STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	111086	A. BUILDING: _____ B. WING _____	07/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERITAGE CENTER	400 NORTH MORRIS ST STOUGHTON, WI 53589

(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 07/09/2024, Surveyor conducted a standard licensure survey at Heritage Center. Five deficiencies were identified. Four of the 5 deficiencies were repeat violations (see Statement of Deficiency (SOD) JW1W11, SOD JGE611, SOD JGE612, and SOD 016611. Census: 31	N 000		
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 observation, record review and interview, the provider did not administer medications in the intervals prescribed by a practitioner for 3 of 3 resident. This is a repeat deficiency. See Statement of Deficiency (SOD) JW1W11, dated 10/19/2022. Resident 2 did not receive his/her Acidophilus, Ferrous Sulfate, Vitamin D3, Magnesium Chloride, and Furosemide as prescribed. Resident 3 did not receive his/her Tamsulosin, Acetaminophen, High Potency Tab, Folic Acid, and Magnesium Oxide as prescribed. Resident 5 did not receive his/her Simbrinza as	N 352		

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

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N 352	Continued From page 1 prescribed. Findings Include: On 07/09/2024, at approximately 3:30 PM, Surveyor reviewed the provider's medication cart with Administrator A. Administrator A stated scheduled medications are punched out of the blister cards that correlate with the date of the month. Surveyor observed the following medications not administered: Example 1: Resident 2 Acidophilus, Ferrous Sulfate, Vitamin D3, Magnesium Chloride - PM dose - 07/04/2024 Furosemide, Acidophilus- Noon dose - 07/01/2024 and 07/04/2024 On 07/09/2024, Surveyor reviewed Resident 2's July 2024 Medication Administration Record (MAR) which did not document a rationale as to why the listed medications had not been administered. Example 2: Resident 3 Tamsulosin - AM dose - 07/07/2024 Acetaminophen - PM dose - 07/07/2024, 07/08/2024 High Potency Tab, Folic Acid, Magnesium Oxide - PM dose - 07/04/2024 On 07/09/2024, Surveyor reviewed Resident 3's July 2024 MAR which did not document a rationale as to why the listed medications had not been administered. Example 3: Resident 4	N 352		

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N 352	Continued From page 2 Repaglinide .05 MG - 4PM dose - 07/04/2024 Repaglinide 1 MG, Acetaminophen - 4PM dose - 07/05/2024, 07/06/2024 Levothyroxin - 8 AM - 07/03/2024, 07/04/2024 On 07/09/2024, Surveyor reviewed Resident 4's July 2024 MAR which did not document a rationale as to why the listed medications had not been administered. Example 4: Resident 5 On 07/09/2024, at approximately 12:40 PM, Surveyor interviewed Resident 5. Resident 5 stated s/he had concerns regarding receiving his/her eye drops as prescribed. Surveyor requested Resident 5's record. Resident 5's July 2024 MAR documented: Simbrinza (eye drop) - 1 drop to eye(s) (both) three times a day Upon rising, Afternoon, HS (hours of sleep). First Date: 04/12/2024. The MAR did not document administration on: AM - 07/07 to 07/09 Afternoon - 07/02 to 07/07 On 07/09/2024, at approximately 4:30 PM, Surveyor interviewed Administrator A. Administrator A stated the provider had switched pharmacies and some of the resident's medications were not filled correctly. Administrator A stated Resident 5's eye drops that were ordered on 07/05/2024, were not filled until 07/09/2024, and the resident was completely out of the eye drops. Administrator A stated staff should not have documented that the eye drops had been administered as they arrived today. On 07/09/2024, at approximately 4:45 PM,	N 352		

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N 352	Continued From page 3 Surveyor interviewed Administrator A and Licensed Practical Nurse B. Administrator A stated these concerns would be addressed immediately at the upcoming staff meeting. Administrator A stated there is no reason why a resident should not receive their medication if a rationale is not listed.	N 352		
N 389	83.35(3)(d) Service plans updated annually or on changes Individual service plan review. Annually or when there is a change in a resident ' s needs, abilities or physical or mental condition, the individual service plan shall be reviewed and revised based on the assessment under sub. (1). All reviews of the individual service plan shall include input from the resident or legal representative, case manager, resident care staff, and other service providers as appropriate. The resident or resident ' s legal representative shall sign the individual service plan, acknowledging their involvement in, understanding of and agreement with the individual service plan. This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not ensure that the Individualized Service Plan (ISP) was updated when there was change in needs and physical or mental condition for 1 out of 1 resident reviewed. This is a repeat deficiency. See Statement of Deficiency (SOD) JGE612, dated 02/02/2022. Resident 1's ISP did not document that s/he required oxygen and ambulated with a wheelchair	N 389		

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N 389	Continued From page 4 and a two wheeled walker. Findings include: On 07/09/2024, at approximately 1:00 PM, Surveyor toured Resident 1's room. Surveyor heard Resident 1's oxygen concentrator running, and Resident 1 was not in the room. On Resident 1's closet door there was a sign that read, "Turn 02 (oxygen) tank off when not used!!!" Surveyor requested Resident 1's record. Resident 1 moved into the facility 01/04/2024 and was on hospice. Resident 1's "Individualized Service Plan," dated 01/04/2024, did not document that Resident 1 was on oxygen and that s/he ambulated with a wheelchair. Resident 1's nurse charting documented: "05/24/2024 - Continues to use a wheelchair for on unit mobility. Continues to use a wheelchair for off unit mobility. Continues to use a two wheeled walker." On 07/09/2024, at approximately 2:30 PM, Surveyor interviewed Administrator A. Administrator A stated Resident 1 was independent, and staff assisted only with medication administration. Administrator A stated s/he would review and update Resident 1's ISP.	N 389		
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	N 415		

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N 415	Continued From page 5	N 415		

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 record review and interview, the provider did not ensure proper documentation within the Medication Administration Record (MAR) for 3 of 3 residents reviewed.

This is a repeat deficiency. See Statement of Deficiency (SOD) JGE611, dated 09/28/2021, and SOD 016611, dated 10/14/2020.

Resident 2, Resident 4, and Resident 5 had blanks on the MAR where scheduled medication administration should have been documented.

Findings include:

Example 1: Resident 2

Resident 2's June 2024 MAR did not document the following medications as administered:
6 AM - Levothyroxine Sodium, Omeprazole - 06/01, 06/03 to 06/06, 06/13, 06/18, 06/20, 06/22, 06/23
6 AM - Spironolactone - 06/16
Noon - Lactobacillus, Furosemide - 06/02, 06/16, 06/30
2 PM - Acetaminophen - 06/02, 06/16, 06/30
PM - Lactobacillus, Cranberry, Ferrous Sulfate,

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N 415	Continued From page 6 Vitamin D3 - 06/01, 06/16 Resident 2's July 2024 MAR did not document the following medications as administered: Cranberry 500 MG (milligram) - 07/04, 07/05, 07/06 Lactobacillus (Acidophilus) Extra Strength, Ferrous Sulfate 325 MG, Vitamin D3 25 MCG (microgram) - 07/05, 07/06 On 07/09/2024, at approximately 3:30 PM, Surveyor reviewed the blister cards in the med cart to verify the medications for July 2024 were no longer in the blister cards. Example 2: Resident 4 Resident 4's July 2024 MAR did not document the following medications as administered: 7:00 AM - Apixaban, Duloxetine, Lexapro, Tradjenta, Potassium Chloride, Diltiazem, Amiodarone - 07/07/2024 Example 3: Resident 5 Resident 5's July 2024 MAR did not document the following medications as administered: AM - Multi Vitamin - 07/06, 07/07, 07/08 AM - Aspirin, Multiple Vitamins-Minerals, Spironolactone, Carvedilol, Losartan Potassium - 07/06 thru 07/09 On 07/09/2024, at approximately 4:00 PM, Surveyor interviewed Administrator A and Licensed Practical Nurse B. Administrator A stated staff would be immediately educated on the importance of medication administration documentation. Cross Reference: N0352 DHS 83.32(3)(h) Rights	N 415		

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N 415	Continued From page 7 of Residents: Receive Medication	N 415		
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: Based on record review and interview, the provider's fire drills in 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. This is a repeat deficiency. See Statement of Deficiency (SOD) JGE611, dated 09/28/2021. Findings include: The provider is licensed to care for a maximum of 50 residents within the client group advanced	N 525		

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N 525	Continued From page 8 aged and irreversible dementia/Alzheimer's. The facility is adjoined with other licensed assisted living facilities and a skilled nursing home. On 07/09/2024, Surveyor reviewed provider's 2023 fire drills which documented: 06/15/2023 4:50 AM Location of Fire - Unit 5 C-wing DEN; Evacuation of Resident? Yes, How Many? Mock = 1 wheelchair. Evacuation Time: 1 minute 12 seconds from Dr Red announce. 09/13/2023 2:34 PM Location of Fire - Heritage III Rm 301; Evacuation of Resident? Yes, How Many? 1. Evacuation Time: 1 minute 54 seconds. Verify evacuation Rm 301. Close room door 301. All other patient room closed. Resent Fire Alarm. 09/21/2023 1:29 AM Location of Fire - Unit 6 - A/C (air condition) unit on wall - CK (check) for rescue, none required - extinguish. All staff evacuate affected RM (room). Continue accountability of residents, close remaining patient doors. All clear. Alarm reset at 1:32 AM. 09/25/2023 8:27 PM Location of Fire - Heritage 1 Suite 5; Evacuation of Resident? Yes, How Many? 1. Evacuation Time: 1 minute 26 seconds. Person evacuated past 2 fire doors. On 07/09/2024, at approximately 3:30 PM, Surveyor interviewed Administrator A. Administrator A explained the local fire department conduct the fire drills for the entire	N 525		

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N 525	Continued From page 9 facility simultaneously. Surveyor reviewed the fire drill documentation with Administrator A. Administrator A stated the drills did not outline the residents who were considered point of rescue and/or who required assistance to evacuate. Administrator A stated s/he would develop his/her own form to capture this information and to ensure drills are completed quarterly.	N 525		
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 department or the entity shall make every reasonable effort to contact the clerk of courts to	Z 010		

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Z 010	Continued From page 10 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 and judgment of conviction related to Med Passer C's violation of 948.03(3)(C) - Child Abuse - Reckless Probability/Great Harm. Findings include: On 07/09/2024, Surveyor reviewed the record of Med Passer C who was hired on 02/03/2021. Med Passer C's record included a Department of Justice Criminal History Report, dated 02/02/2021, which listed a conviction of 948.03(3)(C) - Child Abuse - Reckless Probability/Great Harm on 01/11/2018. On 07/09/2024, at approximately 3:30 PM, Surveyor interviewed Administrator A and Human Resource D. Surveyor asked if attempts were made to obtain the criminal complaint related to Med Passer C's 01/11/2018 conviction of 948.03(3)(C) - Child Abuse - Reckless Probability/Great Harm. Human Resource D stated, "No." Administrator A stated s/he was unaware attempts should be made to obtain a copy of the criminal complaint.	Z 010		