Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0011776	A. BUILDING: _____ B. WING _____	C 09/27/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KINDREDHEARTS OF COTTAGE GROVE	505 W LAWN DRIVE 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 09/25/2023 to 09/27/2023, Surveyor conducted a complaint investigation at Kindredhearts of Cottage Grove, a CBRF in Cottage Grove. One deficiency was identified. The complaint was unsubstantiated. Census: 10	N 000		
N 162	83.12(3)(b) Documentation of investigations of injuries. Investigating injuries of unknown source. The CBRF shall maintain documentation of each investigation of an injury referenced under par. (a). The CBRF shall report the incident as required under sub. (2). This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure documentation was maintained when an investigation was completed related to bruises observed on Resident 1. Findings include: On 09/25/2023, Surveyor conducted a complaint investigation. On 09/25/2023 at approximately 9:00 a.m., Surveyor reviewed Resident 1's record. Resident 1 was admitted to the provider's facility on 04/08/2017 with diagnosis of dementia. Resident 1's record included the following: - Progress Note, dated 09/11/2023: "[Resident Director] and residents [Power of Attorney]	N 162		

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

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noticed bruise on residents wrist then upon a full body check noticed additional bruises. However we both observed the resident in a really happy mood and showed no signs of fear. Prevention Info: Increase safety checks and monitor residents interactions with staff and other residents."
- Incident Report, dated 09/11/2023: Bruises found on left upper and lower side.

On 09/25/2023at approximately 9:10 a.m., Surveyor interviewed Caregiver B. Caregiver B stated s/he observed bruises on Resident 1 while providing cares with Resident 1's family member. Caregiver B stated s/he reported the bruises to Resident Director A and an investigation was completed.

On 09/25/2023 at approximately 9:45 a.m., Surveyor interviewed Resident Director A. Resident Director A stated s/he interviewed staff related to Resident 1's bruises and was able to rule out concerns of abuse or neglect, but did not document the investigation. Resident Director A stated s/he held a meeting with Resident 1's team regarding the bruises and interventions, including a new sling, adaptation to the sit to stand lift, increased skin checks and increased hospice visits, were initiated.

Resident 1 sustained injuries of an unknown source and the provider did not maintain documentation of the investigation related to the injuries.