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 08/13/2024

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

(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 08/12/2024 to 08/13/2024, Surveyor conducted a verification visit at Heartsong Assisted Living, a CBRF in Belleville. Five deficiencies were identified. Five deficiencies were repeat deficiencies - See Statement of Deficiency (SOD) MS6212, dated 04/10/2024. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 12	{N 000}		
{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 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.	{N 239}		

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

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{N 239}	Continued From page 1 This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 3 employees reviewed obtained all department approved training as required. Caregiver F did not have training in first aid and choking. This is a repeat deficiency. See Statement of Deficiency (SOD) MS6212, dated 04/10/2024. Findings include: On 08/12/2024 at approximately 10:30 a.m., Surveyor conducted a review of 3 employees to verify compliance with department approved training requirements. Surveyor reviewed employee records provided by Administrator H. The record for Caregiver F, hired 08/30/2022, did not include training or evidence of meeting an exemption for first aid and choking. On 08/12/2024 at approximately 12:00 p.m., Surveyor asked Director of Operations I if Caregiver F had completed training in first aid and choking. Director of Operations I replied, "No," and went on to explain that the provider's staff didn't think it was necessary because Caregiver F was a minor. Surveyor asked Director of Operations I what Caregiver F's job duties were, to which Director of Operations I stated job duties included dietary tasks, housekeeping tasks, bathing and bedtime cares. On 08/12/2024 at approximately 12:15 p.m.,	{N 239}		

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{N 239}	Continued From page 2 Surveyor verified Caregiver F was not on the Community-Based Care and Treatment training registry for first aid and choking. Surveyor reviewed the provider's waiver on file with the department to employ Caregiver F, dated 06/15/2023, which stated Caregiver F would receive all DHS required trainings.	{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, 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	{N 243}		

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{N 243}	Continued From page 3	{N 243}		

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 3 employees reviewed, obtained all training as required within 90 days after starting employment.

Director J did not have training in resident rights, recognizing, preventing, managing and responding to challenging behaviors and training in required client groups within 90 days after starting employment.

This is a repeat deficiency. See Statement of Deficiency (SOD) MS6212, dated 04/10/2024.

Findings include:

0n 08/12/2024 at approximately 10:30 a.m., Surveyor conducted a review of 3 employees to verify compliance with all employee training requirements. Surveyor reviewed employee records provided by Administrator H.

The facility was licensed to provide care and

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{N 243}	Continued From page 4 services to residents within the client groups of advanced age, physically disabled, developmentally disabled and irreversible dementia/Alzheimer's. The record for Director J, hired 04/20/2023, did not include training or evidence of meeting an exemption in resident rights, recognizing, preventing, managing and responding to challenging behaviors and training in required client groups. On 08/12/2024 at approximately 1:00 p.m., Surveyor interviewed Director J, who had been working as a caregiver that day. Surveyor asked Director J if s/he had received training in resident rights, recognizing, preventing, managing and responding to challenging behaviors and training in required client groups. Director J replied, "Yes," but went on to explain that his/her employee file had disappeared. Director J stated all his/her trainings were completed with RN K, so RN K would have record. Surveyor then emailed RN K for records. On 08/12/2024 at approximately 3:00 p.m., RN K provided Surveyor with a list of trainings s/he had completed with Director J. The trainings did not include resident rights, recognizing, preventing, managing and responding to challenging behaviors or training in required client groups. Surveyor did not receive documentation indicating Director J met an exemption for resident rights training, training for recognizing, preventing, managing and responding to challenging behaviors or training in required client groups.	{N 243}		
{N 408}	83.37(1)(i) PRN psychotropic medication.	{N 408}		

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{N 408}	Continued From page 5 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) 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. This is a repeat deficiency. See Statement of Deficiency (SOD) MS6212, dated 04/10/2024.	{N 408}		

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{N 408}	Continued From page 6 Findings include: On 08/12/2024 at approximately 10:30 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 most recent PRN psychotropic review was dated 05/20/2024. Resident 2's Quetiapine PRN was administered 8 times from 07/01/2024 to 08/12/2024. - 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, updated 08/07/2024, was not updated to include the use of Quetiapine PRN. Resident 4's most recent PRN psychotropic review was dated 05/20/2024. Resident 4's Quetiapine PRN was administered 4 times from 07/01/2024 to 07/31/2024. On 08/12/2024 at approximately 1:30 p.m., Surveyor interviewed Administrator H and Director J regarding PRN psychotropic medications being included in the ISP and being audited monthly. Administrator H and Director J wrote down the requirements to address. Director of Operations I explained the facility lost the previous director unexpectedly 5.5 weeks prior and Director J was new to his/her role.	{N 408}		

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{N 415}	Continued From page 7	{N 415}		
{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 1 residents reviewed. The provider did not document the number of units of Novolog insulin Resident 2 received. This is a repeat deficiency. See Statement of Deficiency (SOD) MS6212, dated 04/10/2024. Findings include: On 08/12/2024 at approximately 10:30 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 2's 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	{N 415}		

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{N 415}	Continued From page 8 units, 301-350=8 units, 351-400=10 units and >400=Call physician. Surveyor reviewed Resident 2's Medication Administration Record (MAR), dated 07/01/2024 to 08/12/2024, which indicated Resident 2 would have required sliding scale insulin on the following dates: 07/03/2024: BS 180, 07/04/2024: BS 194, 07/05/2024: BS 210, 07/06/2024: BS 163, 07/07/2024: BS 194, 07/08/2024: BS 268, 07/09/2024: BS 169, 07/10/2024: BS 205, 07/11/2024: BS 183, 07/12/2024: BS 272, 07/13/2024: BS 199, 07/15/2024: BS 282, 07/16/2024: BS 225, 07/18/2024: BS 193, 07/20/2024: BS 187, 07/21/2024: BS 163, 07/22/2024: BS 151, 07/25/2024: BS 229, 07/26/2024: BS 170, 07/27/2024: BS 207, 07/29/2024: BS 227, 08/01/2024: BS 285, 08/02/2024: BS 224, 08/03/2024 BS 298, 08/07/2024 BS 233 and 08/08/2024 BS 211. Resident 2's MAR did not document number of insulin units administered. On 08/12/2024 at approximately 12:00 p.m., Surveyor interviewed Director of Operations I. Surveyor shared observation that Resident 2's MAR did not document the amount of insulin administered. Surveyor asked if the provider would have insulin administration documented elsewhere in Resident 2's record. Director of Operations I responded, "No. I guess not." Director of Operations I stated s/he was surprised the electronic charting system didn't prompt caregivers to document the amount of insulin administered.	{N 415}		
{N 416}	83.37(2)(e) Other administration given or delegated by RN Other administration. Injectables, nebulizers, stomal and enteral medications, and medications,	{N 416}		

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{N 416}	Continued From page 9 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 3 caregivers, who administered injectables, was deleted by a registered nurse or licensed practical nurse within the scope of their license to do so. Caregiver L administered Novolog insulin without delegation. This is a repeat deficiency. See Statement of Deficiency (SOD) MS6212, dated 04/10/2024. Findings include: On 08/12/2024 at approximately 10:30 a.m., Surveyor reviewed Resident 2's Medication Administration Record (MAR), dated 07/01/2024 to 08/12/2024, which documented Caregiver L administered Resident 2's Novolog 22 times. Surveyor requested Caregiver L's RN Delegation from Director of Operations I. Director of Operations I stated RN K would have the delegation on file. Surveyor followed up with RN K. On 08/12/2024 at approximately 4:45 p.m., RN K updated Surveyor that s/he had not completed insulin training and insulin delegation with Caregiver L, who was hired on 08/28/2023.	{N 416}		