

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 09/20/2024
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 - Few</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>28154</p> <p>Based on observation and interview, the facility failed to ensure an overbed table and wheelchair armrest coverings were intact for two of two residents (Resident (R) 15 and R11) out of a sample of 16 residents. This failure creates areas that could be injurious to a resident's skin and a non-cleanable surface which could harbor bacteria and/or virus that could then infect the resident.</p> <p>Findings include:</p> <p>Upon exiting a resident room on 09/17/24 at 11:32 AM, R15 was observed self-propelling his wheelchair in the hallway; the wheelchair arm rest was observed to have cracked and worn vinyl.</p> <p>Observation of R15 seated outside in his wheelchair 09/17/24 at 4:55 PM showed both armrests had cracked and worn vinyl. On 09/18/24 at 5:10 PM, R15 was again seated outside in his wheelchair. During a discussion R15 denied he had ever hurt himself on the cracked vinyl, which had been that way for about a year. R15 continued that he had asked for new ones but the facility didn't have any.</p> <p>During the medication administration task on 09/19/24 at 8:05 AM observation of R11's overbed table showed the surface was chipping out around the outer edge banding creating a non-cleanable rough surface. Licensed Practical Nurse (LPN) 2 advised that R11 was blind.</p> <p>During an interview/observation on 09/19/24 at 2:00 PM, the Administrator viewed R11's overbed table and confirmed that the surface was chipped away. On 09/19/24 at 2:08 PM, the Administrator and Maintenance Director observed R15's wheelchair and confirmed the condition of cracked/worn wheelchair armrests.</p> <p>On 09/19/24 at 5:00 PM, surveyor asked the Regional Nurse Consultant (RNC) for the policy regarding resident equipment/furniture maintenance, but no policy was received.</p> <p>During an interview on 09/20/24 at 6:46 PM the Administrator stated an expectation that the overbed tray and wheelchair armrests are in cleanable and safe condition.</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 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 28154</p> <p>Based on record review, interview, and policy review, the facility failed to ensure two of two residents and or their representatives (Resident (R) 6 and R23) reviewed for facility initiated emergent hospital transfer out of a total sample of 16 were provided with a written transfer notice that contained all required information. This failure has the potential to affect the resident and their Resident Representative (RR) by not having the knowledge of where and why a resident was transferred and/or how to appeal the transfer, if desired.</p> <p>Findings include:</p> <p>Review of the facility policy titled Discharging the Resident, revised December 2016, discussed transfers to home, other long term care facilities, hospitals, and mortuaries, but did not address the requirement for a written notice of transfer in the event of an emergent transfer.</p> <p>1. Review of R6's admission Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 7/25/24, revealed the resident was admitted to the facility on [DATE] with diagnoses that included diabetes mellitus and that the resident scored 15 out of 15 on the Brief Interview for Mental Status (BIMS), which indicated the resident was cognitively intact.</p> <p>During an interview on 9/17/24 at 3:50 PM, R6 stated she had been sent to the hospital about a month ago.</p> <p>Review of R6's electronic medical record (EMR) Progress Notes tab revealed, 8/21/2024 16:15 (4:15 PM) Health Status Note Note Text: Writer entered resident's room to replace catheter that was dislodged on day shift. Resident was unable to have a conversation with writer. She would open her eyes when her name was said and then go right back to sleep. Vitals were unstable. 911 called. Black Earth ambulance arrived. Ambulance left with resident at 1545 (3:45 PM). Report called . emergency room .</p> <p>Review of the EMR Miscellaneous tab showed a transfer notice dated 8/21/24 with a handwritten note verbal consent given above the signature line.</p> <p>During an interview on 9/20/24 at 9:15 AM, R6 reviewed the written notice of transfer and stated she did not recall ever seeing that form before.</p> <p>2. Review of R23's EMR Census tab showed a facility admitted [DATE] and was reviewed for hospitalization .</p> <p>Review of R23's discharge MDS, with an ARD of 07/19/24 showed medical diagnoses that included acute and chronic respiratory failure, coronary artery disease, hypertension, asthma, and respiratory failure.</p> <p>(continued on next page)</p>		

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<p>F 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of R23's EMR Progress Notes tab revealed, 7/19/2024 06:52 (6:52 AM) Incident Note, Note Text: 1210a Resident came out into hallway and attempted to enter janitorial closet. Not using walker. Has taken O2 (oxygen) off. 2 Staff attempted to assist him but resident resisting and pulling arm away. After discussion about unsteady gait able to redirect back to room with staff assistance. 1230a resident in bed. Appeared sleeping with unlabored respirations. 2L O2 on. 155a Noise from residents room. 3 Staff responded. Resident on floor, supine, next to bed . #1 220a 'My neck feels stiffer' . Denies numbness/tingling. 225a Called Fire/Rescue. Informed resident. 240a [name] Fire/Rescue left with resident .</p> <p>Review of R23's Miscellaneous and Assessment tabs showed no evidence that a written transfer notice was provided upon emergent transfer.</p> <p>In response to a request for the transfer notice on 9/19/24 at 3:00 PM, the Regional Nurse Consultant (RNC) provided an E-Interact Transfer form stating that was all they could find for his transfer. The form contained resident health information and was for the hospital staff.</p> <p>During an interview on 9/20/24 at 6:42 PM, the Administrator stated it was the expectation that a written notice be provided upon emergency transfer for the resident and representatives.</p>		

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<p>F 0625</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Notify the resident or the resident's representative in writing how long the nursing home will hold the resident's bed in cases of transfer to a hospital or therapeutic leave.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 28154</p> <p>Based on record review, interview, and facility policy review, the facility failed to ensure two of two residents (Resident (R) 6 and R23) reviewed for hospitalization , from a sample of 16 residents, received a written bed hold policy upon emergent transfer to the hospital. This failure had the potential to contribute to possible denial of re-admission and loss of the resident's home following a hospitalization for residents transferred to the hospital.</p> <p>Findings include:</p> <p>Review of the facility policy titled Bed-Holds and Returns, revised October 2022, revealed:</p> <p>.Policy Interpretation and Implementation 1. All residents/representatives are provided written information regarding the facility and state bed-hold policies, which address holding or reserving a resident's bed during periods of absence (hospitalization or therapeutic leave). Residents, regardless of payer source, are provided written notice about these policies at least twice:</p> <p>a. notice 1: well in advance of any transfer (e.g., in the admission packet); and</p> <p>b. notice 2: at the time of transfer (or, if the transfer was an emergency, within 24 hours) .</p> <p>1. During an interview on 9/17/24 at 3:50 PM, R6 stated she had been sent to the hospital about a month ago.</p> <p>Review of R6's electronic medical record (EMR) Progress Notes tab showed: 8/21/2024 16:15 [4:15 PM] Health Status Note Text: Writer entered resident's room to replace catheter that was dislodged on day shift. Resident was unable to have a conversation with writer. She would open her eyes when her name was said and then go right back to sleep. Vitals were unstable .Verbal consent obtained for bed hold. 911 called. Black Earth ambulance arrived. Ambulance left with resident at 1545 (3:45 PM). Report called . emergency room .</p> <p>Review of R6's Admission Record from the EMR Profile tab showed a facility admitted [DATE], readmission on 08/30/24, with medical diagnoses that included chronic obstructive pulmonary disease (COPD), sleep apnea, type II diabetes, congestive heart failure, chronic respiratory failure, atrial fibrillation, panic disorder, chronic kidney disease, panic disorder, and adult failure to thrive.</p> <p>Review of R6's admission Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 07/25/24 showed a Brief Interview for Mental Status (BIMS) score of 15 out of a possible 15, indicative of being cognitively intact.</p> <p>Review of the EMR Miscellaneous tab showed a transfer notice that had a handwritten note that stated verbal consent given but no information about the bed hold policy.</p> <p>During an interview on 09/20/24 at 9:15 AM regarding the receipt of a written bed hold notice, R6 stated, No, they [facility] usually ask me.</p> <p>(continued on next page)</p>		

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<p>F 0625</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>2. Review of R23's EMR Census tab showed a facility admitted [DATE] and was reviewed for hospitalization .</p> <p>Review of R23's discharge MDS with an ARD of 7/19/24 showed medical diagnoses that included acute and chronic respiratory failure, coronary artery disease, hypertension, asthma, respiratory failure.</p> <p>Review of R23's EMR Progress Notes tab revealed: 7/19/2024 06:52 (6:52 AM) Incident Note Text: 1210a Resident came out into hallway and attempted to enter janitorial closet. Not using walker. Has taken O2 (oxygen) off. 2 Staff attempted to assist him but resident resisting and pulling arm away. After discussion about unsteady gait able to redirect back to room with staff assistance. 1230a resident in bed. Appeared sleeping with unlabored respirations. 2L O2 on.</p> <p>155a Noise from residents room. 3 Staff responded. Resident on floor, supine, next to bed. #1 220a My neck feels stiffer.Denies numbness/tingling.</p> <p>225a Called Fire/Rescue. Informed resident.</p> <p>240a [name] Fire/Rescue left with resident .</p> <p>Review of R23's Miscellaneous and Assessment tabs showed no evidence of a written bed hold notice provided upon emergent transfer.</p> <p>In response to a request for evidence of the provision of a written bed hold notice upon emergent transfer on 09/19/24 at 6:04 PM, the Regional Nurse Consultant (RNC) stated, There was no information found regarding provision of written bed hold notices.</p>		

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<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 28154</p> <p>Based on observation, interview, record review, and review of the RAI (Resident Assessment Instrument) Manual, the facility failed to ensure Minimum Data Set (MDS) assessments were accurate for three out of 16 sampled residents (Residents (R) 3, R12, and R13) whose MDS were reviewed. This failure had the potential to affect the care planning and services required.</p> <p>Findings include:</p> <p>1. Review of R3's annual MDS, with an Assessment Reference Date (ARD) of 4/06/24, showed a facility admitted [DATE] with medical diagnoses that included non-traumatic brain dysfunction, Alzheimer's disease, anxiety disorder, and depression.</p> <p>Review of R3's electronic medical record (EMR) Orders tab showed physician order</p> <p>Sertraline HCl (brand name Zoloft, a selective serotonin reuptake inhibitor antidepressant medication) 150 MG (milligrams) (Sertraline HCl). Give 1 capsule by mouth one time a day for Anxiety.</p> <p>Review of R3's quarterly MDS, with an ARD of 7/03/24, showed she was receiving an anti-anxiety medication.</p> <p>During an interview on 9/20/24 at 7:30 PM the MDS Coordinator confirmed the antidepressant medication was coded as an anti-anxiety medication erroneously.</p> <p>2. Review of R12's Admission Record from the EMR Profile tab showed an admitted [DATE] with medical diagnoses that included bladder cancer, chronic kidney disease, oxygen dependence, type II diabetes, acute on chronic (congestive) heart failure, and ischemic cardiomyopathy.</p> <p>a. Review of R12's quarterly MDS, with an ARD of 7/02/24, showed he was coded for anticoagulant use.</p> <p>Review of R12's orders showed an order for Aspirin Tab Delayed Release 81 mg Give 1 tablet orally one time a day for anticoagulant therapy and was active as of 5/13/2023. No anticoagulant medication physician order was found.</p> <p>During an interview on 9/18/24 at 2:02 PM, the MDS Coordinator and RNC both reviewed the physician orders and confirmed R12 did not receive an anticoagulant, only the aspirin. The MDS Coordinator stated, Aspirin should not be coded as an anticoagulant medication.</p> <p>Review of the October 2023 RAI Manual revealed on page N-8,</p> <p>. Coding Tips and Special Populations -Code medications . according to the medication's therapeutic category and/or pharmacological classification, not how it is used . -Do not code antiplatelet medications such as aspirin/extended release, dipyridamole, or clopidogrel as . Anticoagulant .</p> <p>b. During an interview on 9/17/24 at 2:08 PM R12 stated he was on hospice services.</p> <p>(continued on next page)</p>		

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<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of R12's EMR Miscellaneous tab showed a hospice admission and terminal prognosis certification dated 1/04/24.</p> <p>Review of R12's significant change of status MDS, with an ARD of 1/11/24, and quarterly MDS, with an ARD of 4/03/24, showed R12 was coded for being on hospice services, but not that he had a terminal prognosis.</p> <p>Review of R12's quarterly MDS, with an ARD of 7/02/24, showed R12 was not coded for being on hospice services nor that he had a terminal prognosis.</p> <p>Review of the October 2023 RAI Manual revealed on page J-27, . Health-related Quality of Life -Residents with conditions or diseases that may result in a life expectancy of less than 6 months have special needs and may benefit from palliative or hospice services in the nursing home. Planning for Care -If life expectancy is less than 6 months, interdisciplinary team care planning should be based on the resident's preferences for goals and interventions of care whenever possible. Steps for Assessment 1. Review the medical record for documentation by the physician that the resident's condition or chronic disease may result in a life expectancy of less than 6 months, or that they have a terminal illness. 2. If the physician states that the resident's life expectancy may be less than 6 months, request that they document this in the medical record. Do not code until there is documentation in the medical record. 3. Review the medical record to determine whether the resident is receiving hospice services.</p> <p>On page J-28 under Definitions the RAI Manual stated, . Hospice Services: A program for terminally ill persons where an array of services is provided for the palliation and management of terminal illness and related conditions. The hospice must be licensed by the state as a hospice provider and/or certified under the Medicare program as a hospice provider. Under the hospice program benefit regulations, a physician is required to document in the medical record a life expectancy of less than 6 months, so if a resident is on hospice the expectation is that the documentation is in the medical record .</p> <p>On page O-7 of the RAI Manual regarding hospice coding, . Hospice care</p> <p>Code residents identified as being in a hospice program for terminally ill persons where an array of services is provided for the palliation and management of terminal illness and related conditions. The hospice must be licensed by the state as a hospice provider and/or certified under the Medicare program as a hospice provider .</p> <p>3. Review of R13's admission MDS, with an ARD of 10/09/23, showed a facility admitted [DATE] with medical diagnoses that included lower extremity fracture, hypertension, heart failure, end stage renal disease, and diabetes.</p> <p>During an interview on 9/17/24 at 11:29 AM, R13 stated he had a pressure injury on his heel. He stated that he broke his heel and then came to the facility but believed the pressure injury started prior to his facility admission.</p> <p>Review of R13's quarterly MDS, with an ARD of 6/25/24, showed a BIMS score of 14 out of a possible 15, indicative of being cognitively intact.</p> <p>(continued on next page)</p>		

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<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of wound documentation logs and admission assessment showed a stage three heel wound that was noted on 10/02/23.</p> <p>Review of R13's admission MDS with an ARD of 10/06/23, quarterly MDS with an ARD of 01/04/24, discharge MDS with an ARD of 02/16/24, and quarterly MDS with an ARD of 03/28/24 showed no unhealed pressure ulcers/injuries.</p> <p>Review of R13's quarterly MDS, with an ARD of 6/25/24, revealed R13 was coded for having a stage three pressure ulcer/injury.</p> <p>In an interview on 9/20/24 at 2:25 PM, the RNC confirmed that R13's pressure ulcer/injury had not been coded correctly since admission and that it was not new for the June 2024 MDS assessment.</p> <p>Review of the RAI Manual revealed on page M-6, . If a resident with DM has a heel ulcer/injury from pressure and the ulcer/injury is present in the 7-day look-back period, code 1 and proceed to code items in M0300 as appropriate for the pressure ulcer/injury . On page M-8, . Step 3: Determine Present on Admission For each pressure ulcer/injury, determine if the pressure ulcer/injury was present at the time of admission/entry or reentry and not acquired while the resident was in the care of the nursing home. Consider current and historical levels of tissue involvement. 1. Review the medical record for the history of the ulcer/injury. 2. Review for location and stage at the time of admission/entry or reentry .</p> <p>During an interview on 9/20/24 at 6:47 PM regarding MDS coding, the Administrator expressed an expectation that they (MDS assessments) are accurate and timely.</p>		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 33865</p> <p>Based on record review, interviews, and facility policy review, the facility failed to ensure care conferences were conducted for three of five residents (Resident (R) 4, R12, and R13) reviewed for care conferences out of a total sample of 16. This failure had the potential to affect the residents' right to participate in their care.</p> <p>Findings include:</p> <p>Review of the facility's undated policy titled, Care Plan (Staffing) Conferences, revealed What is brought to the Care Conference meeting . Nursing: Chart, CNA (Certified Nurse Aide) Resident Care Record, Care Plan including MDS (Minimum Data Set) and RAP's (Resident Assessment Protocol), [NAME] tool, Most recent QI (quality indicator) report, MAR (Medication Administration Record) and TX (Treatment) record; Social Service: Behavior records . Nursing will facilitate the meeting . Conference Agenda: 1. Review of current medication condition which included MD (Medical Doctor) changes, lab work, acute conditions, pain, and skin condition. 2. Patient Specific Quality Indicator Review 3. Safety Devices/ Restraints 4. Psychoactive Medications/ Behaviors 5. Nutritional Status . 7. Update Advanced Directives 8. Discharge Planning 9. MDS scoring comparison.</p> <p>1. Review of R4's undated Clinical tab of the electronic medical record (EMR) revealed the resident was admitted on [DATE] and readmitted on [DATE]. Diagnoses included, anxiety disorder, adjustment disorder with mixed anxiety, and depressed mood.</p> <p>During an interview on 9/17/24 at 10:57 AM, R4 stated she did not remember having a care conference.</p> <p>Review of the care conference progress note, dated 05/02/24, written by the Social Worker (SW), and provided by the facility, revealed, Quarterly assessment was due today: Resident scored a 15 for Cognitive patterns and scored a 1 for the Mood assessment. Resident has been having an increase in behaviors lately. Resident enjoys going to BINGO, playing trivia, and going outside when the weather is nice. She does not enjoy doing arts and crafts or anything like that. Resident stated that she has gained about 40 pounds since she has been here and thinks it is because of the processed food. Our Dietary Manager has been working closely with her to make sure her tray card has all her likes and dislikes. Resident wishes to remain a Full Code. Resident expressed interest in moving to another facility so I will be working on sending out her referrals to other facilities. No other interdisciplinary staff were documented as in attendance.</p> <p>During an interview on 9/19/24 at 9:09 AM, the SW stated the care conferences were conducted quarterly, annually, and on admission.</p> <p>(continued on next page)</p>		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 9/19/24 at 10:21 AM, the SW stated for the care conferences, she usually reviewed how the resident was doing and their code status. She stated it was usually only the SW and the resident at the meetings unless they wanted therapy or the Director of Nursing (DON). She stated the meetings were held in the residents' room, because they did not have another space available. The SW stated she did not start the care conferences until she was fully in the position, about January 2024 or February 2024. She stated for R4, there were only two care conferences conducted since admission, and one was not documented.</p> <p>28154</p> <p>2. During an interview on 9/17/24 at 2:25 PM regarding invitations to care conferences, R12 stated, There are no meetings per se, it's done by individuals. They come in and ask you questions.</p> <p>Review of R12's Admission Record from the EMR Profile tab showed a facility admitted [DATE] with medical diagnoses that included bladder cancer, chronic kidney disease, oxygen dependence, type II diabetes, acute on chronic (congestive) heart failure, ischemic cardiomyopathy, and was receiving hospice services.</p> <p>Review of R12's MDS, with an Assessment Reference Date (ARD) of 7/02/24, showed a Brief Interview for Mental Status (BIMS) score of 15 out of a possible 15, indicative of intact cognition.</p> <p>Review of R12's EMR Progress Notes, Assessments, and Miscellaneous tabs showed no documentation regarding a care conference.</p> <p>In response to request for care conference invitation or meeting documentation, the facility Administrator provided a progress note from the prior EMR (merged and started the new system in July 2024) and stated on 9/19/24 at 10:00AM that this was all there was: 4/03/24 09:18 AM Quarterly MDS Assessments: Resident BIMS assessment was done this morning. On Cognitive patterns he scored a 15 and on Mood assessment he scored a 3 . Other than that, resident is very pleased with everything and is thankful for the care he receives here at Heartland and with [name] Hospice.</p> <p>During a telephone interview on 9/19/24 at 11:55 AM, the Hospice Home Care Manager, who verified with the Hospice Social Worker, stated they have not been invited to any care conferences for R12.</p> <p>3. During an interview on 9/17/24 at 11:22 AM regarding invitation to or attending care conferences, R13 responded that he does not remember being invited to any.</p> <p>Review of R13's admission MDS, with an ARD of 10/09/23, showed a facility admitted [DATE] with medical diagnoses that included lower extremity fracture, hypertension, heart failure, end stage renal disease, and diabetes.</p> <p>Review of R13's quarterly MDS, with an ARD of 06/25/24, showed a BIMS score of 14 out of a possible 15, indicative of being cognitively intact.</p> <p>A review of R13's EMR Assessments, Progress Notes, and Miscellaneous tabs revealed no documentation of invitations or care conferences held.</p> <p>(continued on next page)</p>		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on 9/20/24 at 6:04 PM, the Regional Nurse Consultant (RNC) stated she was unable to find any care conference documentation for R13.</p>

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<p>F 0661</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure necessary information is communicated to the resident, and receiving health care provider at the time of a planned discharge.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 33865</p> <p>Based on record review, interviews, and facility policy review, the facility failed to ensure a discharge summary to include recapitulation of the resident's stay was provided to one of one resident (Resident (R) 19) reviewed for discharges out of 16 sample residents. This failure had the potential to affect the resident's ability to have a successful discharge.</p> <p>Findings include:</p> <p>Review of the facility's policy titled, Discharge Summary and Plan, effective date 02/21/24, revealed The discharge summary includes a recapitulation of the resident's stay at the facility and a final summary of the resident's status at the time of the discharge in accordance with established regulations.</p> <p>Review of the Clinical tab of the electronic medical record (EMR) revealed R19 was admitted on [DATE] and discharged on [DATE]. Diagnoses included: encounter for other orthopedic aftercare.</p> <p>Review of the discharge Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 09/13/24, revealed a Brief Interview for Mental Status (BIMS) score of 15 out of 15 which indicated R19 had intact cognition.</p> <p>Review of the progress note labeled as Discharge Summary, dated 09/13/24, revealed Resident discharged from [Name of facility] to home this morning at approximately 9:00 am. Resident was very excited to return home but was thankful for the care that she received while she was here. Resident will be doing outpatient rehab for PT [Physical Therapy] and OT [Occupational Therapy] at [Name of hospital].</p> <p>Review of the EMR revealed there was no discharge summary with resident status and recapitulation of the resident's stay available.</p> <p>During an interview on 09/19/24 at 9:51 AM, the Administrator and the Regional Nurse Consultant (RNC) confirmed they did not have a discharge summary including recapitulation of the resident's stay for R19.</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 28154</p> <p>Based on observation, interview, record review, review of manufacturer's guidelines, and facility policy review, the facility failed to ensure appropriate respiratory services for one of one sampled resident (Resident (R) 6) reviewed for respiratory services out of a total sample of 16 by failing to ensure the continuous positive air pressure (CPAP) machine, masks, and tubing were cleaned according to guidelines. This failure created the opportunity for contamination in the tubing, mask, and machine water reservoir to infect the resident during use.</p> <p>Findings include:</p> <p>Review of the facility policy titled CPAP/BiPAP Support, revised March 2015, revealed:</p> <p>.General Guidelines for Cleaning and Storing</p> <ol style="list-style-type: none"> 1. These are general guidelines for cleaning. Specific cleaning instructions are obtained from the manufacturer/supplier of the PAP device. 2. These guidelines are for single-resident use cleaning . 4. Machine cleaning: Wipe machine with warm, soapy water and rinse as needed. 5. Humidifier (if used): <ol style="list-style-type: none"> a. Use clean, distilled water only in the humidifier chamber. b. Clean humidifier weekly and air dry. 6. Filter cleaning; <ol style="list-style-type: none"> a. Replace filters every 6 months or as needed. 7. Masks, nasal pillows and tubing: Clean weekly by placing in warm, soapy water and soaking/agitating. Rinse with warm water and hang to air dry. Avoid hanging/storing in direct sunlight. Wipe masks daily after removal. 8. Headgear (strap): Wash with warm water and mild detergent as needed unless otherwise labeled. Allow to air dry. 9. Store at bedside when not in use . <p>Review of the facility provided manufacturer's User Guide for R6'sResMed Air Sense 10 CPAP machine, page 8 showed:</p> <p>Caring for your device .</p> <p>(continued on next page)</p>

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Warning</p> <p>Regularly clean your tubing assembly, water tub and mask to receive optimal therapy and to prevent the growth of germs that can adversely affect your health .</p> <p>Cleaning</p> <p>You should clean the device weekly as described. Refer to the mask user guide for detailed instructions on cleaning your mask.</p> <ol style="list-style-type: none"> 1. Wash the water tub and air tubing in warm water using only mild detergent. Do not wash in a dishwasher or washing machine. 2. Rinse the water tub and air tubing thoroughly and allow to dry out of direct sunlight and/or heat. 3. Wipe the exterior of the device with a dry cloth . <p>Review of the facility provided undated document titled CPAP Equipment Cleaning and Disinfecting Instructions showed:</p> <p>Cleaning your CPAP equipment is essential to the life of the equipment and to your health. Bacteria can grow whenever moisture is present. This can lead to infection of your respiratory tract if your equipment is not properly cleaned and dried. The oils in your skin can cause breakdown of your CPAP supplies, especially your mask cushion .</p> <p>The document had three columns for Equipment, Cleaning Frequency, and Instructions as follows:</p> <p>Mask Cushion or Nasal Pillow; Daily; Remove the cushion or nasal pillows. Wash in warm, soapy water. Rinse and allow to air dry, out of direct sunlight or wipe the surface of mask cushion/nasal pillows with a wet cloth or recommended CPAP wipes (do not use alcohol, bleach, baby wipes or Clorox wipes).</p> <p>Mask or Nasal Pillows System and Headgear; Weekly; Separate and hand wash the mask components and headgear in warm, soapy water. Soak for 30-60 minutes. Rinse the components well and allow them to air dry out of direct sunlight.</p> <p>Tubing; Weekly; Remove the tubing from the CPAP machine and the mask. Wash the tubing in warm, soapy water. Soak for 30-60 minutes. Rinse well, hang over shower rod and allow to dry out of direct sunlight .</p> <p>During an interview on 09/17/24 at 3:07 PM when asked about the CPAP machine on the bedside table with tubing and mask connected, R6 stated, I haven't used it for forever. I'm afraid to use it because I'm afraid of all the germs in the tubing. Nobody cleans it.</p> <p>(continued on next page)</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of R6's Admission Record from the electronic medical record (EMR) Profile tab showed a facility admitted [DATE], readmission on 08/30/24, with medical diagnoses that included chronic obstructive pulmonary disease (COPD), sleep apnea, type II diabetes, congestive heart failure, chronic respiratory failure, atrial fibrillation, panic disorder, chronic kidney disease, panic disorder, and adult failure to thrive.</p> <p>Review of R6's admission Minimum Data Set (MDS), with an assessment reference date (ARD) of 07/25/24, showed a Brief Interview for Mental Status (BIMS) score of 15 out of a possible 15, indicative of being cognitively intact.</p> <p>A review of R6's Order Summary from the EMR Orders tab showed no orders for CPAP cleaning.</p> <p>Review of R6's August and September 2024 Medication Administration Record (MAR) and Treatment Administration Record (TAR) from the Orders tab and Progress Notes tab of the EMR showed no documentation regarding the cleaning of R6's CPAP equipment.</p> <p>Review of the August 2024 TAR showed an order for a trial of a CPAP nasal pillow, from 07/22/24 through 08/27/24. It was recorded R6 used it nine times during the month.</p> <p>Review of the September 2024 TAR showed an order to Apply CPAP machine at . night with sleep and naps. Provide with tubing, mask, headgear, filter, and humidification as needed. Document refusals . starting 09/03/24. It was recorded the CPAP was used ten times from 09/03/24 through 09/19/24.</p> <p>During an interview and observation on 09/19/24 at 9:50 AM, the Director of Nursing (DON) confirmed the CPAP with tubing and mask attached on the bedside table, and stated, She [R6] doesn't use it.</p>		

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<p>F 0732</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Post nurse staffing information every day.</p> <p>28154</p> <p>Based on observation and interview, the facility failed to ensure that the daily nurse staffing posted displayed contained the required information for residents, visitors, and/or staff. This failure could affect the knowledge of the availability of staff to care for the 23 residents, their family members, or their representatives.</p> <p>Findings include:</p> <p>Review of the facility policy titled Posting Direct Care Daily Staffing Numbers, effective 02/21/24, showed:</p> <p>Policy Statement</p> <p>Our facility will post on a daily basis for each shift nurse staffing data, including the number of nursing personnel responsible for providing direct care to residents.</p> <p>Policy Interpretation and Implementation</p> <p>1. Within two (2) hours of the beginning of each shift, the number of licensed nurses (RN, LPNs, and LVNs) and the number of unlicensed nursing personnel (CNAs and NAs) directly responsible for resident care is posted in a prominent location (accessible to residents and visitors) and in a clear and readable format.</p> <p>2. Directly responsible for resident care means that individuals are responsible for residents' total care or some aspect of the residents' care including, but not limited to: assisting with activities of daily living (ADLs), administering medications, supervising care provided by CNAs, and performing nursing assessments. Medication aides, feeding assistants, hospice staff, private duty aides and administrative staff are not calculated in direct care staffing numbers. Shift staffing information is recorded on a form for each shift. The information recorded on the form shall include the following:</p> <p>a. The name of the facility;</p> <p>b. The current date (the date for which the information is posted);</p> <p>c. The resident census at the beginning of the shift for which the information is posted;</p> <p>d. Twenty-four (24)-hour shift schedule operated by the facility;</p> <p>e. The shift for which the information is posted;</p> <p>f. Type (RN, LPN, LVN, or CNA) and category (licensed or non-licensed) of nursing staff working during that shift who are paid by the facility (including contract staff);</p> <p>g. The actual time worked during that shift for each category and type of nursing staff; and</p> <p>(continued on next page)</p>		

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<p>F 0732</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>h. Total number of licensed and non-licensed nursing staff working for the posted shift.</p> <p>3. Within two (2) hours of the beginning of each shift, the charge nurse or designee computes the number of direct care staff and completes the Nurse Staffing Information form. The charge nurse completes the form and posts the staffing information in the location(s) designated by the administrator.</p> <p>Observation on 09/17/24 12:10 PM noted staff posting on clip board on the wall by the activity calendar outside the dining room, noted the date was 09/14/24 and contained no facility name or place to update the census for each shift.</p> <p>In an interview on 09/17/24 at 12:23 PM, the Administrator confirmed it was for 09/14/24 and not the current date.</p> <p>During an interview on 09/20/24 at 6:50 PM, the Administrator stated the staff posting should be posted daily and have all required elements.</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>28154</p> <p>Based on observation, interview, policy review, and product review, the facility failed to ensure one of one undated opened vial of Aplisol tuberculin purified protein derivative (PPD) was not available for residents' use.</p> <p>Findings include:</p> <p>Review of the facility's policy titled, Medication Storage in the Long Term Care, revised 04/12/23, revealed it did not address outdated medication.</p> <p>Review of the CDC Mantoux Tuberculin Skin Test (cdc_25732_DS1.pdf on page 6) stated, . The label should indicate the expiration date. If it's been open more than 30 days or the expiration date has passed, the vial should be thrown away and a new vial used .</p> <p>Review of the facility provided copy of an Aplisol box side panel showed, . Once entered, vial should be discarded after 30 days .</p> <p>Review of the facility policy titled Medication Labeling and Storage, revised February 2023, showed, . Multi-dose vials that have been opened or accessed (e.g., needle punctured) are dated and discarded within 28 days unless the manufacturer specifies a shorter or longer date for the open vial .</p> <p>Observation of the long-term care medication room on 09/20/24 at 12:03 PM with Licensed Practical Nurse (LPN) 1 revealed a medicine bottle labeled Aplisol, dated 08/14/24, with vials of PPD inside. LPN 1 verified one PPD vial was open (the cap removed from over the rubber stopper), and that the vial label did not have a date when the vial was open or would expire.</p> <p>During an interview on 09/20/24 at 3:00 PM, the Regional Nurse Consultant (RNC) confirmed the prescription bottle with the PPD vials was dated 08/14/24 and that open vials were good for 30 days.</p> <p>In an interview on 06/20/24 at 6:50 PM, the Administrator expressed an expectation that medications would be dated when opened and not stored past the manufacturer's expectations of life after opening.</p>		

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<p>F 0801</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, including a qualified dietician.</p> <p>33865</p> <p>Based on interviews and facility policy review, the facility failed to ensure a qualified Food Services Manager (FSM) was employed to ensure adequate supervision of the dietary department with the potential to affect 23 of 23 census residents.</p> <p>Findings include:</p> <p>Review of the facility's policy titled, Food Services Manager, revised 12/08, revealed The daily functions of the Food Services Department are under the supervision of a qualified Food Services Manager.</p> <p>During an interview on 09/17/24 at 9:23 PM, Cook1 stated they did not have an FSM, and the Administrator had been the oversight. She stated the FSM had been gone for about a week. She stated if she had questions, she would call one of the other cooks.</p> <p>During an interview on 09/17/24 at 4:45 PM, the Administrator stated they did not have an FSM right now, but they were looking for a new one.</p> <p>During an interview on 09/18/24 at 12:26 PM, the Administrator stated the last day for the FSM was 09/04/24 and the Registered Dietitian (RD) went on vacation last week. She stated the RD was usually in the facility once a week.</p> <p>During an interview on 09/20/24 at 12:26 PM, the Administrator stated that the dietary department had been struggling with trying to find a manager wanting to do the right training. She stated they had a lot of policies they needed to put into place.</p> <p>Cross Reference F803- menus, F805- food in proper form, and F812- kitchen sanitation.</p>		

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<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident.</p> <p>33865</p> <p>Based on observations, interviews, and facility policy review, the facility failed to ensure recipes were followed for 4 of 4 residents interviewed for portions and 1 resident on a therapeutic diet of 23 residents at the facility. The facility failed to provide four-ounce scoops, and four-ounce meat portions as indicated on the menu for the vegetables and desserts as described by four out of four residents (Resident (R) 12, R6, R20, and R4) interviewed for portions. In addition, the facility failed to provide the foods listed on the extensions for specialized diets as described by one of one resident (R13) interviewed for specialized diets. This failure had the potential to interfere with medical conditions associated with the need for specialized therapeutic diets.</p> <p>Findings include:</p> <p>Review of the facility's policy titled, Therapeutic Diets, revised 10/17, revealed, Therapeutic diets are prescribed by the attending physician to support the resident's treatment and plan of care and in accordance with his or her goals and preferences.</p> <p>During an interview on 09/17/24 at 11:15 AM, R13 stated the facility did not serve him a renal diet as ordered.</p> <p>During an interview on 09/17/24 at 2:26 PM, R12 stated the food was not good. He stated one day, they overload you, the next they underserved, and this morning the food was itty bitty.</p> <p>During an interview on 09/17/24 at 3:13 PM, R6 stated they did not get enough food.</p> <p>During an interview on 09/17/24 at 4:07 PM, R20 stated they served the mashed potatoes without butter or gravy. He stated the portions sizes were not enough and that he was losing weight.</p> <p>Review of the Order Listing Report, dated 09/18/24 and provided by the facility, revealed there were two renal diets, two mechanical soft diets, one nectar thick liquid (NTL), two consistent carbohydrate diets, one heart healthy diet, and two reduced concentrated sugar diet, and four no added salt diets.</p> <p>Review of the Week 4 non select menu for Spring and Summer, provided by the facility, revealed on 09/17/24 for lunch: baked crispy chicken, rice pilaf, buttered corn, wheat dinner roll, and cherry banana gelatin.</p> <p>Review of the Week 4 diet extensions, provided by the facility, revealed on 09/17/24 for lunch: 4-ounce crispy baked chicken, 1/2 cup (4-ounces) rice pilaf, 1/2 cup buttered corn, 1-wheat dinner roll, and 1- (2x2.5 square) cherry banana gelatin. [Note: Diet extensions are the menu extensions to the main (Regular) menu. It includes alternate texture diets and therapeutic diets. It provides the proper portions sizes needed for all the diets and the food changes from the Regular texture- non modified diet. Such as: diabetic diets may require a different dessert, or a decrease in portion size, etc.]</p> <p>(continued on next page)</p>		

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<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an observation and interview on 09/17/24 at 11:59 AM, the hot food was stored in two heated containers on the table in the dining room. There was a blue handle scoop in the rice, a black handle scoop in the corn and random pieces of chicken in a pan. At 12:01 PM, Cook1 stated the blue scoop was a 2-ounce and she guessed the black scoop was half that based on visual size comparison, about 1-ounce. When asked about the scoops, she stated she always used the blue scoop for rice or mashed potatoes. For the scoop in the corn, she thought I would use a small circular one. She stated she went through and used the legs and wings first when she served and then started on the random pieces of meat.</p> <p>During an interview on 09/17/24 at 12:19 PM, Resident (R) 4 stated she only got one lousy chicken leg and had asked staff for more chicken.</p> <p>During an observation in the kitchen on 09/18/24 at 10:11 AM, there were no menu extensions located throughout.</p> <p>During an interview on 09/18/24 at 10:30 AM, Cook2 stated she was unsure what menu extensions were. She stated they did not have any residents on renal or diabetic diets. She stated they only had one resident on minced and moist diet. She stated if they had a resident on a renal diet, she would add an ice cream shake, and the diabetic would get dessert or fruit.</p> <p>During an observation and interview on 09/18/24 at 11:23 AM, Cook2 read the tray card which revealed one resident was on a renal diet, and she stated she was not aware of him being on a renal diet.</p> <p>Review of the Week 4 non select menu for Spring and Summer, provided by the facility, revealed on 09/18/24 for lunch: Turkey croquette, turkey gravy, duchess potatoes, green beans, wheat dinner roll, and orange sherbet.</p> <p>Review of the Week 4 diet extensions, provided by the facility, revealed on 09/18/24 for lunch:4-ounce braised liver and onions, 1/2 cup duchess potatoes, 1/2 cup boiled cabbage, 1-orange sherbet, and 1-wheat dinner roll. The menu and diet extensions did not match.</p> <p>During an observation and interview on 09/18/24 at 11:52 AM, there was a metal scoop placed into the mashed potatoes. At 12:13 PM, Cook2 confirmed the scoop in the green beans was marked as 2-ounces. The turkey meat was observed as varied sizes. At 12:13 PM, they started serving the desserts and the ice cream (instead of the sherbet) was about half the size of the disposable container. At 12:21 PM, Cook2 stated that they only had certain scoop sizes, and she tried to give them the same size for all the foods. She stated she gave them about one to two servings of the green beans using the 2-ounce size scoop. She stated she was unsure about portion sizes because she had only cooked once since getting back to work. She stated she used a Tablespoon to dish the ice cream.</p> <p>During an interview on 09/18/24 at 3:53 PM, the Administrator stated the menus were different from the diet extensions because when they changed the menu items, it was not transferred over to the diet extensions.</p> <p>(continued on next page)</p>		

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<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 09/18/24 at 3:58 PM, Cook3 stated the previous Food Services Manager (FSM) had made a handwritten spreadsheet they used as extensions. He stated, for scoop sizes, it was up to the resident as far as the amount of food. He stated they had a small, medium, and large scoop size and he tended to use the medium scoop size. He stated he used the black handle spoodle for vegetables and confirmed the size was a 3-ounce portion. He stated not a lot of the residents liked vegetables. He stated they dialed the portions down for dinner. Cook3 stated he did not think they had anyone on mechanical texture, just one with no teeth. He stated he was not sure if any residents were on a renal diet. He stated for the diabetic diets, some wanted sweets, and some didn't.</p> <p>Review of the Week 4 non select menu for Spring and Summer, provided by the facility, revealed on 09/19/24 for dinner: Wrap turkey, pineapple, and mandarin oranges.</p> <p>Review of the Week 4 diet extensions, provided by the facility, revealed on 09/19/24 for dinner: 1 (3x4 square) lasagna with meat sauce, 1-slice Texas toast, 1-(2x3 brownie). The menu and diet extensions did not match.</p> <p>During an observation in the dining room meal service on 09/19/24 at 5:07 PM, all residents received a wrap that contained a corn tortilla, hard and cracked, regular lunchmeat, shredded lettuce, and shredded cheese.</p> <p>During an interview on 09/19/24 at 5:19 PM, the Administrator stated there was a recipe for the wrap. Review of the recipe for the turkey wrap, provided by the facility, revealed yellow mustard, 12-inch flour tortilla, turkey deli meat, and iceberg lettuce.</p> <p>During an interview on 09/20/24 at 12:26 PM, the Administrator stated that dietary had been a struggle and trying to find a manager wanting to do the right training. She stated they had a lot of policies they needed to put into place. She stated she may have to go through the tray cards to highlight the diets. She stated she was aware there were problems with dietary and she stated they were in the process of improving the dietary department.</p>		

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<p>F 0805</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives and the facility provides food prepared in a form designed to meet individual needs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 33865</p> <p>Based on observations, record review, interviews, and facility policy review, the facility failed to ensure one of one resident (Resident (R) 5) reviewed for mechanical soft diets, received the proper altered texture diet with thickened liquids as ordered by the physician out of 16 sampled residents. This had the potential to affect resident safety with meal intake.</p> <p>Findings include:</p> <p>Review of the facility's policy titled, Food and Nutrition Services, revised 10/17, revealed Food and nutrition services staff will inspect food trays to ensure that the correct meal is provided to each resident.</p> <p>Review of the facility's policy titled, Therapeutic Diets, revised 10/17, revealed If a 'mechanically altered diet' is ordered, the provider will specify the texture modification.</p> <p>Review of the undated Clinical tab of the electronic medical record (EMR) revealed R5 was admitted to the facility on [DATE] with readmission on 09/14/15. Diagnoses included Alzheimer's disease, dementia, mild-protein calorie malnutrition, and muscle weakness.</p> <p>Review of the quarterly Minimum Data Set (MDS), located under the MDS tab of the EMR with an Assessment Reference Date (ARD) of 08/06/24, revealed the resident was unable to complete a Brief Interview for Mental Status (BIMS). The Staff Assessment for Mental Status revealed the resident had severely impaired cognition.</p> <p>Review of the Progress Note, dated 01/19/24 and provided by the facility, revealed, Writer was notified that resident possibly aspirated during lunch time . Diet immediately changed to mechanical soft with nectar thick liquids to help prevent further aspiration.</p> <p>Review of the Order Summary Report, with a start date 07/01/24 and located under the Orders tab of the EMR, revealed, Regular diet Mechanical Soft Texture, Nectar/Mildly Thick consistency.</p> <p>Review of the undated Tray Card, provided by the facility, revealed, Texture: IDDSI [International Dysphagia Diet Standardisation [sic] Initiative] level 5: Minced and Moist. Fluid: IDDSI level 2: Mildly Thick.</p> <p>Review of the Care Plan, located under the Care Plan tab of the EMR, initiated and revised on 09/11/24, revealed a problem of The resident has nutritional problem or potential nutritional problem r/t [related to] HOSPICE status, senility. Interventions included providing and serving diet as ordered.</p> <p>Review of the Week 4 diet extension for 09/17/24 lunch meal revealed for minced and moist diet: 4-ounce MM5 [minced and moist] Rotisserie chicken, 1/2 cup grits, 1/2 cup mashed potatoes, 1-each PU4 [pureed] soaked wheat dinner roll, 1-each MM5 banana.</p> <p>(continued on next page)</p>		

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<p>F 0805</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the Week 4 menu for 09/17/24 lunch meal revealed the menu was changed from the diet extensions to crispy baked chicken, rice pilaf, buttered corn, wheat dinner roll, and cherry banana gelatin.</p> <p>During an observation on 09/17/24 at 12:14 PM, the resident received Jello, juice, regular texture chicken, rice, and regular texture corn. The resident ate all the Jello, juice, and bites of the chicken. The resident did not receive the MM or PU food items as reflected on the diet extensions.</p> <p>Review of the Week 4 diet extension for 09/19/24 breakfast meal revealed, 1/2 oatmeal, MM5 scrambled egg with cheese, 1-each PU4 soaked wheat bread.</p> <p>Review of the Week 4 menu for 09/19/24 breakfast meal revealed the menu was changed from the diet extensions to oatmeal, breakfast bake, and muffin.</p> <p>During an observation in the dining room on 09/19/24 at 8:19 AM, the resident received scrambled eggs, two strips of regular texture bacon, 1/2 toasted bread, and a regular blueberry muffin. The resident received one cup of regular water. The resident did not receive MM5 or PU4 as reflected on the diet extensions.</p> <p>During an interview on 09/19/24 at 8:20 AM, Certified Nurse Aide (CNA) 1 confirmed the resident received non-thickened water and stated dietary should have put thickener in the water. She was assisting residents at the table in the dining room. She stated she did not think the resident was on a special diet.</p> <p>During an interview on 09/19/24 at 8:22 AM, Cook2 stated she thought the resident was on a regular diet and that the resident was supposed to be on thickened liquids. She confirmed the resident received regular water and proceeded to take the water away to thicken it.</p> <p>Review of the Week 4 diet extension for 09/19/24 lunch meal revealed, 4-ounce MM5 roast beef, 1/2 cup mashed potatoes, 1/2 MM5 broccoli florets, 1-each PU4 soaked wheat dinner roll, MM5 fruit cup.</p> <p>Review of the Week 4 menu for 09/19/24 lunch meal revealed the menu was changed from the diet extensions to pork roast, potatoes and carrots, wheat dinner roll, and crisp fruit.</p> <p>During an observation and interview in the dining room on 09/19/24 at 12:19 PM, the resident received crumble cake, large chunks of regular texture pork, large chunks of potato with sliced carrots, and juice. Cook2 stated the meat was soft, so she thought that would be sufficient. After confirming the resident should have been on a minced and moist texture, she took some of the minced meat out of a container, placed it on the resident's plate and scooped up the regular pork with her gloved hand and took it away.</p> <p>Review of the Week 4 diet extension for 09/19/24 dinner meal revealed 1-(3x4 square) MM5 lasagna with meat sauce, 1.5-ounce-soaked sliced Texas toast, and 1 (2x3 square) MM5 brownie.</p> <p>Review of the Week 4 menu for 09/19/24 dinner meal revealed the menu was changed from the diet extensions to turkey wrap, pineapple and mandarin oranges, and milk.</p> <p>(continued on next page)</p>

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<p>F 0805</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an observation and interview in the dining room on 09/19/24 at 5:07 PM, the resident got a regular texture wrap. The wrap contained a corn tortilla, hard and cracked, regular lunchmeat, shredded lettuce, and shredded cheese. She received chicken noodle soup with corn and carrots, along with noodles. Cook3 stated he had never heard of the term minced and moist. He stated they had recipe books, but there was no menu for the minced and moist.</p> <p>During an interview on 09/19/24 at 5:19 PM, the Administrator confirmed the resident was supposed to receive minced and moist texture.</p> <p>During an interview on 09/20/24 at 12:26 PM, the Administrator stated that dietary had been a struggle and with trying to find a manager wanting to do the right training. She stated they had a lot of policies they needed to put into place. She stated she may have to go through the tray cards to highlight the diets.</p> <p>Cross reference F803- menus.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>33865</p> <p>Based on observations, interviews, and facility guideline review, the facility failed to ensure thermometers were sanitized between use and proper thawing practices were in place for one of one kitchen and 23 of 23 census residents. This failure had the potential to lead to cross contamination and food borne illness.</p> <p>Findings include:</p> <p>Review of the undated Food Safety and Sanitation Checklist, provided by the facility, revealed Are thermometers properly sanitized before using?</p> <p>Review of the 2022 Food Code by the U.S. Food and Drug Administration, dated 01/18/23 and located at https://www.fda.gov/media/164194/download?attachmen, revealed on page 3-26 Time/ temperature control for safety food shall be thawed: under refrigeration . completely submerged under running water .as part of the cooking process. And on page 3-177, Microorganisms may be transmitted from a food to other foods by utensils . thermometers, or other food contact surfaces.</p> <p>During an observation and interview on 09/17/24 at 11:54 AM, Cook1 took the temperature of the rice, then placed the thermometer into the corn without sanitizing the thermometer. She then wiped the thermometer with a dry rag and placed the thermometer into the chicken, without sanitizing. Cook1 stated she was not told to sanitize the thermometer, only to wipe it down. She stated she was never told what to use to wipe the thermometer.</p> <p>During an observation and interview on 09/18/24 at 11:52 AM, Cook2 took temperatures of the food. She went into the kitchenette and came back to place the thermometer into the green beans. She went into the kitchen to grab a dry paper towel and proceeded to wipe the thermometer with the paper towel. She placed the thermometer into the turkey and wiped the thermometer with the currently damp paper towel. She then placed the thermometer into the mashed potatoes. Cook2 stated she did not know where any alcohol wipes were. She stated she ran the thermometer under water prior to the start of taking temperatures and thought it would be cleaned that way.</p> <p>During an observation and interview on 09/18/24 at 10:11 AM, there were two packages of frozen turkey lunchmeat thawing in a metal pan on the counter. At 10:42 AM, Cook2 stated the lunchmeat was for the next day's meal and she was just getting a little thaw, before placing it back in the walk-in.</p> <p>During an observation and interview on 09/18/24 at 10:14 AM, there was raw beef stored on the second to lower shelf in the walk-in refrigerator. The raw beef was stored directly above an uncovered box of raw potatoes. At 10:42 AM, Cook2 confirmed the meat should have been thawing on the lower shelf and proceeded to move the meat to the lower shelf.</p> <p>During an interview on 09/20/24 at 12:26 PM, the Administrator stated that dietary had been a struggle and trying to find a manager wanting to do the right training. She stated they had a lot of policies they needed to put into place. She stated she got extra wipes and placed them in the dining room for meal temperatures.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>28154</p> <p>Based on observation, interview, and policy review, the facility failed to ensure there was a barrier between the clean and dirty laundry area with ventilation from the ceiling; and washing machine drainpipes below floor level that would become contaminated in the case of a sewer back up.</p> <p>Findings include:</p> <p>During a tour of the facility laundry processing area with the Infection Preventionist (IP) on 09/20/24 at 11:15 AM, observations revealed two ceiling vents, one over the washing machine area and one over the dryer area. Directly across from the commercial washing machine and to the left of the personal items washing machine, there was clothing hanging on a rod and a linen cart covered with a mesh blue cart cover. The IP confirmed there was no barrier between the dirty area and the clean clothing/linen cart, or between the dirty washing machine area and the clean (dryer) area.</p> <p>Behind the commercial washer was a long floor sink drain, with both of the washing machine drain pipes below the level of the floor. The corrugated hose tubing from the water intake on the commercial washer had a blue substance at the connection. Plastic, zip stripped to the pipe from the water connection down to the washer tub, had mineralization and a light brown colored liquid dripping from it. The IP did not know what the plastic was for but confirmed the observation.</p> <p>On 09/20/24 at 11:35 AM, the Laundry Aide (LA) stated she did not know what was going on with the commercial washer corrugated hose and confirmed the hanging clothing and items on the cart were clean.</p> <p>On 09/20/24 at 11:45 AM, the Maintenance Director stated the ceiling vents were exhaust vents and kicked in when the temperature goes up. He explained the mineralization on the washer hose was from when the water softener was running without salt. He stated he had not assessed the washer to see what was going on, but the blue was from the mineralization. He stated, It can be green, orange, yellow, blue, or red depending on what minerals were in the water. When asked about the pipes draining below floor level, the Maintenance Director stated, I don't think the sewage would back up in the floor sink. I've been here since February and have been too busy to assess anything in the laundry area. A policy regarding the laundry area maintenance and clean dirty designation was requested from the Maintenance Director at the end of the interview, but no policies were received.</p> <p>During an interview on 09/20/24 at 6:51 PM, the Administrator stated there should be a barrier between the clean and dirty areas of the laundry room, the washer hose should be cleaned, and the drainpipes should not have the potential to be exposed to sewage.</p> <p>Review of professional reference from the International Association of Plumbing & Mechanical Officials, Air Gap and Air Break Required retrieved on 01/09/23 from http://forms.iapmo.org/email_marketing/codespotlight/2017/July13.htm, revealed in pertinent part that for a plumbing air gap the the minimum vertical distance as measured from the lowest point of the indirect waste pipe or the fixture outlet to the flood-level rim of the receptor shall be not less than 1 inch.</p>		

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<p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.</p> <p>33865</p> <p>Based on observations, interviews, and facility policy review, the facility failed to ensure one of one kitchenette, attached to the dining room, was free from fruit flies.</p> <p>Findings include:</p> <p>Review of the facility's policy titled, Pest Control, revealed, This facility maintains an on-going pest control program to ensure that the building is kept free of insects and rodents.</p> <p>During an observation in the dining room kitchenette on 09/18/24 at 1:06 PM, there was a cabinet located on the right side of the open window facing the dining room. Inside the cabinet, there were two and a half bags of hot dog buns and a bag of corn tortillas. Fruit flies came out of the cabinet as the door opened, and some fruit flies were flying inside of one of the bags of hot dog buns and circulating throughout.</p> <p>During an observation and interview on 09/18/24 at 1:09 PM, the Maintenance Director (MD) stated he was the only maintenance worker, and he was not aware of any pests in the facility. He stated if there was an issue, then he would call someone to come in and take care of it. When asked about fruit flies, he stated he had heard about a fruit fly problem in the kitchenette about a week ago but had not investigated it yet. After observation of the flies, he stated, Not good at all. We are going to take care of that. He grabbed the bags of buns and stated he would get rid of the food.</p> <p>During an observation of the kitchenette and interview on 09/19/24 at 2:00 PM, the MD stated some fruit flies were still flying around. He acknowledged he needed to put an intervention in place.</p>