

Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Notes

This report includes Provider Inspection Summaries (Facility Profiles) for Assisted Living Facilities in Ashland County.

The report is a PDF (Adobe Acrobat) document and includes a total of 29.00 pages. If you wish to read the profile for a particular facility without scrolling through the rest of the document, use the Search feature in the Acrobat Reader to specify part of the name of the facility you wish to review.

If you wish to print the profile for a particular facility, be sure to send only the desired pages to your computer printer. Otherwise you will be printing all pages in the document.

Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Adult Family Home

Facility Information

Facility Name: DECLARATION REM WISCONSIN III INC (0016590)

Address: 61148 HILLSIDE LN, ASHLAND, WI 54806

License Status: REGULAR

Licensed/Certified/Registered 03/14/2017 12:00:00AM

Regional Office: NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0147817 **End Date:** 09/11/2024 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #M1BV11 Served 10/14/2024

| <u>Deficiencies Cited</u> | <u>Subject Area</u> | <u>Compliance Verified</u> | <u>Corrected</u> |
|---------------------------|--|--------------------------------|------------------|
| 88.03(3)(b) | CRIMINAL RECORDS CHECK | | |
| 88.05(3)(d) | ANNUAL WELL WATER INSPECTIONS | | |
| 88.05(4)(b)2 | SMOKE DETECTORS-TESTING AND MAINTENANCE | | |
| 88.05(4)(d)2.c | SEMI-ANNUAL FIRE DRILLS | | |

Survey ID: 0140387 **End Date:** 08/02/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Adult Family Home

Survey ID: 0139707 End Date: 03/28/2022 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #27RI11 Served 06/01/2022

| <u>Deficiencies Cited</u> | <u>Subject Area</u> | <u>Compliance</u> | <u>Corrected</u> |
|---------------------------|---|-------------------|------------------|
| | | <u>Verified</u> | |
| 88.04(2)(f) | CONDITION WHICH REPRESENTS RISK OR HARM | 8/2/22 | Yes |
| 88.05(2)(a) | DIFFICULTY WALKING | 8/2/22 | Yes |
| 88.05(3)(j) | BEDROOM REQUIREMENTS | 8/2/22 | Yes |
| 88.05(4)(c)1 | EXITING FROM THE FIRST FLOOR | 8/2/22 | Yes |
| 88.05(4)(d)1 | FIRE SAFETY EVACUATION PLAN | 8/2/22 | Yes |
| 88.05(4)(d)2.c | SEMI-ANNUAL FIRE DRILLS | 8/2/22 | Yes |
| 88.06(3)(f) | REVIEW OF ISP | 8/2/22 | Yes |

Enforcement History (DECLARATION REM WISCONSIN III INC--0016590)

Date: 10/14/2024 SOD #M1BV11 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 06/01/2022 SOD #27RI11 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
NO NEW ADMISSIONS
ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Adult Family Home

Facility Information

Facility Name: HASANI REM WISCONSIN III INC (0016588)

Address: 1610 W 10TH AVE, ASHLAND, WI 54806

License Status: REGULAR

Licensed/Certified/Registered 03/14/2017 12:00:00AM

Regional Office: NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0143422 **End Date:** 06/15/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141772 **End Date:** 10/06/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #UOZP12 Served 01/09/2023

| <u>Deficiencies Cited</u> | <u>Subject Area</u> | <u>Compliance</u> | |
|---------------------------|---|-------------------|------------------|
| | | <u>Verified</u> | <u>Corrected</u> |
| 88.04(5)(a) | TRAINING-15 HOURS WITHIN 6 MONTHS | 6/15/23 | Yes |
| 88.05(4)(b)2 | SMOKE DETECTORS-TESTING AND MAINTENANCE | 6/15/23 | Yes |

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Adult Family Home

Survey ID: 0140363 **End Date:** 05/02/2022 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #UOZP11 Served 08/03/2022

| <u>Deficiencies Cited</u> | <u>Subject Area</u> | <u>Compliance</u> | <u>Corrected</u> |
|---------------------------|--|-------------------|------------------|
| | | <u>Verified</u> | |
| 88.04(5)(a) | TRAINING-15 HOURS WITHIN 6 MONTHS | 10/6/22 | Yes |
| 88.05(3)(a) | HOME ENVIRONMENT | 10/6/22 | Yes |
| 88.05(4)(b)1 | FIRE SAFETY-SMOKE DETECTORS | 10/6/22 | Yes |
| 88.05(4)(b)2 | SMOKE DETECTORS-TESTING AND MAINTENANCE | 10/6/22 | Yes |
| 88.05(4)(d)2.c | SEMI-ANNUAL FIRE DRILLS | 10/6/22 | Yes |

Enforcement History (HASANI REM WISCONSIN III INC--0016588)

Date: 01/09/2023 **SOD #**UOZP12 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 08/03/2022 **SOD #**UOZP11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Complaint History (HASANI REM WISCONSIN III INC--0016588)

Date Complaint Received: 04/11/2022

Date Investigation Completed: 05/02/2022

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

SUBSTANTIATED

UOZP11

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Adult Family Home

Facility Information

Facility Name: PIFF ADULT FAMILY HOME (0017871)

Address: 717 14TH AVENUE WEST, ASHLAND, WI 54806

License Status: REGULAR

Licensed/Certified/Registered 01/30/2020 12:00:00AM

Regional Office: NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0148377 **End Date:** 12/18/2024 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: BIRCH HAVEN SENIOR LIVING BEARS HOLLOW (0015012)

Address: 1019 15TH AVE W, ASHLAND, WI 54806

License Status: REGULAR

Licensed/Certified/Registered 07/01/2015 12:00:00AM

Regional Office: NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0148033 **End Date:** 09/23/2024 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #58BE13 Served 11/06/2024

| <u>Deficiencies Cited</u> | <u>Subject Area</u> | <u>Compliance Verified</u> | <u>Corrected</u> |
|---------------------------|--|--------------------------------|------------------|
| 83.12(4)(a) | REPORTING WHEN RESIDENT'S WHEREABOUTS UNKNOWN | | |
| 83.12(4)(c) | REPORTING INCIDENTS WITH SERIOUS INJURY | | |
| 83.14(2)(a) | LICENSEE ENSURES FACILITY COMPLIES WITH LAWS | | |
| 83.32(2)(b) | POST RESIDENT RIGHTS, GRIEVANCE PROCEDURE | | |
| 83.36(1)(b) | QUALIFIED STAFF IN CHARGE, ON DUTY AND AWAKE | | |
| 83.41(2)(c) | NUTRITION: MENUS | | |
| 83.42(1) | RESIDENT RECORD MAINTAINED | | |
| 83.44(2)(b) | TOILET AND BATHING AREA | | |

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0144872 **End Date:** 11/09/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #ZM9J11 Served 11/21/2023

| <u>Deficiencies Cited</u> | <u>Subject Area</u> | <u>Compliance</u> | <u>Corrected</u> |
|---------------------------|---|-------------------|------------------|
| | | <u>Verified</u> | |
| 83.32(2)(b) | POST RESIDENT RIGHTS, GRIEVANCE PROCEDURE | 9/23/24 | No |
| 83.36(1)(b) | QUALIFIED STAFF IN CHARGE, ON DUTY AND AWAKE | 9/23/24 | No |
| 83.44(2)(b) | TOILET AND BATHING AREA | 9/23/24 | No |

Survey ID: 0144781 **End Date:** 09/18/2023 **Type:** OTHER **Purpose:** SURVEY/COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #58BE12 Served 11/10/2023

| <u>Deficiencies Cited</u> | <u>Subject Area</u> | <u>Compliance</u> | <u>Corrected</u> |
|---------------------------|--|-------------------|------------------|
| | | <u>Verified</u> | |
| 83.12(4)(a) | REPORTING WHEN RESIDENT'S WHEREABOUTS UNKNOWN | 9/23/24 | No |
| 83.17(1) | LICENSEE CONDUCT CAREGIVER BACKGROUND CHECK | 9/23/24 | Yes |
| 83.19 | ORIENTATION | 9/23/24 | Yes |
| 83.38(1)(b) | SUPERVISION | 9/23/24 | Yes |
| 83.38(1)(c) | LEISURE TIME ACTIVITIES | 9/23/24 | Yes |
| 83.41(2)(c) | NUTRITION: MENUS | 9/23/24 | No |
| 83.42(1) | RESIDENT RECORD MAINTAINED | 9/23/24 | No |
| 83.47(2)(d) | FIRE DRILLS | 9/23/24 | Yes |
| 83.47(2)(e) | OTHER EVACUATION DRILLS | 9/23/24 | Yes |

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0143369 **End Date:** 04/10/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #58BE11 Served 06/15/2023

| <u>Deficiencies Cited</u> | <u>Subject Area</u> | <u>Compliance Verified</u> | <u>Corrected</u> |
|---------------------------|---------------------------------------|--------------------------------|------------------|
| 83.36(1)(a) | ADEQUATE STAFF TO MEET RESIDENT NEEDS | 9/18/23 | Yes |

Survey ID: 0142080 **End Date:** 01/31/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141189 **End Date:** 08/02/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #CMWZ12 Served 11/01/2022

| <u>Deficiencies Cited</u> | <u>Subject Area</u> | <u>Compliance Verified</u> | <u>Corrected</u> |
|---------------------------|---------------------|--------------------------------|------------------|
| 83.45(3) | TOXIC SUBSTANCES | 1/31/23 | Yes |

Survey ID: 0138941 **End Date:** 03/03/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (BIRCH HAVEN SENIOR LIVING BEARS HOLLOW--0015012)

Date: 11/06/2024 **SOD #**58BE13 **Appealed:** **Decision:** PENDING

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
NO NEW ADMISSIONS
ORDER TO COMPLY
FORFEITURE---83.12(4)(a)
FORFEITURE---83.12(4)(c)
FORFEITURE---83.14(2)(a)
FORFEITURE---83.36(1)(b)
FORFEITURE---83.41(2)(c)
FORFEITURE---83.42(1)
FORFEITURE---83.44(2)(b)

Date: 11/21/2023 **SOD #**ZM9J11 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 11/10/2023 **SOD #**58BE12 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.19
FORFEITURE---83.38(1)(b)
FORFEITURE---83.38(1)(c)

Date: 06/15/2023 **SOD #**58BE11 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.36(1)(a)

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date: 11/01/2022

SOD #CMWZ12

Appealed:

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.45(3)

Complaint History (BIRCH HAVEN SENIOR LIVING BEARS HOLLOW--0015012)

Date Complaint Received: 08/07/2024

Date Investigation Completed: 09/23/2024

Subject Area(s)

ADMINISTRATION
PROGRAM SERVICES

Result

SUBSTANTIATED
NOT SUBSTANTIATED

SOD

58BE13

Date Complaint Received: 08/01/2024

Date Investigation Completed: 09/23/2024

Subject Area(s)

ADMINISTRATION
PROGRAM SERVICES

Result

NOT SUBSTANTIATED
SUBSTANTIATED

SOD

58BE13

Date Complaint Received: 09/26/2023

Date Investigation Completed: 11/09/2023

Subject Area(s)

PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES

Result

SUBSTANTIATED
NOT SUBSTANTIATED

SOD

ZM9J11

Date Complaint Received: 06/28/2023

Date Investigation Completed: 09/18/2023

Subject Area(s)

PROGRAM SERVICES

Result

NOT SUBSTANTIATED

SOD

Date Complaint Received: 02/01/2023

Date Investigation Completed: 04/10/2023

Subject Area(s)

ADMINISTRATION
PROGRAM SERVICES

Result

NOT SUBSTANTIATED
SUBSTANTIATED

SOD

58BE11

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: BIRCH HAVEN SENIOR LIVING EAGLES RIDGE (0015013)

Address: 224 22ND AVE W, ASHLAND, WI 54806

License Status: REGULAR

Licensed/Certified/Registered 07/01/2015 12:00:00AM

Regional Office: NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0147942 **End Date:** 10/23/2024 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0147095 **End Date:** 06/13/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #4U0L13 Served 07/25/2024

Deficiencies Cited
83.38(1)(c)

Subject Area
LEISURE TIME ACTIVITIES

Compliance
Verified
10/23/24

Corrected
Yes

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0144309 **End Date:** 08/17/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #4U0L12 Served 09/21/2023

| <u>Deficiencies Cited</u> | <u>Subject Area</u> | <u>Compliance</u> | <u>Corrected</u> |
|---------------------------|--|-------------------|------------------|
| | | <u>Verified</u> | |
| 83.17(1) | LICENSEE CONDUCT CAREGIVER BACKGROUND CHECK | 6/13/24 | Yes |
| 83.17(2)(a) | EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE | 6/13/24 | Yes |
| 83.25 | CONTINUING EDUCATION | 6/13/24 | Yes |
| 83.38(1)(c) | LEISURE TIME ACTIVITIES | 6/13/24 | No |

Survey ID: 0143233 **End Date:** 05/25/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0143367 **End Date:** 04/10/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #4U0L11 Served 06/15/2023

| <u>Deficiencies Cited</u> | <u>Subject Area</u> | <u>Compliance</u> | <u>Corrected</u> |
|---------------------------|--|-------------------|------------------|
| | | <u>Verified</u> | |
| 83.17(2)(c) | STAFF WITH COMMUNICABLE DISEASE NOT TO WORK | 8/17/23 | Yes |
| 83.39(1) | INFECTION CONTROL PROGRAM | 8/17/23 | Yes |

Survey ID: 0140209 **End Date:** 07/14/2022 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (BIRCH HAVEN SENIOR LIVING EAGLES RIDGE--0015013)

Date: 07/25/2024 **SOD #**4U0L13 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.38(1)(c)

Date: 09/21/2023 **SOD #**4U0L12 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.17(1)
FORFEITURE---83.17(2)(a)
FORFEITURE---83.25

Date: 06/15/2023 **SOD #**4U0L11 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.17(2)(c)

Date: 02/16/2022 **SOD #**E6XC11 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (BIRCH HAVEN SENIOR LIVING EAGLES RIDGE--0015013)

Date Complaint Received: 08/07/2024

Date Investigation Completed: 10/23/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 08/01/2024

Date Investigation Completed: 10/23/2024

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 07/27/2023

Date Investigation Completed: 08/17/2023

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 06/26/2023

Date Investigation Completed: 08/17/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 04/24/2023

Date Investigation Completed: 05/25/2023

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date Complaint Received: 03/06/2023

Subject Area(s)

ADMINISTRATION
ADMINISTRATION
PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES
STAFF TRAINING AND PROFICIENCY

Date Investigation Completed: 04/10/2023

Result

SUBSTANTIATED
NOT SUBSTANTIATED
SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

4U0L11

4U0L11

Date Complaint Received: 06/20/2022

Subject Area(s)

RESIDENT RIGHTS

Date Investigation Completed: 07/14/2022

Result

NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: BIRCH HAVEN SENIOR LIVING FALCONS CREST (0015014)

Address: 218 22ND AVE W, ASHLAND, WI 54806

License Status: REGULAR

Licensed/Certified/Registered 07/01/2015 12:00:00AM

Regional Office: NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0148025 **End Date:** 10/24/2024 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #MFEW13 Served 11/06/2024

| <u>Deficiencies Cited</u> | <u>Subject Area</u> | <u>Compliance Verified</u> | <u>Corrected</u> |
|---------------------------|---|--------------------------------|------------------|
| 83.12(2)(c) | REPORT TO LAW ENFORCEMENT AND CORONER | | |
| 83.14(2)(a) | LICENSEE ENSURES FACILITY COMPLIES WITH LAWS | | |
| 83.35(1)(b) | SOURCES USED FOR ASSESSMENT INFORMATION | | |
| 83.35(3)(d) | SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES | | |
| 83.38(1)(g) | HEALTH MONITORING | | |

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0146819 End Date: 06/13/2024 Type: STANDARD Purpose: SURVEY/COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #MFEW12 Served 06/28/2024

| <u>Deficiencies Cited</u> | <u>Subject Area</u> | <u>Compliance</u> | <u>Corrected</u> |
|---------------------------|---|-------------------|------------------|
| | | <u>Verified</u> | |
| 83.14(2)(a) | LICENSEE ENSURES FACILITY COMPLIES WITH LAWS | 10/24/24 | Yes |
| 83.17(1) | LICENSEE CONDUCT CAREGIVER BACKGROUND CHECK | 10/24/24 | Yes |
| 83.28(4)(a) | RESIDENT HEALTH SCREENING AND DOCUMENTATION | 10/24/24 | Yes |
| 83.35(1)(b) | SOURCES USED FOR ASSESSMENT INFORMATION | 10/24/24 | Yes |
| 83.35(2) | TEMPORARY SERVICE PLAN | 10/24/24 | Yes |
| 83.35(3)(c) | IMPLEMENT, FOLLOW THE INDIVIDUAL SERVICE PLAN | 10/24/24 | Yes |
| 83.35(3)(d) | SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES | 10/24/24 | Yes |
| 83.37(3)(c) | MEDICATION STORAGE: LOCKED CABINET | 10/24/24 | Yes |
| 83.38(1)(c) | LEISURE TIME ACTIVITIES | 10/24/24 | Yes |
| 83.38(1)(g) | HEALTH MONITORING | 10/24/24 | Yes |
| 83.41(2)(c) | NUTRITION: MENUS | 10/24/24 | Yes |
| 83.44(1)(b) | SEPARATE LAUNDRY STORAGE AREAS OR CONTAINERS | 10/24/24 | Yes |
| 83.44(2)(a) | ROOMS CLEAN AND FREE FROM ODORS | 10/24/24 | Yes |
| 83.45(3) | TOXIC SUBSTANCES | 10/24/24 | Yes |
| 83.55(6)(b) | BATH AND TOILET AREAS: WATER TEMPERATURE | 10/24/24 | Yes |
| 83.60(1) | TOTAL/OPENABLE WINDOW AREA | 10/24/24 | Yes |

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0143365 **End Date:** 04/10/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #MFEW11 Served 06/15/2023

| <u>Deficiencies Cited</u> | <u>Subject Area</u> | <u>Compliance</u> | <u>Corrected</u> |
|---------------------------|--|-------------------|------------------|
| | | <u>Verified</u> | |
| 83.12(4)(b) | REPORTING WHEN LAW ENFORCEMENT IS CALLED | 6/13/24 | Yes |
| 83.17(1) | LICENSEE CONDUCT CAREGIVER BACKGROUND CHECK | 6/13/24 | Yes |
| 83.35(3)(a) | COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN | 6/13/24 | Yes |
| 83.36(1)(b) | QUALIFIED STAFF IN CHARGE, ON DUTY AND AWAKE | 6/13/24 | Yes |
| 83.39(1) | INFECTION CONTROL PROGRAM | 6/13/24 | Yes |
| 83.42(1) | RESIDENT RECORD MAINTAINED | 6/13/24 | Yes |

Survey ID: 0142074 **End Date:** 02/01/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141439 **End Date:** 09/29/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141015 **End Date:** 07/14/2022 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #QGQ912 Served 10/13/2022

| <u>Deficiencies Cited</u> | <u>Subject Area</u> | <u>Compliance</u> | <u>Corrected</u> |
|---------------------------|--|-------------------|------------------|
| | | <u>Verified</u> | |
| 83.36(1)(b) | QUALIFIED STAFF IN CHARGE, ON DUTY AND AWAKE | 2/1/23 | Yes |

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (BIRCH HAVEN SENIOR LIVING FALCONS CREST--0015014)

Date: 11/06/2024 **SOD #**MFEW13 **Appealed:** **Decision:** PENDING

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

FORFEITURE---83.12(2)(c)

FORFEITURE---83.14(2)(a)

FORFEITURE---83.35(1)(b)

FORFEITURE---83.35(3)(d)

FORFEITURE---83.38(1)(g)

Date: 06/28/2024 **SOD #**MFEW12 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

FORFEITURE---83.14(2)(a)

FORFEITURE---83.35(1)(b)

FORFEITURE---83.35(2)

FORFEITURE---83.35(3)(c)

FORFEITURE---83.35(3)(d)

FORFEITURE---83.38(1)(g)

FORFEITURE---83.44(2)(a)

Date: 06/15/2023 **SOD #**MFEW11 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

FORFEITURE---83.35(3)(a)

FORFEITURE---83.36(1)(b)

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date: 10/13/2022

SOD #QGQ912

Appealed:

Sanctions

COMPLY WITH REQUIREMENT

COMPLY WITH FACILITY PLAN OF CORRECTION

ORDER TO COMPLY

FORFEITURE---83.36(1)(d)

Date: 02/16/2022

SOD #QGQ911

Appealed:

Sanctions

ORDER TO COMPLY

FORFEITURE---

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (BIRCH HAVEN SENIOR LIVING FALCONS CREST--0015014)

Date Complaint Received: 08/07/2024

Date Investigation Completed: 10/24/2024

Subject Area(s)

Result

SOD #

ADMINISTRATION
PROGRAM SERVICES

SUBSTANTIATED
NOT SUBSTANTIATED

MFEW13

Date Complaint Received: 06/11/2024

Date Investigation Completed: 06/13/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

MFEW12

Date Complaint Received: 05/21/2024

Date Investigation Completed: 06/13/2024

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 03/06/2023

Date Investigation Completed: 04/10/2023

Subject Area(s)

Result

SOD #

ADMINISTRATION
ADMINISTRATION
PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES
STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED
SUBSTANTIATED
SUBSTANTIATED
NOT SUBSTANTIATED
SUBSTANTIATED

MFEW11
MFEW11
MFEW11
MFEW11
MFEW11

Date Complaint Received: 02/20/2023

Date Investigation Completed: 04/10/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

MFEW11

Date Complaint Received: 09/21/2022

Date Investigation Completed: 09/29/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date Complaint Received: 05/04/2022

Date Investigation Completed: 07/14/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: BIRCH HAVEN SENIOR LIVING TIMBERS EDGE (0015011)

Address: 1500 10TH ST W, ASHLAND, WI 54806

License Status: REGULAR

Licensed/Certified/Registered 07/01/2015 12:00:00AM

Regional Office: NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0148484 **End Date:** 11/07/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #4ESY11 Served 01/10/2025

| <u>Deficiencies Cited</u> | <u>Subject Area</u> | <u>Compliance Verified</u> | <u>Corrected</u> |
|---------------------------|---|--------------------------------|------------------|
| 83.20(1)(b) | TRAINING DOCUMENTATION REQUIREMENTS | | |
| 83.35(5)(b) | ANNUAL EVALUATION OF EVACUATION LIMITS | | |
| 83.46(1)(f) | COMBUSTIBLES | | |

Survey ID: 0144204 **End Date:** 09/07/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0143362 **End Date:** 04/10/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #6K1311 Served 06/15/2023

| <u>Deficiencies Cited</u> | <u>Subject Area</u> | <u>Compliance Verified</u> | <u>Corrected</u> |
|---------------------------|---------------------------|--------------------------------|------------------|
| 83.39(1) | INFECTION CONTROL PROGRAM | 9/7/23 | Yes |

Survey ID: 0142082 **End Date:** 01/31/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140391 **End Date:** 08/03/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139628 **End Date:** 03/09/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #X98R11 Served 05/24/2022

| <u>Deficiencies Cited</u> | <u>Subject Area</u> | <u>Compliance Verified</u> | <u>Corrected</u> |
|---------------------------|--|--------------------------------|------------------|
| 83.36(1)(b) | QUALIFIED STAFF IN CHARGE, ON DUTY AND AWAKE | 8/3/22 | Yes |

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (BIRCH HAVEN SENIOR LIVING TIMBERS EDGE--0015011)

Date: 01/10/2025 **SOD #**4ESY11 **Appealed:** **Decision:** PENDING

Sanctions

ORDER TO COMPLY
FORFEITURE---83.20(1)(b)

Date: 06/15/2023 **SOD #**6K1311 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 05/23/2022 **SOD #**X98R11 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
ORDER TO COMPLY
FORFEITURE---83.36(1)(b)

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (BIRCH HAVEN SENIOR LIVING TIMBERS EDGE--0015011)

Date Complaint Received: 08/07/2024

Date Investigation Completed: 11/07/2024

Subject Area(s)

Result

SOD #

ADMINISTRATION
PROGRAM SERVICES

NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 03/06/2023

Date Investigation Completed: 04/10/2023

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

Date Complaint Received: 12/12/2022

Date Investigation Completed: 01/31/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: Copper Falls Assisted Living (0018841)

Address: 450 Lake Drive, Mellen, WI 54546

License Status: REGULAR

Licensed/Certified/Registered 09/07/2022 12:00:00AM

Regional Office: NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0143419 **End Date:** 06/15/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: LICENSE/CERT/REGISTRATION ISSUED

Survey ID: 0142638 **End Date:** 03/15/2023 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #R2E911 Served 04/03/2023

| <u>Deficiencies Cited</u> | <u>Subject Area</u> | <u>Compliance Verified</u> | <u>Corrected</u> |
|---------------------------|---|--------------------------------|------------------|
| 83.20(2)(a)-(d) | DEPARTMENT-APPROVED TRAINING COURSE | 6/15/23 | Yes |
| 83.36(1)(b) | QUALIFIED STAFF IN CHARGE, ON DUTY AND AWAKE | 6/15/23 | Yes |

Survey ID: 0140715 **End Date:** 09/07/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: PROBATIONARY LICENSE ISSUED

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (Copper Falls Assisted Living--0018841)

Date: 04/03/2023

SOD #R2E911

Appealed:

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

ORDER TO COMPLY

FORFEITURE---83.20(2)(a)-(d)

FORFEITURE---83.36(1)(b)

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