STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015503	A. BUILDING: _____ B. WING _____	06/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERITAGE HOUSE OF PORTAGE	2685 AIRPORT ROAD PORTAGE, WI 53901

(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
U 000	INITIAL COMMENTS On 06/19/2025, Surveyor conducted a standard survey at Heritage House of Portage. Three deficiencies were identified. Census: 64	U 000		
U 267	89.34(16) TENANT RIGHTS Rights of tenants. A tenant of a residential care apartment complex shall have all the rights listed in this section. These rights in no way limit or restrict any other rights of the individual under the U.S. Constitution, civil rights legislation or any other applicable statute, rule or regulation. Tenant rights are all of the following: (16) MEDICATIONS. Except as provided for in the service agreement, to have the facility not interfere with the tenant's ability to manage his or her own medications or, when the facility is managing the medications, to receive all prescribed medications in the dosage and at the intervals prescribed by the tenant's physician and to refuse medication unless there is a court order. This Rule is not met as evidenced by: Based on observation, record review and interview, when the facility managed the tenant's medications, the provider did not ensure the tenant's right to receive all prescribed	U 267		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015503	A. BUILDING: _____ B. WING _____	06/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERITAGE HOUSE OF PORTAGE	2685 AIRPORT ROAD PORTAGE, WI 53901

(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
U 267	Continued From page 1	U 267		

medications in the dosage and at the intervals prescribed by the tenant's physician for 1 of 3 tenants reviewed

From 06/01/2025-06/18/2025, staff administered incorrect dosages of sliding scale insulin to Tenant 1.

Findings include

On 06/19/2025, Surveyor reviewed Tenant 1's record. S/he was admitted 11/29/2019. Diagnoses included type 1 diabetes.

Physician orders included " ...Novolog Flexpen 100 UNIT/ML inject 12 UNITS Subcutaneously in the Morning, 6 UNITS at Noon, 10 UNITS in the Evening With Meals Plus Sliding Scale (bedtime Dose Sliding Scale Only) ... If blood BG (blood glucose/blood sugar (BS)) is 201-225 add 1 units [sic] if BG is 226-250 add 2 units [sic] if BG is 251-275 add 3 units [sic] if BG 276-300 add 4 units [sic] if BG is 301-325 add 5 units [sic] if BG is 326-350 add 6 units [sic] if BG is 351-375 add 7 units [sic] if BG is 376-400 add 8 units [sic] if BG is over 401 call MD on call. BEDTIME: CORRECTION ONLY USING THIS SCALE if BG is 200-250 give 3 units [sic] if BG is 251-300 give 5 units [sic] if BG is 301-350 give 7 units [sic] if BG is 351-400 give 9 units [sic] if BG is over 401 call ...MD ..."

Medication Administration Record (MAR):
From 06/01/2025-06/18/2025, staff documented administration of incorrect number of UNITS of Novolog Flexpen 100 UNIT/ML:
06/02/2025 8:57 PM- BS = 188, administered 10 UNITS (correct dose 0 UNITS)
06/12/2025 8:50 AM- BS = 160, administered 10 UNITS (correct dose 12 UNITS)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015503	A. BUILDING: _____ B. WING _____	06/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERITAGE HOUSE OF PORTAGE	2685 AIRPORT ROAD PORTAGE, WI 53901

(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
U 267	Continued From page 2 06/15/2025 8:53 PM- BS = 298, administered 4 UNITS (correct dose 5 UNITS) 06/18/2025 4:55 PM- BS = 232, administered 11 UNITS (correct dose 12 UNITS) Individual Service Plan (ISP) dated 06/16/2025: In the area of Medications: " ...[Tenant 1] requires staff to administer medications ...[Tenant 1] will receive medications as prescribed ..." On 06/19/2025 at 1:52 PM, Surveyor reviewed Tenant 1's order for sliding scale insulin, June 2025 BS readings and number of sliding scale insulin units administered with Assistant Administrator B who stated staff may have only read the first part of the order and not the correction. On 06/19/2025 3:51 PM, Surveyor discussed concern of incorrect amount of insulin administered with Administrator A, Assistant Administrator B, Regional Wellness Director D and Regional Vice President of Operations D. Administrator A stated Tenant 1 was followed by a diabetic specialist and primary care physician and they would discuss the orders with them.	U 267		
U 268	89.34(17) TENANT RIGHTS Rights of tenants. A tenant of a residential care apartment complex shall have all the rights listed in this section. These rights in no way limit or restrict any other rights of the individual under the U.S. Constitution, civil rights legislation or any other applicable statute, rule or regulation. Tenant rights are all of the following:	U 268		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015503	A. BUILDING: _____ B. WING _____	06/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERITAGE HOUSE OF PORTAGE	2685 AIRPORT ROAD PORTAGE, WI 53901

(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
U 268	Continued From page 3 (17) SAFE ENVIRONMENT. To a safe environment in which to live. This Rule is not met as evidenced by: Based on observation and record review, the provider did not ensure the tenant's right to live in a safe environment. Findings include: On 06/19/2025 at 10:57 AM, while touring facility with Assistant Administrator B Surveyor observed the following: Example 1- Kitchen -2 sprinkler heads were dust covered (Photos 1 and 2) -Large kitchen fan was dust covered and blowing air (Photos 3 & 4) -Small kitchen fan was dust covered and blowing air (Photo 5) -Seal on bottom of small white refrigerator door was cracked and torn (Photo 6) -1st wall unit air conditioner was dusty (Photo 7) and 2nd wall unit air conditioner was dusty and small speckles of black substance were on exhaust vents (Photo 8). The air conditioners were located on either side of the kitchen sink above kitchen counters (Photo 9). Example 2- Side 2 Laundry Room -2 sprinkler heads were dust covered (Photos 10 & 11) -4 of 4 dryers' lint screens were partially rust colored, with 1 small tear in each of 2 of the 4 lint screens and a several dime sized areas of dried white substance on 1of the 4 lint screen (Photos 12, 13, 14, and 15).	U 268		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015503	A. BUILDING: _____ B. WING _____	06/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERITAGE HOUSE OF PORTAGE	2685 AIRPORT ROAD PORTAGE, WI 53901

(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
U 268	Continued From page 4 On 06/19/2026 at 11:17 AM, Surveyor interviewed Maintenance E who stated s/he checks and cleans the dryers regularly, and s/he would clean sprinkler heads right away. On 06/19/2025 at 3:51 PM, Surveyor discussed concerns with Administrator A, Assistant Administrator B, Regional Wellness Director D and Regional Vice President of Operations D. Administrator A stated the kitchen's weekly cleaning list included cleaning the fans and staff probably did not notice the refrigerator door. Administrator A stated they would follow-up on concerns.	U 268		
Z 005	50.065(2)(b)intro ENTITY BACKGROUND CHECK REQUIREMENTS 1. A criminal history search from the records maintained by the department of justice. 2. Every entity shall obtain all of the following with respect to a caregiver of the entity: Information that is contained in the registry under s. 146.40(4g) regarding any findings against the person. 3. Information maintained by the department of safety and professional services regarding the status of the person's credentials, if applicable. 4. Information maintained by the department regarding any final determination under s. 48.981(3)(c)5m. or, if a contested case hearing is held on such a determination, any final decision under s. 48.981(3)(c)5p. that the person has abused or neglected a child.	Z 005		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015503	A. BUILDING: _____ B. WING _____	06/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERITAGE HOUSE OF PORTAGE	2685 AIRPORT ROAD PORTAGE, WI 53901

(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
Z 005	Continued From page 5 5. Information maintained by the department under this section regarding any denial to the person of a license, certification, certificate of approval or registration or of a continuation of a license, certification, certificate of approval or registration to operate an entity for a reason specified in sub. (4m)(a)1. to 5. and regarding any denial to the person of employment at, a contract with or permission to reside at an entity for a reason specified in sub. (4m)(b)1. to 5. If the information obtained under this subdivision indicates that the person has been denied a license, certification, certificate of approval or registration, continuation of a license, certification, certificate of approval or registration, a contract, employment or permission to reside as described in this subdivision, the entity need not obtain the information specified in subds. 1. to 4. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure at the time of hire a complete background check was conducted for 1 of 2 staff reviewed. Caregiver F's full background check was not completed at time of hire.	Z 005		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015503	A. BUILDING: _____ B. WING _____	06/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERITAGE HOUSE OF PORTAGE	2685 AIRPORT ROAD PORTAGE, WI 53901

(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
Z 005	Continued From page 6 The complete background check is to include the background information disclosure form (BID), the criminal history search from the department of justice (DOJ), and the information maintained by the department of safety and professional services regarding a person's credentials (IBIS). Findings include: On 06/19/2025, Surveyor reviewed Caregiver F's employee file. S/he was hired 04/15/2025. The record contained a completed BID dated 04/14/2025 and an out of state background check from a criminal background check service agency. The record did not contain the required DOJ or IBIS. On 06/19/2025 at 3:46 PM, Surveyor and Assistant Administrator A interviewed Caregiver F to determine if s/he lived in WI prior to hire date on 04/15/2025. Caregiver F stated s/he did, June 2021-September 2022 and September 2023 to present. On 06/19/2025 at 3:51 PM, Surveyor discussed concern of no complete background check with Administrator A, Assistant Administrator B, Regional Wellness Director D and Regional Vice President of Operations D. Administrator A stated they would look further for Caregiver F's DOJ and IBIS completed at time of hire and submit it to Surveyor within 24 hours. On 06/20/2025 at 3:33 PM, Surveyor received an email from Administrator A stating, " ...Background Check on [Caregiver F]: An out of state background check was submitted 4/14/2025 and completed on 4/16/2025. I was under the impression the out of state covered any addresses the applicant resided at in the United	Z 005		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015503	A. BUILDING: _____ B. WING _____	06/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERITAGE HOUSE OF PORTAGE	2685 AIRPORT ROAD PORTAGE, WI 53901

(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
Z 005	Continued From page 7 States as it did include WI-Sauk county. As a result of our discussion, I ran the criminal background check yesterday and there were not [sic] records on the report. See attached background information disclosure, criminal background check and out of state documents ..." Attached to the email were the required DOJ and IBIS, both dated 06/19/2025.	Z 005		