STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015092	A. BUILDING: _____ B. WING _____	R-C 09/27/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERITAGE ELM GROVE	800 WALL ST ELM GROVE, WI 53122

(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 09/27/2024, Surveyor conducted 1 verification visit and 1 complaint investigation at Heritage Elm Grove. One deficiency was identified. The deficiency was a repeat violation. See Statement Of Deficiency (SOD) 2LIH11, dated 09/25/2019 and SOD LBFM11, dated 06/20/2024. The complaint was unsubstantiated. Under statutory provisions of Wis. Stat. ch. 50, a $200 revisit fee is being assessed. Census: 43	{N 000}		
{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 observation, interview and record review, the provider did not ensure the individual service plan was followed as written for 1 of 3 residents reviewed when Resident 2 was transferred resident using a medium size Hoyer sling instead of a large sling as required in his/her individual service plan (ISP). This is a repeat deficiency. See Statement Of Deficiency (SOD) 2LIH11, dated 09/25/2019 and SOD LBFM11 dated 06/20/2024. Findings include: A Hoyer lift is a mechanical lift used to transfer a	{N 388}		

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

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{N 388}	Continued From page 1 person, who is unable to bear his/her own weight, from one surface to another. On 09/27/2024 from 11:10 AM to approximately 11:30 AM with assistance from CNA Supervisor M and Quality Specialist Q, Surveyor checked sizes of the 8 Hoyer slings. Four (Resident 3, Resident 4, Resident 5, and Resident 6) of 8 slings that residents were sitting on (indicating it was the sling used to transfer the resident during most recent transfer) had no size visible on the tag due to the worn-out tag. Resident 7 was in bed and sling was draped on Hoyer lift; size of sling was not visible on sling tag due to the worn-out tag. Size of 2 slings (Resident 8 and Resident 9) were visible on sling tag and matched the size identified on list. On 09/27/2024 at 11:13 AM, Surveyor observed Resident 2 in his/her room sitting on his/her Hoyer sling in a lounge chair. With assistance from CNA Supervisor M, Surveyor observed the Hoyer sling's size identified on the tag as medium. The tag also stated " ...WARNING Before using sling a risk assessment must be performed to ensure the correct type, shape and size of sling are used for the patient ..." (Photo 1). At 11:19 AM, Quality Specialist N joined Surveyor in Resident 2's room and verified the size of sling Resident 2 was sitting on was a medium. On 09/27/2024 at approximately 11:50 AM, Surveyor interviewed Resident Aid O who stated s/he transferred Resident 2 with a Hoyer lift twice 09/27/2024, before breakfast from bed to chair and before lunch when changing him/her from chair to bed and back to chair. Resident Aid O stated Resident 2 had 2 slings, 1 for showering and 1 for transferring. Resident Aid O stated sometimes s/he obtained Hoyer slings from the	{N 388}		

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{N 388}	Continued From page 2 laundry room if there was no sling in a resident's room. Resident Aid O showed Surveyor where clean slings were kept in the laundry room and Surveyor observed 1 clean sling on the shelf in the laundry room. Resident Aid O inspected the tag on the sling and stated there was no size listed on the tag because the tag was too faded. When Surveyor asked how s/he knew what size a sling was if the size was not identified on the tag, Resident Aid O stated s/he did not check sling sizes. On 09/27/2024 Surveyor reviewed Resident 2's record. S/he was admitted 08/25/2022. Diagnoses included: age-related osteoporosis without current pathological fracture; vascular dementia; polyneuropathy, unspecified; spinal stenosis, lumber region; and cerebral infarction, unspecified. ISP dated 10/19/2023: In the area of Transferring- " ...Staff provide total assistance with transfers using hoyer [sic]. I use a large size sling ..." On 09/27/2024 at 1:21 PM, Surveyor discussed concern of not following Resident 2's ISP as written with Regional Director A, Executive Director D and Quality Specialist N. When Surveyor asked how they corrected N0388 83.35(3)(c) Implement, Follow the Individual Service Plan from SOD LBFM11 dated 06/20/2024, Executive Director D stated they audited the Hoyer slings and updated the ISP's.	{N 388}		