STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0010415	A. BUILDING: _____ B. WING _____	R-C 08/06/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KINDREDHEARTS OF ELKHORN	450 E GENEVA ST ELKHORN, WI 53121

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{N 000}	Initial Comments On 08/05/2026, with information obtained through 08/06/2026, the Bureau of Assisted Living, Southern Regional Office, conducted a verification visit at Kindredhearts of Elkhorn, a community-based residential facility (CBRF) located in Elkhorn, WI. As a result of the survey, 1 deficiency was identified. Under statutory provisions of Wis. Stat. Chapter 50, a $200 revisit fee is being assessed. Census: 19	{N 000}		
N 479	83.42(2) Resident records safeguarded. The licensee shall ensure all resident records are adequately safeguarded against destruction, loss or unauthorized access or use. This Rule is not met as evidenced by: Based on record review and interview, the licensee did not ensure that all resident records were adequately safeguarded against destruction or loss, which included medication administration records (MARs) for all residents, historic scheduled psychotropic reviews for 8 of 8 residents sampled, and documentation that accurately described residents' condition and changes of condition in the form of observation notes and vitals history. Findings include: On 08/05/2026, Surveyor conducted a verification visit for Statement of Deficiencies (SOD) FTUV17. This included verification of corrections to citations that included N0352 83.32(3)(h)	N 479		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0010415	A. BUILDING: _____ B. WING _____	R-C 08/06/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KINDREDHEARTS OF ELKHORN	450 E GENEVA ST ELKHORN, WI 53121

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 479	Continued From page 1	N 479		

Rights of Residents - Receive Medication and N0425 83.38(1)(a) Personal Care.

On 08/05/2026, at approximately 9:25 a.m., Surveyor interviewed Resident Director R. Resident Director R reported that the previous management company that operated the CBRF had left after a legal dispute occurred between representatives of the management company and the licensee. Resident Director R reported there was a court order that directed for the previous management company to vacate, and that a new company took over on 05/12/2026.

At approximately 10:00 a.m., Surveyor requested from Resident Director R facesheets, medication administration records (MARs), and observation notes from 06/01/2026 through the current day for Resident 8, Resident 23, and Resident 24. Resident Director R reported that s/he would print what was available but that there would be a gap in the information because of having lost access to parts of resident records when the previous management company left.

At approximately 10:35 a.m., Surveyor interviewed Resident Director R for clarification of his/her earlier report. Resident Director R reported the previous management company used the same electronic record platform as the current management company, however, they did not authorize for the resident information to be transferred over. Resident Director R reported that because of this, the portions of resident records that were routinely maintained electronically only went back as far as approximately 06/16/2026, which was approximately when the electronic record system for the new management company went live. Resident Director R reported that these records

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0010415	A. BUILDING: _____ B. WING _____	R-C 08/06/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KINDREDHEARTS OF ELKHORN	450 E GENEVA ST ELKHORN, WI 53121

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 479	Continued From page 2	N 479		

included things like MARs, observation notes, and vitals taken for residents. Resident Director R reported that it was clear the relationship between the licensee and previous management company had been deteriorating prior to the company's departure, and so because of that s/he tried to print some records going back a few months prior to company leaving.

On 08/05/2026, Surveyor reviewed the provided records for Resident 8, Resident 23, and Resident 24. Surveyor noted that the MARs began on 06/15/2026 for all and that observation notes, where staff documented routine charting on the residents' condition, also began on 06/15/2026. The medication lists for all 3 residents showed nearly each medication having a start date between 06/14/2026 - 06/16/2026, consistent with Resident Director R's earlier report of that having been when the new system went live. One of Resident 23's diagnoses was type II diabetes mellitus and his/her physician orders included for insulin to be administered with each meal in accordance with a sliding scale. The blood sugar values, which were tracked by staff in Resident 23's MAR, did not begin until 06/15/2026. Additionally, Surveyor reviewed an order for cephalexin 500 mg capsules with instructions to, "Take 1 capsule by mouth four times daily." The administrations of this, according to the MAR, began on 06/15/2026 and only documented approximately 8 days of administration. Surveyor also noted that from Resident 23's MAR s/he had been prescribed scheduled psychotropic medications which included bupropion HCl 300 mg tablets, duloxetine 60 mg capsules, and quetiapine 50 mg tablets - all of which showed start dates of 06/14/2026 in accordance with Surveyor's earlier observation of the start date range of nearly all

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0010415	A. BUILDING: _____ B. WING _____	R-C 08/06/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KINDREDHEARTS OF ELKHORN	450 E GENEVA ST ELKHORN, WI 53121

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 479	Continued From page 3	N 479		

the reviewed residents' medications.

On 08/05/2026, Surveyor reviewed a handwritten list of Resident 23's scheduled psychotropic medications start dates, information for which was specifically requested by Surveyor from Resident Director R. The list identified that the start dates of Resident 23's bupropion HCl tablets, duloxetine tablets, and quetiapine tablets as all being 09/17/2025.

At approximately 12:27 p.m., Surveyor observed the medication cart and noted that besides for Resident 23, psychotropic medications were also prescribed on a scheduled basis to Resident 9, Resident 10, Resident 13, Resident 18, Resident 21, Resident 22, and Resident 25.

At approximately 12:40 p.m., Surveyor interviewed Resident Director R regarding the scope of previous records maintained. Resident Director R reported that as far as MARs went, s/he had printed off all residents' MARs for March, April, and May 2026 but confirmed this was as far back as the MARs went. When asked about the MAR gap from 06/01/2026 through 06/14/2026, Resident Director R reported that a few days after the new management company's electronic record system went live for the provider, s/he went to go back in the old system to print off what had existed for June's MARs at that point for the residents but then discovered that s/he lost access.

When asked about scheduled psychotropic reviews, Resident Director R reported that these were completed by the nurse who had left with the departure of the former management company as that was who s/he was employed by. Resident Director R reported that the nurse had

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0010415	A. BUILDING: _____ B. WING _____	R-C 08/06/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KINDREDHEARTS OF ELKHORN	450 E GENEVA ST ELKHORN, WI 53121

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 479	Continued From page 4	N 479		

completed these reviews within the electronic record system. Resident Director R reported that s/he had printed off scheduled reviews for all residents that were last completed in February 2026, but confirmed that s/he could not access anything further back than that due to the change in management which resulted in the loss of record access.

On 08/05/2026, Surveyor reviewed the only scheduled psychotropic reviews Resident Director R was able to provide, which were all dated 02/25/2026, and included review of the following:

- Resident 9: Bupropion, donepezil, and sertraline (documented as being for "Depression/Anxiety")
- Resident 10: Fluoxetine, mirtazapine, and lorazepam (documented as being for "Depression/Anxiety")
- Resident 13: Quetiapine (documented as being for "Agitation")
- Resident 18: Haloperidol and trazodone (documented as being for "Schizoeffective [sic]/Schizophrenia")
- Resident 21: Duloxetine, mirtazapine, and quetiapine (documented as being for "Depression/Anxiety/Agitation")
- Resident 22: Donepezil, quetiapine, and sertraline (documented as being for "Alzheimer's/Depression")
- Resident 23: Bupropion, duloxetine, and quetiapine (documented as being for "[Major depressive disorder (MDD)]/Dementia/Trouble sleeping")
- Resident 25: Sertraline (documented as being for "MDD")

Surveyor noted that based on the start dates of Resident 23's scheduled psychotropic

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0010415	A. BUILDING: _____ B. WING _____	R-C 08/06/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KINDREDHEARTS OF ELKHORN	450 E GENEVA ST ELKHORN, WI 53121

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 479	Continued From page 5	N 479		

medications, as reviewed above, there would have been at least 1 review warranted for the last quarter of 2025 prior to the review that was done on 02/25/2026.

At approximately 1:00 p.m., Surveyor interviewed Resident Director R. Surveyor discussed the concern that it didn't appear from Resident 23's MAR that there was documentation showing that s/he received all prescribed 10-daily doses of his/her cephalexin. After looking in a binder consisting of Resident 23's paper records, Acting Director R showed Surveyor the order for the cephalexin which showed an order start date/time of 06/12/2026 at approximately 9:16 a.m. Acting Director R reported that it was likely the pharmacy delivered the cephalexin that day, which then began the latter 2 administrations starting from that point and would have then indicated that the 10-day course was completed. Acting Director R reported s/he believed the entire medication course was administered. Acting Director R reported understanding of Surveyor's concern that without the first half of June's MAR there was no way to verify this. Acting Director R also reported understanding of Surveyor's concern that without any scheduled psychotropic medication review records earlier than 02/25/2026, there was no way to verify that they were completed. Acting Director R reported s/he was confident that the former nurse had completed them and that s/he just did not have access to them. Acting Director R acknowledged Surveyor's concern that it was difficult to tell how many reviews would have been due for each resident reviewed since nearly all medication orders that were active prior to the new company's takeover showed as having start dates of 06/14/2026 - 06/16/2026. Surveyor requested Acting Director R to provide the original

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0010415	A. BUILDING: _____ B. WING _____	R-C 08/06/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KINDREDHEARTS OF ELKHORN	450 E GENEVA ST ELKHORN, WI 53121

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 479	Continued From page 6 start dates for the above residents' scheduled psychotropic medications. On 08/06/2026, Surveyor reviewed the information sent by Acting Director R. In the e-mail s/he sent, s/he reported that s/he was able to call the pharmacy to obtain the original medication start dates. Acting Director R reported the original start dates as follows for the other 7 residents Surveyor sampled: - Resident 9: All 3 medications started on 03/27/2024 (warranting 2 reviews in 2024 and 4 in 2025) - Resident 10: Fluoxetine started on 07/27/2023 (warranting 4 reviews each in 2024 and 2025), mirtazpine started on 01/14/2025 (warranting 3 reviews in 2025), and lorazepam started on 08/19/2025 (warranting 1 review in 2025) - Resident 13: Quetiapine started on 04/16/2025 (warranting 2 reviews in 2025) - Resident 18: Haloperidol started on 10/08/2023 and trazodone started on 11/10/2023 (both warranting 4 reviews each in 2024 and 2025) - Resident 21: Duloxetine started on 03/12/2024 and mirtazapine started on 04/05/2024 (both warranting at least 2 reviews in 2024 and 4 in 2025) - Resident 22: Donezepil started on 02/08/2024 (warranting at least 3 reviews in 2024 and 4 in 2025), quetiapine and sertraline both started on 07/12/2024 (both warranting at least 1 review in 2024 and 4 reviews in 2025) - Resident 25: Sertraline started on 01/19/2023 (warranting at least 4 reviews each in 2024 and 2025)	N 479		