| 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 09/18/2024 |

| 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 |
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| N 000 | Initial Comments<br><br>From 09/16/2024 to 09/18/2024, Surveyor conducted a complaint investigation at Kindredhearts of Cottage Grove, a CBRF in Cottage Grove.<br><br>One deficiency was idenitified.<br><br>Complaint was substantiated.<br><br>Census: 8 | N 000 | | |
| N 381 | 83.35(1)(a) Pre-admission and ongoing assessments.<br><br>Scope. The CBRF shall assess each resident ' s needs, abilities, and physical and mental condition before admitting the person to the CBRF, when there is a change in needs, abilities or condition, and at least annually. The assessment shall include all areas listed under par. (c). This requirement includes individuals receiving respite care in the CBRF. For emergency admissions the CBRF shall conduct the assessment within 5 days after admission.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not ensure the needs, abilities and physical condition of residents were assessed when there was a change in condition for 2 of 2 residents reviewed. Resident 1 and Resident 2 did not have assessments completed after sustaining falls.<br><br>Findings include: | N 381 | | |

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

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| N 381 | Continued From page 1<br><br>On 09/16/2024, Surveyor conducted a complaint investigation alleging the provider did not complete an assessment after a resident sustained a fall.<br><br>DHS Chapter 83 defines "Assessment" as a means of gathering and analyzing information about a prospective or existing resident's needs and abilities.<br><br>On 09/16/2024 at approximately 10:00 a.m., Surveyor reviewed resident records and identified the following concerns:<br><br>Example 1 - Resident 1:<br><br>Resident 1 was admitted to the provider's facility on 10/11/2022 with diagnosis of gait and mobility abnormalities. Resident 1 discharged on 06/10/2024. Resident 1's individual service plan (ISP), not dated, stated, "Impaired physical mobility. Resident rarely falls (6 or less times per year) and requires the following safety measures: (tabs alarm, chair alarm, motion sensor, pad on floor, hi/lo bed). Surveyor noted 0 fall interventions were selected. Resident 1's record included the following incident reports:<br><br>- 05/21/2024 2:15 a.m.: Found lying on floor. Stated s/he was trying to use the restroom. Vitals were taken, range of motion (ROM) was completed and Resident 1 rated his/her pain at 0. Corresponding progress note indicated paramedics responded for lift assistance. *Documentation did not include an assessment to determine if Resident 1's needs had changed to prevent further falls.<br>- 06/03/2024 1:15 a.m.: At approximately 1:15 a.m., Resident 1 was yelling out for help and | N 381 | | |

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| N 381 | Continued From page 2 | N 381 | | |

found on the floor, lying on his/her left side. Right buttocks had a bruise. Resident 1 reported no pain. *Vitals were not taken and ROM was not completed. *Documentation did not include an assessment to determine if Resident 1's needs had changed to prevent further falls.

Example 2 - Resident 2:

Resident 2 was admitted to the provider's facility on 04/01/2024. Resident 2's record included the following incident reports:

- 07/28/2024 9:41 p.m.: Resident 2 was found lying on the floor. Resident 2 denied pain. *Record indicated vitals were not taken because "couldn't find the vitals" and ROM was not completed. Documentation did not include an assessment to determine if Resident 2's needs had changed to prevent further falls.
- 08/17/2024 8:48 p.m.: Resident 2 was found on floor. Resident 2 reported pain in his/her legs and knees. Resident 2's vitals were taken and pain was rated at an "8." Resident 2's hospice agency was notified of the fall approximately 1.5 hours after the fall occurred. *ROM was not completed. Documentation did not include an assessment to determine if Resident 2's needs had changed to prevent further falls.

On 09/16/2024 at approximately 11:00 a.m., Surveyor reviewed Resident 1 and Resident 2's falls with Administrator A and shared concern that assessments were incomplete and did not determine if the residents' needs had changed to prevent further falls. Administrator A nodded his/her head in agreement with Surveyor. Administrator A stated his/her expectation following a fall was to have caregivers call him/her, regardless of time, complete

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| N 381 | Continued From page 3<br>assessment which should include vitals, pain and ROM assessments before assisting residents off the floor. Administrator A stated s/he had just completed fall assessment training for all caregivers last week. Administrator A acknowledged Resident 1 and Resident 2's falls did not include documentation determining whether their needs related to fall prevention had changed and stated s/he was reviewing all resident records this week to ensure assessments and ISPs were updated. Administrator A stated Resident 2 had become bed bound in the past 1.5 weeks and had a scoop mattress and bed alarm for fall prevention, which would be added to the ISP. | N 381 | | |