STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0011573	A. BUILDING: _____ B. WING _____	R-C 04/10/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HEARTSONG ASSISTED LIVING	415 EAST AVENUE BELLEVILLE, WI 53508

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{N 000}	Initial Comments From 04/09/2024 to 04/10/2024, Surveyor conducted 2 verification visits and a standard survey at Heartsong Assisted Living, a CBRF in Belleville. Twelve deficiencies were identified. Three deficiencies were repeat deficiencies - See Statement of Deficiency (SOD) 4K7E11, dated 12/08/2020. Statement of Deficiency (SOD) MS6211, dated 01/08/2024 and 0EGL12, dated 10/11/2023, were corrected. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 13	{N 000}		
N 220	83.17(2)(a) Employees screened for communicable disease. The CBRF shall obtain documentation from a physician, physician assistant, clinical nurse practitioner or a licensed registered nurse indicating all employees have been screened for clinically apparent communicable disease including tuberculosis. Screening for tuberculosis shall be conducted using centers for disease control and prevention standards. The screening and documentation shall be completed within 90 days before the start of employment. The CBRF shall keep screening documentation confidential, except the department shall have access to the screening documentation for verification purposes. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 2 employees	N 220		

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

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N 220	Continued From page 1 reviewed had documentation completed within 90 days before the start of their employment indicating they were free of clinically apparent communicable disease, including tuberculosis. Caregiver D and Caregiver E did not have documentation of a tuberculosis test completed within 90 days before the start of employment. Findings include: On 04/09/2024 at approximately 10:30 a.m., Surveyor reviewed employee records provided by Lead Caregiver A. Records indicated the following: - Caregiver E was hired on 07/02/2023. Caregiver E's record did not include a tuberculosis test. - Caregiver D was hired on 04/10/2023. Caregiver D's record did not include a tuberculosis test. On 04/09/2024 at approximately 12:00 p.m., Director C followed up with Surveyor and stated s/he had just scheduled both Caregiver E and Caregiver D to have tuberculosis tests completed on 04/16/2024.	N 220		
N 239	83.20(2)(a)-(d) Department-approved training courses. Standard Precautions. All employees who may be occupationally exposed to blood, body fluids or other moist body substances, including mucous membranes, non-intact skin, secretions, and excretions except sweat, whether or not they contain visible blood shall successfully complete training in standard precautions before the employee assumes any responsibilities that may expose the employee to such material. Fire safety. Within 90 days after starting	N 239		

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N 239	Continued From page 2 employment, all employees shall successfully complete training in fire safety. First aid and choking. Within 90 days after starting employment, all employees shall successfully complete training in first aid and procedures to alleviate choking. Medication administration and management. Any employee who manages, administers or assists residents with prescribed or over-the-counter medications shall complete training in medication administration and management prior to assuming these job duties. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 2 employees reviewed obtained all department approved training as required. Caregiver D and Caregiver E did not have training in fire safety within 90 days after starting employment. Findings include: 0n 04/09/2024 at approximately 10:30 a.m., Surveyor conducted a review of 2 employees to verify compliance with department approved training requirements. Surveyor requested training records from Lead Caregiver A for Caregiver D and Caregiver E. The records for Caregiver E, hired 07/02/2023, and Caregiver D, hired 03/28/2023, did not contain evidence of training or evidence of meeting an exemption for fire safety. Surveyor requested documentation of the completion of fire safety training or	N 239		

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N 239	Continued From page 3 documentation of meeting an exemption from Lead Caregiver A. Lead Caregiver A stated s/he would follow up with Director C. On 04/10/2024 at approximately 12:00 p.m., Director C followed up with Surveyor and stated s/he had Caregiver E and Caregiver D scheduled to complete fire safety training on 04/12/2024. On 04/10/2024 at approximately 12:15 p.m., Surveyor verified Caregiver E and Caregiver D were not on the Community-Based Care and Treatment training registry for fire safety.	N 239		
N 243	83.21(1)-(3) All employee training. The CBRF shall provide, obtain or otherwise ensure adequate training for all employees in all of the following: Resident rights. Training shall include general rights of residents including rights as specified under s. DHS 83.32(3). Training shall be provided as applicable under ss. 50.09 and 51.61 and chs. 54, 55, and 304, Stats., and ch. DHS 94, depending on the legal status of the resident or service the resident is receiving. Specific training topics shall include house rules, coercion, retaliation, confidentiality, restraints, self-determination, and the CBRF ' s complaint and grievance procedures. Residents ' rights training shall be completed within 90 days after starting employment. Client Group. Training shall be specific to the client group served and shall include the physical, social and mental health needs of the client group. Specific training topics shall include, as applicable: characteristics of the client group served, activities, safety risks, environmental considerations, disease processes,	N 243		

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N 243	Continued From page 4 communication skills, nutritional needs, and vocational abilities. Client group specific training shall be completed within 90 days after starting employment. Client Group. In a CBRF serving more than one client group, employees shall receive training for each client group. Recognizing, preventing, managing, and responding to challenging behaviors. Specific training topics shall include, as applicable: elopement, aggressive behaviors, destruction of property, suicide prevention, self-injurious behavior, resident supervision, and changes in condition. Challenging behaviors training shall be completed within 90 days after starting employment. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 2 employees reviewed, obtained all training as required within 90 days after starting employment. Caregiver E did not have training in recognizing, preventing, managing and responding to challenging behaviors and training in required client groups within 90 days after starting employment. Findings include: On 04/09/2024, Surveyor conducted a review of 2 employees to verify compliance with all employee training requirements. Surveyor requested training records from Lead Caregiver A for Caregiver E and Caregiver D.	N 243		

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N 243	Continued From page 5 The facility was licensed to provide care and services to residents within the client groups of advanced age, physically disabled, developmentally disabled and irreversible dementia/Alzheimer's. The record for Caregiver E, hired 07/02/2023, indicated s/he received training in recognizing, preventing, managing and responding to challenging behaviors and client groups on 10/30/2023, greater than 90 days after Caregiver E's start of employment. On 04/10/2024 at approximately 10:00 a.m., Director C followed up with Surveyor and acknowledged Caregiver E's training for challenging behaviors and required client groups was completed greater than 90 days after his/her start of employment. Director C stated the nurse, who completed the trainings, broke up Caregiver E's trainings and went on vacation between sessions.	N 243		
N 284	83.26(2) Orientation, continuing education documented Employee orientation and hours of continuing education shall be documented in the employee ' s file. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 1 caregivers reviewed for continuing education had his/her continuing education documented in his/her employee file. Caregiver F's employee file did not include his/her	N 284		

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N 284	Continued From page 6 continuing education. Findings include: On 04/09/2024 at approximately 10:30 a.m., Surveyor reviewed Caregiver F's employee file, provided by Lead Caregiver A. Caregiver F's record documented s/he was hired on 08/20/2022. The record included documentation of 2 hours of continuing education on 08/22/2023 regarding challenging behaviors. The record did not include any additional continuing education. On 04/09/2024 at approximately 11:00 a.m., Surveyor interviewed Lead Caregiver A and asked if the provider did routine continuing education. Lead Caregiver A stated continuing education was completed at monthly meetings and s/he would have Director C follow up with Surveyor. On 04/10/2024 at approximately 12:00 p.m., Director C followed up with Surveyor and stated Caregiver F was in school, so Director C would review what was discussed at meetings with Caregiver F. Director C did not provide documentation of the trainings. On 04/10/2024 at approximately 2:55 p.m., Director C followed up with Surveyor and stated s/he would go back and document Caregiver F's continuing education.	N 284		
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	N 302		

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N 302	Continued From page 7 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 3 residents reviewed were screened for clinically apparent communicable disease, including tuberculosis, within 90 days before or 7 days after admission. Resident 4 did not have a tuberculosis test completed within 90 days before or 7 days after admission. Findings include: On 04/09/2024 at approximately 9:30 a.m., Surveyor reviewed Resident 4's record. Resident 4 was admitted to the provider's facility on 11/13/2023. Resident 4's record did not include a tuberculosis test. Surveyor requested documentation of a tuberculosis test for Resident 4 from Lead Caregiver A. Lead Caregiver A stated Director C would follow up with Surveyor. On 04/10/2024 at approximately 12:00 p.m., Director C followed up with Surveyor and stated s/he was unable to locate a tuberculosis test for	N 302		

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N 302	Continued From page 8 Resident 4 but that s/he had scheduled a test to be completed on 04/17/2024.	N 302		
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 2 of 2 residents reviewed were evaluated within 3 days of admission to determine their ability to evacuate the CBRF, using the department's form. Resident 2 and Resident 4's evacuation assessments were completed greater than 3 days after admission. This is a repeat deficiency. See Statement of Deficiency (SOD) 4K7E11, dated 12/08/2020. Findings include: On 04/10/2024 at approximately 1:00 p.m., Surveyor reviewed resident evacuation assessments provided by Director C and identified the following concerns: - Resident 2 was admitted to the provider's facility on 10/04/2023. Resident 2's evacuation assessment was dated 10/20/2023, 16 days after his/her admission. - Resident 4 was admitted to the provider's facility on 11/13/2023, Resident 4's evacuation assessment was dated 11/20/2023, 7 days after	N 394		

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N 394	Continued From page 9 his/her admission. On 04/10/2024 at approximately 2:55 p.m., Surveyor reviewed concern with Director C that Resident 2 and Resident 4's evacuation assessments were completed greater than 3 days after admission. Director C explained that s/he was new to his/her role in January 2024.	N 394		
N 408	83.37(1)(i) PRN psychotropic medication. As needed (PRN) psychotropic medication. When a psychotropic medication is prescribed on an as needed basis for a resident, the CBRF shall do all of the following: 1. The resident ' s individual service plan shall include the rationale for use and a detailed description of the behaviors which indicate the need for administration of PRN psychotropic medication. 2. The administrator or qualified designee shall monitor at least monthly for the inappropriate use of PRN psychotropic medication, including but not limited to, use contrary to the individual service plan, presence of significant adverse side effects, use for discipline or staff convenience, or contrary to the intended use. 3. Documentation in the resident ' s record shall include the rationale for use, description of behaviors requiring the PRN psychotropic medication, the effectiveness of the medication, the presence of any side effects, and monitoring for inappropriate use for each PRN psychotropic medication given. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 2 residents reviewed that were prescribed a PRN psychotropic medication had an individual service plan (ISP)	N 408		

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N 408	Continued From page 10	N 408		

that included the rational for use and detailed description of behaviors that indicated the use of the PRN psychotropic medication and had the use of the PRN psychotropic monitored at least monthly by an administrator or qualified designee.

Resident 2 and Resident 4's PRN psychotropic was not included in their ISPs.

Resident 2 and Resident 4's PRN psychotropic use was not monitored monthly.

Findings include:

On 04/09/2024 at approximately 9:30 a.m., Surveyor reviewed resident records and identified the following:

- Resident 2 was admitted to the provider's facility on 10/04/2024. Resident 2's physician orders included Quetiapine 100 mg (Start Date: 10/19/2023) - Take 1 ½ tablet 2 times daily as needed for agitation. Resident 2's ISP, not dated, did not include the use of Quetiapine PRN. Resident 2's record included 1 psychotropic review, dated 02/19/2024.
- Resident 4 was admitted to the provider's facility on 11/13/2023. Resident 4's physician orders included Quetiapine 25 mg (Start Date: 12/12/2023) - Take 1 ½ tablet daily as needed for anxiety. Resident 4's ISP, dated 11/21/2023, was not updated to include the use of Quetiapine PRN. Resident 4's record included 1 psychotropic review, dated 02/19/2024.

On 04/10/2024 at approximately 2:55 p.m., Surveyor reviewed concern with Director C that PRN psychotropic use was not included in resident ISPs. Director C confirmed PRN psychotropics were not mentioned in the ISPs.

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N 408	Continued From page 11 Surveyor reviewed concern the use of Resident 2 and Resident 4's PRN psychotropic medication had been reviewed 1 time since their admissions, rather than monthly. Director C was unaware that PRN psychotropic medications should be monitored monthly.	N 408		
N 415	83.37(2)(d) Documentation of medication administration. Documentation of medication administration. As required under s. DHS 83.42(1)(o), at the time of medication administration, the person administering the medication or treatment shall document in the resident record the name, dosage, date and time of medication taken or treatments performed and initial the medication administration record. Any side effects observed by the employee or symptoms reported by the resident shall be documented. The need for any PRN medication and the resident ' s response shall be documented. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure the dosage of medication taken was documented in the resident record for 1 of 3 residents reviewed. The provider did not document the number of units of Novolog insulin Resident 2 received. Findings include: On 04/09/2024 at approximately 9:30 a.m., Surveyor reviewed Resident 2's record. Resident 2 was admitted to the provider's facility on 10/04/2023 with diagnosis of diabetes. Resident	N 415		

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N 415	Continued From page 12 2s physician orders included an order for Novolog 100 unit/ml (Start Date: 09/06/2023) - Inject 6 units at lunch plus sliding scale based on the following blood sugar (BS): <151=0, 151-200=3 units, 201-250=4 units, 251-300=5 units, 301-350=8 units, 351-400=10 units and >400=Call physician. Surveyor reviewed Resident 2's Medication Administration Record, dated 03/01/2024 to 03/31/2024, which indicated Resident 2 would have required sliding scale insulin on the following dates: 03/03/2024: BS 222, 03/04/2024: BS 176, 03/05/2024: BS 202, 03/06/2024: BS 254, 03/07/2024: BS 198, 03/08/2024: BS 268, 03/09/2024: BS 255, 3/10/2024: BS 298, 03/11/2024: BS 244, 03/12/2024: BS 306, 03/13/2024: BS 172, 03/14/2024: BS 215, 03/15/2024: BS 248, 03/16/2024: BS 219, 03/18/2024: BS 174, 03/19/2024: BS 214, 03/21/2024: BS 183, 03/22/2024: BS 151, 03/24/2024: BS 159, 03/25/2024: BS 157, 03/26/2024: BS 189, 03/27/2024: BS 199, 03/28/2024: BS 201, 03/29/2024: BS 190, 03/30/2024: BS 216 and 03/31/2024: BS 205. On 04/09/2024 at approximately 9:45 a.m., Surveyor interviewed Lead Caregiver A. Surveyor requested documentation of Resident 2's insulin administration. Lead Caregiver A stated s/he did not have further documentation to provide. Lead Caregiver A explained that the online medication charting did not prompt the med passer to document the number of insulin units administered, so only the blood sugar was documented. On 04/10/2024 at approximately 12:00 p.m., Director C followed up with Suveyor and stated s/he would begin having med passers document insulin administration on paper.	N 415		

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N 416	83.37(2)(e) Other administration given or delegated by RN Other administration. Injectables, nebulizers, stomal and enteral medications, and medications, treatments or preparations delivered vaginally or rectally shall be administered by a registered nurse or by a licensed practical nurse within the scope of their license. Medication administration described under sub. (2)(e) may be delegated to non-licensed employees pursuant to s. N 6.03(3). This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 2 caregivers, who administered injectables, was deleted by a registered nurse or licensed practical nurse within the scope of their license to do so. Caregiver D administered Novolog insulin without delegation. Findings include: On 04/09/2024 at approximately 10:30 a.m., Surveyor reviewed Caregiver D's employee file, provided by Lead Caregiver A. Caregiver D's record documented s/he was hired on 04/10/2023. The record did not include delegation to administer injectables. On 04/09/2024 at approximately 9:30 a.m., Surveyor reviewed Resident 2's record. Resident 2 was admitted to the provider's facility on 10/04/2024 with diagnosis of diabetes. Resident 2's physician orders included Novolog insulin. Resident 2's Medication Administration Record (MAR), dated 03/01/2024 to 03/31/2024, indicated Caregiver D administered Resident 2 insulin 6 times.	N 416		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0011573	A. BUILDING: _____ B. WING _____	R-C 04/10/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HEARTSONG ASSISTED LIVING	415 EAST AVENUE BELLEVILLE, WI 53508

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N 416	Continued From page 14 On 04/09/2024 at approximately 11:00 a.m., Surveyor interviewed Lead Caregiver A and asked if Caregiver D was delegated by a nurse to administer injectables. Lead Caregiver A stated s/he would have Director C follow up with Surveyor. On 04/10/2024 at approximately 12:00 p.m., Director C followed up with Surveyor and stated Caregiver D did not have nurse delegation for injectables, but s/he would follow up on completing the delegation.	N 416		
N 525	83.47(2)(d) Fire drills. Fire drills. 1. Fire evacuation drills shall be conducted at least quarterly with both employees and residents. Drills shall be limited to the employees scheduled to work at that time. Documentation shall include the date and time of the drill and the CBRF ' s total evacuation time. The CBRF shall record residents having an evacuation time greater than the time allowed under s. HFS 83.35(5) and the type of assistance needed for evacuation. Fire evacuation drills may be announced in advance. 2. At least one fire evacuation drill shall be held annually that simulates the conditions during usual sleeping hours. Fire evacuation drills may be announced in advance. Drills shall be limited to the employees scheduled to work during the residents ' normal sleeping hours. This Rule is not met as evidenced by: Based on record review and interview, the	N 525		

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N 525	Continued From page 15 provider did not ensure fire drills were completed quarterly with both employees and residents in 2022 and 2023. The provider completed 3 fire drills in 2023 and 2 fire drills in 2022. This is a repeat deficiency. See Statement of Deficiency (SOD) 4K7E11, dated 12/08/2020. Findings include: From 04/09/2024 to 04/10 2024, Surveyor reviewed environmental records provided by Lead Caregiver A and Director C. Records indicated 3 fire drills took place in 2023 (04/10/2023, 05/24/2023 and 10/01/2023) and 2 fire drills took place in 2022 (04/25/2022 and 09/20/2022). On 04/10/2024 at approximately 2:55 p.m., Surveyor followed up with Director C. Director C stated s/he was new to the role effective January 2024 and was unable to locate some past documentation.	N 525		
N 526	83.47(2)(e) Other evacuation drills. Other evacuation drills. Tornado, flooding, or other emergency or disaster evacuation drills shall be conducted at least semi-annually. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure other evacuation drills were completed at least semi-annually. The provider conducted 1 other evacuation drill in 2023.	N 526		

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	0011573	A. BUILDING: _____ B. WING _____	R-C 04/10/2024

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N 526	Continued From page 16 This is a repeat deficiency. See Statement of Deficiency (SOD) 4K7E11, dated 12/08/2020. Findings include: From 04/09/2024 to 04/10 2024, Surveyor reviewed environmental records provided by Lead Caregiver A and Director C. Records indicated 2 tornado drills were completed in 2022 and 1 tornado drill was completed in 2023 (04/05/2023). On 04/10/2024 at approximately 2:55 p.m., Surveyor followed up with Director C. Director C stated s/he was new to the role effective January 2024 and was unable to locate some past documentation.	N 526		
N 530	83.47(3) Fire inspection. Fire inspection. The CBRF shall arrange for an annual inspection by the local fire authority or certified fire inspector and shall retain fire inspection reports for 2 years. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure an annual inspection was completed by the local fire authority or certified fire inspector and the record was maintained for 2 years. Findings include: On 04/09/2024 at approximately 10:15 a.m., Surveyor reviewed the provider's environmental records, provided by Lead Caregiver A. Surveyor	N 530		

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N 530	Continued From page 17 reviewed a fire inspection completed by the local fire authority, dated 12/07/2022. Surveyor asked Lead Caregiver A if a fire inspection had been completed in the past year. Lead Caregiver A was unsure and stated s/he would need to have Director C follow up with Surveyor. Director C was given until 04/10/2024 at 12:00 p.m. to provide follow up documentation. On 04/10/2024 at approximately 12:00 p.m., Director C provided Surveyor with all follow up documentation of environmental records. Documentation of a fire inspection completed in the past year was not received. On 04/10/2024 at approximately 2:55 p.m., Surveyor interviewed Director C. Director C stated s/he was new to the role effective January 2024 and was unable to locate some past documentation. Director C stated s/he would have a fire inspection arranged if s/he was unable to confirm a fire inspection had occurred in the past year.	N 530		