

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 01/16/2025
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 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide activities to meet all resident's needs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36253</p> <p>Based on interview and record review, the facility failed to provide an ongoing program to support resident choice of activities, based on the comprehensive assessment and care plan and the preferences of each resident for 3 of 3 Residents (R1, R2, R3) reviewed for activities.</p> <p>Activity staff were not conducting activities on the weekends in November (2024), December (2024) and January (2025), despite scheduling staff to come in, nor was there a schedule for residents on these weekends. There is no documentation of R1, R2, and R3 participating or being offered activities in November, December and January.</p> <p>Findings include</p> <p>The facility activity schedule is handed out to residents in their room and is posted on a large dry erase board in the main hallway near the entrance to the facility's main dining room. Weekend activities are the responsibility of whichever manager is scheduled to provide supervision for that weekend. The manager on duty changes every weekend.</p> <p>Example 1</p> <p>R1 was admitted to the facility on [DATE]. His care plan states, The residents preferred activities are: in room such as watching TV, doing word searches, visits with family/friends. He also sometimes attends musical events and resident council meetings. The facility did not have any activities-related documentation for R1 for the months of November (2024), December (2024) and January (2025), including weekends.</p> <p>Example 2</p> <p>R2 was admitted to the facility on [DATE]. Her care plan does not include activities. An Activities quarterly/annual participation review, dated 11/15/24 states, Resident enjoys participating in morning activities especially including balloon ball, ladder ball, bowling and monthly church services. Resident also enjoys musical and social events. Resident serves as resident council president and wants to continue with her role. The facility did not have any activities-related documentation for R2 for the months of November (2024), December (2024) and January (2025), including weekends.</p> <p>Example 3</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 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R3 was admitted to the facility on [DATE]. R3's activities care plan states, The resident likes to socialize with other residents and staff, and enjoys one on one interactions. The resident needs assistance/escort to activity functions. The resident's preferred activities are: watching TV. Resident may be interested in playing bingo and balloon ball after he recovers from his upcoming surgery. An activity assessment progress note dated 11/27/24 states, Met with resident who complete the MDS (Minimum Data Set) and activity assessment interviews. Resident was alert and eager to talk. Resident reports he is to have kidney surgery soon and once he recovers from that, he would like to participate in bingo and games like balloon ball. Once he does, he will need assistance to/from activities and verbal reminders about activities of choice. Since he is hard of hearing, the speaker will need to be near him and speak loudly to him so that he will have optimal benefit of the activity. He also reports he gets lonely so welcomes people to come into his room to talk with him. Resident reports he enjoys watching TV, shows with all-time favorites like Gunsmoke, Will [NAME] and Gene [NAME]. Resident reports his son is very active in his care and is supportive. Residents activity needs and interest will be monitored throughout this rating period. No other notes indicating whether R3 was attending activities were noted for the months of November (2024), December (2024) and January (2025), including weekends.</p> <p>On 1/16/24 at 11:00 AM, Surveyor observed the large erase board in the hallway near the kitchen which detailed the schedule for the month's activities. On this calendar, the week of January 6-10 had various activities and times scheduled. The week of January 13-17 was blank. The weekend days of January 4th and January 5th stated, Activities to be determined by manager on duty. All other weekend days were blank.</p> <p>On 1/16/24 at 11:05 AM, Surveyor interviewed AD C (Activity Director). When asked what activities were taking place on the weekend, AD C provided Surveyor with the schedule from November and December of 2024 that shows which manager is supposed to be working on each weekend. The calendar stated:</p> <p>November 2-3: Activities director</p> <p>November 9-10: BOM (Business office Manager)</p> <p>November 16-17: Social Worker</p> <p>November 23-24: VACANT</p> <p>November 30: Dietary (crossed out/vacant)</p> <p>December 7-8: Maintenance</p> <p>December 14-15: Therapy</p> <p>December 21-22: BOM</p> <p>December 28-29: Activities</p> <p>(continued on next page)</p>		

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<p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>AD C verified that she did, in fact, come in on the dates of November 2-3 and December 28-29, but indicated that no other manager on duty does any activities on the weekend. AD C stated that NHA A (Nursing Home Administrator) makes out the schedule. AD C indicated that she only works 2-3 days per week and the activity aide works 2-3 days per week as well. AD C stated that she did not have activities documentation for R1, R2, and R3, and stated she should have kept better records. Additionally, AD C stated that the facility did not yet have a schedule for January and who would be the manager on duty for weekends in January. AD C also provided Surveyor with her documentation on what activities were conducted on which days. Between November 2024 and January 16, 2025, weekend activities were held on 3 days (11/2/24, 12/22/24, and 12/28/24).</p> <p>On 1/16/24 at 12:28 PM, Surveyor interviewed CNA D (Certified Nursing Assistant) who stated that she works a lot of weekends. When asked if anybody comes in to do activities on the weekends, CNA D stated, Nope.</p> <p>On 1/16/24 at 1:19 PM, Surveyor interviewed HR E (Human Resources) who stated that she has been performing the role of BOM (Business office Manager) in addition to her role as the Director of Human Resources. HR E indicated that on the December 21-22 weekend, she would have been the BOM and she did not do any activities on that weekend.</p> <p>On 1/16/24 at 3:23 PM, Surveyor interviewed TD F (Therapy Director) who stated that on the weekend of December 14-15, she did not conduct any activities. TD F stated that she did not even come into the facility on [DATE]th as she was given permission by NHA A.</p> <p>On 1/16/24 at 1:10 PM, Surveyor interviewed NHA A who stated that she started her role at the facility in early November and that the facility has not been following the current schedule for weekend activities for at least 8 weeks. NHA A was unaware of the schedule. NHA A stated that schedule was implemented by the previous NHA and she has no way of confirming whether staff have been coming in on the weekends to conduct activities. NHA A stated that she should have known what was going on but did not know if activities were happening on the weekend. In addition, NHA A provided Surveyor with a copy of the facility's activity schedule from December and November that they provide to residents. Every Saturday and Sunday states, Activities held on Saturdays/Sundays with manager on duty. Time & Activity TBD.</p> <p>The facility was not documenting on resident activities for R1, R2, and R3, and was not providing activities on the weekends. Managers that were scheduled to work weekends indicated that they did not do any activities, and none were detailed in the schedule that was provided to residents.</p>		