STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017740	A. BUILDING: _____ B. WING _____	C 04/10/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOME WITH A HEART	435 W WALNUT ST MUSCODA, WI 53573

(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 04/10/2024, The Bureau of Assisted Living, Southern Regional Office conducted a standard survey at Home With A Heart, a CBRF in Muscoda, WI. As a result of this survey, 4 violations of Chapter DHS 83 were issued. Census: 11	N 000		
N 220	83.17(2)(a) Employees screened for communicable disease. The CBRF shall obtain documentation from a physician, physician assistant, clinical nurse practitioner or a licensed registered nurse indicating all employees have been screened for clinically apparent communicable disease including tuberculosis. Screening for tuberculosis shall be conducted using centers for disease control and prevention standards. The screening and documentation shall be completed within 90 days before the start of employment. The CBRF shall keep screening documentation confidential, except the department shall have access to the screening documentation for verification purposes. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 3 staff reviewed were screened for tuberculosis using centers for disease control and prevention standards within 90 days before the start of employment. FINDINGS INCLUDE: On 04/10/2024, Surveyors arrived at facility for a	N 220		

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

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N 220	Continued From page 1 standard survey. On 04/10/2024, Surveyor reviewed Caregiver C's staff record. Caregiver C was hired on 07/30/2019. Caregiver C's tuberculosis screen contained the results of a 1-step tuberculin skin test. The 1-step tuberculin skin test was documented as a negative on 07/29/2024. On 04/10/2024, Surveyor reviewed Caregiver D's staff record. Caregiver D was hired on 04/01/2024. Caregiver D's tuberculosis screen contained the results of a 1-step tuberculin skin test. The 1-step tuberculin skin test was documented as a negative result on 03/21/2024. On 04/10/2024 at 2:00 PM, Surveyor discussed the above concern with Administrator A and Manager B. Administrator A stated Caregiver C and Caregiver D had been working in the facility as caregivers. Administrator A denied Caregiver C and Caregiver D having documented results of a tuberculosis screen using centers for disease control and prevention standards within 90 days before the start of employment. Administrator A acknowledged according to CDC guidelines employees of long-term care facilities are to be screen for active and latent tuberculosis. Administrator A acknowledged latent tuberculosis is detected via 2-step tuberculin skin test, QuantiFERON-gold blood test and/or chest X-ray.	N 220		
N 401	83.37(1)(b) Medication label permanently attached. Medications. Prescription medications shall come from a licensed pharmacy or a physician and shall have a label permanently attached to the outside of the container. Over-the-counter	N 401		

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N 401	Continued From page 2	N 401		

medications maintained in the manufacturer ' s container shall be labeled with the resident ' s name. Over-the-counter medications not maintained in the manufacturer ' s container shall be labeled by a pharmacist.

This Rule is not met as evidenced by:
Based on observation, record review and interview, the provider did not ensure all prescription medications from a licensed pharmacy had a permanently attached label to the outside of the container.

On 04/10/2024, Surveyor found Resident 1 and Resident 5's insulin pens secured in the medication refrigerator. Upon inspection Surveyor found the prescription label for resident insulin pens to be attached to the box containing 5 insulin pens. Surveyor found the insulin injector pens containing the insulin did not prescription labels attached to them. Resident 1 and Resident 5 had insulin pens that were identical in appearance.

FINDINGS INCLUDE:

On 04/10/2024, Surveyors arrived a facility for a standard survey.

RECORD REVIEW:

EXAMPLE 1: Resident 1

On 04/10/2024, Surveyor reviewed Resident 1's facility facesheet. Resident 1 was admitted to the facility on 03/18/2022. Resident 1 is diagnosed with but not limited to: diabetes mellitus type 1.

On 04/10/2024, Surveyor reviewed Resident 1's April 2024 MAR. Resident 1 had the following

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N 401	Continued From page 3 insulin orders listed: 1.) Insulin Glargine 25 units - inject 25 units SQ in the evening for DM 2.) Insulin Glargine 50 units - inject 50 units SQ in the evening for DM 3.) Insulin Glargine 70 units - inject 70 units SQ in the morning for DM EXAMPLE 2: Resident 5 On 04/10/2024, Surveyor reviewed Resident 5's facility facesheet. Resident 5 was admitted to the facility on 08/25/2022. Resident 5 was diagnosed with but not limited to: diabetes mellitus (DM) type 1. On 04/10/2024, Surveyor reviewed Resident 5's April 2024 medication administration record (MAR). Resident 5 had the following insulin orders listed: 1.) Insulin Glargine 52 units - inject 52 units SQ (subcutaneously) twice daily for DM OBSERVATION & INTERVIEW: On 04/10/2024 at 10:30 AM, Surveyors reviewed the facility medication refrigerator with Administrator A and Manager B. Surveyor asked Administrator A about Resident 1 and Resident 5's insulin pens. Administrator A acknowledged Resident 1 and Resident 5's insulin injector pens did not have prescription labels attached them. Administrator A stated the pharmacy did not provide labels for each insulin injector pen. Administrator A showed Surveyor the pharmacy placed one label on the box containing 5 insulin pens. Administrator A stated the facility had labeled small plastic bins with Resident 1 and Resident 5's initials to keep the insulin injector pens in current use separated from one another.	N 401		

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N 401	Continued From page 4 Administrator A acknowledged Resident 1, and Resident 2 had identical insulin injector pens. Administrator A acknowledged if Resident 1 and Resident 5's insulin injector pens were accidentally stored in the wrong plastic bin, dropped or knocked out of their labeled plastic bins it would not be possible to differentiate Resident 1's insulin injector pen from Resident 5's insulin injector pen. Administrator A acknowledged the date Resident 1 and Resident 5's insulin injector pens were opened had not been documented. Administrator A acknowledged it would not be possible to audit these insulin injector pens without knowing the date and time staff began dispensing insulin from it. Administrator A stated staff administer Resident 1 and Resident 5's insulin.	N 401		
N 481	83.43(1) Environment safe, clean, and comfortable Environment. The CBRF shall provide a living environment that is safe, clean, comfortable, and homelike. All common dining and living areas shall contain furnishings appropriate to the intended use of the room. This Rule is not met as evidenced by: Based on observation and interview the provider did not ensure a clean and homelike environment. Findings include: On 04/10/2024 at approximately 8:30 AM, Surveyors toured the facility. On tour of the facility the following was observed:	N 481		

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N 481	Continued From page 5 1.) Multiple sprinkler heads were covered in dust. 2.) There were multiple lights that were burnt out or missing in resident rooms. 3.) There were cigarette ashes all over the rear deck that is made of wood. 4.) The ceiling fan in Resident 3 and Resident 4's room was covered in a thick layer of dust. 5.) In Resident 8's room the carpet was stained badly, there was paper debris all over the floor. 6.) In the kitchen area there was dust and cobwebs on the walls. The microwave door was broken leaving a sharp edge. 7.) There was tape over the light switch in the medication room and a fly strip in the corner. 8.) In the rear common area, there was a broken light switch. 9.) In Resident 7's room there was holes in the screen for the window. 10.) In Resident 5's room there was a full oxygen tank that was stored on the floor and was not in a holding container to prevent it from falling. 11.) The front and rear exit doors were scraped up badly and the door frames were damaged. On 04/10/2024 at approximately 2:05 PM, Administrator A stated s/he would contact the landlord of the property to come look into the issues and get the issues corrected.	N 481		

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N 613	Continued From page 6	N 613		
N 613	83.55(4)(a) Bath and toilet areas: privacy. Bath and toilet rooms shall have door locks to ensure privacy, except where the toilet, bath or shower room is accessed only from a resident room that is occupied by one person. All door locks shall be operable from both sides. This Rule is not met as evidenced by: Based on observation and interview the provider did not ensure the toilet areas in shared bedrooms had door locks to ensure privacy. 4 of 4 shared rooms at the facility did not have functioning locks and 3 of 4 had two persons in the room. Findings include: On 04/10/2024 at approximately 8:30 AM, Surveyors toured the facility. Surveyors noted 4 rooms that were marked as shared rooms. All 4 rooms did not have locks on the sliding bathroom doors that would ensure privacy. On 04/10/2024 at approximately 1:59 PM, Surveyors shared findings with Manager B. Manager B stated s/he would look into the door locks. On 04/10/2024 at approximately 2:05 PM, Administrator A stated s/he would contact the landlord of the property to come install locks on the doors.	N 613		