." Administrator C was given until 09/12/2023 to provide follow up documentation. No documentation was received.	N 200		
{N 302}	83.28(4)(a) Resident health screening and documentation Resident health screening. 1. Within 90 days before or 7 days after admission, a physician, physician assistant, clinical nurse practitioner or a licensed registered nurse shall screen each person admitted to the CBRF for clinically apparent communicable disease, including tuberculosis, and document the results of the screening. 2. Screening for tuberculosis and all immunizations shall be conducted using centers for disease control and prevention standards. 3. The CBRF shall maintain the screening documentation in each resident ' s record. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 2 residents reviewed had been screened for clinically apparent communicable disease, including tuberculosis. Resident 1 was not screened for tuberculosis.	{N 302}		

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{N 302}	Continued From page 5 This is a repeat deficiency. See Statement of Deficiency (SOD) G0WL14, dated 02/23/2023. Findings include: On 09/11/2023 at approximately 9:00 a.m., Surveyor reviewed Resident 1's record. Resident 1 was admitted to the provider's facility on 11/29/2022. Resident 1's record did not include a communicable disease screen or tuberculosis test. On 09/11/2023 at approximately 9:30 a.m., Surveyor reviewed concern with Administrator C that Resident 1's record did not include a tuberculosis test. Administrator C stated s/he thought Operations A, who was no longer with the company, had taken care of issues identified during Surveyor's last visit. Administrator C reviewed Resident 1's record and confirmed s/he was unable to locate a tuberculosis test for Resident 1.	{N 302}		
{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	{N 310}		

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{N 310}	Continued From page 6 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 2 of 2 residents reviewed had a signed and dated admission agreement. Resident 1 and Resident 4 did not have an admission agreement signed and dated by their legal representative. This is a repeat deficiency. See Statement of Deficiency (SOD) G0WL14, dated 02/23/2023. Findings include: On 09/11/2023 at approximately 9:00 a.m., Surveyor reviewed resident records.	{N 310}		

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{N 310}	Continued From page 7 Example 1 - Resident 1: Resident 1 was admitted to the provider's facility on 11/29/2022. Resident 1 had an activated Health Care Power of Attorney. Resident 1's record did not include an admission agreement. Surveyor shared concern with Administrator C that Resident 1's record did not include a signed admission agreement. Administrator C stated s/he thought Former Operations A took care of concerns identified during Surveyor's last visit. Administrator C reviewed Resident 1's record and was unable to locate a signed admission agreement. Example 2 - Resident 4: Resident 4 admitted to the provider's facility on 07/15/2023. Administrator C reported that Resident 4 had an activated Health Care Power of Attorney. Resident 4's record included an admission agreement signed by Administrator C; however, the document was not signed by Resident 4's legal representative. Surveyor shared concern with Administrator C that Resident 4's admission agreement was not signed by his/her legal representative. Administrator C reviewed Resident 4's record and replied, "Yeah, I think [his/her] family member still has it." Administrator C stated Resident 4's legal representative would be in later that day and s/he would complete the paperwork.	{N 310}		
{N 343}	83.32(2)(a) Explanation of rights, grievance procedure. Explanation of resident rights, grievance procedure, and house rules. Before the admission agreement is signed by the resident or	{N 343}		

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{N 343}	Continued From page 8	{N 343}		

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 2 of 2 resident records reviewed included a statement signed by the legal representatives acknowledging their receipt and explanation of resident rights. Resident 1 and Resident 4 did not have a statement signed by their legal representatives that indicated they had received an explanation of resident rights.

This is a repeat deficiency. See Statement of Deficiency (SOD) G0WL14, dated 02/23/2023.

Findings include:

On 09/11/2023 at approximately 9:00 a.m., Surveyor reviewed resident records.

Example 1 - Resident 1:

Resident 1 was admitted to the provider's facility on 11/29/2022. Resident 1 had an activated Health Care Power of Attorney. Resident 1's record did not include a statement signed by his/her legal representative that indicated s/he had received an explanation of resident rights. Surveyor shared concern with Administrator C

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{N 343}	Continued From page 9 that Resident 1's record did not include a signed statement acknowledging receipt of an explanation of resident rights. Administrator C stated s/he thought Former Operations A took care of concerns identified during Surveyor's last visit. Administrator C reviewed Resident 1's record and was unable to locate a signed statement acknowledging receipt of resident rights. Example 2 - Resident 4: Resident 4 admitted to the provider's facility on 07/15/2023. Administrator C reported that Resident 4 had an activated Health Care Power of Attorney. Resident 4's record did not include a statement signed by his/her legal representatives that indicated s/he had received an explanation of resident rights. Surveyor shared concern with Administrator C that Resident 4's record did not include a signed statement acknowledging receipt of an explanation of resident rights. Administrator C reviewed Resident 4's record and replied, "Yeah, I think [his/her] family member still has it." Administrator C stated Resident 4's legal representative would be in later that day and s/he would complete the paperwork.	{N 343}		
{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	{N 389}		

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{N 389}	Continued From page 10 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 1 of 2 individual service plans (ISP) reviewed were signed by the resident's legal representative acknowledging involvement in, understanding of and agreement with the ISP. Resident 2 did not have an ISP signed by his/her legal representative. This is a repeat deficiency. See Statement of Deficiency (SOD) G0WL14, dated 02/23/2023. Findings include: On 09/11/2023 at approximately 9:00 a.m., Surveyor reviewed Resident 2's record. Resident 2 was admitted to the provider's facility on 06/23/2021. Resident 2 had an activated Health Care Power of Attorney. Resident 2's record did not include an ISP signed or dated by his/her Health Care Power of Attorney. On 09/11/2023 at approximately 11:00 a.m., Surveyor reviewed concern with Administrator C that Resident 2's record did not include an ISP signed and dated by his/her legal representative. Administrator C stated s/he needed to follow up with the facility's nurse to see if s/he had a signed ISP. The provider was given until 09/12/2023 to provide follow up documentation. No	{N 389}		

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{N 389}	Continued From page 11 documentation was received.	{N 389}		
{N 392}	83.35(4) Resident satisfaction evaluation. Satisfaction evaluation. At least annually, the CBRF shall provide the resident and the resident ' s legal representative the opportunity to complete an evaluation of the resident ' s level of satisfaction with the CBRF ' s services. The evaluation shall be completed on either a department form or a form developed by the CBRF and approved by the department. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 2 residents reviewed were provided the opportunity to complete an evaluation of the resident's level of satisfaction with the facility's services. Resident 2 and Resident 5 were not given the opportunity to complete a satisfaction survey. This is a repeat deficiency. See Statement of Deficiency (SOD) G0WL14, dated 02/23/2023. Findings include: On 02/20/2023 at approximately 12:15 p.m., Surveyor reviewed resident records, which documented the following: - Resident 2 was admitted to the provider's facility on 06/23/2021. Resident 2's record did not include a satisfaction survey for 2022. - Resident 5 was admitted to the provider's facility on 08/23/2021. Resident 5's record did not include a satisfaction survey for 2022. On 09/11/2023 at approximately 11:00 a.m.,	{N 392}		

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{N 392}	Continued From page 12 Surveyor reviewed concern with Administrator C that resident records did not include satisfaction surveys. Administrator C replied, "Yeah. We talked about doing [an evaluation] at the residents' meeting, but didn't do a formal one." Documentation indicated the resident meeting was held on 06/11/2023.	{N 392}		
{N 393}	83.35(5)(a) Initial evaluation of evacuation limitations. Initial evaluation. The CBRF shall evaluate each resident within 3 days of the resident ' s admission to determine whether the resident is able to evacuate the CBRF within 2 minutes in an unsprinklered CBRF and 4 minutes in a sprinklered CBRF without any help or verbal or physical prompting, and what type of limitations that resident may have that prevent the resident from evacuating the CBRF within the applicable period of time. A form provided by the department shall be used for the evaluation. The resident ' s evaluation shall be retained in the resident ' s record. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 2 residents reviewed were evaluated within 3 days of admission to determine whether they were able to evacuate the CBRF within 4 minutes without any help or verbal or physical prompting and what type of limitations that they may have to prevent them from evacuating within the 4 minutes. Resident 1 and Resident 4 did not have an evacuation assessment on file. This is a repeat deficiency. See Statement of	{N 393}		

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{N 393}	Continued From page 13 Deficiency (SOD) G0WL14, dated 02/23/2023. Findings include: On 09/11/2023 at approximately 9:00 a.m., Surveyor reviewed resident records, which documented the following: - Resident 1 was admitted to the provider's facility on 11/29/2022. Resident 1's record did not include an evacuation assessment. - Resident 4 was admitted to the provider's facility on 07/15/2023. Resident 4's record did not include an evacuation assessment. On 09/11/2023 at approximately 10:00 a.m., Surveyor reviewed concern with Administrator C that Resident 1 and Resident 4's records did not include evacuation assessments. Administrator C reviewed the resident records and confirmed the records did not include evacuation assessments. Surveyor then reviewed the department's evacuation assessment form with Administrator C, who stated s/he had never seen the form before. Administrator C stated it would be his/her responsibility to complete the form and made note to do so in the future.	{N 393}		
{N 394}	83.35(5)(b) Annual evaluation of evacuation limits Evaluation update. The CBRF shall evaluate each resident ' s mental or physical capability to respond to a fire alarm at least annually or when there is a change in the resident ' s mental or physical capability to respond to a fire alarm. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure the capability to respond	{N 394}		

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	0011775	A. BUILDING: _____ B. WING _____	R-C 09/11/2023

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KINDREDHEARTS OF COTTAGE GROVE	325 W COTTAGE GROVE ROAD COTTAGE GROVE, WI 53527

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{N 394}	Continued From page 14 to a fire alarm was evaluated at least annually for 1 of 1 residents reviewed. Resident 2's mental and physical capability to respond to a fire alarm was not evaluated at least annually. This is a repeat deficiency. See Statement of Deficiency (SOD) G0WL14, dated 02/23/2023. Findings include: On 09/11/2023 at approximately 9:00 a.m., Surveyor reviewed Resident 2's record. Resident 2 was admitted to the provider's facility on 06/23/2021. Resident 2's record did not include an evacuation assessment completed in the past year. On 09/11/2023 at approximately 10:00 a.m., Surveyor reviewed concern with Administrator C that Resident 2's record did not include an evacuation assessment completed in the past year. Administrator C reviewed the resident record and confirmed the records did not include an evacuation assessment. Surveyor then reviewed the department's evacuation assessment form with Administrator C, who stated s/he had never seen the form before. Administrator C stated it would be his/her responsibility to complete the form and made note to do so in the future.	{N 394}		
{N 450}	83.41(2)(c) Nutrition: menus. Menus. 1. The CBRF shall make reasonable adjustments to the menu for individual resident ' s food likes, habits, customs, conditions and appetites. 2. The CBRF shall prepare weekly written menus and shall make menus available to residents. Deviations from the planned menu	{N 450}		

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{N 450}	Continued From page 15 shall be documented on the menu. This Rule is not met as evidenced by: Based on observation and record review, the provider did not ensure a menu was available to residents. This is a repeat deficiency. See Statement of Deficiency (SOD) G0WL14, dated 02/23/2023. Findings include: On 09/11/2023 at approximately 8:30 a.m., Surveyor observed residents eating breakfast. Surveyor observed a white board hanging on the dining room wall that was blank. On 09/11/2023 at approximately 9:00 a.m., Surveyor toured the provider's dining room and was unable to locate a posted menu. The white board hanging on the dining room wall remained blank. Surveyor asked Caregiver G, who was the cook for the day, if the provider had a menu. Caregiver G provided Surveyor with a menu that was posted on the refrigerator in the kitchen, where residents do not enter. Surveyor asked Caregiver G how residents knew what would be served for meals. Caregiver G replied, "We just tell them." Caregiver H later added that the white board usually had the meals for the day posted, but the cook called in so the white board was not filled out that day. On 09/11/2023 at approximately 9:45 a.m., Surveyor observed the white board had the breakfast and lunch meals posted, but the supper meal listed [to be determined]. Surveyor also observed the lunch meal was "Scalloped Potatoes with Ham," which conflicted with the	{N 450}		

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{N 450}	Continued From page 16 menu shown to Surveyor earlier that listed tilapia and rice for the lunch meal. On 09/11/2023 at approximately 10:15 a.m., Surveyor interviewed Caregiver H regarding the change in the menu. Caregiver H stated s/he changed the lunch meal because s/he didn't have enough tilapia. Surveyor asked if residents were informed of the change. Caregiver H replied, "No. They didn't even know what [the planned meal] was."	{N 450}		
{N 452}	83.41(3)(b) Food safety. Food safety. Whether food is prepared at the CBRF or off-site, the CBRF shall store, prepare, distribute and serve food under sanitary conditions for the prevention of food borne illnesses, including food prepared off-site, according to all of the following: 1. The CBRF shall refrigerate all foods requiring refrigeration at or below 40°F. Food shall be covered and stored in a sanitary manner. 2. The CBRF shall maintain freezing units at 0°F or below. Frozen foods shall be packaged, labeled and dated. 3. The CBRF shall hold hot foods at 140°F or above and shall hold cold foods at 40°F or below until serving. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure food was stored under sanitary conditions for the prevention of food borne illnesses. Food was stored in the provider's	{N 452}		

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{N 452}	Continued From page 17 refrigerator unsecured, not dated and/or past the expiration date. This is a repeat deficiency. See Statement of Deficiency (SOD) G0WL14, dated 02/23/2023. Findings include: On 09/11/2023 at approximately 9:00. a.m., Surveyor toured the facility's kitchen with Caregiver G and Caregiver H. Surveyor noted the following in the provider's refrigerator: - A frozen white substance in a cup, not labeled, not dated and not covered. Caregiver G stated s/he was unsure what it was, but looked like frozen milk. - A bowl of cubed ham, not labeled or dated. Caregiver G stated s/he was unsure when it was from because s/he didn't work over the weekend. Caregiver H later stated the ham was from 2 days prior. - Potato salad and sour cream, not labeled or dated. Caregiver H acknowledged that open containers should be dated. - Four packages of pork chops with a use or freeze by date of 09/01/2023 and two packages of pork chops with a use or freeze by date of 08/26/2023. Caregiver H stated the pork chops were froze, but taken out of the freezer over the weekend and should have been served over the weekend. Surveyor shared concern that the food was not dated, so there was no way of knowing the pork chops had been froze or when they had been thawed. Caregiver H closed his/her eyes and replied, "You're right." - Four containers of lunch meat that were open to air and not dated. Caregiver H acknowledged the lunch meat should be sealed and dated.	{N 452}		

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{N 452}	Continued From page 18 "Date marking is a way to control the growth of a bacteria called Listeria, which grows under refrigeration and is the third leading cause of death from foodborne illness in the United States." (Source: Wisconsin Food Code Fact Sheet, Date Marking of Ready-to-Eat Time-Temperature Control for Safety Foods, April 2022)	{N 452}		
{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 the facility's floors were in good repair. This is a repeat deficiency. See Statement of Deficiency (SOD) G0WL12, dated 03/24/2021 and SOD G0WL13, dated 07/12/2021 and G0WL14, dated 02/23/2023. Findings include: On 09/11/2023 at 8:30 a.m., Surveyor toured the provider's facility. Surveyor observed 5 areas where strips of duct tape, greater than 12 inches in length, were covering ripped carpeting and 5 additional areas, greater than 6 inches in length, where carpeting was ripped and in need of repair. On 09/11/2023 at approximately 11:00 a.m., Surveyor reviewed concern with Administrator C that the facility's carpeting was torn in several areas. Administrator C nodded his/her head in agreement. Administrator C stated s/he had	{N 491}		

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{N 491}	Continued From page 19 obtained estimates to fix the carpeting, but was waiting for approval from the licensee to have repairs made.	{N 491}		
{N 499}	83.45(3) Toxic substances. Toxic substances. The CBRF shall ensure that cleaning compounds, polishes, insecticides and toxic substances are labeled and stored in a secure area. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure all toxic substances were stored in a secure area. The provider's laundry room and cleaning closet were open, leaving toxic chemicals accessible. This is a repeat deficiency. See Statement of Deficiency (SOD) G0WL14, dated 02/23/2023. Findings include: The provider is licensed to serve up to 15 individuals with diagnoses including advanced age and irreversible dementia/Alzheimer's. On 09/11/2023 at 8:30 a.m., Surveyor toured the provider's facility. Surveyor observed the laundry room door was unlocked, leaving the room accessible to residents. Laundry detergent and bleach was observed in the laundry room. Next to the laundry room, a cleaning closet door was propped wide open. A sign on the door read to keep the door locked at all times. Inside the closet, Surveyor observed cleaning agents, which included toilet bowl cleaner and Fabuloso.	{N 499}		

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{N 499}	Continued From page 20 On 09/11/2/23 at approximately at approximately 11:00 a.m., Surveyor reviewed concern with Administrator C that toxic chemicals were accessible in the provider's laundry room and cleaning closet. Administrator C shook his/her head and made note of the concern.	{N 499}		
{N 558}	83.48(8)(b) Sprinkler system installation and maintenance Installation and maintenance. 1. All sprinkler systems shall be installed by a state licensed sprinkler contractor. All sprinkler systems shall be maintained, inspected and tested at least annually or at intervals determined by the requirements in NFPA 25. 2. In facilities with sprinklers, sprinkler heads shall be placed at the top of each linen or trash chute and in the rooms where the chutes terminates. 3. The sprinkler system flow alarm shall be connected to the CBRF ' s fire alarm system. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure the facility's sprinkler system was maintained. The provider's sprinkler system inspection, dated 02/23/2023, listed a deficiency that had not been addressed. This is a repeat deficiency. See Statement of Deficiency (SOD) G0WL14, dated 02/23/2023. Findings include: On 09/11/2023 at 10:45 a.m., Surveyor reviewed the provider's environmental records. Records included a sprinkler system inspection, dated 02/23/2023, that stated "Gauges shall be replaced every 5 years or tested every 5 years by	{N 558}		

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{N 558}	Continued From page 21 comparison ..." and indicated the last test was 05/01/2016. This concern was listed as a deficiency on the report. On 09/11/2023 at approximately 11:00 a.m., Surveyor reviewed concern with Administrator C that the provider's sprinkler system inspection listed a deficiency and asked if the deficiency had been addressed. Administrator C stated the company had not been back to the facility, but s/he would call to arrange follow up.	{N 558}		