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 06/18/2024

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 On 06/18/2024, Surveyor conducted a verification visit at Kindredhearts of Cottage Grove, a CBRF in Cottage Grove. Seven deficiencies were identified. Six deficiencies are repeat deficiencies - See Statement of Deficiency (SOD) G0WL12, dated 03/24/2021, SOD G0WL13, dated 07/12/2021, SOD 8ITE11, dated 10/07/2021, SOD G0WL14, dated 02/23/2023, SOD G0WL15, dated 09/11/2023 and SOD G0WL16, dated 02/23/2024. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 13	{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, G0WL15, dated 09/11/2024 and G0WL16, dated 02/23/2024. 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 On 06/18/2024, Surveyor completed a verification visit. As a result of the verification visit, 7 deficiencies were identified, 6 of which were repeat deficiencies. The following concerns were noted: Special Orders: - The provider did not follow Special Orders issued with SOD G0WL16. On 04/01/2024, the department issued SOD G0WL16, dated 02/23/2024, to Licensee J. The SOD included a Notice and Order letter that stated the licensee shall correct all identified deficiencies in consultation with a qualified professional, not currently affiliated with the licensee. The orders stated consultation shall include the development or revision of written procedures and staff training to address admission procedures. The orders also stated that managers and care staff shall receive in-service training regarding the procedures addressed with the consultant, that training shall be documented in employee files and that consultant activities would be documented by the consultant and available to a department representative upon request. On 06/18/2024 at approximately 12:00 p.m., Surveyor requested documentation of consultant activity from Administrator H. Administrator H stated s/he wasn't aware of any consultant activity. On 06/18/2024 at approximately 1:40 p.m., Surveyor interviewed Regional Director L regarding special orders and consultant arrangements. Regional Director L stated s/he was unaware of any special orders being issued with SOD G0WL16. Environment:	{N 196}		

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{N 196}	Continued From page 2 - Carpeting was torn and in need of repair or replacement. Walls were in need of repair. - The facility was equipped with cameras in areas that viewed residents. On 06/18/2024 at approximately 1:40 p.m., Surveyor interviewed Regional Director L and Administrator H. Administrator H stated the flooring would be addressed this week or next. Regional Director L stated maintenance would address wall repairs later in the week and that s/he was unaware cameras were not allowed in facilities. Resident Care: - Six of 6 residents reviewed did not have an admission agreement signed and dated with the appropriate decision maker. - Six of 6 residents reviewed did not have a signed statement documenting the appropriate decision maker had received an explanation of resident rights. - Five of 5 resident records reviewed did not include an individual service plan signed by the appropriate decision maker and managed care organization case manager. - Residents were not provided the opportunity to complete an evaluation of their level of satisfaction with the facility's services in the past year. On 06/18/2024 at approximately 1:40 p.m., Surveyor interviewed Regional Director L. Regional Director L shared frustration that the provider had been working on getting things corrected, but s/he wasn't sure what happened with everything. Regional Director L stated the facility had gone through management changes which presented a challenge.	{N 196}		

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{N 196}	Continued From page 3 Cross Reference: N0310 83.29(2) Admission Agreement, Include Services And Charges N0343 83.32(2)(a) Explanation of Rights, Grievance Procedure N0389 83.35(3)(d) Individual Service Plans Updated Annually Or On Changes N0392 83.35(4) Resident Satisfaction Evaluation N0491 83.44(2)(c) Interior Floors, Walls And Ceilings: Y3235 50.09(1)(f) Privacy	{N 196}		
{N 310}	83.29(2) Admission agreement include services, charges The admission agreement shall be given in writing and explained orally in the language of the prospective resident or legal representative. Admission is contingent on a person or that person ' s legal representative signing and dating an admission agreement. The admission agreement shall include all of the following: (a) An accurate description of the basic services provided, the rate charged for those services and the method of payment; (b) Information about all additional services offered, but not included in the basic services. The CBRF shall provide a written statement of the fees charged for each of these services; (c) The method for notifying residents of a change in charges for services; (d) Terms for resident notification to the CBRF of voluntary discharge. This paragraph does not apply to a resident in the custody of a government correctional agency; (e) Terms for refunding charges for services paid in advance, entrance fees, or security deposits in the case of transfer, death or voluntary or involuntary discharge; (f) A statement that the amount of the security deposit	{N 310}		

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{N 310}	Continued From page 4 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 6 of 6 residents reviewed had a signed and dated admission agreement. Resident 4, Resident 6, Resident 7, Resident 8, Resident 11 and Resident 9 did not have an admission agreement signed and dated by themselves or their legal representative. This is a repeat deficiency. See Statement of Deficiency (SOD) G0WL14, dated 02/23/2023, G0WL15, dated 09/11/2023 and G0WL16, dated 02/23/2024. Findings include: On 06/16/2024 approximately 12:00 p.m., Surveyor requested the signed admission agreements for the following residents: - Resident 4, who had an activated Health Care Power of Attorney and was admitted to the facility on 07/15/2023. - Resident 6, who was his/her own decision maker and admitted to the facility on 12/11/2023. - Resident 7, who was his/her own decision	{N 310}		

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{N 310}	Continued From page 5 maker and admitted to the facility on 12/26/2023. - Resident 8, who was his/her own decision maker and admitted to the facility on 03/08/2024. - Resident 11, who was his/her own decision maker and admitted to the facility on 03/06/2024. - Resident 9, who was his/her own decision maker and admitted to the facility on 04/11/2024. On 06/16/2024 at approximately 1:00 p.m., Administrator H updated Surveyor that s/he wasn't able to locate admission paperwork for any of the residents requested. On 06/16/2024 at approximately 1:40 p.m., Surveyor interviewed Regional Director L and asked about admission agreements. Regional Director L replied, "I'm at a loss for where they could be. We had worked on correcting this." Regional Director L explained that the facility had seen a lot of change with management recently.	{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 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.	{N 343}		

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{N 343}	Continued From page 6 This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 6 of 6 resident records reviewed included a statement signed by themselves or their legal representatives acknowledging their receipt and explanation of resident rights. Resident 4, Resident 6, Resident 7, Resident 8, Resident 11 and Resident 9 did not have a statement signed by themselves or 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, G0WL15, dated 09/11/2023 and G0WL16, dated 02/23/2024. Findings include: On 06/18/2024 approximately 12:00 p.m., Surveyor requested documentation indicating residents and/or legal representatives had received an explanation of resident rights for the following residents: - Resident 4, who had an activated Health Care Power of Attorney and was admitted to the facility on 07/15/2023. - Resident 6, who was his/her own decision maker and admitted to the facility on 12/11/2023. - Resident 7, who was his/her own decision maker and admitted to the facility on 12/26/2023. - Resident 8, who was his/her own decision maker and admitted to the facility on 03/08/2024. - Resident 11, who was his/her own decision maker and admitted to the facility on 03/06/2024. - Resident 9, who was his/her own decision maker and admitted to the facility on 04/11/2024.	{N 343}		

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{N 343}	Continued From page 7 On 06/16/2024 at approximately 1:00 p.m., Administrator H updated Surveyor that s/he was unable to locate the requested documentation. On 06/16/2024 at approximately 1:40 p.m., Surveyor interviewed Regional Director L and asked about statements that indicated resident rights had been explained to residents and/or legal representatives. Regional Director L stated s/he was unsure where such documentation would be. Regional Director L voiced frustration that the provider had worked hard on making corrections but was now unable to locate documentation. Regional Director L explained the facility had experienced change in management which presented a challenge.	{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 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 5 of 5 individual service	{N 389}		

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{N 389}	Continued From page 8	{N 389}		

plans (ISP) reviewed were reviewed at least annually and signed by the resident or the resident's legal representative and case manager acknowledging their involvement in, understanding of and agreement with the ISP. Resident 4, Resident 5, Resident 8, Resident 9 and Resident 10 did not have ISPs signed by themselves, their legal representative and/or their case manager.

This is a repeat deficiency. See Statement of Deficiency (SOD) G0WL14, dated 02/23/2023, G0WL15, dated 09/11/2023 and G0WL16, dated 02/23/2024.

Findings include:

On 06/18/2024 approximately 12:00 p.m., Surveyor reviewed resident records provided by Administrator H, which indicated the following:

- Resident 4 was admitted to the provider's facility on 07/15/2023. Resident 4 had an activated Health Care Power of Attorney and was enrolled in a managed care organization. Resident 4's record included an ISP, dated 05/14/2024, but the ISP was not signed by his/her legal representative or case manager.
- Resident 5 was admitted to the provider's facility on 08/03/2012. Resident 5 had a legal guardian and was enrolled in a managed care organization. Resident 5's record included an ISP, dated 05/14/2024, but the ISP was not signed by his/her legal representative or case manager.
- Resident 8 was admitted to the provider's facility on 03/08/2024. Resident 8 was his/her own decision maker and enrolled in a managed care organization. Resident 8's record included an ISP, dated 04/11/2024, signed by him/her and the provider, but the ISP was not signed by his/her

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{N 389}	Continued From page 9 case manager. - Resident 9 was admitted to the provider's facility on 04/11/2024. Resident 9 was his/her own decision maker and enrolled in a managed care organization. Resident 9's record included an ISP, dated 05/13/2024, signed by him/her and the provider, but the ISP was not signed by his/her case manager. - Resident 10 was admitted to the provider's facility on 03/09/2024. Resident 10 was his/her own decision maker and enrolled in a managed care organization. Resident 10's record included an ISP, dated 05/14/2024, that was not signed by Resident 10 or his/her case manager. On 06/18/2024 at approximately 1:15 p.m., Surveyor interviewed Administrator H regarding ISPs. Administrator H stated s/he had updated all the ISPs on 05/14/2024 but did not get all the ISPs reviewed and signed. Administrator H stated MCO case managers were not involved in the development of the ISPs.	{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 residents were provided the opportunity to complete an evaluation of their level of satisfaction with the facility's services at	{N 392}		

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{N 392}	Continued From page 10 least annually. This is a repeat deficiency. See Statement of Deficiency (SOD) G0WL14, dated 02/23/2023, G0WL15, dated 09/11/2023 and G0WL16, dated 02/23/2024. Findings include: On 06/18/2024 at approximately 12:00 p.m., Surveyor reviewed the facility's resident roster. The roster indicated 5 residents had resided at the facility greater than 1 year. Surveyor requested documentation from Administrator H to indicate residents and legal representatives had been provided the opportunity to complete an evaluation of their level of satisfaction with the facility's services. On 06/18/2024 at approximately 12:30 p.m., Administrator H stated s/he was unable to locate documentation of satisfaction evaluations. Administrator H stated Former Director K went on family medical leave mid-April and s/he was unable to locate the binder satisfaction evaluations should have been in. On 06/18/2024 at approximately 1:40 p.m., Surveyor interviewed Regional Director L. Regional Director L stated s/he completed a satisfaction evaluation document and emailed the document to Former Director K to have residents and legal representatives complete but didn't have confirmation that the satisfaction evaluations were provided to residents or legal representatives.	{N 392}		
{N 491}	83.44(2)(c) Interior floors, walls and ceilings.	{N 491}		

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{N 491}	Continued From page 11 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 and walls 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, G0WL15, dated 09/11/2023 and G0WL16, dated 02/23/2024. Findings include: On 06/18/2024 at 12:00 p.m., Surveyor toured the provider's facility. Surveyor observed the following concerns: Carpeting: - 3 areas where strips of duct tape, greater than 3 feet in length, covered ripped carpeting. - 2 areas where strips of duct tape, greater than 2 feet in length, covered ripped carpeting. - 3 areas, greater than 12 inches, where carpeting was ripped and in need of repair. Resident 6's Room: - Drywall in the bathroom and walkway at the entrance of the room was scraped off. Resident 6 stated his/her room had been in this condition since s/he moved in approximately 6 months prior. On 06/18/2024 at approximately 1:40 p.m., Surveyor interviewed Administrator H and Regional Director L. Administrator H stated flooring repairs had just begun at the affiliated	{N 491}		

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{N 491}	Continued From page 12 facility next door and should take place in the building Surveyor was in next week. Regional Director L stated maintenance would be at the building later in the week and would address concerns in Resident 6's room.	{N 491}		
Y3235	50.09(1)(f) Privacy (1) RESIDENTS' RIGHTS. Every resident in a nursing home or community based residential facility shall, except as provided in sub. (5), have the right to: (f) Physical and emotional privacy in treatment, living arrangements and in caring for personal needs, including, but not limited to: This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure residents were provided the right to privacy. The facility was equipped with cameras in the interior and on the exterior of the facility. Findings include: On 06/18/2024 at approximately 12:00 p.m., Surveyor toured the provider's facility. Surveyor observed a camera in the back hall/common	Y3235		

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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
Y3235	Continued From page 13 area, dining room and activity room. On 06/18/2024 at approximately 12:15 p.m., Surveyor entered Administrator H's office. Surveyor observed a monitor (Photo 1) that showed surveillance of the following areas: - Southeast Sitting Area (Photo 2) - Dining room/living room (Photo 3) - Kitchen - Sunroom/Activity Area - East Hallway (with resident rooms on both sides) - Patio area with a table for residents to gather at - Northeast Exterior Door - Northwest Exterior Door Surveyor observed each area was an area where residents congregated or had access. Surveyor asked Administrator H what the purpose was for the cameras. Administrator H stated s/he wasn't sure and that s/he wasn't aware the cameras were being installed until the day technicians were there to install them approximately 1.5 weeks ago. On 06/18/2024 at approximately 1:40 P.M., Surveyor interviewed Regional Director L. Regional Director L stated the provider had cameras in their facilities in Illinois and thought they could do the same at this facility. When asked the reasoning for the cameras, Regional Director L stated the cameras were due to staffing issues and that s/he didn't trust the staff.	Y3235		