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 04/29/2024

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
{N 000}	Initial Comments On 04/29/2024, Surveyor completed a verification visit at Kindredhearts of Cottage Grove, a CBRF in Cottage Grove. Seven deficiencies were identified. Six 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, SOD VH4Z13, dated 07/13/2023 and SOD VH4Z14, dated 12/07/2023. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 12	{N 000}		
N 141	83.09 Biennial report and fees. Biennial report and fees. Every 24 months, on a date determined by the department, the licensee shall submit a biennial report on the form provided by department, and shall submit payment of the license continuation fees. This Rule is not met as evidenced by: Based on record review, Licensee A did not ensure the biennial report and license continuation fee were submitted to the department within 30 days prior to the license expiration date. Findings include: On 11/25/2023, the department sent a notice to Licensee A informing him/her the license for Kindredhearts of Cottage Grove would expire on	N 141		

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

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N 141	Continued From page 1 01/31/2024. The notice indicated the biennial report and license renewal fee were due to the department by 01/01/2024. On 01/01/2024, the department sent a second notice to Licensee A by email, indicating the biennial report and license continuation fee were past due. The notice indicated if the biennial report, license continuation fee and late fees were not received by 01/31/2024, the Division of Quality Assurance will proceed with enforcement action, which may include license revocation. On 04/25/2024 at 12:35 p.m., Surveyor reviewed department records and found no evidence a biennial report and license continuation fees were received from the provider. Surveyor emailed Licensee A requesting follow up regarding the fees. As of 04/29/2024 at 12:00 p.m., Surveyor had not received a response from Licensee A.	N 141		
{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 and VH4Z14, dated 12/07/2023.	{N 196}		

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{N 196}	Continued From page 2 Findings include: On 04/29/2024, Surveyor completed a verification visit. The following concerns related to licensee responsibilities and repeat deficiencies were identified: Administrative/Personnel: - Licensee S had not paid his/her license continuation fee which was due to the department on 01/01/2024. - 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 and Caregiver P identified Administrator L as the administrator of the facility and stated Administrator N was no longer employed by the provider. Administrator L stated s/he had been responsible for administrator duties since approximately April 2022. *Repeat deficiency - Two of 4 caregivers reviewed did not have complete background information disclosures (BID) checks on file. *Repeat deficiency - The provider did not request the criminal complaints for Caregiver U, who was convicted of battery and disorderly conduct within 5 years of hire. *Repeat deficiency. Environment: - Two of 2 freezers in the facility did not hold a temperature of 0 degrees or cooler. Resident Care: - Three of 5 residents reviewed, who had an individual service plan (ISP) that identified the goal of maintaining a well-nourished status and weight, had not had their weights monitored in	{N 196}		

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{N 196}	Continued From page 3 greater than 2 months. *Repeat deficiency. On 04/29/2024 at approximately 12:30 p.m., Surveyor interviewed Administrator L. Surveyor reviewed concerns related to fees past due, notifications to the department, background checks, freezer temperatures and ISPs/weight monitoring. Administrator L stated a new management company had taken over, so Administrator L no longer had contact with Licensee S and the new management's physical presence at the facility was minimal. Cross Reference: N0141 DHS 83.09 Biennial Report And Fees N0200 DHS 83.14(2)(e) Notify Within 7 Days Of Administrator Change N0219 DHS 83.17(1)(a) Licensee Conduct Caregiver Background Check N0388 DHS 83.35(3)(c) Implement, Follow The Individual Service Plan N0452 DHS 83.41(3)(b) Food Safety Z0010 DHS 50.065(2)(bb) Determine Final Disposition of Charge	{N 196}		
{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	{N 200}		

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{N 200}	Continued From page 4 Deficiency (SOD) VH4Z13, dated 07/13/2023 and VH4Z14, dated 12/07/2023. Findings include: On 04/29/2024 at approximately 8:00 a.m., Surveyor reviewed department records, which documented Administrator N as the administrator of the facility. On 04/29/2024 at approximately 10:00 a.m., Surveyor interviewed Caregiver P. Caregiver P stated Administrator L was the administrator of the building and s/he would be in shortly. On 04/29/2024 at approximately 11:00 a.m., Surveyor interviewed Administrator L. Administrator L stated s/he was the administrator of the facility since approximately April 2022 and that Licensee S was supposed to update the department records after Surveyor's last visit. Administrator L stated s/he no longer had contact with Licensee S because a new management company had taken over operations.	{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	{N 219}		

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{N 219}	Continued From page 5 approved under the department ' s rehabilitation 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 4 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, VH4Z12, dated 12/20/2022, VH4Z13, dated 07/13/2023 and VH4Z14, dated 12/07/2023. Findings include: On 04/29/2024 at approximately 12:00 p.m., Surveyor conducted a review of 4 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 background information disclosure (BID) that included only Caregiver U's demographic information. The yes/no questions on the BID were not answered. - Caregiver V was hired on 10/09/2023. Caregiver V's record included a BID that was entirely blank. On 04/29/2024 at approximately 12:30 p.m., Surveyor interviewed Administrator L. Surveyor asked if the provider completed BID checks for	{N 219}		

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{N 219}	Continued From page 6 Caregiver U and Caregiver V since Surveyor's visit in December 2023 when Surveyor identified that Caregiver U and Caregiver V did not have complete BIDs on file. Administrator L stated follow up with SOD VH4Z14 was the responsibility of the new management company and did not occur.	{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 plan (ISP) of 3 of 5 residents reviewed was followed. Resident 12, Resident 13 and Resident 14 had not had their weights monitored in greater than 2 month when 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, SOD S8M612, dated 07/10/2019 and SOD VH4Z14, dated 12/07/2023. Findings include: On 04/29/2024 at approximately 10:00 a.m., Surveyor reviewed resident ISPs and weights with Administrator L. Records indicated the following: - Resident 12's ISP, dated 02/01/2024, listed the goal of maintaining a well-nourished status and weight. Resident 12 had not had his/her weight recorded since 02/24/2024. - Resident 13's ISP, dated 02/06/2024, listed the	{N 388}		

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{N 388}	Continued From page 7 goal of maintaining a well-nourished status and weight. Resident 13 had not had his/her weight recorded since 02/24/2024. - Resident 14's ISP, dated 10/11/2023, listed the goal of maintaining a well-nourished status and weight. Resident 14 had not had his/her weight recorded since 02/24/2024. On 04/29/2024 at approximately 12:30 p.m., Surveyor asked Administrator L how often resident weights were supposed to be taken when the ISP listed the goal of maintaining a well-nourished status and weight. Administrator L stated resident vitals should be taken and recorded weekly. Administrator L stated some weights may not be taken due to caregivers having a difficult time using the manual scale (rather than digital) and residents being unable to stand unassisted on the scale.	{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.	{N 452}		

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{N 452}	Continued From page 8	{N 452}		

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. Two of two freezers in the facility held a temperature warmer than 0 degrees.

This is a repeat deficiency. See Statement of Deficiency (SOD) VH4Z12, dated 12/20/2022, VH4Z13, dated 07/13/2023 and VH4Z14, dated 12/07/2023.

Findings include:

On 04/29/2024 at approximately 11:00 a.m., Surveyor took the temperature of the provider's freezers and identified the following concerns:

- The provider's freezer in the kitchen held a temperature of 22 degrees.
- The provider's freezer in the conference room held a temperature of 13 degrees.

On 04/29/2024 at approximately 11:30 a.m., Surveyor interviewed Caregiver P. Surveyor asked if the provider checked temperatures and identified concerns with the freezer temperature. Caregiver P replied that s/he didn't think there was an issue with the temperatures. Caregiver P located a thermometer in the provider's kitchen freezer that had a reading of approximately 38 degrees.

On 04/29/2024 at approximately 12:30 p.m., Surveyor interviewed Administrator L. Surveyor shared observation that the provider's freezers

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{N 452}	Continued From page 9 did not hold a temperature of 0 degrees or cooler. Surveyor shared that s/he had taken the provider's thermometer out of the freezer approximately 60 minutes prior and the thermometer was reading approximately 40 degrees, which was not the temperature in the building. Administrator L stated s/he was aware the freezer should be 0 degrees or cooler and was unaware the facility's freezers were warmer than 0 degrees.	{N 452}		
{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 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	{Z 010}		

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{Z 010}	Continued From page 10 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 conviction of 947.01(1) Disorderly Conduct and 940.19(10 Battery, which occurred within 5 years of employment. This is a repeat deficiency. See Statement of Deficiency (SOD) VH4Z14, dated 12/07/2023. Findings include: On 04/29/2023 at approximately 12:00 p.m., Surveyor conducted a verification visit. Surveyor reviewed Caregiver U's record to verify compliance with background checks. Caregiver U, hired on 10/09/2023, had a Department of Justice (DOJ) background check that included the following convictions: - 940.19(1) Battery on 03/01/2019. - 947.01(1) Disorderly Conduct on 05/09/2021. On 04/29/2024 at approximately 12:30 p.m., Surveyor interviewed Administrator L. Surveyor asked if Caregiver U's criminal complaint related to the battery and disorderly conduct convictions had been requested since Surveyor's visit in December 2023 when Surveyor identified concerns with the provider not requesting criminal complaints. Administrator L stated follow up with	{Z 010}		

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{Z 010}	Continued From page 11 SOD VH4Z14 was the responsibility of the new management company and did not occur.	{Z 010}		