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
	0011573	A. BUILDING: _____ B. WING _____	R-C 06/11/2025

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 06/10/2025 through 06/11/2025, Surveyor conducted a verification visit at Heartsong Assisted Living, a CBRF in Belleville. Two deficiencies were identified. One deficiency was a repeat deficiency - See Statement of Deficiency (SOD) MS6214, dated 12/04/2024, SOD MS6213, dated 08/03/2024 and MS6212, dated 04/10/2024. One deficiency from SOD MS6214, dated 12/04/2024 was substantially corrected. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 13	{N 000}		
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 facility did not update the individual service plan (ISP) for	N 389		

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

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N 389	Continued From page 1 Resident 2 and Resident 4 annually or upon change of condition. Findings include On 06/10/2025, Surveyor conducted a verification visit. At approximately 10:00 a.m., Surveyor requested the records to include the most current ISP for Resident 2 and Resident 4. On 06/10/2025, at approximately 10:30 a.m., Surveyor reviewed the ISP for Resident 2 and Resident 4 and identified the following: -Resident 2 was admitted to the facility on 10/04/2023. Resident 2's ISP was dated 09/22/2023 and it was completed by the previous owner. -Resident 4 was admitted to the facility on 11/13/2023. The ISP was dated 11/13/2023 and was completed by the previous owner. On 06/10/2025 at approximately 11:20 a.m., Surveyor interviewed Manager Q regarding updated ISPs for Resident 2 and Resident 4. Manager Q stated that s/he had just taken over as manager about a month ago. Manager Q stated that the facility was in the process of redoing the ISPs since the new owner had taken over. Manager Q stated the facility only had the original ISP's. Manger Q stated that the old owners did not leave any updated ISPs that s/he had found in the resident binders. On 6/10/2025 at approximately 11:35 p.m., Surveyor shared concern the outdated ISPs for Resident 2 and Resident 4. Manager Q acknowledged that the only plan that the facility had was the original service plan for Resident 2	N 389		

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N 389	Continued From page 2 and Resident 4. Manager Q stated that the facility would be updated the ISPs as soon as possible.	N 389		
{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 1 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. Resident 2's PRN psychotropic was not included in their ISPs. This is a repeat deficiency. See Statement of	{N 408}		

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{N 408}	Continued From page 3 Deficiency (SOD) MS6214, dated 12/04/2024, SOD MS6213, dated 08/03/2024 and MS6212, dated 04/10/2024. Findings include: On 06/10/2025 at approximately 10:30 a.m., Surveyor reviewed resident records and identified the following: - Resident 2 was admitted to the provider's facility on 10/07/2023. Resident 2's physician orders included Quetiapine 50 mg (Start Date 05/10/2024) - Take 1 tablet 1 time daily as needed for anxiety/insomnia. Resident 2's ISP, dated 09/22/2023, was not updated to include the rationale of use or defined behaviors that indicated his/her use of Quetiapine PRN. On 06/10/2025 at approximately 11:20 a.m., Surveyor interviewed Manager Q regarding PRN psychotropic medications being included in the ISP. Manager Q stated that s/he was unaware of any previous statement of deficiencies. Manager Q stated that the facility was in the process of redoing the ISPs since the new owner had taken over. Manager Q stated the facility only had the original ISP's and had no updated ISPs. On 6/10/2025 at approximately 11:35 p.m., Surveyor shared concern regarding PRN psychotropic medications being included in the ISP. Manager Q wrote down the requirements to address PRN medications being included in ISP's.	{N 408}		