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 12/31/2024

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 From 12/30/2024 to 12/31/2024, Surveyors conducted two verification visits at Kindredhearts of Cottage Grove, a CBRF in Cottage Grove. Seven deficiencies were identified. Six deficiencies were repeat deficiencies - See Statement of Deficiency (SOD) VH4Z12, dated 12/20/2022, VH4Z13, dated 07/13/2023, VH4Z14, dated 12/07/2023, VH4Z15, dated 04/29/2024 and VH4Z16, dated 07/29/2024. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 6	{N 000}		
N 172	83.12(6) Documentation requirements for written report All written reports required under this section shall include, at a minimum, the time, date, place, individuals involved, details of the occurrence, and the action taken by the provider to ensure residents ' health, safety and well-being. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure all investigations regarding caregiver abuse were documented, including the time, date, place, individuals, involved, details of the occurrence and action taken by the provider to ensure residents' health, safety and well-being. The provider did not document details of their investigation of Caregiver Z's allegation of abuse. Findings include: On 12/30/2024 at approximately 10:00 a.m.,	N 172		

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

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N 172	Continued From page 1 Surveyor reviewed Resident 8's record. Resident 8 was admitted to the provider's facility on 01/18/2016. Resident 8's record included an incident report, dated 12/19/2024, that stated "On 12/16/2024, [Caregiver DD] and [Caregiver Z] they [sic] were getting residents up and changing them for the day around 5:00 a.m. [Caregiver DD] stated [Caregiver Z] started to yank the resident when getting resident up, pulling at the resident and being very rough with the residents. [Caregiver DD] stated [Caregiver Z] was yanking at the residents pants as well. [Caregiver DD] stated [Caregiver Z] was saying "these pissy as [sic] residents." [Caregiver DD] stated [s/he] did not like the way [Caregiver Z] were [sic] treating the residents and [s/he] needed to report this to management." Resident 8's record did not include any further documentation or investigation related to the allegation of misconduct. On 12/30/2024 at approximately 12:00 p.m., Surveyor interviewed Assistant Director EE regarding Caregiver Z's allegation of caregiver misconduct. Assistant Director EE stated s/he conducted an investigation and the provider completed the Caregiver Misconduct Report, as well as a self-report to the department. Surveyor requested documentation from Assistant Director EE detailing his/her investigation. Assistant Director EE reported s/he did not have detailed documentation of his/her investigation. Assistant Director EE stated s/he had received a voice message on 12/17/2024 informing him/her of the alleged misconduct and interviewed Caregiver DD and Resident 8 on 12/18/2024. Assistant Director EE did not have the date, time or reports of what was discussed during the interviews documented. Record review of the reports submitted to the department and the employee schedule indicated Caregiver Z did not work after	N 172		

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N 172	Continued From page 2 12/16/2024 and was ultimately terminated. On 12/30/2024 at approximately 1:30 p.m., Surveyors discussed concern with Administrator CC and Assistant Director EE that the provider did not document details regarding an allegation of caregiver misconduct. Administrator CC nodded his/her head in understanding and made note of Surveyors' concern. Administrator CC stated the allegation occurred just before s/he started with the provider.	N 172		
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 record review and interview, the provider did not ensure the CBRF, and its facility complied with all laws governing the CBRF. This is a repeat deficiency. See Statement of Deficiency (SOD) VH4Z13, dated 07/13/2023, VH4Z14, dated 12/07/2023, VH4Z15, dated 04/29/2024 and VH4Z16, dated 07/29/2024. Findings include: From 12/30/20204 to 12/31/2024, Surveyors conducted a verification visit. Surveyors worked with Administrator CC and Assistant Director EE. Surveyors findings resulted in 8 deficiencies, 7 of which were repeat deficiencies. The deficiencies included the following:	N 196		

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N 196	Continued From page 3 Special Orders: - The provider did not follow Special Orders issued with VH4Z16. On 08/08/2024, the department issued SOD VH4Z16, dated 07/29/2024. The SOD included a Notice and Order letter that stated the licensee shall provide the legal representative and case manager (if any) for each resident with a copy of State of Deficiency VH4Z16 and a copy of this Notice and Order letter within 7 days of receipt of this notice. The licensee shall retain documentation, acceptable to the department, to verify compliance with Order #2 and be available to a department representative upon request. Administrator CC could not provide documentation that special orders were followed. Administrator CC stated s/he would follow up with Chief Operating Officer HH. Administrator CC was given until 12/31/2024 at 12:00 p.m. to provide follow up. Environmental: - The provider did not ensure food was stored under sanitary conditions for the prevention of food borne illnesses. The facility refrigerator was holding a temperature of greater than 40 degrees F. - The provider did not have documentation of follow up to a sprinkler inspection that noted 3 deficiencies. Resident Care: - The provider did not ensure all investigations regarding caregiver abuse were documented, including the time, date, place, individuals, involved, details of the occurrence and action taken by the provider to ensure residents' health,	N 196		

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N 196	Continued From page 4 safety and well-being. -The provider did not ensure 1 of 6 residents reviewed had his/her individual service plan updated when there was a change. - The provider did not ensure 1 of 6 residents received their medications as prescribed. Medication documentation was not accurately recorded. - The provider did not ensure 2 of 2 residents reviewed that were prescribed a PRN psychotropic had the rationale for use and detailed description of behaviors which indicated the need for administration of the PRN psychotropic included in his/her ISP. On 12/30/2024 at approximately 1:30 p.m., Surveyors reviewed onsite concerns with Administrator CC and Assistant Director EE. Administrator CC shared that s/he took over the role of administrator on 12/19/2024, so s/he was still working on learning the facility and working with his/her new team. On 12/31/2024 at 10:55 a.m., Chief Operating Officer HH, reported that the previous management company did not comply with the special orders to notify legal representatives and case managers of SOD VH4Z16, dated 07/29/2024, in the allotted timeframe. Chief Operating Officer HH did not confirm that any notification was made. Cross Reference: N0158 DHS 83.12(6) Documentation Requirements For Written Report N0352 DHS 83.32(3)(h) Rights Of Residents: Receive Medication N0389 DHS 85.35(3)(d) Service Plans Updated Annually Or On Changes N0408 DHS 83.37(1)(i)1. PRN Psychotropic Medication	N 196		

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N 196	Continued From page 5 N0415 DHS 83.37(2)(d) Documentation Of Medication Administration N0452 DHS 83.41(3)(b) Food Safety N0558 DHS 83.48(8)(b) Sprinkler System Installation And Maintenance	N 196		
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 interview and record review, the provider did not ensure 1 of 6 residents received prescribed medications at intervals prescribed by the practitioner. Resident 13 did not receive his/her Lidocaine pain relief 4% patch as prescribed. This is a repeat deficiency. See Statement of Deficiency (SOD) VH4Z12, dated 12/20/2022 and VH4Z16, dated 07/29/2024. Findings include: On 12/30/2024 at approximately 10:00 a.m., Surveyors reviewed Resident 13's record. Resident 13 was admitted to the provider's facility on 11/17/2023 with diagnosis of lower back pain. Resident 13's physician orders included Lidocaine Pain Relief 4% Patch - Apply 1 patch topically to the skin daily, remove after 8 to 12 hours (Start Date: 09/23/2023). Resident 13's	N 352		

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N 352	Continued From page 6 Medication Administration Record (MAR), dated 11/15/2024 to 12/30/2024, documented 24 occurrences of Resident 13's Lidocaine Pain Relief 4% Patches not being administered. The MAR indicated the following: -11/15/2024 a.m.: Refused by patient -11/16/2024 a.m.: Refused by patient -11/17/2024 a.m.: Refused by patient -11/18/2024 a.m.: Other Problems- not in med cart -11/21/2024 a.m.: Refused by patient -11/22/2024 a.m.: Refused by patient -11/24/2024 a.m.: Refused by patient -11/24/2024 p.m.: Patient refused patch earlier and still does not want patch -11/27/2024 a.m.: Refused by patient -11/28/2024 a.m.: Refused by patient -11/29/2024 a.m.: Other Problems-call pharmacy to reorder -11/30/2024 a.m.: Refused by patient -12/02/2024 a.m.: Other Problems-not in med cart -12/02/2024 p.m.: Other Problems-will reorder medication -12/05/2024 p.m.: Other Problems-not in med cart -12/07/2024 a.m.: Refused by patient -12/07/2024 p.m.: Other Problems-not in med cart -12/08/2024 a.m.: Refused by patient -12/08/2024 p.m.: Refused by patient -12/10/2024 a.m.: Refused by patient -12/21/2024 a.m.: Refused by patient -12/21/2024 p.m.: Refused by patient -12/22/2024 a.m.: Other Problems-waiting for delivery of patches -12/22/2024 p.m.: Refused by patient	N 352		

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N 352	Continued From page 7 On 12/30/2024 at 11:42 a.m., Surveyors spoke to Pharmacy Tech GG, an individual at the facility's pharmacy. Pharmacy Tech GG stated his/her records indicated the pharmacy delivered 10 Lidocaine patches to the facility on 10/23/2024 and delivered another 10 Lidocaine patches on 12/09/2024. Pharmacy Tech GG stated there was no Lidocaine patches ordered for Resident 13 in November 2024. On 12/30/2024 at approximately 12:30 p.m., Surveyors interviewed Caregiver FF. Caregiver FF stated that Resident 13 had just recently started receiving the lidocaine patches. Caregiver FF stated that s/he was hired on 11/12/2024 and Resident 13 did not have Lidocaine patches available for administration at that time. On 12/30/2024 at approximately 1:00 p.m., Surveyors followed up with Administrator CC and Assistant Director EE and shared the concern that the Resident 13 did not receive his/her Lidocaine patches as prescribed. Surveyor reviewed documentation of Lidocaine patches being unavailable and interviews with Pharmacy Tech GG and Caregiver FF that indicated the Lidocaine patches were unavailable at times. Surveyors also inquired if the documented refusals were in fact refusals or if the Lidocaine patches were unavailable and documented as refused. Administrator CC and Assistant Director EE stated the facility could not confirm if the medication refusals were true refusals or if the Lidocaine patches were unavailable. Assistant Director EE stated s/he was unaware the medication needed to be reordered in November 2024 and that s/he would need to discuss medication reordering with caregivers.	N 352		

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N 352	Continued From page 8 Cross Reference: N0415 DHS 83.37(2)(d) Documentation of Medication Administration	N 352		
{N 408}	83.37(1)(i) PRN psychotropic medication. As needed (PRN) psychotropic medication. When a psychotropic medication is prescribed on an as needed basis for a resident, the CBRF shall do all of the following: 1. The resident ' s individual service plan shall include the rationale for use and a detailed description of the behaviors which indicate the need for administration of PRN psychotropic medication. 2. The administrator or qualified designee shall monitor at least monthly for the inappropriate use of PRN psychotropic medication, including but not limited to, use contrary to the individual service plan, presence of significant adverse side effects, use for discipline or staff convenience, or contrary to the intended use. 3. Documentation in the resident ' s record shall include the rationale for use, description of behaviors requiring the PRN psychotropic medication, the effectiveness of the medication, the presence of any side effects, and monitoring for inappropriate use for each PRN psychotropic medication given. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 2 residents reviewed that received a PRN psychotropic medication had the rationale for use and a detailed description of the behaviors which indicated the need for administration of the PRN psychotropic medication included in the resident's individual service plan (ISP). Resident 16 and Resident 17's Hydroxyzine PRN was not included in their ISPs.	{N 408}		

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{N 408}	Continued From page 9 This is a repeat deficiency. See Statement of Deficiency (SOD) VH4Z16, dated 07/29/2024. Findings include: On 12/30/2024 at approximately 10:00 a.m., Surveyors reviewed resident records and identified the following concerns: Example 1 - Resident 16: Resident 16 was admitted to the provider's facility on 06/23/2021 with diagnosis of early onset dementia. Resident 16's physician orders included Hydroxyzine Hcl 50 mg (Start Date: 01/29/2024) - Take 3 times daily as needed for anxiety. Resident 16's ISP, dated 12/27/2024, did not include the rationale for use and a detailed description of the behaviors which indicated the need for administration of the Hydroxyzine. Resident 16's Medication Administration Record (MAR), dated 11/15/2024 to 12/30/2024, indicated the Hydroxyzine PRN had been administered on 11/22/2024 because Resident 16 was very shaky and couldn't sit still. Example 2 - Resident 17 Resident 17 was admitted to the provider's facility on 06/27/2022 with diagnoses including dementia, alcohol use, adjustment disorder and depression. Resident 17's physician orders included Hydroxyzine Hcl 25 mg (Start Date: 04/04/2024) - Take 4 times daily as needed for anxiety. Resident 17's MAR, dated 11/15/2024 to 12/30/2024, did not document the use of Hydroxyzine PRN. Resident 17's ISP, dated 12/26/2024, did not include the rationale for use and a detailed description of the behaviors which indicated the need for administration of the	{N 408}		

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{N 408}	Continued From page 10 Hydroxyzine. The ISP indicated Resident 17 may become combative with cares, but no other behaviors were noted. Resident 17's progress notes, dated 11/15/2024 to 12/30/2024, documented 2 occurrences of wandering, including an incident on 12/26/2024 when Resident 17 laid on another resident's bed and became aggressive when redirected. On 12/30/2024 at approximately 1:30 p.m., Surveyor reviewed concern with Administrator CC and Assistant Director EE that Resident 16 and Resident 17's ISPs did not include the use of their PRN psychotropic medications. Administrator CC nodded his/her head in understanding and made note of Surveyors' concern. Administrator CC denied having questions for Surveyors.	{N 408}		
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 observation, record review, and interview the provider did not ensure 1 of 6	N 415		

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residents medication administration records (MAR) reviewed included accurate documentation.

This is a repeat deficiency. See Statement of Deficiency (SOD) VH4Z16, dated, 07/29/2024.

Findings include:

On 12/30/2024 at approximately 10:00 a.m., Surveyors reviewed Resident 13's record. Resident 13 was admitted to the provider's facility on 11/17/2023 with diagnosis of lower back pain. Resident 13's physician orders included Lidocaine Pain Relief 4% Patch - Apply 1 patch topically to the skin daily, remove after 8 to 12 hours (Start Date: 09/23/2023). Resident 13's Medication Administration Record (MAR), dated 11/15/2024 to 12/30/2024, documented the following 9 occurrences of Resident 13's Lidocaine Pain Relief 4% Patches being administered.

The MAR indicated the following:

-11/19/2024 a.m.: Patient was administered medication
-11/20/2024 a.m.: Patient was administered medication
-11/23/2024 a.m.: Patient was administered medication
-11/25/2024 a.m.: Patient was administered medication
-11/26/2024 a.m.: Patient was administered medication
-12/01/2024 a.m.: Patient was administered medication
-12/03/2024 a.m.: Patient was administered medication
-12/04/2024 a.m.: Patient was administered

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medication
-12/06/2024 a.m.: Patient was administered medication

Resident 13's MAR, dated 11/15/2024 to 12/30/2024 documented 19 occurrences of Resident 13's Lidocaine Pain Relief 4% Patches as not being administered.

The MAR indicated the following:

-11/15/2024 a.m.: Refused by patient
-11/16/2024 a.m.: Refused by patient
-11/17/2024 a.m.: Refused by patient
-11/18/2024 a.m.: Other Problems- not in med cart
-11/21/2024 a.m.: Refused by patient
-11/22/2024 a.m.: Refused by patient
-11/24/2024 a.m.: Refused by patient
-11/24/2024 p.m.: Patient refused patch earlier and still does not want patch
-11/27/2024 a.m.: Refused by patient
-11/28/2024 a.m.: Refused by patient
-11/29/2024 a.m.: Other Problems-call pharmacy to reorder
-11/30/2024 a.m.: Refused by patient
-12/02/2024 a.m.: Other Problems-not in med cart
-12/02/2024 p.m.: Other Problems-will reorder medication
-12/05/2024 p.m.: Other Problems-not in med cart
-12/07/2024 a.m.: Refused by patient
-12/07/2024 p.m.: Other Problems-not in med cart
-12/08/2024 a.m.: Refused by patient
-12/08/2024 p.m.: Refused by patient

On 12/30/2024 at 11:42 a.m., Surveyors spoke to Pharmacy Tech GG, an individual at the facility's

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	0011776	A. BUILDING: _____ B. WING _____	R-C 12/31/2024

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 415	Continued From page 13	N 415		

pharmacy. Pharmacy Tech GG stated his/her records indicated the pharmacy delivered 10 Lidocaine patches to the facility on 10/23/2024 and delivered another 10 Lidocaine patches on 12/09/2024. Pharmacy Tech GG stated there was no Lidocaine patches ordered for Resident 13 in November 2024, indicating Resident 13 would not have had Lidocaine patches available from at least 11/18/2024 when the Lidocaine patches were documented as unavailable, until 12/09/2024, when the Lidocaine patches were reordered.

On 12/30/2024 at approximately 12:30 p.m., Surveyors interviewed Caregiver FF. Caregiver FF stated that Resident 13 had just recently started receiving the lidocaine patches. Caregiver FF stated that s/he was hired on 11/12/2024 and Resident 13 did not have Lidocaine patches available for administration at that time, indicating the provider's documentation of Lidocaine patch administration from 11/19/2024 to 12/06/2024 was not accurate.

On 12/30/2024 at approximately 1:00 p.m., Surveyors followed up with Administrator CC and Assistant Director EE and shared the concern that Resident 13 had 9 documented medications administered of his/her Lidocaine Pain Relief 4% Patch from 11/15/2024 through 12/09/2024 when the medication would have been unavailable. Administrator CC and Assistant Director EE acknowledged that there was documentation indicating that the medication was not available from 11/15/2024 through 12/09/2024.

Cross Reference: N0352 DHS 83.32(3)(h) Rights of Residents: Receive Medications

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{N 452}	Continued From page 14	{N 452}		
{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. Surveyors observed the facility refrigerator holding a temperature of greater than 40 degrees F, food not dated, and food not stored secured. This is a repeat deficiency. See Statement of Deficiency (SOD) VH4Z12, dated 12/20/2022, VH4Z13, dated 07/13/2023, VH4Z14, dated 12/07/2023, VH4Z15, dated 04/29/2024 and VH4Z16, dated 07/29/2024.	{N 452}		

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{N 452}	Continued From page 15 Findings include: On 12/30/2024 at approximately 8:05 a.m., Surveyors toured the provider's facility and observed the following: - The provider's refrigerator had a thermometer resting on the top shelf that read 52 degrees F. Surveyor used his/her own thermometer to test the refrigerator temperature and received a result of 50.1 degrees F. "Refrigerate foods promptly. Use an appliance thermometer to be sure the temperature is consistently 40 degrees F or below ..." (Source: US Food & Drug Administration website, Safe Food Handling, 03/05/2024, https://www.fda.gov/food/buy-store-serve-safe-food/safe-food-handlin (retrieval date 12/30/2024).) - The refrigerator had a bowl of peaches, which appeared to be from a can, covered in aluminum foil that was not dated. "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) - Vegetables in the provider's freezer were left open to air. "If you do not seal your food it can get "freezer-burn". This means that water escapes from the food and moves to the coldest part of the freezer - leaving your food dehydrated." (Source: Safefood website, Storing food in the freezer, 2024, https://www.safefood.net/food-storage/freezing (retrieval date - January 2, 2025).)	{N 452}		

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{N 452}	Continued From page 16 On 12/30/2024 at approximately 1:30 p.m., Surveyors reviewed food safety concerns with Administrator CC and Assistant Director EE. Administrator CC responded, "Sounds like we need a new refrigerator."	{N 452}		
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 sprinkler system was maintained. The sprinkler system was inspected, and 3 deficiencies were noted. The provider was unable to provide evidence of any follow up with the sprinkler inspection deficiencies. This is a repeat deficiency. See Statement of Deficiency (SOD) VH4Z12, dated 12/20/2022, VH4Z13, dated 07/13/2023, VH4Z14, dated 12/07/2023, and VH4Z16, dated 07/29/2024. Findings include: On 12/30/2024 at approximately 8:30 a.m., Surveyors requested the facility's environmental records, including the most recent sprinkler	N 558		

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N 558	Continued From page 17 system inspection, from Assistant Director EE. On 12/30/2024 at approximately 11:00 a.m., Surveyors reviewed the facility's environmental records. There was documentation of a sprinkler system inspection, dated 12/18/2024, documented the following deficiencies: -Deficiency 1: Air compressor should be hard wired and not plugged in. Need electrician. Dry system pressure switch cover is off with wires exposed. Need electrician. -Deficiency 2: Unable to read hydraulics on the hydraulic name plate -Deficiency 3: Unable to locate monitoring information. Visual inspection until company can confirm status of monitoring. On 12/30/2024 at approximately 12:30 p.m., Surveyors observed exposed wiring on the sprinkler system. There were 8 wires through out the system that were exposed. On 12/30/2024 at 1:00 p.m., Surveyors discussed concern that records did not include documentation of follow up from the sprinkler system inspection. Administrator CC stated s/he was new to the facility and was not present during the sprinkler inspection on 12/18/2024. Administrator CC called the previous administrator of the facility to ask about follow up for the deficiencies. Administrator CC could not provide follow up documentation for the 3 deficiencies from the sprinkler inspection or provide a plan the provider had to address the deficiencies.	N 558		