STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	410391	A. BUILDING: _____ B. WING _____	C 08/20/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERITAGE ASSISTED LIVING	2600 HERITAGE WOODS DR APPLETON, WI 54915

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N 000	Initial Comments On 08/20/2024, Surveyor conducted a standard licensing survey and a complaint investigation. Five deficiencies were identified. Complaint was unsubstantiated. Census: 18	N 000		
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. 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:	N 239		

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

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N 239	Continued From page 1 Based on record review and interview, the provider did not ensure 1 of 3 staff records reviewed obtained all Department approved training as required. Resident Assistant B, who had responsibilities that would create exposure to blood, body fluids or other moist body substances, did not have training in standard precautions prior to assuming these duties and did not have training in fire safety and first aid and choking within 90 days after starting employment. Findings include: On 08/20/2024, Surveyor reviewed Resident Assistant B's record. Resident Assistant B was hired on 01/15/2024. Resident Assistant B's record did not contain evidence of training or evidence of meeting an exemption for standard precautions, fire safety or training in first aid and choking. On 08/20/2024, Surveyor verified Resident Assistant B was not on the Community-Based Care and Treatment Training registry for standard precautions, fire safety and first aid and choking. On 08/20/2024, at approximately 2:30 PM, Surveyor interviewed interim Administrator A. Administrator A stated s/he had contacted human resources and Resident Assistant B did not complete the required training.	N 239		
N 408	83.37(1)(i) PRN psychotropic medication. As needed (PRN) psychotropic medication.	N 408		

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N 408	Continued From page 2 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 document that 1 of 1 resident (Resident 1) was prescribed PRN (as needed) psychotropic medication Lorazepam and did not include a rationale for use, nor a detailed description of the behaviors, which indicate the need for administration and if the medication was effective. Findings include: On 08/20/2024, Surveyor reviewed Resident 1's record. Resident 1 was admitted to the facility, 04/26/2023, with diagnoses including cerebral infarction and anxiety.	N 408		

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N 408	Continued From page 3 Resident 1's June, July, and August 2024 Medication Administration Records (MAR) documented: "Lorazepam - Take ½ tablet by mouth once daily as needed for anxiety. Start Date: 06/24/2024." 07/05 1:45 PM - Anxiety - Effectiveness not documented 07/08 5:17 PM - Anxiety - Effectiveness not documented 07/26 7:07 AM - Calling out and anxious - No Relief 08/01 1:33 PM - Anxiety - Effectiveness not documented 08/15 4:13 PM - Anxiety - Effectiveness not documented Resident 1's "Observations" that correlate with dates Lorazepam was administered documented: "07/05/2024 2:15 PM - After lunch, resident calling out again, states [s/he] is having throbbing pain to the back of [his/her] neck that 'comes and goes,' but then states it is constant. Resident's arms are shaking, and [s/he] is forming a fist with [his/her] unaffected arm. Resident does have a heat pack to the back of [his/her] neck, which [s/he] states is helping a little bit. ... Also given PRN Lorazepam, as resident is stating 'I'm upset,' does seem anxious ..." "07/26/2024 12:00 PM - Concerns with resident moaning/yelling out more often lately. When writer went into room, resident states that [s/he] is anxious about [his/her] leg. Right shin has open area that is covered with non-adherent and gauze, not a new wound. ... Resident anxious, sweating, yet cold to touch. Resident states that [his/her] belly hurts, yet can't explain it. Appetite is decreased ... will be sending resident out non-urgent ..."	N 408		

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N 408	Continued From page 4 Resident 1's Individual Service Plan, dated 07/03/2024, documented: "Psychotropic Medication: Using psychotropic medications related to specific behaviors. See MAR for medications." "Attitude - No Risk." "Aggressive/Combative - No Risk." On 08/20/2024, at approximately 2:30 PM, Surveyor interviewed interim Administrator A. Administrator A stated s/he would review the ISPs where PRN psychotropic medications were being utilized and ensure the ISPs were individualized for the resident.	N 408		
N 525	83.47(2)(d) Fire drills. Fire drills. 1. Fire evacuation drills shall be conducted at least quarterly with both employees and residents. Drills shall be limited to the employees scheduled to work at that time. Documentation shall include the date and time of the drill and the CBRF ' s total evacuation time. The CBRF shall record residents having an evacuation time greater than the time allowed under s. HFS 83.35(5) and the type of assistance needed for evacuation. Fire evacuation drills may be announced in advance. 2. At least one fire evacuation drill shall be held annually that simulates the conditions during usual sleeping hours. Fire evacuation drills may be announced in advance. Drills shall be limited to the employees scheduled to work during the residents ' normal sleeping hours. This Rule is not met as evidenced by:	N 525		

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N 525	Continued From page 5 Based on record review and interview, the provider did not conduct quarterly fire drills (including at least one fire evacuation drill simulating the conditions during usual sleeping hours) with both employees and residents in 2022 and 2023. The provider's fire drills in 2022 and 2023 did not record residents having an evacuation time greater than the time allowed under s. DHS 83.35(5) and the type of assistance needed for evacuation. Findings include: The provider is licensed as a class CNA (non-ambulatory) CBRF (community-based residential facility) able to serve up to 20 residents within the client groups advanced aged and irreversible dementia/Alzheimer's. The facility is adjoined with another licensed assisted living facility and a skilled nursing home. On 08/20/2024, Surveyor reviewed provider's 2022 and 2023 fire drills which documented: 07/19/2023 - 11:20 AM, All Clear Time: 11:27 AM 08/29/2023 - 3:15 PM, All Clear Time: 3:23 PM 08/31/2023 - 11:50 AM, Actual Event, All Clear Time: 11:55 AM 12/29/2023 - 4:45 PM, All Clear Time: 4:53 PM 04/12/2022 - 5:30 PM, Actual Event, All Clear Time: 6:10 PM 03/31/2022 - 5:28 AM, Virtual Q&A (Questions and Answers), All Clear Time: 5:35 AM 03/19/2022 - 8:30 PM, Actual Event, All Clear Time: 8:45 PM On 08/20/2024, at approximately 1:00 PM, Surveyor interviewed the Facility Director C.	N 525		

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N 525	Continued From page 6 Facility Director C stated all residents evacuate in place. Facility Director C stated s/he would ensure going forward staff evacuated residents to at least the other side of the fire doors to ensure staff understood what was involved with evacuating residents. Facility Director C stated going forward s/he would document which residents were point-of-rescues, who refused to participate in the drill, and whose evacuation time was greater than 4 minutes.	N 525		
N 526	83.47(2)(e) Other evacuation drills. Other evacuation drills. Tornado, flooding, or other emergency or disaster evacuation drills shall be conducted at least semi-annually. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure evacuation drills, such as tornado, flooding or other emergency or disaster, were completed at least semi-annually in 2022 and 2023. Findings include: The provider is licensed as a class CNA (non-ambulatory) CBRF (community-based residential facility) able to serve up to 20 residents within the client groups advanced aged and irreversible dementia/Alzheimer's. On 08/20/2024, Surveyor reviewed the other evacuation drills for 2022 and 2023. The documentation stated: 04/07/2022 - Tornado Watch/Warning. Explained to visitors and residents. The documentation did not state if residents were evacuated to a safe	N 526		

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N 526	Continued From page 7 zone. 04/21/2023 - Tornado Warning. Advised residents in common areas about what to do in an actual emergency. Surveyor did not observe an additional drill for 2022 or any drills for 2023. On 08/20/2024, at approximately 1:00 PM, Surveyor interviewed the Facility Director C. Facility Director C stated s/he would ensure going forward there were 2 other evacuation drills annually.	N 526		
N 527	83.47(2)(f) Horizontal evacuation. Horizontal evacuation. The CBRF shall have approval from the department before including horizontal evacuation in the emergency and disaster plan. CBRFs using horizontal evacuation shall document the total evacuation time of the fire zone evacuated. This Rule is not met as evidenced by: Based on record review and interview, the provider did not obtain Department approval before including horizontal evacuation in the emergency disaster plan. The Community-Based Residential Facility (CBRF) residents are evacuated on the other side of fire doors located inside the CBRF unit or shelter in place, their bedroom. The CBRF is adjoined to a Skilled Nursing Facility (SNF) and Residential Care Apartment Complex (RCAC). Findings include: The provider is licensed to care for a maximum of 20 residents within the client group advanced	N 527		

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N 527	Continued From page 8 aged and irreversible dementia/Alzheimer's. On 08/20/2024, Surveyor reviewed the fire drill records. Surveyor identified through staff interviews and a review of the fire drill evacuation records; the provider was utilizing a horizontal evacuation process for the facility. On 08/20/2024, at approximately 1:00 PM, Surveyor interviewed the Facility Director C. Facility Director C stated the facility has always utilized a horizontal evacuation process and was unsure if Department approval had been requested. On 08/20/2024, Surveyor reviewed the Department records and did not see evidence that a waiver had been approved for the use of horizontal evacuation. Cross Reference: N0525 DHS 83.47(2)(d) Fire Drills	N 527		