

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525521	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/02/2024
NAME OF PROVIDER OR SUPPLIER  Heartland Country Village		STREET ADDRESS, CITY, STATE, ZIP CODE  634 Center St Black Earth, WI 53515	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38882</b></p> <p>Based on observation, interview, and record review, the facility did not ensure each resident had a safe, clean, comfortable, and homelike environment or ensure housekeeping provided necessary services to maintain a sanitary, orderly, and comfortable area for 4 of 4 residents reviewed for homelike environment out of a total sample of 8 residents (R2, R5, R6, and R1).</p> <p>R2, R6, R5, and Resident Representative I voiced concerns related to facility cleanliness. Surveyor observed R2's, R5's, and R6's rooms noting dust and debris build up.</p> <p>Surveyor observed R1's room to have dust and debris build up in several areas.</p> <p>Surveyors observed dust and debris collected on the facility's elevator and in the facility's foyer.</p> <p>Evidenced by:</p> <p>Facility policy, entitled Homelike Environments, revised 2/2021, includes: Residents are provided with a safe, clean, comfortable, and homelike environment and encouraged to use their personal belongings to the extent possible. Staff provides person centered care that emphasizes the resident's comfort, independence, and personal needs and preferences. The facility . maximizes . the characteristics of the facility that reflect a personalized, homelike setting. Including: clean, sanitary, and orderly environment .</p> <p>Facility Housekeeping Checklist, undated, includes:</p> <p>Monday- spare linen closet . linen closet</p> <p>Tuesday-big vacuum . laundry room gets deep clean . therapy room . dusting and sanitizing railings including back side of railings .</p> <p>Wednesday-clean refrigerator in breakroom . equipment room</p> <p>Thursday-disinfecting blood pressure machine/hoyers/EZ stands . offices (this includes garbages, sanitizing all contact surfaces, cleaning the bathroom in CEO's office and vacuuming in all of the back office hall . copy room . back entrance area and offices .</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Friday-deep clean beauty shop . big vacuum . high dusting in halls . deep clean elevator .</p> <p>It is important to note this facility document does not include a schedule of daily cleaning of resident rooms and does not describe what deep cleaning will consist of.</p> <p>The facility did not provide a policy and procedure related to how often they clean resident rooms and what the cleaning entails .</p> <p>Example 1</p> <p>R2 admitted to the facility on [DATE]. His most recent Minimum Data Set (MDS) with Assessment Reference Date (ARD) of 10/20/23 indicates R2's cognition is moderately impaired with a Brief Interview for Mental Status (BIMS) score of 9 out of 15.</p> <p>On 4/2/24 at 9:00 AM, R2 and Resident Representative I indicated they have a concern with the cleanliness of R2's room and they would like someone to come in and clean the room daily. Resident Representative I indicated she visits daily and the broken vase has been there for days and the cobwebs have been there longer. Surveyor observed cobwebs and dust balls in the corners of R2's room, pieces of a broken vase between R2's bed and nightstand, and dust/debris build up along the baseboards, behind the door, and in the corners.</p> <p>On 4/2/24 at 3:05 PM, NHA A (Nursing Home Administrator), DON B (Director of Nursing), and Surveyor observed R2's room noting the broken vase pieces, cobwebs, dust build up along the floorboards, behind the door, along the perimeter of the nightstand, and in the corners.</p> <p>Example 2</p> <p>R5 admitted to the facility on [DATE]. Her most recent MDS with ARD of 1/16/24, indicates R5's cognition is fully intact with a BIMS score of 15 out of 15.</p> <p>On 4/2/24 at 9:10 AM, Surveyor observed R5's room to have clusters of dust under the bed and between the bed and nightstand, as well as dust and debris build up on the floor in the corners and along the baseboards around the perimeter of R5's room. During an interview R5 indicated staff do not clean her room every day, but they do take out the garbage most days.</p> <p>On 4/2/24 at 3:05 PM, NHA A, DON B, and Surveyor observed R5's room noting dust build up along the floorboards, behind the door, along the perimeter of the nightstand, and in the corners.</p> <p>Example 3</p> <p>R6 admitted to the facility on [DATE].</p> <p>On 4/2/24 at 9:17 AM, R6 indicated she has been at the facility for five (5) days and had only seen the cleaners once and then all they did was grab my garbage. R6 stated that her room is not as clean as she would like, and that facility staff don't dust enough. Surveyors observed R6's room to have dust and debris throughout the room.</p> <p>Example 4</p> <p>(continued on next page)</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>R1 admitted to the facility on [DATE]. Her most recent MDS with ARD of 1/20/24 indicates R1's cognition is moderately impaired with a BIMS score of 10 out of 15.</p> <p>On 4/2/24 at 9:26 AM, Surveyor observed a layer of dust on all four of the bed foot covers and dust behind the bed, along the baseboards, and behind the door.</p> <p>On 4/2/24 at 3:05 PM, NHA A (Nursing Home Administrator), DON B (Director of Nursing), and Surveyor observed R1's room noting the layer of dust on the bed's foot covers, dust build up along the floorboards, behind the door, along the perimeter, and in the corners.</p> <p>Example 5</p> <p>On 4/2/24 at 9:49 AM, Surveyor observed accumulated dirt and cobwebs in the corners of the facility's elevator.</p> <p>Example 6</p> <p>On 4/2/24 at 3:20 PM, Surveyor noted accumulated dirt and cobwebs behind a table and along the perimeter of the facility's foyer.</p> <p>On 4/2/24 at 2:32 PM, CNA H (Certified Nursing Assistant) stated that housekeeping is supposed to clean the rooms every day.</p> <p>On 4/2/24 at 2:47 PM, NHA A indicated it is her expectation that housekeepers clean the resident rooms every day, but the facility is down one housekeeper currently.</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38882</b></p> <p>Based on interview, observation, and record review, the facility did not ensure that a resident that is unable to carry out activities of daily living (ADL's) and receives the necessary services to maintain personal hygiene for 2 of 4 reviewed for ADL's (R2, R3) of a total sample of 8 residents.</p> <p>R3 is not receiving showers per schedule.</p> <p>R2 is not receiving showers per schedule.</p> <p>This is evidenced by:</p> <p>Example 1</p> <p>R3 admitted on [DATE] with diagnoses of muscle weakness, unsteadiness on feet, history of falling, angina pectoris, other chest pain, osteoarthritis of the knee, morbid obesity, congestive heart failure, generalized anxiety disorder, and COVID-19 among others.</p> <p>On 4/2/24 at 9:31 AM, Surveyor interviewed R3, who stated, I haven't had a shower for two months.</p> <p>R3's most recent Minimum Data Set (MDS) with Assessment Reference Date (ARD) of 8/18/23 indicates R3 requires substantial/maximum assistance with bathing.</p> <p>R3's Comprehensive Care Plan, initiated 11/22/22, includes: R3 has self-care deficit related to inability to independently perform ADL's related to impaired mobility secondary to weakness, recent COVID infection and debility. Goal is to have bathing and grooming needs met. Interventions include to shower/bathe client according to schedule and PRN (as needed).</p> <p>The Facility's Shower Schedule indicates R3 is scheduled to take showers every Sunday during the evening shift.</p> <p>R3's shower sheets indicate R3 had a shower on the following dates:</p> <p>December 6 and December 22</p> <p>R3's shower documentation does not include any documentation of showers or refusals for the following dates:</p> <p>12/24 1/28 3/3</p> <p>12/31 2/4 3/10</p> <p>1/7 2/11 3/17</p> <p>1/14 2/18 3/24</p> <p>(continued on next page)</p>

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>1/21 2/25 3/31</p> <p>On 4/2/24 at 2:29 PMt, Surveyor interviewed CNA F (Certified Nursing Assistant) who indicated showers are to be documented on a shower sheet/skin sheet. If the resident refuses this should also be documented on the shower sheet/skin sheet. CNA F indicated staff are to reapproach a resident if they refuse and offer them a shower/bath at a later time. CNA F indicated this should also be documented.</p> <p>On 4/2/24 at 2:34 PM, CNA G indicated showers are to be documented on a shower sheet and put in the shower binder. CNA G indicated if a resident refuses a shower the refusal should be documented on the shower sheet too, but this does not always happen.</p> <p>On 4/2/24 at 2:35 PM, CNA H indicated showers and refusal of shower should be documented in the nurse notes and on a shower sheet.</p> <p>On 4/2/24 at 2:47 PM, NHA A (Nursing Home Administrator) who indicated if the resident refuses showers, staff should document the refusal on a shower sheet. NHA A stated she has had trouble with staff documenting refusals.</p> <p>Example 2</p> <p>R2 admitted on [DATE] with diagnoses including: muscle weakness, dementia, essential hypertension, depression, and difficulty walking among others.</p> <p>On 4/2/24 at 9:00 AM, Surveyor interviewed R2, who stated, I have no idea, when asked when he last had a shower.</p> <p>On 4/2/24 at 9:00 AM, Resident Representative I indicated she visits every day and R2 does not always get his shower when he is supposed to.</p> <p>R2's most recent MDS with ARD of 10/20/23 indicates R2 requires partial/moderate assistance with bathing.</p> <p>R2's Comprehensive Care Plan, initiated, 10/13/23, states R2 has an ADL self-care deficit related to decreased mobility and cognition, contributing factors: progressing disease process. Interventions include bathing assist of 1.</p> <p>The Facility's Shower Schedule indicates R2 is to have showers on Monday during the day shift.</p> <p>R2's shower sheets, include the following:</p> <p>1/2/24 shower given</p> <p>1/9/24 refused</p> <p>1/10/24 shower given</p> <p>1/16/24 shower given</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>2/8/24 shower given</p> <p>2/12/24 refused</p> <p>It is important to note the R2's medical record does not include documentation of shower given or shower refused:</p> <p>2/19, 2/26, 3/4, 3/11, 3/18, 3/25, 4/1</p> <p>On 4/2/24 at 2:32 PM, Surveyor interviewed CNA G who stated that R2 is mostly independent with his showers and that they chart showers by completing a shower sheet. CNA G indicated if a resident refuses she is to chart the refusal on a shower sheet.</p> <p>It is important to note R2's MDS indicates R2 requires moderate assistance and is to receive assistance of one staff per the care plan while CNA G stated that R3 is mostly independent.</p> <p>On 4/2/24 at 3:05 PM, DON B (Director of Nursing) and NHA A (Nursing Home Administrator) indicated the expectation is that staff fill out the skin check/shower sheet for all showers and refusals of showers.</p>

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<p>F 0812</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>38882</p> <p>Based on observation, interview, and record review, the facility failed to prepare, distribute, and serve food in accordance with professional standards for food service safety to prevent foodborne illness for 1 of 8 (R3) sampled residents who was served non-pasteurized eggs with runny yolks that were not set and completely firm. Additionally, the facility did not ensure hand hygiene was completed per standards of practice, food was dated, and food temperatures were completed.</p> <p>Failure to ensure that eggs served were pasteurized or fully cooked placed this resident at risk for becoming infected by Salmonella and created a finding of Immediate Jeopardy (IJ) which began on 4/2/24. The facility administrator was made aware of the findings of IJ on 4/2/24 at 2:24 PM. The Immediate Jeopardy was removed on 4/2/24; however, the deficient practice continues at a severity/scope level of F (potential for harm/widespread) as the facility implements its removal plan.</p> <p>Findings include:</p> <p>According to the 2017 FDA Food Code:</p> <p>3-302.13 Pasteurized Eggs, Substitute for Raw Shell Eggs for Certain Recipes.</p> <p>Raw or undercooked eggs that are used in certain dressings or sauces are particularly hazardous because the virulent organism Salmonella Enteritidis may be present in raw shell eggs. Pasteurized eggs provide an egg product that is free of pathogens and is a ready-to-eat food. The pasteurized product should be substituted in a recipe that requires raw or undercooked eggs.</p> <p>Highly susceptible population means PERSONS who are more likely than other people in the general population to experience foodborne disease because they are:</p> <p>(1) Immunocompromised; preschool age children, or older adults; and</p> <p>(2) Obtaining FOOD at a facility that provides services such as custodial care, health care, or assisted living, such as a child or adult day care center, kidney dialysis center, hospital, or nursing home, or nutritional or socialization services such as a senior center.</p> <p>3-801.11 Pasteurized Foods, Prohibited Re-Service, and Prohibited Food.</p> <p>In a FOOD ESTABLISHMENT that serves a HIGHLY SUSCEPTIBLE POPULATION:</p> <p>(B) Pasteurized EGGS or EGG PRODUCTS shall be substituted for raw EGGS in the preparation of .</p> <p>(2) A partially cooked animal FOOD such as lightly cooked FISH, rare MEAT, soft-cooked EGGS that are made from EGGS, and meringue;</p> <p>The facility does not have a policy regarding the use of unpasteurized eggs or the safe handling and/or cooking of shell eggs.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>On 4/2/24 at 9:31 AM, R3 indicated to Surveyor she is served unpasteurized, runny eggs. R3 indicated she knows the eggs are unpasteurized because she has a friend who works in the kitchen. R3 indicated she has photos on her cell phone of the eggs. R3 and Surveyor reviewed photos from R3's cell phone of fried eggs that appeared hardened on the outside with visible runny yolk around on the plate. R3 indicated the staff overcook the outside and undercook the inside of the eggs. R3 indicated the last time she was served fried eggs with a runny yolk was this last week.</p> <p>On 4/2/24 at 10:15 AM, Surveyor observed the facility's eggs in the walk-in refrigerator. There were 1.5 cases of unpasteurized shelled grade AA eggs. During an interview, Surveyor asked if the kitchen had any other shelled eggs in house. DM D (Dietary Manager) indicated these are the only shelled eggs in house. DM D indicated residents are allowed to order eggs any way they want to, and the cook will prepare them as such. DM D indicated there are three (3) residents who order eggs with runny yolks, including R3. DM D was not sure if R3 was served runny eggs this morning at breakfast. DM D indicated she was unsure if the eggs were pasteurized, and said she would retrieve the facility's most recent food order invoice.</p> <p>Food Supplier Invoice, dated 3/26/24, includes Facility Name . Facility Address . Account Number . Customer number . Quantity shipped: 2 cases . egg, shelled extra-large grade AA white loose . 15 dozen .</p> <p>On 4/24/24 at 10:20 AM, during an interview, Cook C indicated there are three (3) residents in house who he makes fried eggs with runny yolks for, including R3. Cook C indicated he was not sure if the eggs were pasteurized or unpasteurized.</p> <p>On 4/24/24 at 12:06 PM, Dietary Aide E indicated residents can order eggs with runny yolk to dip their toast in if they want and the kitchen will make them to order.</p> <p>On 4/24/24 at 2:34 PM, CNA G (Certified Nursing Assistant) indicated residents can order eggs any way they would like, and the kitchen would honor the order, including eggs with runny yolks. CNA G could not remember which residents like eggs with runny yolks.</p> <p>On 4/24/24 at 2:35 PM, CNA H indicated she has seen residents get served eggs with runny yolks after requesting them, but she was unsure which residents.</p> <p>On 4/24/24 at 12:49 PM, NHA A (Nursing Home Administrator) indicated the kitchen was ordering pasteurized eggs only and she was unsure if the food supplier substituted the pasteurized eggs with unpasteurized eggs or how this happened. NHA A indicated she would walk down to the kitchen to see if there were any other pasteurized eggs in house.</p> <p>On 4/24/24 at 2:00 PM, NHA A indicated there are no other shelled eggs in house and staff should know they cannot serve unpasteurized eggs without cooking them hard.</p> <p>Serving unpasteurized eggs that were not fully cooked created the potential that residents could contract Salmonella. This created a finding of Immediate Jeopardy. The IJ was removed on 4/2/24 when the facility began implementing the following:</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>-Administrator or designee will notify R3 and other named residents' physician on resident being subjected to unpasteurized eggs not being fully cooked and potential for symptoms of gastrointestinal disorders.</p> <p>-Administrator or designee will complete education with all cooks beginning 4/2/24 and will continue each shift until all cooks are educated.</p> <p>-Administrator or designee will complete audit of served eggs daily for 5 days then 3 times weekly for 3 weeks. Audits will be logged, and results taken to the Quality Assurance and Performance Improvement committee.</p> <p>-Administrator or designee will audit food delivery invoices weekly for potential of unpasteurized eggs being delivered.</p> <p>The deficient practice continues at a severity/scope of F (no actual harm/widespread) as evidenced by:</p> <p>Hand Hygiene</p> <p>On 4/2/24 at 10:15 AM, Surveyor observed Cook C lining hot dogs up on a baking sheet with bare hands. Cook C used a cloth rag to wipe his hands and then he touched his face and then used the same cloth rag to wipe his hands. Cook C then put on clean gloves and continued to work with the hot dogs. (It is important to note Cook C did not perform appropriate hand hygiene after touching his person and before prepping food or putting on clean gloves.)</p> <p>On 4/2/24 at 12:49 PM, NHA A (Nursing Home Administrator) indicated staff are to wash their hands with soap and water before preparing food and after touching their face.</p> <p>Undated/Unsealed Food</p> <p>On 4/2/24 at 10:15 AM, Surveyor observed a half full bag of frozen breadsticks, to have been removed from the original container, inside of the facility's reach in freezer. There was not an open date or use by date on the bag and no manufacturer's expiration date. During an interview, DM D and Cook C indicated items should be marked with an open date or a use by date once opened.</p> <p>On 4/2/24 at 10:15 AM, Surveyor observed an open bag of Country Fried Steak with no open date or use by date marked on it, inside of the facility's walk-in freezer. During an interview, DM D and Cook C indicated items should be marked with an open date or a use by date once opened.</p> <p>Food Temperatures</p> <p>Facility Food Temperature Log for March 2024 indicated the facility did not measure the temperature of the food 11 times before placing it in hot holding as the log had 11 blanks where no temperatures were recorded.</p> <p>(continued on next page)</p>		

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