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 _____	R-C 12/07/2023

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
{N 000}	Initial Comments From 12/04/2023 to 12/07/2023, Surveyor completed a verification visit at Kindredhearts of Cottage Grove, a CBRF in Cottage Grove. Eight deficiencies were identified. Seven deficiencies were repeat deficiencies - See Statement of Deficiency (SOD) S8M611, dated 12/13/2018, SOD S8M612, dated 07/10/2019, SOD VH4Z11, dated 08/08/2022, SOD VH4Z12, dated 12/20/2022 and SOD VH4Z13, dated 07/13/2023. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 7	{N 000}		
{N 196}	83.14(2)(a) Licensee ensures facility complies with laws The licensee shall ensure the CBRF and its operation comply with all laws governing the CBRF. This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not ensure the facility complied with all laws governing the CBRF. This is a repeat deficiency. See Statement of Deficiency (SOD) VH4Z13, dated 07/13/2023. Findings include: From 12/04/2023 to 12/07/2023, Surveyor completed a verification visit. The following concerns related to licensee responsibilities and repeat deficiencies were identified:	{N 196}		

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

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{N 196}	Continued From page 1 Employment/Personnel: - Licensee S did not notify the department of a change in administrator. Department records indicated Administrator N was the administrator of the facility. Administrator L, Administrator N and Caregiver T all identified Administrator L as the administrator of the facility. Licensee S stated s/he was the administrator of the facility but did not update the department because s/he was confused as to how to provide the update. *Repeat deficiency - See SOD VH4Z13, dated 07/13/2023. - Two of 3 caregivers reviewed did not have background information disclosures (BID) completed upon hire. *Repeat deficiency - See SOD VH4Z11, dated 08/08/2022, SOD VH4Z12, dated 12/20/2022 and SOD VH4Z13, dated 07/13/2023. - The provider did not request the criminal complaints for Caregiver U, who was convicted of battery and disorderly conduct within 5 years of hire. Environment: - The facility had food that was not labeled or dated and expired food in the refrigerator. *Repeat deficiency - See SOD VH4Z12, dated 12/20/2022 and SOD VH4Z13, dated 07/13/2023. - The facility had toxic chemicals available in the linen/cleaning closet, laundry room and on the kitchen counter. *Repeat deficiency - See SOD VH4Z12, dated 12/20/2022 and SOD VH4Z13, dated 07/13/2023. - The provider had a sprinkler system inspection on 02/23/2023, which resulted in deficiencies that were not addressed as of 12/04/2023. *Repeat deficiency - See SOD VH4Z12, dated 12/20/2022 and SOD VH4Z13, dated 07/13/2023.	{N 196}		

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{N 196}	Continued From page 2 Resident Care: - Two of 6 residents reviewed had not had a weight taken since 10/13/2023. *Repeat deficiency - See SOD S8M611, dated 12/13/2018 and SOD S8M612, dated 07/10/2019. On 12/07/2023 at approximately 11:30 a.m., Surveyor reviewed all concerns with Licensee S. Licensee S commented that background checks should have been complete because s/he reviewed the information with Administrator L and Administrator N. Licensee S stated s/he would have been the one to request the criminal complaint for necessary convictions; however, s/he was not made aware of the convictions as s/he should have been. Licensee S stated s/he would begin providing quarterly food safety trainings. Licensee S stated, "It's been since forever that staff should weigh residents with every shower." Licensee S stated a new management company was in the process of taking over operations at the facility and s/he was looking forward to "being done with it all." Cross Reference: N0200 DHS 83.14(2)(e) Notify Within 7 Days Of Administrator Change N0219 DHS 83.17(1)(a) Licensee Conduct Caregiver Background Check N0431 DHS 83.38(1)(g) Health Monitoring N0452 DHS 83.41(3)(b) Food Safety N0499 DHS 83.45(3) Toxic Substances N0558 DHS 83.48(8)(b) Sprinkler System Installation And Maintenance Z0010 DHS 50.065(2)(bb) Determine Final Disposition of Charge	{N 196}		

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{N 200}	Continued From page 3	{N 200}		
{N 200}	83.14(2)(e) Notify within 7 days of administrator change The licensee shall notify the department within 7 days after there is a change in the administrator. This Rule is not met as evidenced by: Based on record review and interview, the licensee did not notify the department within 7 days after there was a change in administrator. The licensee did not notify the department when s/he took over the role of administrator. This is a repeat deficiency. See Statement of Deficiency (SOD) VH4Z13, dated 07/13/2023. Findings include: On 12/04/2023 at approximately 8:00 a.m., Surveyor reviewed department records, which documented Administrator N was the administrator of the facility. On 12/04/2023 at approximately 9:00 a.m., Surveyor interviewed Caregiver T and asked who the facility's administrator was. Caregiver T stated Administrator L oversaw the facility. Surveyor asked Caregiver T if Administrator N was involved with the facility at all. Caregiver T explained that Administrator N was responsible for the facility next door and only came over "once in a blue moon." On 12/04/2023 at approximately 9:30 a.m., Surveyor interviewed Administrator L. Administrator L stated s/he was the administrator of the facility and that Licensee S was supposed to update the department's records after Surveyor's last visit.	{N 200}		

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{N 200}	Continued From page 4 On 12/04/2023 at approximately 9:35 a.m., Surveyor interviewed Licensee S. Licensee S stated s/he was the administrator of the facility but was unsure how to update the department regarding him/her being the administrator. Licensee S stated s/he sent the department an email asking how to update the department and received a response on 11/29/2023 but remained unsure of what to do. Surveyor asked Licensee S if s/he reached out for clarification. Licensee S stated s/he had not done that yet. Surveyor asked Licensee S how often s/he was present at the facility. Licensee S replied, "Not often." On 12/07/2023 at approximately 11:30 a.m., Surveyor discussed concern with Licensee S that Administrator L and Caregiver T reported that Administrator L was the administrator of the building. License S replied, "Yeah. I know. They don't know the difference." Licensee S stated s/he had a management company that would be taking over the facility soon and s/he was looking forward to being "done with it all."	{N 200}		
{N 219}	83.17(1) Licensee conduct caregiver background check Caregiver background check. At the time of hire, employment or contract and every 4 years after, the licensee shall conduct and document a caregiver background check following the procedures in s. 50.065, Stats., and ch. DHS 12. A licensee shall not employ, contract with or permit a person to reside at the CBRF if the person has been convicted of the crimes or offenses, or has a governmental finding of misconduct, found in s. 50.065, Stats., and ch. DHS 12, Appendix A, unless the person has been approved under the department ' s rehabilitation	{N 219}		

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{N 219}	Continued From page 5 process as defined in ch. DHS 12. This Rule is not met as evidenced by: Based on record review and interview, the provider did not conduct and document a caregiver background check following the procedures in s. 50.065, Stats;, and ch. DHS 12 upon the hire of 2 of 3 caregivers reviewed. The provider did not conduct a complete background check for Caregiver U or Caregiver V upon hire. This is a repeat deficiency. See Statement of Deficiency (SOD) VH4Z11, dated 08/08/2022, SOD VH4Z12, dated 12/20/2022 and SOD VH4Z13, dated 07/13/2023. Findings include: On 12/04/2023 at approximately 10:00 a.m., Surveyor conducted a review of 3 employee records to verify compliance with background checks. Record review included the records for Caregiver U and Caregiver V, which documented the following: - Caregiver U was hired on 10/09/2023. Caregiver U's record included a Department of Justice (DOJ) and Department of Safety and Professional Services (IBIS) check, both dated 10/09/2023. The record did not include a Background Information Disclosure (BID). - Caregiver V was hired on 10/09/2023. Caregiver V's record included a DOJ and IBIS check, both dated 12/04/2023, the same day of Surveyor's visit. The record did not include a BID. On 12/04/2023 at approximately 10:15 a.m.,	{N 219}		

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{N 219}	Continued From page 6 Surveyor interviewed Administrator L and asked if s/he had BIDs for Caregiver U and Caregiver V. Administrator L shook his/her head no and explained that Caregiver U and Caregiver V were hired by Administrator N, who worked at the affiliated facility. On 12/04/2023 at approximately 10:20 a.m., Surveyor interviewed Administrator N. Administrator N stated s/he did not have completed BIDs for either Caregiver U or Caregiver V. Administrator N stated s/he completed DOJ and IBIS checks upon hire for both caregivers, but couldn't locate Caregiver V's so s/he completed a new one that day. On 12/04/2023 at approximately 10:30 a.m., Surveyor interviewed Administrator L and Administrator N together. Surveyor asked if they had received training since the department's last visit related to background checks. Both Administrator L and Administrator N replied, "No." On 12/07/2023 at approximately 11:30 a.m., Surveyor discussed concern with Licensee S that 2 of 3 caregiver background checks reviewed were incomplete. Licensee S replied, "Geez. I went over all that with [Administrator L and Administrator N]. It's not that hard."	{N 219}		
N 388	83.35(3)(c) Implement, follow the individual service plan Implementation. The CBRF shall implement and follow the individual service plan as written. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure the individualized service	N 388		

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N 388	Continued From page 7	N 388		

plan (ISP) of 2 of 6 residents reviewed was monitored. Resident 5 and Resident 8 had not had their weights monitored in greater than 1 month and their ISPs listed goal of maintaining a well-nourished status and weight.

This is a repeat deficiency. See Statement of Deficiency (SOD) S8M611, dated 12/13/2018 and SOD S8M612, dated 07/10/2019.

Findings include:

On 12/04/2023 at approximately 10:00 a.m., Surveyor reviewed records of resident weights with Administrator L. Records indicated the following:

- Resident 5, who admitted to the facility on 04/08/2017, had not had his/her weight checked since 10/13/2023.
- Resident 8, who admitted to the facility on 01/18/2016, had not had his/her weight checked since 10/13/2023.

As Surveyor and Administrator L reviewed weights together, Surveyor asked how often residents should have their weight checked. Administrator L stated residents should be weighed at least monthly. Administrator L stated Resident 5 and Resident 8 should have been weighed in November.

On 12/07/2023 at approximately 11:30 a.m., Surveyor reviewed concern with Licensee S that 2 of 6 residents had not had their weight checked in greater than 30 days. Licensee S stated, "It's been since forever that staff should weigh residents with every shower."

On 12/07/2023 at approximately 3:00 p.m.,

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N 388	Continued From page 8 Surveyor reviewed Resident 5 and Resident 8's ISPs, dated 12/07/2023, and provided by Administrator L. The ISPs both indicated a goal of maintaining well-nourished status, weight and present level of function. Administrator L added that staff are instructed to weigh residents monthly on the "Staff Task List."	N 388		
{N 452}	83.41(3)(b) Food safety. Food safety. Whether food is prepared at the CBRF or off-site, the CBRF shall store, prepare, distribute and serve food under sanitary conditions for the prevention of food borne illnesses, including food prepared off-site, according to all of the following: 1. The CBRF shall refrigerate all foods requiring refrigeration at or below 40°F. Food shall be covered and stored in a sanitary manner. 2. The CBRF shall maintain freezing units at 0°F or below. Frozen foods shall be packaged, labeled and dated. 3. The CBRF shall hold hot foods at 140°F or above and shall hold cold foods at 40°F or below until serving. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure food was stored under sanitary conditions for the prevention of food borne illnesses. The provider's refrigerator contained expired food and food that was not labeled or dated.	{N 452}		

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{N 452}	Continued From page 9 This is a repeat deficiency. See Statement of Deficiency (SOD) VH4Z12, dated 12/20/2022 and SOD VH4Z13, dated 07/13/2023. Findings include: On 12/04/2023 at approximately 8:45 a.m., Surveyor toured the facility's kitchen and observed the following in the provider's refrigerator: - Two bags of turkey lunch meat, dated 10/10/2023. - An open package of hot dogs with writing that was not legible. - French dressing with an expiration of 11/14/2023. - Italian dressing with an expiration of 06/10/2023. - Lemon pepper sauce with an expiration of 05/31/2023. - A pitcher of juice with no date. "Date marking is a way to control the growth of a bacteria called Listeria, which grows under refrigeration and is the third leading cause of death from foodborne illness in the United States." (Source: Wisconsin Food Code Fact Sheet, Date Marking of Ready-to-Eat Time-Temperature Control for Safety Foods, April 2022) On 12/07/2023 at approximately 11:30 a.m., Surveyor discussed food safety concerns with Licensee S. Licensee S stated s/he was going to begin providing quarterly education on food safety because it was necessary.	{N 452}		
{N 499}	83.45(3) Toxic substances.	{N 499}		

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{N 499}	Continued From page 10 Toxic substances. The CBRF shall ensure that cleaning compounds, polishes, insecticides and toxic substances are labeled and stored in a secure area. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure all cleaning compounds and toxic substances were stored in a secure area. The provider's laundry room and cleaning/linen closet were unlocked and a cleaning agent was left accessible on the kitchen counter when Surveyor toured the facility. This is a repeat deficiency. See Statement of Deficiency (SOD) VH4Z12, dated 12/20/2022 and SOD VH4Z13, dated 07/13/2023. Findings include: On 12/04/2023 at approximately 8:45 p.m., Surveyor toured the provider's facility. Surveyor observed the provider's laundry room, which contained detergent, and cleaning/linen closet, which contained cleaning compounds, were unlocked and accessible to residents. Surveyor observed a bottle of Resolve cleaner on the kitchen's counter. Surveyor asked Caregiver T about the accessible chemicals. Caregiver T stated the self-closing mechanisms on the laundry room and cleaning/linen closet doors had been fixed since Surveyor's most recent visit and the doors were typically kept locked. Caregiver T stated the cleaning/linen closet was unlocked because the cleaning staff had just been in the closet and the laundry room was unlocked because hospice staff had just been in the laundry room. When Surveyor asked if hospice staff had a key to the facility's laundry room,	{N 499}		

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{N 499}	Continued From page 11 Caregiver T replied, "No. They just use a pin or butterknife." Caregiver T then showed Surveyor how the door unlocked with the use of a butterknife, indicating the door was not secured when "locked." On 12/07/2023 at approximately 11:30 a.m., Surveyor discussed concern with Licensee S that toxic chemicals were unsecured while Surveyor was present. Licensee S replied, "Okay."	{N 499}		
{N 558}	83.48(8)(b) Sprinkler system installation and maintenance Installation and maintenance. 1. All sprinkler systems shall be installed by a state licensed sprinkler contractor. All sprinkler systems shall be maintained, inspected and tested at least annually or at intervals determined by the requirements in NFPA 25. 2. In facilities with sprinklers, sprinkler heads shall be placed at the top of each linen or trash chute and in the rooms where the chutes terminates. 3. The sprinkler system flow alarm shall be connected to the CBRF ' s fire alarm system. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure the facility's sprinkler system was maintained and inspected annually. The provider did not follow up on deficiencies identified in the sprinkler system inspection completed on 02/23/2023. This is a repeat deficiency. See Statement of Deficiency (SOD) VH4Z12, dated 12/20/2022 and SOD VH4Z13, dated 07/13/2023. Findings include:	{N 558}		

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{N 558}	Continued From page 12 On 12/04/2023 at approximately 8:00 a.m., Surveyor reviewed SOD VH4Z13, dated 07/13/2023, which documented the facility had a sprinkler inspection on 02/23/2023 with several deficiencies. SOD VH4Z13 documented the provider had not followed up on the sprinkler inspection deficiencies. On 12/04/2023 at approximately 9:30 a.m., Surveyor requested documentation of the most recent sprinkler system maintenance since 02/23/2023 from Administrator L. Administrator L stated Licensee S was supposed to follow up on the facility's sprinkler system. Administrator L stated s/he did not have documentation of a follow up sprinkler system inspection/maintenance. On 12/04/2023 at approximately 9:35 a.m., Surveyor interviewed Licensee S. Surveyor asked if the facility had followed up on the sprinkler system inspection/maintenance that was identified during Surveyor's past visit. Licensee S replied, "No. Trying to get anyone to do anything these days is near impossible." Licensee S explained that s/he had received quotes and the follow up was in the "scheduling process," but s/he was unable to provide Surveyor with a date the follow up would occur.	{N 558}		
Z 010	50.065(2)(bb) DETERMINE FINAL DISPOSITION OF CHARGE If information obtained under par. (am) or (b) indicates a charge of a serious crime, but does not completely and clearly indicate the disposition of the charge or the conviction, the department or	Z 010		

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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
Z 010	Continued From page 13 entity shall make every reasonable effort to contact the clerk of courts to determine the final disposition of the charge. If a background information form under sub. (6) (a) or (am) indicates a charge or a conviction of a serious crime, but information obtained under 011 par. (am) or (b) does not indicate such a charge, the department or entity shall make every reasonable effort to contact the clerk of courts to obtain a copy of the criminal complaint and the final disposition of the complaint. If information obtained under par. (am) or (b), a background information form under sub, (6) (a) or (am) or any other information indicates a conviction of a violation of s. 940.19 (1), 940.195, 940.20, 941.30, 942.08, 947.01, or 947.013 obtained not more than 5 years before the date on which that information was obtained, the department or the entity shall make every reasonable effort to contact the clerk of courts to obtain a copy of the criminal complaint and judgement of conviction relating to that violation. This Rule is not met as evidenced by: Based on record review and interview, the provider did not make every reasonable effort to obtain a copy of the criminal complaint related to Caregiver U's convictions of 947.01(1) Disorderly Conduct and 940.19(10 Battery, which occurred within 5 years of employment. Findings include: On 12/04/2023 at approximately 10:00 a.m., Surveyor conducted a review of 3 employee	Z 010		

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 _____	R-C 12/07/2023

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Z 010	Continued From page 14	Z 010		

records to verify compliance with background checks. Record review included the record for Caregiver U, hired 10/09/2023, which documented the following:

- Caregiver U was convicted of 940.19(1) Battery on 03/01/2019.
- Caregiver U was convicted of 947.01(1) Disorderly Conduct on 05/09/2021.

On 12/04/2023 at approximately 10:15 a.m., Surveyor asked Administrator L if the provider attempted to obtain the criminal complaints for Caregiver U's convictions of disorderly conduct and battery. Administrator L stated Administrator N, who oversaw the facility next door, completed Caregiver U's hire.

On 12/04/2023 at approximately 10:20 a.m., Surveyor interviewed Administrator N. Administrator N stated s/he was unaware that s/he was supposed to request the criminal complaints for certain charges.

On 12/07/2023 at approximately 11:30 a.m., Surveyor shared concern with Licensee S that Caregiver U's background check included charges that the provider should have requested the criminal complaint for. Licensee S stated Administrator L or Administrator N should have informed Licensee S of the charges so Licensee S would have known to request the criminal complaint.