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 _____	R-C 06/08/2026

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 On 06/08/2026, Surveyor conducted a verification visit and complaint investigation at Kindredhearts of Cottage Grove, a CBRF in Cottage Grove. Seven deficiencies were identified. Five deficiencies were repeat deficiencies - See Statement of Deficiency (SOD) VH4Z12, dated 12/20/2022, VH4Z13, dated 07/13/2023, VH4Z14, dated 12/07/2023, VH4Z15, dated 04/29/2024, VH4Z16, dated 07/29/2024, SOD VH4Z17, dated 12/31/2024, SOD VH4Z18, dated 03/03/2025 and SOD VH4Z19, dated 06/09/2025 and SOD IXKP11, dated 02/09/2026. The complaint was substantiated. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 8	{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, interview and record review, the provider did ensure the facility complied with all laws governing the CBRF. This is a repeat deficiency. See Statement of Deficiency (SOD) VH4Z13, dated 07/13/2023, SOD VH4Z14, dated 12/07/2023, SOD VH4Z15, dated 04/29/2024, SOD VH4Z16, dated 07/29/2024, SOD VH4Z17, dated 12/31/2024 and	{N 196}		

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

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{N 196}	Continued From page 1 SOD IXKP11, dated 02/09/2026. Findings include: On 06/08/2026, Surveyor conducted a complaint investigation and verification visit. The following concerns were identified: CURRENT NON-COMPLIANCE: As a result of the survey on 06/08/2026, the complaint was substantiated, and the following concerns were identified: Environment: - The provider did not ensure food was stored in sanitary conditions. - The provider did not ensure dishes were washed using separate steps for pre-washing, washing, rinsing and sanitizing. - The provider did not ensure water temperatures did not exceed 115 degrees F. Resident Care: - The provider did not ensure schedule II medications were audited daily. - The provider did not ensure a daily activity program was provided. - The provider did not ensure medications were available for administration. On 06/08/2026 at approximately 1:30 p.m., Surveyor interviewed Administrator E regarding concerns identified. Administrator E acknowledged and made note of Surveyor's concern. Administrator E stated s/he had recently become involved at the facility again and was working on identified concerns while also training a new administrator for the facility.	{N 196}		

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{N 196}	Continued From page 2 NON-COMPLIANCE WITH SPECIAL ORDERS: On 06/08/2026 at 7:00 a.m., Surveyor reviewed department records, which indicated the department issued SOD IXKP11, dated 02/09/2026, on 03/25/2026 with special orders, which included the following: "Based on the results of the Department's investigation, and pursuant to Wis. Stat. § 50.03(5g)(b)7., EFFECTIVE UPON RECEIPT OF THIS NOTICE and ORDER, the Department of Health Services HEREBY ORDERS that Kindredhearts of Cottage Grove NOT ADMIT ANY NEW OR ADDITIONAL RESIDENTS until all violations in Statement of Deficiency IXKP11 are corrected, compliance is verified by the Department, and this Order is rescinded in writing ... Pursuant to Wis. Stat. § 50.03(5g)(b)6., the licensee shall develop and implement corrective measures to ensure all residents receive proper care and treatment, that their health and safety are protected and promoted and that their rights are respected. The licensee shall develop and implement corrective measures to resolve each deficiency identified in Statement of Deficiency (SOD) IXKP11. WITHIN 45 DAYS of receipt of this notice, the licensee will provide training to all managers and resident care staff on the corrective actions taken to resolve each deficient practice identified in SOD IXKP11. Training will be documented in personnel records and will include the date/duration of training, the signature/qualifications of the instructor, and an outline of course content." On 06/08/2026 at 8:15 a.m., Surveyor reviewed the provider's resident roster, which indicated the provider admitted the following residents after receiving special orders from the department to	{N 196}		

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{N 196}	Continued From page 3 not admit new or additional residents: - Resident 3 admitted on 04/10/2026. - Resident 4 admitted on 04/10/2026. - Resident 5 admitted on 04/16/2026. - Resident 6 admitted on 04/22/2026. - Resident 7 admitted on 03/31/2026. On 06/08/2026 at 8:15 a.m., Surveyor requested documentation of trainings that were completed related to SOD IXKP11 from Administrator E. On 06/08/2026 at approximately 9:45 a.m., Administrator E provided Surveyor with trainings that occurred prior to the issuance of SOD IXKP11. Surveyor requested documentation of trainings completed related to concerns identified in SOD IXKP11. On 06/08/2026 at 11:18 a.m., Administrator E followed up with Surveyor and stated s/he was unable to locate documentation of trainings related to concerns identified in SOD IXKP11. Administrator E explained that there was a different administrator present at that time and Administrator E was still trying to clean things up. On 06/08/2026 at approximately 4:00 p.m., Surveyor checked the department's records for the facility to determine if admissions completed after the issuance of SOD IXKP11 on 03/25/2026 were approved by the department. Facility records did not indicate the department had approved admissions that occurred after the issuance of SOD IXKP11's order not to admit new or additional residents. PAST NON-COMPLIANCE: On 06/08/2026 at approximately 4:00 p.m.,	{N 196}		

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{N 196}	Continued From page 4 Surveyor reviewed the provider's compliance history during the past 6 years with the department. Department records indicated the department has conducted 20 visits to the facility, resulting in 118 deficiencies. Records indicated 11 complaint investigations had been completed with 9 of those complaints being substantiated. Enforcement action during the past 6 years has included the following special orders: - SOD 240211, dated 01/13/2022, included special orders to develop (or review/revise) a written procedure and staff training to address caregiver misconduct and resident rights. The SOD also ordered the provider to retroactively complete an investigation of alleged incidents of caregiver misconduct described in the deficiency. - SOD VH4Z11, dated 08/08/2022, included special orders to develop (or review/revise) written procedures and provide staff training to address how the provider will monitor and document changes in resident health, notify physicians, legal representatives and case managers when residents experience a change in condition, accident, injury or medical emergency, obtain timely medical care, review and revise individualized service plans annually or when there was a change in residents' needs, abilities or physical and mental condition and provide or arrange prompt and adequate services to address resident health care needs. The SOD also ordered the provider to provide the legal representative and case managers of 8 residents with a copy of the SOD. - SOD VH4Z13, dated 07/13/2023, included special orders to develop (or review/revise) written procedures to address how the provider will maintain compliance with criminal background requirements for all employees and contractors. The SOD also ordered the provider to have all	{N 196}		

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{N 196}	Continued From page 5	{N 196}		

personnel records of current employees updated with background checks within 10 days of receipt of the SOD.
- SOD VH4Z14, dated 12/07/2023, included special orders to develop and implement corrective measures to ensure all residents received proper care and treatment, that their health and safety were protected and promoted and that their rights were respected. The SOD also ordered the provider to obtain and submit evidence of an inspection of the facility's sprinkler system within 45 days.
- SOD VH4Z15, dated 04/29/2024, included special orders not to admit new or additional residents and to submit a biennial report form and payment for license continuation fee or intent to close within 10 days of receipt of the SOD.
- SOD VH4Z16, dated 07/29/2024, included special orders not to admit new or additional residents, to ensure the provision of services to meet residents' physical and mental health needs immediately, to correct deficiencies identified in the SOD in consultation with a RN within 45 days, to provide training with all staff on corrective actions taken to resolve each deficiency identified in the SOD within 45 days, and to provide notice of the SOD to legal representatives and case managers of each resident within 7 days of receipt of the SOD.
- SOD MVOW11, dated 09/18/2024, included special orders to develop (or review/revise) procedures and provide staff training to address fall management.
- SOD VH4Z17, dated 12/31/2024, included special orders not to admit new or additional residents (extended), develop and implement corrective measures to ensure all residents receive proper care and treatment, that their health and safety are protected and prompted and that their rights are respected. The SOD

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{N 196}	Continued From page 6 included an order to submit documentation acceptable to the department to verify compliance with DHS 83.48(8)(b), regarding the sprinkler system. The SOD also included an order to provide the legal representative and case manager for each resident with a copy of the SOD within 7 days of receipt of the SOD. - SOD VH4Z19, dated 06/09/2025, included special orders to provide the legal representative and case manager for 2 residents with a copy of the SOD within 7 days of receipt of the SOD. - SOD IXKP11, dated 02/09/2026, included special orders not to admit new or additional residents (extended), develop and implement corrective measures to ensure all residents receive proper care and treatment, that their health and safety are protected and prompted and that their rights are respected. The SOD included an order to ensure all staff were provided training regarding corrective measures within 45 days. The SOD also included a "Warning of Noncompliance" letter from the department due to a high number of substantiated complaints, repeat citations of noncompliance and noncompliance resulting in resident outcome.	{N 196}		
N 409	83.37(1)(j) Proof-of-use record. Proof-of-use record. The CBRF shall maintain a proof-of-use record for schedule II drugs, subject to 21 USC 812 (c), and Wisconsin ' s uniform controlled substances act, ch. 961, Stats, that contains the date and time administered, the resident ' s name, the practitioner ' s name, dose, signature of the person administering the dose, and the remaining balance of the drug. The administrator or designee shall audit, sign and date the proof-of-use records on a daily basis.	N 409		

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N 409	Continued From page 7	N 409		

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not ensure schedule II medications were audited daily.

The provider's proof-of-use counts identified discrepancies that were not audited daily.

This is a repeat deficiency. See Statement of Deficiency (SOD) VH4Z16, dated 07/29/2024.

Findings include:

On 06/08/2026, Surveyor conducted a complaint investigation alleging concerns with the provider's schedule II medication audits.

On 06/08/2026 at 8:38 a.m., Surveyor interviewed Caregiver G regarding the provider's schedule II audits. Caregiver G showed Surveyor a binder where caregivers logged the administration and count of medications after each administration. Caregiver G stated caregivers then documented accuracy of the binder in the provider's electronic charting program when changing staff.

On 06/08/2026 at approximately 12:30 p.m., Surveyor reviewed documentation from Administrator E indicating schedule II medication audits occurred daily. Surveyor and Administrator E then reviewed the schedule II counts together on Administrator E's computer. The audits listed "Incorrect Counts" for Resident 6's Oxycodone Hcl 5 mg PRN from 05/25/2026 1st shift to 05/27/2026 1st shift. Notations stated the Oxycodone available was 0 but count in system was 1. The electronic charting program indicated

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N 409	Continued From page 8 the count was changed to 0 and a new supply added on 05/27/2026. Surveyor discussed concern that discrepancies in counts were noted on 05/25/2026, but not corrected until 05/27/2026 with no notation stating why the count was off. Administrator E agreed with Surveyor's concern and stated s/he typically put notes in explaining the discrepancy and s/he wasn't sure why there wasn't one of this occurrence.	N 409		
N 427	83.38(1)(c) Leisure time activities. 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: Leisure time activities. The CBRF shall provide a daily activity program to meet the interests and capabilities of the residents. Employees shall encourage and promote resident participation in the activity program. The CBRF shall develop and post the activity schedule in an area available to residents. This Rule is not met as evidenced by: Based on observation, interview and record review, the provider did not ensure a daily activity program was provided to meet the needs and interests of residents. The provider did not follow a daily activity program. This is a repeat deficiency. See Statement of	N 427		

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N 427	Continued From page 9	N 427		

Deficiency (SOD) VH4Z16, dated 07/29/2024.

Findings include:

The provider is licensed to serve up to 20 residents with primary diagnoses including advanced age and irreversible dementia/Alzheimer's.

On 06/08/2026, Surveyor conducted a complaint investigation alleging residents were left to sit all day with no activities.

On 06/08/2026 at approximately 8:30 a.m., Surveyor reviewed an activity calendar posted on a bulletin board that listed the following activities for the day: "9:00 a.m. Exercise, 2:00 p.m. Manicure Monday, 6:00 p.m. Games with staff."

On 06/08/2026 at 11:37 a.m., Surveyor interviewed Resident 6. Resident 6 stated activities did not occur at the facility and s/he wished they did. Resident 6 stated the facility was allegedly getting activity staff, but in the interim, s/he tried to keep busy with puzzles or craft projects.

On 06/08/2026 at 12:37 p.m., Resident 4 asked Caregiver F if there would be anything going on in the afternoon. Caregiver F replied, "Yup," but stated s/he wasn't sure what and that s/he would need to check the calendar. Caregiver F then checked the calendar and stated, "Actually [the activity] starts at 2. PM shift will do it."

From 7:55 a.m. to 1:30 p.m., Surveyor did not observe the provider's staff provide an activity program.

On 06/08/2026 at 1:30 p.m., Surveyor interviewed

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N 427	Continued From page 10 Administrator E regarding the provider's activity schedule. Administrator E stated s/he had educated caregivers often that they needed to offer activities for the residents. Following Surveyor's interview with Administrator E, Surveyor observed Administrator E instruct staff to obtain manicure supplies from the affiliated facility next door.	N 427		
N 432	83.38(1)(h) Medication administration. 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: Medication administration. The CBRF shall provide medication administration appropriate to the resident ' s needs. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure medication administration services were provided to meet the needs of 3 of 5 residents reviewed. Resident 6 did not always have his/her Oxycodone PRN available to him/her. Resident 2 did not always have his/her Fluticasone nasal spray and Diclofenac Sodium gel available to receive as ordered. Resident 3 did not always have his/her Myrbetriq Er 50 mg available to receive as ordered.	N 432		

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N 432	Continued From page 11 This is a repeat deficiency. See Statement of Deficiency (SOD) VH4Z18, dated 03/03/2025 and SOD VH4Z19, dated 06/09/2025. Findings include: On 06/08/2026, Surveyor conducted a complaint investigation alleging medication administration concerns. On 06/08/2026 at approximately 10:00 a.m., Surveyor reviewed resident records and identified the following concerns: RESIDENT 6 Resident 6 admitted to the facility on 04/22/2026. Resident 6's physician orders included Oxycodone Hcl 5 mg every 6 hours as needed. Resident 6's medication administration record (MAR), dated 05/09/2026 to 06/08/2026, documented 1 to 3 administrations of Oxycodone PRN daily except on 05/25/2026, 05/26/2026 and 06/06/2026 when 0 Oxycodone PRN were administered. Resident 6's progress notes documented the following: - 05/24/2026: Requested refill for Oxycodone. S/he is out. Called physician to let them know s/he is taking the medication 2-3 times a day and requesting the medication be scheduled. - 05/26/2026: Called pharmacy regarding refill on Oxycodone PRN. They are waiting for a new prescription. On 06/08/2026 at 11:37 a.m., Surveyor interviewed Resident 6 regarding his/her pain management at the facility. Resident 6 stated medication management was going fine now, but	N 432		

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that s/he was without pain medication for a few days. Resident 6 stated s/he has a history of neck, back, knee and ankle pain so going without his/her Oxycodone PRN for a few days was not fun.

RESIDENT 2

Resident 2 was admitted to the facility on 01/18/2016. Resident 2's MAR, dated 05/09/2026 to 06/08/2026, documented the following occurrences of medications being unavailable:

- Fluticasone nasal spray (Ordered 1 time daily for allergies): Unavailable 05/11/2026 through 05/15/2026, 05/17/2026 through 05/18/2026 and 06/01/2026 through 06/05/2026. Notations documented the provider was waiting on delivery from pharmacy.
- Diclofenac Sodium gel(Ordered 4 times daily for pain): Unavailable 06/01/2026 at 8:00 a.m. through 06/03/2026 at 12:00 p.m.

Resident 2's progress notes documented communication with pharmacy to initiate refills of the Fluticasone nasal spray on 05/13/2026 and 06/01/2026. The progress notes documented communication with pharmacy to initiate refills of the Diclofenac Sodium gel on 06/01/2026.

RESIDENT 3

Resident 3 admitted to the facility on 04/10/2026. Resident 3's physician orders included Myrbetriq Er 50 mg (Start Date: 04/27/2026) 1 time daily for overactive bladder. Resident 3's MAR, dated 05/09/2026 to 06/08/2026, documented the medication as unavailable 05/10/2026 through 05/15/2026. Resident 3's progress notes documented communication with pharmacy

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(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 432	Continued From page 13 regarding insurance coverage concerns for Myrbetriq ER on 05/11/2026. *MAR prior to 05/09/2026 indicated the medication was unavailable 05/01/2026 through 05/08/2026. On 06/08/2026 at approximately 1:30 p.m., Surveyor interviewed Administrator E regarding medication availability concerns. Administrator E acknowledged residents had gone without prescribed medications at times. Administrator E stated some of Resident 2's missed medications were due to Resident 2's basket of medications being misplaced and some were due to waiting on a new prescription. Administrator E stated Resident 3's medications were difficult to obtain due to insurance coverage. Administrator E stated for several of the occurrences s/he wasn't given enough notice from caregivers that residents were out of medications to reorder and obtain the medications prior to the resident going without the medication.	N 432		
N 447	83.41(1)(c) Dishwashing Dishwashing. 1. Whether washed by hand or mechanical means, all equipment and utensils shall be cleaned using separate steps for pre-washing, washing, rinsing and sanitizing. Residential dishwashers may be used in kitchens serving 20 or fewer residents. Kitchens serving 21 or more residents shall have a commercial type dishwasher for washing and sanitizing equipment and utensils in accordance with standard practices described in the Wisconsin food code. 2. A 3-compartment sink for washing, rinsing and sanitizing utensils, with drain boards at each end is required for all large facilities with a central kitchen. Washing, rinsing	N 447		

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	0011776	A. BUILDING: _____ B. WING _____	R-C 06/08/2026

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N 447	Continued From page 14 and sanitizing procedures shall be in accordance with standard practices described in the Wisconsin food code. In addition, a single compartment sink or overhead spray wash located adjacent to the soiled drain board is required for pre-washing. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure dishes were cleaned using separate steps for pre-washing, washing, rinsing and sanitizing. The provider washed dishes by hand with soap and water. Findings include: On 06/08/2026 at approximately 8:00 a.m., Surveyor observed the provider's kitchen. Surveyor observed the provider's dishwasher was dry and had hardened soap in the soap dispenser. Surveyor observed dishes in the sink. Surveyor asked Caregiver F how staff washed dishes. Caregiver F stated staff used a mixing bowl, sponge and dish soap. Caregiver F explained that the dishwasher did not work and the sink did not drain, so staff used a mixing bowl and emptied it into the side of the sink intended for draining (which they could not plug to fill with water). As Surveyor interviewed Caregiver F, Administrator E overheard Caregiver F's responses and stated, "This is the first I'm hearing this." Administrator E contacted maintenance to fix the sink and instructed Caregiver F to have the staff at the affiliated facility next door wash dishes until repairs were made.	N 447		

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N 452	Continued From page 15	N 452		
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 in sanitary conditions. Food was not marked with a date of opening, crumbs were found throughout food storage and pests were observed in the refrigerator. This is a repeat deficiency. See Statement of Deficiency (SOD) VH4Z12, dated 12/20/2022, VH4Z13, dated 07/13/2023, VH4Z14, dated 12/07/2023, VH4Z15, dated 04/29/2024, VH4Z16, dated 07/29/2024 and VH4Z17, dated 12/31/2024.	N 452		

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N 452	Continued From page 16 Findings include: On 06/08/2026 at approximately 8:00 a.m., Surveyor toured the provider's kitchen and observed the following concerns: - There were dead pests on the shelves in the provider's refrigerator. - There was a plastic container of pasta that was not dated in the provider's refrigerator. - There was an open container of ham deli meat that was not dated in the provider's refrigerator. - Cabinets and drawers, containing cookware, had food crumbs throughout the surfaces. On 06/08/2026 at approximately 8:10 a.m., Surveyor asked Administrator E if s/he was aware of the condition of the kitchen. Administrator E looked in the refrigerator, viewed dead pests on the shelves and asked Caregiver E to wipe out the refrigerator. "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 617	83.55(6)(b) Bath and toilet areas: water temperature The CBRF shall set the temperature of all water heaters connected to sinks, showers and tubs used by residents at a temperature of at least 140°F. The temperature of water at fixtures used	N 617		

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N 617	Continued From page 17 by residents shall be automatically regulated by valves and may not exceed 115°F, except for CBRFs serving residents recovering from alcohol or drug dependency or clients of a government correctional agency. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure water fixtures used by residents did not exceed 115 degrees F. The water temperature reached 132 degrees F. Findings include: The provider is licensed to serve up to 20 residents with primary diagnoses including advanced age and irreversible dementia/Alzheimer's. On 06/08/2026 at approximately 9:00 a.m., Surveyor tested the water temperature in the provider's kitchen, which reached 132 degrees F and the provider's bathroom nearest Room 7, which reached a temperature of 131 degrees F. Exposure to hot water is a potential environmental danger for clients. Elderly clients and clients with mental and physical disabilities may have neurological conditions that prevent instant recoil from hot water. Because these individuals do not instantly react to dangerous temperature levels, they are at particular risk for injury. Hot water can cause scalding, e.g., second and third degree burns in which the skin blisters and swells. In such instances, skin does not return to normal and forms scar tissue upon healing. These burns may lead to permanent disability. (DQA publication P-01942, Hot Water Temperatures in Adult Family Homes, 08/2017).	N 617		

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N 617	Continued From page 18 On 06/08/2026 approximately 12:30 p.m., Surveyor interviewed Administrator E. Surveyor reviewed concern with Administrator E that 2 of 2 water temperatures taken exceeded 115 degrees F. Administrator E made a note to follow up and stated the facility's water heater was changed a few months ago.	N 617		