STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0009724	A. BUILDING: _____ B. WING _____	R-C 09/28/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KINDREDHEARTS OF NEW LONDON	1706 TAUBEL RD NEW LONDON, WI 54961

(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 09/26/2023 to 09/28/2023, Surveyor conducted a complaint investigation, verification visit and standard survey at Kindredhearts New London, a CBRF in New London. Twelve deficiencies were identified. Two deficiencies were repeat deficiencies - See Statement of Deficiency (SOD) OE9112, dated 11/29/2021 and SOD OE9113, dated 01/26/2023. The complaint was substantiated. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 12	N 000		
N 162	83.12(3)(b) Documentation of investigations of injuries. Investigating injuries of unknown source. The CBRF shall maintain documentation of each investigation of an injury referenced under par. (a). The CBRF shall report the incident as required under sub. (2). This Rule is not met as evidenced by: Based on record review and interview, the provider did not maintain documentation of investigations of injuries of an unknown source. The provider did not document an investigation of a bruise found on Resident 4's lower back. Findings include: On 09/26/2023 at approximately 10:00 a.m., Surveyor reviewed Resident 4's record. Resident 4 was admitted to the provider's facility on 04/04/2004. Resident 4's record included an	N 162		

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

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N 162	Continued From page 1 incident report, dated 06/19/2023, that documented Resident 4 had a bruise on his/her lower back, below his/her tailbone. The record did not document the cause of the bruise. On 09/26/2023 at approximately 12:00 p.m., Surveyor interviewed Administrator A and House Manager C. Surveyor asked what caused Resident 4's bruise. House Manager C stated a meeting was held with Resident 4's managed care organization and it was determined the bruise was from Resident 4 "plopping down" when transferred. House Manager C stated a cushion was ordered for Resident 4's wheelchair and the facility was obtaining a new wheelchair. Surveyor requested documentation of the investigation related to the bruise. House Manager C stated s/he would need to follow up. On 09/28/2023 at approximately 6:00 a.m., Administrator A updated Surveyor that documentation related to Resident 4's bruise was not located.	N 162		
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.	N 239		

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N 239	Continued From page 2 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 interview and record review, the provider did not ensure 1 of 3 employees reviewed obtained all department approved training as required. Caregiver D did not have training in fire safety or first aid and choking within 90 days after starting employment. Findings include: On 09/26/2023 at approximately 11:00 a.m., Surveyor conducted a review of 3 employees to verify compliance with department approved training requirements. Surveyor requested training records from Administrator A for Caregiver D. The record for Caregiver D, hired 05/31/2023, did not contain evidence of training or evidence of meeting an exemption for fire safety or first aid and choking. On 09/26/2023, Surveyor reviewed the Wisconsin	N 239		

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N 239	Continued From page 3 Community-Based Care and Treatment Training Registry and verified Caregiver D was not listed as having completed training for fire safety or first aid and choking. On 09/26/2023, at approximately 11:40 a.m., Surveyor interviewed Administrator A and House Manager C. Administrator A confirmed Caregiver D worked as a caregiver and had not completed trainings or met an exemption for fire safety and first aid and choking trainings. Administrator A replied, "That's on me. [S/he]'s a high school student, so I thought [s/he] was exempt."	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	N 243		

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 interview and record review the provider did not ensure 1 of 3 employees reviewed obtained all training as required within 90 days after starting employment.

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

This is a repeat deficiency. See Statement of Deficiency (SOD) OE9112, dated 11/29/2021.

Findings include:

On 09/26/2023 at approximately 11:00 a.m., Surveyor conducted a review of 3 employees to verify compliance with all employee training

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N 243	Continued From page 5 requirements. Surveyor requested training records from Administrator A for Caregiver E. The facility was licensed to provide care and services to residents within the client groups of advanced age and irreversible dementia/Alzheimer's. The record for Caregiver E, hired 06/01/2023, did not contain evidence of training or evidence of meeting an exemption for resident rights, recognizing, preventing, managing and responding to challenging behaviors or client groups. On 09/26/2023, at approximately 11:40 a.m., Surveyor interviewed Administrator A and House Manager C, who confirmed Caregiver C was a caregiver and did not meet an exemption for trainings. House Manager C provided Surveyor with a binder of trainings for resident rights, recognizing, preventing, managing and responding to challenging behaviors and client groups that had been provided to Caregiver E for completion, but contained blank forms that indicated Caregiver E had not completed the trainings.	N 243		
N 305	83.28(6) Resident rights, grievance procedure, rules Resident rights, grievance procedure, and house rules. Before or at the time of admission, the CBRF shall provide and explain resident rights, the house rules of the CBRF as required under s. DHS 83.32 (2), and the grievance procedure, including written information regarding the names, addresses and telephone numbers of all resident advocacy groups serving the client	N 305		

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N 305	Continued From page 6	N 305		

groups in the facility, including the long term care ombudsman program and the protection and advocacy services of Disability Rights Wisconsin, Inc.

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not ensure 1 of 1 resident admissions reviewed had resident rights, grievance procedure and house rules explained and reviewed before or at the time of admission. The statement that indicated resident rights, grievance procedures and house rules was reviewed upon admission was not signed by Resident 5's legal representative.

Findings include:

On 09/26/2023 at approximately 10:00 a.m., Surveyor reviewed Resident 5's record. Resident 5 was admitted to the provider's facility on 08/02/2023. Resident 5 had a legal guardian. Resident 5's record included a form for individuals to sign acknowledging that resident rights, grievance procedure and house rules had been reviewed at the time of admission. The form was signed by House Manager C on 08/02/2023, but was not signed by Resident 5 or his/her legal guardian.

On 09/26/2023 at approximately 12:00 p.m., Surveyor reviewed concern with Administrator A and House Manager C that Resident 5's statement related to resident rights, grievance procedure and house rules was not signed by his/her legal guardian. House Manager C stated s/he sent the paperwork to Resident 5's legal guardian to sign but had not received the paperwork back. Surveyor requested

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N 305	Continued From page 7 documentation of House Manager C's attempts to review the resident rights, grievance procedure and house rules with Resident 5's legal guardian. House Manager C was given until 09/28/2023 to provide follow up documentation. No documentation related to Resident 5's guardian receiving and reviewing resident rights, grievance procedures and house rules was received.	N 305		
N 310	83.29(2) Admission agreement include services, charges The admission agreement shall be given in writing and explained orally in the language of the prospective resident or legal representative. Admission is contingent on a person or that person ' s legal representative signing and dating an admission agreement. The admission agreement shall include all of the following: (a) An accurate description of the basic services provided, the rate charged for those services and the method of payment; (b) Information about all additional services offered, but not included in the basic services. The CBRF shall provide a written statement of the fees charged for each of these services; (c) The method for notifying residents of a change in charges for services; (d) Terms for resident notification to the CBRF of voluntary discharge. This paragraph does not apply to a resident in the custody of a government correctional agency; (e) Terms for refunding charges for services paid in advance, entrance fees, or security deposits in the case of transfer, death or voluntary or involuntary discharge; (f) A statement that the amount of the security deposit may not exceed one month ' s fees for services, if security deposit is collected; (g) Terms for holding and charging for a resident ' s room	N 310		

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N 310	Continued From page 8 during a resident ' s temporary absence. This paragraph does not apply to a resident in the custody of a government correctional agency; (h) Reasons and notice requirements for involuntary discharge or transfer, including transfers within the CBRF. This paragraph does not apply to a resident in the custody of a government correctional agency. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 1 admission agreements reviewed was signed and dated by the resident's legal representative. Resident 5 did not have a signed admission agreement. Findings include: On 09/26/2023 at approximately 10:00 a.m., Surveyor reviewed Resident 5's record. Resident 5 was admitted to the provider's facility on 08/02/2023. Resident 5 had a legal guardian. Resident 5's record included an admission agreement signed by House Manager C on 08/02/2023. The admission agreement was not signed by Resident 5's legal guardian. On 09/26/2023 at approximately 12:00 p.m., Surveyor reviewed concern with Administrator A and House Manager C that Resident 5's admission agreement was not signed by his/her legal guardian. House Manager C stated s/he sent the admission agreement to Resident 5's legal guardian to sign but had not received the paperwork back. Surveyor requested documentation of House Manager C's attempts to review Resident 5's admission agreement with the legal guardian.	N 310		

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N 310	Continued From page 9 House Manager C was given until 09/28/2023 to provide follow up documentation. No documentation related to Resident 5's admission agreement was received.	N 310		
N 352	83.32(3)(h) Rights of Residents: Receive medication In addition to the rights under s. 50.09, Stats., each resident shall have all of the following rights: Receive medication. Receive all prescribed medications in the dosage and at intervals prescribed by a practitioner. The resident has the right to refuse medication unless the medication is court ordered. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 3 residents reviewed received their prescribed medications in the dosage prescribed by his/her practitioner. Resident 6 did not receive his/her Glutose 15 as prescribed. Findings include: On 09/26/2023 at approximately 10:00 a.m., Surveyor reviewed Resident 6's record. Resident 6 was admitted to the provider's facility on 02/28/2020 with diagnosis of diabetes. Resident 6's physician orders included Glutose 15 (Start Date: 07/11/2022) - Give 15 grams by mouth as needed for low blood sugar. The record included a "Diabetic Addendum," which included the following protocol for a blood glucose between 50 and 70: - Hold insulin.	N 352		

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- Administer Glutose 15.
- Recheck blood glucose in 20 minutes.
- If blood glucose is still below 70, repeat steps 1-3 and call Resident Director.
- When blood glucose is within parameters, administer the insulin as ordered (sliding scale insulin and short acting insulin are based on initial blood sugar, not follow up blood sugars) and provide meal or snack.
- If resident has more than 1 episode of low blood glucose within a 24-hour period, contact Resident Director for instructions.
- Document your interventions in an observation note.

Resident 6's Medication Administration Record (MAR), dated 09/01/2023 to 09/26/2023, documented the following blood glucoses under 70:

- 09/01/2023 7:30 a.m. Blood Glucose = 61
- 09/01/2023 4:00 p.m. Blood Glucose = 62
*Humalog inuslin administered.
- 09/05/2023 7:16 a.m. Blood Glucose = 57
*Humalog inuslin administered.

Resident 6's MAR indicated Glutose 15 was not administered on the above dates when blood glucose was under 70. Resident 6's observation notes did not document any information related to the low blood glucose.

On 09/26/2023 at approximately 12:00 p.m., Surveyor reviewed concern with Administrator A and House Manager C that Resident 6's Glutose was not administered as prescribed and that the diabetic addendum was not followed. Administrator A nodded his/her head in understanding and wrote down Surveyor's concern.

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N 392	83.35(4) Resident satisfaction evaluation. Satisfaction evaluation. At least annually, the CBRF shall provide the resident and the resident ' s legal representative the opportunity to complete an evaluation of the resident ' s level of satisfaction with the CBRF ' s services. The evaluation shall be completed on either a department form or a form developed by the CBRF and approved by the department. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 2 residents and/or their legal representatives were given the opportunity to complete an evaluation of the resident's level of satisfaction with the CBRF services. Resident 4 and Resident 6 did not have a resident satisfaction evaluation provided to them annually. Findings include: On 09/26/2023 at approximately 10:00 a.m., Surveyor reviewed resident records, which included the following: - Resident 4 was admitted to the provider's facility on 04/04/2005. Resident 4 had a legal guardian. Resident 4's record did not include documentation of a satisfaction evaluation provided/completed in the past year. - Resident 6 was admitted to the provider's facility on 02/28/2020. Resident 6 had an activated Health Care Power of Attorney. Resident 6's record did not include a satisfaction evaluation provided/completed in the past year. On 09/26/2023 at approximately 12:00 p.m., Surveyor reviewed concern with Administrator A	N 392		

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N 392	Continued From page 12 and House Manager C that Resident 4 and Resident 6's records did not include documentation indicating the residents and/or their legal representatives were provided an opportunity to complete an evaluation of their level of satisfaction with the CBRF services. Administrator A acknowledged Surveyor's concern and stated s/he was unable to locate any documentation of satisfaction evaluations. Administrator A and House Manager C were given until 09/28/2023 to provide follow up documentation. Documentation related to satisfaction evaluations completed in the past year, prior to Surveyor's visit, was not received.	N 392		
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 1 of 3 residents reviewed had their mental and physical capability to respond to a fire alarm evaluated, using the department's form, at least annually. Resident 6's evacuation assessment had not been updated in the past year. Findings include: On 09/26/2023 at approximately 10:00 a.m., Surveyor reviewed Resident 6's record. Resident 6 was admitted to the provider's facility on 02/28/2020. Resident 6's evacuation assessment	N 394		

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N 394	Continued From page 13 was dated 09/18/2021. On 09/26/2023 at approximately 12:00 p.m., Surveyor reviewed concern with Administrator A and House Manager C that Resident 6's evacuation assessment had not been updated since 2021. Administrator A nodded his/her head in agreement and wrote down Surveyor's concern.	N 394		
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 person administering medications to residents documented that s/he administered the medication. Not all caregivers had access to the provider's electronic medical record, so caregivers were documenting their administration of medications under other caregiver usernames. Findings include:	N 415		

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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 415	Continued From page 14 On 09/26/2023 at approximately 9:45 a.m., Surveyor interviewed Caregiver F, who was responsible for medication administration that morning. Caregiver F stated s/he documented his/her morning medication pass under another caregivers name because s/he did not have the ability to do so under his/her name in the provider's electronic charting system. On 09/26/2023 at approximately 11:00 a.m., Surveyor interviewed Administrator A. Administrator A stated due to a change in facility operation, not all caregivers had functioning usernames to document in the electronic record. Administrator A stated s/he was aware of caregivers documenting under other caregivers' names and was advocating for the provider to rectify the situation. Administrator A estimated the issue related to usernames had been going on since 06/01/2023. On 09/28/2023 at approximately 8:00 a.m., Surveyor reviewed the provider's September 2023 staff schedule and resident medication administration records (MAR), which documented the following: - 8:00 a.m. medications were not documented as administered by the correct caregiver on 09/07/2023, 09/09/2023 - 09/15/2023, 09/18/2023 - 09/25/2023. - 11:30 a.m. medications were not documented as administered by the correct caregiver on 09/07/2023, 09/09/2023 - 09/15/2023, 09/18/2023 - 09/24/2023. - 4:30 p.m. medications were not documented as administered by the correct caregiver 09/01/2023 - 09/03/2023, 09/06/2023 - 09/08/2023, 09/18/2023 and 09/23/2023.	N 415		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0009724	A. BUILDING: _____ B. WING _____	R-C 09/28/2023

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N 415	Continued From page 15 - 8:00 p.m. medications were not documented as administered by the correct caregiver 09/01/2023 - 09/03/2023, 09/05/2023 - 09/08/2023 and 09/18/2023.	N 415		
N 431	83.38(1)(g) Health monitoring. 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: Health monitoring. 1. The CBRF shall monitor the health of residents and make arrangements for physical health, oral health or mental health services unless otherwise arranged for by the resident. Each resident shall have an annual physical health examination completed by a physician or an advanced practice nurse as defined in s. N 8.02(1), unless seen by a physician or an advanced practice nurse as defined in s. N 8.02(1) more frequently. 2. When indicated, a CBRF shall observe residents ' food and fluid intake and acceptance of diet. The CBRF shall report significant deviations from normal food and fluid intake patterns to the resident ' s physician or dietician. 3. The CBRF shall document communication with the resident ' s physician and other health care providers, and shall record any changes in the resident ' s health or mental health status in the resident ' s record.	N 431		

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N 431	Continued From page 16	N 431		

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not ensure the health was monitored and arrangements made for 1 of 3 residents reviewed. Resident 6's diabetic protocol was not followed when his/her blood sugar was greater than 250.

Findings include:

On 09/26/2023 at approximately 10:00 a.m., Surveyor reviewed Resident 6's record. Resident 6 was admitted to the provider's facility on 02/28/2020 with diagnosis of diabetes. Resident 6's record included a "Diabetic Addendum," which included the following protocol for a blood glucose above 250:

- Administer insulin as ordered.
- DO NOT provide resident with meal or snack.
- Encourage resident to drink water and walk. If unable to walk, instruct the resident to exercise by moving their arms and legs.
- Recheck blood glucose in 20 minutes. If within parameters, then provide their meal and snack.
- If still above parameters, contact Resident Director.
- DO NOT CALL PHYSICIAN. Resident Director will ensure that physician is contacted when appropriate.
- If resident has more than 1 episode of high blood glucose in a 24 hour period, contact Resident Director for instructions.
- Document your interventions in an observation note.

Resident 6's Medication Administration Record

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N 431	Continued From page 17 (MAR), dated 09/01/2023 to 09/26/2023, documented the following blood glucoses greater than 250: - 09/06/2023 8:37 p.m. Blood Glucose = 294 - 09/18/2023 8:33 p.m. Blood Glucose = 257 - 09/19/2023 8:38 p.m. Blood Glucose = 295 Resident 6's observation notes did not document any information indicating the "Diabetic Addendum" was followed or that Resident 6's blood glucose was rechecked. On 09/26/2023 at approximately 12:00 p.m., Surveyor reviewed concern with Administrator A and House Manager C that Resident 6's diabetic addendum was not followed on 3 occurrences from 09/01/2023 to 09/26/2023. Administrator A nodded his/her head in understanding and wrote down Surveyor's concern.	N 431		
N 481	83.43(1) Environment safe, clean, and comfortable Environment. The CBRF shall provide a living environment that is safe, clean, comfortable, and homelike. All common dining and living areas shall contain furnishings appropriate to the intended use of the room. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure the facility was clean, safe and comfortable. The facility had a broken window crank in a resident room, dented heat registers, stained and/or ripped carpeting, a broken towel bar, windows with cobwebs, missing drawers in	N 481		

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N 481	Continued From page 18	N 481		

the kitchen, cabinetry with dust built up, broken appliances and a black substance under the kitchen sink.

This is a repeat deficiency. See Statement of Deficiency (SOD) OE9113, dated 01/26/2023.

Findings include:

On 09/27/2023, Surveyor conducted a complaint investigation alleging the facility's physical environment needed cleaning and repairs.

On 09/27/2023 at approximately 11:15 a.m., Surveyor toured the provider's facility with Administrator A and House Manager C. Surveyor observed the following concerns:

- Resident 1's bedroom window had a broken window crank and a dented heat registry in the bathroom. House Manager C nodded his/her head in agreement when Surveyor shared observation.
- Resident 2's carpeting was stained. House Manager C stated per Resident 2's family request, Resident 2 should no longer have food or drink in his/her room because it ended up on the floor.
- Resident 3's carpeting was ripped at the entrance of his/her room. House Manager C stated the carpet had been ripped since s/he started approximately 3 months ago.
- Resident 4's heat register was dented and his/her towel bar was broken. A grab bar in Resident 4's bathroom was being used as a towel bar. House Manager C stated the heat register had recently been repaired.
- Multiple windows throughout the facility had cobwebs between the screen and window. Administrator A made note of Surveyor's concern.

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N 481	Continued From page 19 - Three drawers were missing in the kitchen. Administrator A commented that drawers were missing during the department's previous visit and Licensee B had yet to repair them. - There was rotted wood and black and white substances speckled under the facility's kitchen sink. Administrator A had not seen under the kitchen sink prior to Surveyor pointing out the concern. House Manager C stated, "I think it's mold," in reference to the black and white substances speckled on the interior of the cabinets. - Two of 2 dishwashers were out of service because they leak. House Manager C stated staff had been doing dishes by hand and sterilizing "for quite some time." - Kitchen cabinets had a thick layer of dust build up in the grooves of the cabinet and liquid marks covering the surface. Administrator A stated the cabinets needed to be cleaned. - The refrigerator located in the pantry had a broken plastic door and missing door shelves that were replaced with 2 yellow bungee cords. Administrator A was unaware of the broken refrigerator.	N 481		
N 504	83.46(1)(c) Heating system maintenance. Heating. The CBRF shall maintain the heating system in a safe and properly functioning condition. The CBRF shall ensure that a heating contractor or local utility company completes all of the following maintenance and makes available to the facility documentation of the maintenance performed: 1. An oil furnace shall be serviced at least once each year. 2. A gas furnace shall be serviced at least once every 3 years. 3. The CBRF shall have a chimney inspected at intervals corresponding with the heating system service	N 504		

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N 504	Continued From page 20 under subd. 1. or 2. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure the facility's heating system was in a safe and properly functioning condition. The facility's boiler had not been inspected since 01/14/2016. Findings include: On 09/26/2023 at approximately 9:45 a.m., Surveyor reviewed the facility's environmental records. The record included a letter from Department of Safety and Professional Services, dated 12/06/2018, that stated the facility's 01/14/2016 boiler inspection expired on 02/27/2019 and that a boiler inspection should be scheduled. The records did not include any further information related to a boiler inspection. On 09/26/2023 at approximately 12:00 p.m., Surveyor reviewed concern with Administrator A that the facility's record did not include a recent boiler inspection. Administrator A made note of Surveyor's concern and stated s/he would need to follow up with Licensee B. Administrator A was given until 09/28/2023 to provide follow up documentation. No documentation of a boiler inspection was received.	N 504		