| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 0009724 | A. BUILDING: _____ B. WING _____ | C 02/05/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| KINDREDHEARTS OF NEW LONDON | 1706 TAUBEL RD NEW LONDON, WI 54961 |

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| N 000 | Initial Comments<br><br>On 01/29/2025, with information gathered through 02/05/2025, Surveyors conducted 5 complaint investigations at Kindredhearts of New London.<br><br>One (1) of 5 complaints were substantiated.<br><br>As a result of the survey, 2 deficiencies will be issued.<br><br>Census: 17 | N 000 | | |
| N 439 | 83.39(1) Infection control program.<br><br>The licensee shall establish and follow an infection control program based on current standards of practice to prevent the development and transmission of communicable disease and infection.<br><br>This Rule is not met as evidenced by:<br>Based on observation, interview and record review, the provider did not follow an infection control program based on current standards of practice to prevent the development and transmission of communicable disease and infection.<br><br>On 01/27/2025, Resident 6 tested positive for Covid-19. The facility did not have enough PPE, signage up on resident rooms or public entry doors, and did not have carts outside resident rooms to don PPE before entering the room. Residents 2, 3, 4, 5, 7 and 8 developed Covid-19 between 01/28/2025 and 01/30/2025.<br><br>Findings Include: | N 439 | | |

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

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| N 439 | Continued From page 1<br><br>The facility is licensed to serve up to 19 residents who have irreversible dementia/Alzheimer's and/or advanced aged.<br><br>A facility policy titled, "Sun Valley Residential Management Respiratory Policy and Procedure" dated 11/14/2022 stated, "Respiratory illness shall be considered Covid-19, Tuberculosis (TB) Influenza (A or B), respiratory syncytial virus (RSV) or other symptoms presenting that my potentially cause outbreak or spread of respiratory illness amongst a Sun Valley or one of its affiliated community housing buildings. General symptoms usually include cough, sneeze and or shortness of breath that may or may not present with associated symptoms. Associated symptoms might include fever, runny nose, shortness of breath, sputum production that may be clear, frothy, green, gray, yellow, brown or blood tinged in color...Infection control measures for respiratory illness are isolative and protective measures which attempt to prevent or hasten the spread of a potentially infectious pathogen throughout a Sun Valley residential building...Any single resident with a confirmed respiratory infection of Covid-19, Influenza, or RSV shall constitute concern for potential outbreak. Room isolation of all residents within a building shall be initiated upon known single infection in the building to assist in decreasing spread and cross contamination. 2. PPE [Personal Protective Equipment] shall be provided outside doors of any residents with known or suspected respiratory pathogen that has the potential to spead via droplets. a. PPE shall include gloves, gown, mask...and eye protection. b. Signage shall be placed to all doors of residents with known or suspect respiratory infections. The appropriate signage will include indicators of droplet precautions to aleart staff and visitors of potential | N 439 | | |

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| N 439 | Continued From page 2 | N 439 | | |

risk for infection, application of PPE needed (donning) and removal of PPE (doffing)...3. Building restrictions and closures due to respiratory pathogen outbreak and essential visitation. a. Upon isolating residents due to a respiratory concern, the building shall be closed off to all non-essential visitor traffic as well. Door signage shall be placed on all public access points alerting the general public that the building is "Under Quarantine due to an outbreak of respiratory illness." Signage should also indicate a mask requirement for all allowed to visit and whom may be allowed to visit..."

On 01/29/2025 at 9:15 AM, Surveyors conducted an onsite visit to the facility. Upon entering, Surveyors observed Caregiver B wearing a mask. Caregiver B informed Surveyor Resident 2 and 3 had Covid-19 and several others had symptoms of Covid-19. Caregiver B indicated all residents were quarantined to their rooms. Surveyor observed no signage at the door indicating an outbreak of Covid-19 in the building. In addition, Surveyor observed no isolation carts outside resident rooms for Resident 2 and 3, nor any signage on the resident room doors. Caregiver B indicated s/he was the only caregiver working at the time, however, there is usually 3 caregivers on the shift but staff have been calling in sick. Surveyor requested for Caregiver B to inform management Surveyor was in the building.

At 9:30 AM, Surveyor interviewed Director A via phone. Director A stated s/he was ill with a high fever and cough. Director A stated s/he was unable to come to the facility today. Director A stated she worked at the facility Monday overnight into Tuesday morning. Surveyor informed Director A Surveyor would send an email with a list of documentation the team would

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need.

At 10:30 AM, Surveyor interviewed Caregiver C who stated s/he usually works 2nd shift but was called in to help. Caregiver C stated Caregiver B texted their group chat and asked if someone could come in to help because State was in the building. Caregiver C confirmed some residents had Covid-19 in the building. Caregiver C stated Director A put in group chat that as of Monday (01/27/2025) morning 17 out of 19 residents had Covid-19. Caregiver C indicated the facility only has surgical masks and gloves, no gowns, no face shields. Caregiver C stated when the EMT (Emergency Medical Technicians) came yesterday, "they yelled at us because there was no signage up at the doors."

At approximately 11:00 AM, Surveyor observed the laundry room with Caregiver C. Caregiver C indicated PPE is stored in the laundry room cabinet. Caregiver C showed Surveyor the cabinet with only approximately 5 gowns. The cabinet contained no face shields or other eye protection. Another closet in the hallway contained multiple boxes of gloves, but no gowns or face shields.

On 01/30/2025 at 9:45 AM, Surveyor interviewed Director A who stated only a handful of residents tested positive for Covid-19. Director A indicated Resident 2, 3, 4, 5 and another resident whom Director A could not remember the name. Director A stated Resident 3 refused to be tested at the facility, but sent Resident 3 to emergency room and refused Covid-19 test there as well but was symptomatic so treating him/her as Covid-19 positive. Director A stated they did not test everyone in the building, but have requested everyone quarantine to their rooms. Director A

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| N 439 | Continued From page 4 | N 439 | | |

stated there is a sign on the entry doors to the building now.

On 01/30/2025 at approximately 10:00 AM, Surveyor sent an email to Director A requesting a list of all residents who tested positive for Covid-19 and a copy of the infection control policy.

On 01/31/2025 at approximately 2:30 PM, Surveyor received an email with a list of residents with symptoms and the date they tested positive for Covid-19. The list included Resident 6 with a positive test date of 01/27/2025, Resident 2 with a positive test date of 1/28/2025, Resident 4 and 7 with a positive test date of 01/29/2025 and Resident 5 with a positive test date of 01/30/2025.

In addition, Surveyor reviewed Resident 8's observation notes which indicated Resident 8 tested positive on 01/30/2025.

On 02/05/2025 at approximately 3:30 PM, Surveyor interviewed Director A. Director A stated the first resident tested positive for Covid-19 on Monday (1/27/2025) while at the hospital. Director A stated s/he found out from family later in the day on Monday. Director A stated s/he had to work the night shift on Monday night into Tuesday morning, then ran to get groceries on Tuesday morning before going home. Director A stated by Tuesday afternoon, s/he was feeling unwell with fever and slept the rest of the day. Director A stated the Assistant Director was also sick therefore no one was available to put signage up, put carts out of resident room or order more PPE. Director A stated the illness spread very quickly throughout the building.

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| N 481 | Continued From page 5 | N 481 | | |
| N 481 | 83.43(1) Environment safe, clean, and comfortable<br><br>Environment. The CBRF shall provide a living environment that is safe, clean, comfortable, and homelike. All common dining and living areas shall contain furnishings appropriate to the intended use of the room.<br><br>This Rule is not met as evidenced by:<br>Based on observation and interview, the provider did not ensure a living environment that was safe, clean, comfortable and homelike.<br><br>Findings include:<br><br>On 01/29/2025 at approximately 9:30 AM, Surveyors toured the facility and observed the following:<br><br>Living room:<br><br>*A light-colored chair had several dark stains.<br><br>*A glider-type chair had a thick cushion placed underneath the original padding.<br><br>*A couch had dark stains on the cushions and armrests.<br><br>*Crumbs and lint particles on carpeting<br><br>Entire building:<br><br>*Screens throughout the facility were dirty with debris.<br><br>*The windows had cobwebs and dead insects on | N 481 | | |

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| N 481 | Continued From page 6 | N 481 | | |

the sills and in between the window and screens.

*There was a strong odor of urine throughout the facility.

Kitchen:

*Two (2) of 2 refrigerators and freezers were dirty with dried food splatter.

*The door on the refrigerator did not close tightly. There were two metal latches on the outside of the refrigerator to help prevent the door from opening when closed. When the latches were engaged, the refrigerator door remained open. The opening appeared to be approximately 0.5 to 1.0 inches wide.

*A half door leading into the kitchen from the hallway had a latch jamb that was not secure and was falling off the wall.

*The linoleum flooring in a hallway leading to the dining room had an area with several cuts in the floor approximately 1-2 inches in diameter.

On 01/29/2025 at 9:47 AM, Surveyor interviewed Caregiver B regarding the refrigerator not closing tightly. Caregiver B reported the seal has been broken, but s/he was not sure for how long. Surveyor also inquired about the glider chair in the living room. Caregiver B reported s/he thought the extra cushion was placed underneath the original cushion because of the springs and them poking through.

On 01/29/2025 at approximately 10:00 AM, Surveyor interviewed Resident 1. Resident 1 stated the facility "smells like pee."

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| N 481 | Continued From page 7<br><br>On 01/29/2025 at 10:36 AM, Surveyors interviewed Caregiver C who stated the refrigerator in the kitchen has not been closing tightly for about 3 weeks. S/he reported, "You close it and it reopens." Caregiver C also stated the dishwasher leaks water. S/he reported, "You need to put a towel down so we don't slip and sometimes we need to run it twice." Caregiver C also acknowledged the odor of urine and reported, "Residents are not being changed at night like they should and are being left in their beds." S/he also stated each shift has a cleaning schedule they have to sign off on it once complete. At 11:30 AM, Surveyors observed the cleaning schedule. Surveyor noted the cleaning schedule listed various cleaning duties for each shift and there was a section for two employee signatures and dates. Surveyors also observed a towel on the floor near the dishwasher in the kitchen.<br><br>The provider did not ensure a living environment that was safe, clean, comfortable and homelike. | N 481 | | |