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 02/23/2024

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 From 02/16/2024 to 02/23/2024, Surveyor conducted a verification visit and complaint investigation at Kindredhearts of Cottage Grove, a CBRF in Cottage Grove. Eleven deficiencies were identified. All deficiencies were repeat deficiencies - See Statement of Deficiency (SOD) G0WL11, dated 03/26/2020, SOD G0WL12, dated 03/24/2021 and SOD G0WL13, dated 07/12/2021. The complaint was unsubstantiated. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 10	{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 and G0WL15, dated 09/11/2024. Findings include: On 02/16/2024 at approximately 8:00 a.m.,	{N 196}		

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

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{N 196}	Continued From page 1 Surveyor initiated a verification visit. As a result of the verification visit, 11 deficiencies were identified, all of which were repeat deficiencies. The following concerns were noted: Employee/Personal: - The department was not updated within 7 days regarding change in administrator. *Repeat deficiency Environment: - Menus were not posted or followed. *Repeat deficiency - Carpeting was torn and in need of repair or replacement. *Repeat deficiency - Toxic chemicals were unsecured and accessible to residents. *Repeat deficiency Resident Care: - Three of 3 residents reviewed did not have an admission agreement signed and dated with the appropriate decision maker. *Repeat deficiency - Three of 3 residents reviewed did not have a signed statement documenting the appropriate decision maker had received an explanation of resident rights. *Repeat deficiency - Two of 2 resident records reviewed did not include an individual service plan signed by his/her legal representative. *Repeat deficiency - 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 - Two of 2 residents reviewed was not assessed	{N 196}		

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{N 196}	Continued From page 2 to determine his/her ability to evacuate the CBRF at least annually. *Repeat deficiency On 02/14/2024 at approximately 12:00 p.m., Surveyor reviewed repeat concerns with Director K. Director K stated the previous director (Administrator C) left the company earlier in the week and Director K had been unable to follow up on the previous statement of deficiency to determine what needed to be followed up on. Director K added that Licensee J was "bought out" and a new company was taking over the facility. On 02/14/2024 at approximately 1:00 p.m., Surveyor interviewed Licensee J. Licensee J stated the building had been sold to a new owner, but s/he was still listed as licensee because the department was so behind on licensing. Licensee J was unable to confirm whether or not the new company had applied for a change of ownership. On 02/14/2024 at approximately 1:00 p.m., Surveyor confirmed via department records that a change of ownership had not been applied for at the facility. Cross Reference: N0200 DHS 83.14(2)(e) Notify Within 7 Days Administrator Change N0310 DHS 83.29(2) Admission Agreement, Include Services And Charges 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	{N 196}		

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{N 196}	Continued From page 3 N0394 DHS 83.35(5)(b) Annual Evaluation Of Evacuation Limitations N0450 DHS 83.41(2)(c) Nutrition: Menus N0491 DHS 83.44(2)(c) Interior Floors, Walls And Ceilings N0499 DHS 83.45(3) Toxic Substances	{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. This is a repeat deficiency. See Statement of Deficiency (SOD) G0WL15, dated 09/11/2023. Findings include: On 02/16/2024 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 02/16/2024 at approximately 10:30 a.m., Surveyor interviewed Director K. Surveyor asked who the administrator of the facility was. Director K stated Administrator C had quit with no notice earlier in the week. Director K stated Licensee J should probably have been listed, but s/he recently sold the facility. On 02/16/2024 at approximately 12:50 p.m., Surveyor interviewed Licensee J. Surveyor asked	{N 200}		

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{N 200}	Continued From page 4 Licensee J who should be listed as the administrator. Licensee J stated s/he basically sold all his/her buildings and that the new company's Director of Operations should be listed as the licensee effective that week. Licensee J was unable to confirm whether the company who purchased the facility had initiated a change of ownership with the department. Surveyor asked who would have been the administrator from the time Former Administrator I left the company greater than 1 year ago and the time the new company purchased the facility. Licensee J replied, "That would have been me. I never followed up on that update."	{N 200}		
{N 310}	83.29(2) Admission agreement include services, charges The admission agreement shall be given in writing and explained orally in the language of the prospective resident or legal representative. Admission is contingent on a person or that person ' s legal representative signing and dating an admission agreement. The admission agreement shall include all of the following: (a) An accurate description of the basic services provided, the rate charged for those services and the method of payment; (b) Information about all additional services offered, but not included in the basic services. The CBRF shall provide a written statement of the fees charged for each of these services; (c) The method for notifying residents of a change in charges for services; (d) Terms for resident notification to the CBRF of voluntary discharge. This paragraph does not apply to a resident in the custody of a government correctional agency; (e) Terms for refunding charges for services paid in advance, entrance fees, or security deposits in the case of transfer,	{N 310}		

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{N 310}	Continued From page 5 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 3 of 3 residents reviewed had a signed and dated admission agreement. Resident 4, Resident 6 and Resident 7 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 and G0WL15, dated 09/11/2023. Findings include: On 02/16/2024 approximately 9:00 a.m., Surveyor reviewed resident records, which indicated the following: Example 1 - Resident 4: Resident 4 admitted to the provider's facility on 07/15/2023. Resident 4 had an activated Health Care Power of Attorney. Resident 4's record included an admission agreement signed by	{N 310}		

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{N 310}	Continued From page 6 Administrator C; however, the document was not signed by Resident 4's legal representative. Example 2 - Resident 6: Resident 6 was admitted to the provider's facility on 12/11/2023. Resident 6 had an activated Health Care Power of Attorney. Resident 6's record did not include a signed admission agreement. Example 3 - Resident 7: Resident 7 was admitted to the provider's facility on 12/26/2023. Resident 7 had an activated Health Care Power of Attorney. Resident 7's record did not include a signed admission agreement. On 02/16/2024 at approximately 12:00 p.m., Surveyor interviewed Director K. Surveyor shared that Resident 4, Resident 6, and Resident 7's records did not include signed admission agreements. Director K shook his/her head. Director K stated the previous director (Administrator C) quit earlier in the week and Director K had not yet reviewed resident records to determine what needed to be updated.	{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 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	{N 343}		

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{N 343}	Continued From page 7	{N 343}		

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 3 of 3 resident records reviewed included a statement signed by the legal representatives acknowledging their receipt and explanation of resident rights. Resident 4, Resident 6 and Resident 7 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 and G0WL15, dated 09/11/2023.

Findings include:

On 02/16/2024 approximately 9:00 a.m., Surveyor reviewed resident records, which indicated the following:

Example 1 - Resident 4:

Resident 4 admitted to the provider's facility on 07/15/2023. Resident 4 had an activated Health Care Power of Attorney. Resident 4's record did not include a signed statement acknowledging receipt of and explanation of resident rights.

Example 2 - Resident 6:

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{N 343}	Continued From page 8 Resident 6 was admitted to the provider's facility on 12/11/2023. Resident 6 had an activated Health Care Power of Attorney. Resident 6's record did not include a signed statement acknowledging receipt of and explanation of resident rights. Example 3 - Resident 7: Resident 7 was admitted to the provider's facility on 12/26/2023. Resident 7 had an activated Health Care Power of Attorney. Resident 7's record did not include a signed statement acknowledging receipt of and explanation of resident rights. On 02/16/2024 at approximately 12:00 p.m., Surveyor interviewed Director K. Surveyor shared that Resident 4, Resident 6 and Resident 7's records did not include a statement acknowledging receipt of and explanation of resident rights. Director K shook his/her head. Director K stated the previous director quit earlier in the week and Director K had not yet reviewed resident records to determine what needed to be updated.	{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 providers as appropriate. The resident or	{N 389}		

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{N 389}	Continued From page 9 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 2 of 2 individual service plans (ISP) reviewed were reviewed at least annually and signed by the resident's legal representative acknowledging their involvement in, understanding of and agreement with the ISP. Resident 2 and Resident 5 did not have ISPs signed by his/her legal representative. This is a repeat deficiency. See Statement of Deficiency (SOD) G0WL14, dated 02/23/2023 and G0WL15, dated 09/11/2023. Findings include: On 02/16/2024 approximately 9:00 a.m., Surveyor reviewed resident records, which indicated the following: - 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 ISP was dated 06/28/2021 and was not signed or dated by the Health Care Power of Attorney. - Resident 5 was admitted to the provider's facility on 08/23/2012. Resident 5 had an activated Health Care Power of Attorney. Resident 5's ISP was dated 01/21/2019 and was not signed or dated by the Health Care Power of Attorney. On 02/16/2024 at approximately 12:00 p.m., Surveyor interviewed Director K. Surveyor asked	{N 389}		

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{N 389}	Continued From page 10 if Resident 2 and Resident 5 had an updated ISP that was reviewed in the past year and signed by the Health Care Power of Attorneys. Director K shook his/her head "No." Director K stated the previous director quit earlier in the week and Director K had not yet reviewed resident records to determine what needed to be updated.	{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 provided the opportunity to complete a satisfaction survey. This is a repeat deficiency. See Statement of Deficiency (SOD) G0WL14, dated 02/23/2023 and G0WL15, dated 09/11/2023. Findings include: On 02/16/2024 at approximately 9:30 a.m., Surveyor reviewed resident records, which documented the following: - Resident 2 was admitted to the provider's facility	{N 392}		

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{N 392}	Continued From page 11 on 06/23/2021. Resident 2's record did not include a satisfaction survey for 2023. - Resident 5 was admitted to the provider's facility on 08/23/2021. Resident 5's record did not include a satisfaction survey for 2023. On 02/16/2024 at approximately 10:30 a.m., Surveyor interviewed Director K. Surveyor asked if satisfaction surveys were provided to residents. Director K shook his/her head "No." Director K explained that Administrator C ended his/her employment with the facility earlier in the week with no notice and Director K had not followed up to ensure all documentation was completed.	{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 3 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	{N 393}		

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{N 393}	Continued From page 12 verbal or physical prompting and what type of limitations that s/he may have to prevent him/her from evacuating within the 4 minutes. Resident 4 and Resident 7 did not have an evacuation assessment on file. This is a repeat deficiency. See Statement of Deficiency (SOD) G0WL14, dated 02/23/2023 and G0WL15, dated 09/11/2023. Findings include: On 02/16/2024 approximately 9:00 a.m., Surveyor reviewed resident records, which indicated the following: Example 1 - Resident 4: Resident 4 admitted to the provider's facility on 07/15/2023. Resident 4's record did not include an initial evacuation assessment. Example 2 - Resident 7: Resident 7 was admitted to the provider's facility on 12/26/2023. Resident 7's record did not include an initial evacuation assessment. On 02/16/2024 at approximately 12:00 p.m., Surveyor interviewed Director K. Surveyor shared that Resident 4 and Resident 7's records did not include an initial evacuation assessment. Director K shook his/her head. Director K stated the previous director (Administrator C) quit earlier in the week and Director K had not yet reviewed resident records to determine what needed to be updated. Director K stated s/he would look through facility files in hopes of locating evacuation assessments.	{N 393}		

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{N 393}	Continued From page 13 Director K was given until 02/17/2024 to provide follow up documentation. As of 02/19/2024 at 12:00 p.m., no follow up documentation had been received.	{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 to a fire alarm was evaluated at least annually for 2 of 2 residents reviewed. Resident 2 and Resident 5'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 and G0WL15, dated 09/11/2023. Findings include: On 02/16/2024 approximately 9:00 a.m., Surveyor reviewed resident records, which indicated the following: Example 1 - Resident 2: 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.	{N 394}		

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 02/23/2024

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

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{N 394}	Continued From page 14 Example 2 - Resident 5: Resident 5 was admitted to the provider's facility on 08/23/2012. Resident 5's record did not include an initial evacuation assessment. On 02/16/2024 at approximately 12:00 p.m., Surveyor interviewed Director K. Surveyor shared that Resident 2 and Resident 5's records did not include an annual evacuation assessment. Director K shook his/her head. Director K stated the previous director (Administrator C) quit earlier in the week and Director K had not yet reviewed resident records to determine what needed to be updated. Director K stated s/he would look through facility files in hopes of locating evacuation assessments. Director K was given until 02/17/2024 to provide follow up documentation. As of 02/19/2024 at 12:00 p.m., no follow up documentation had been received.	{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 shall be documented on the menu. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure a weekly menu was available to residents.	{N 450}		

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{N 450}	Continued From page 15 This is a repeat deficiency. See Statement of Deficiency (SOD) G0WL14, dated 02/23/2023 and G0WL15, dated 09/11/2023. Findings include: On 02/16/2024 at approximately 9:00 a.m., Surveyor toured the facility. Surveyor observed a white board with the meals for 02/15/2024 listed. Surveyor was unable to locate a weekly menu posted for residents. While touring the kitchen, which residents did not access, Surveyor observed a weekly menu posted on the refrigerator. Surveyor asked Caregiver H if that menu was going to be followed for lunch. Caregiver H replied, "No." Caregiver H then explained that s/he hadn't figured out what would be served for lunch yet and would decide based on ingredients available. Caregiver H stated the previous director left 3 days ago so a menu has not been followed, but that s/he was going to put together a menu and grocery list later that afternoon.	{N 450}		
{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, G0WL14, dated 02/23/2023 and G0WL15, dated	{N 491}		

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{N 491}	Continued From page 16 09/11/2023. Findings include: On 02/16/2024 at 9:00 a.m., Surveyor toured the provider's facility. Surveyor observed 3 areas where strips of duct tape, greater than 3 feet in length, were covering ripped carpeting. Surveyor observed 2 areas, greater than 12 inches in length, where carpeting was ripped and in need of repair. Surveyor observed 2 areas, greater than 12 inches in length, where carpeting was ripped. On 02/16/2024 at approximately 9:05 a.m., Surveyor interviewed Caregiver H regarding the torn carpeting. Caregiver H stated some of the ripped carpeting was covered with a rug in front of the laundry room and cleaning closet, but the other tears remained unrepaired. On 02/16/2024 at approximately 12:00 p.m., Surveyor interviewed Director J. Surveyor shared observation that the facility's carpeting was in need of repairs. Director J stated the facility was recently purchased by a new company who planned to make necessary repairs.	{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	{N 499}		

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{N 499}	Continued From page 17 cleaning closet were open, leaving toxic chemicals accessible. This is a repeat deficiency. See Statement of Deficiency (SOD) G0WL14, dated 02/23/2023 and G0WL15, dated 09/11/2023. Findings include: The provider is licensed to serve up to 15 individuals with diagnoses including advanced age and irreversible dementia/Alzheimer's. On 02/16/2024 at 9:00 a.m., Surveyor toured the provider's facility. Surveyor observed the laundry room door was propped completely open, leaving the room accessible to residents. Laundry detergent and bleach was observed in the laundry room. A cleaning closet, located next to the laundry room, was unlocked and accessible. A sign on the door read to keep the door locked at all times. Inside the closet, Surveyor observed cleaning agents included toilet bowl cleaner and floor cleaner. On 02/16/2024 at approximately 12:00 p.m., Surveyor interviewed Director J. Surveyor shared observation that the laundry room and cleaning closet, both of which stored toxic substances, were unlocked and accessible to residents. Director J sighed, shook his/her head and made note of Surveyor's concern.	{N 499}		