Provider Inspection Summary
For the period 2/8/2017 to 2/8/2020

Notes
This report includes Provider Inspection Summaries (Facility Profiles) for Assisted Living Facilities in Bayfield County. The report is a PDF (Adobe Acrobat) document and includes a total of 7.00 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 2/8/2017 to 2/8/2020
Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

Facility Information

Facility Name: WILLOW MANOR (0013334)
Address: 68290 N DISTRICT ST, IRON RIVER, WI 54847
License Status: REGULAR
Licensed/Certified/Registered 9/1/2011 12:00:00AM
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0126505  End Date: 4/17/2018  Type: OTHER  Purpose: DESK REVIEW
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0126379  End Date: 3/30/2018  Type: STANDARD  Purpose: SURVEY
Results: STATEMENT OF DEFICIENCY ISSUED
Statement of Deficiency: #63EG11 Served 4/5/2018

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>83.37(1)(g)</td>
<td>DISPOSITION OF MEDICATIONS</td>
<td>4/17/18</td>
</tr>
<tr>
<td>83.45(3)</td>
<td>TOXIC SUBSTANCES</td>
<td>4/17/18</td>
</tr>
<tr>
<td>83.46(1)(f)</td>
<td>COMBUSTIBLES</td>
<td>4/17/18</td>
</tr>
<tr>
<td>83.55(6)(b)</td>
<td>BATH AND TOILET AREAS: WATER TEMPERATURE</td>
<td>4/17/18</td>
</tr>
</tbody>
</table>

Survey ID: 0122847  End Date: 4/3/2017  Type: OTHER  Purpose: DESK REVIEW
Results: NO STATEMENT OF DEFICIENCY ISSUED
Provider Inspection Summary

For the period 2/8/2017 to 2/8/2020

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

Survey ID: 0122786  End Date: 3/20/2017  Type: OTHER  Purpose: SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #NS2Q11

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>83.12(4)(a) REPORTING WHEN RESIDENT’S WHEREABOUTS UNKNOWN</td>
<td>4/3/17</td>
<td>Yes</td>
</tr>
<tr>
<td>83.35(1)(a) PRE-ADMISSION AND ONGOING ASSESSMENTS</td>
<td>4/3/17</td>
<td>Yes</td>
</tr>
<tr>
<td>83.35(3)(d) SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES</td>
<td>4/3/17</td>
<td>Yes</td>
</tr>
</tbody>
</table>

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Facility Information

Facility Name: OAKS AT NORTHERN LIGHTS (THE) (0012705)
Address: 702 BRATLEY DR, WASHBURN, WI 54891
License Status: REGULAR
Licensed/Certified/Registered 4/1/2010 12:00:00AM
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0130635  End Date: 6/13/2019  Type: ABBREVIATED  Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0128166  End Date: 8/24/2018  Type: OTHER  Purpose: COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (OAKS AT NORTHERN LIGHTS (THE)--0012705)

Date Complaint Received: 8/8/2018  Date Investigation Completed: 8/24/2018
Subject Area(s)  Result  SOD #
ADMINISTRATION  NOT SUBSTANTIATED

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## Facility Information

**Facility Name:** BIRCH HAVEN NORTH RCAC (0014850)

**Address:** 320 SUPERIOR AVENUE, WASHBURN, WI 54891

**License Status:** REGULAR

**Licensed/Certified/Registered:** 12/23/2013 12:00:00AM

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

### Survey History

#### Type: ABBREVIATED  Purpose: SURVEY

**Survey ID:** 0131482  **End Date:** 7/29/2019

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #6JHF11 Served 9/16/2019

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>50.065(2)(bm)</td>
<td>OUT OF STATE BACKGROUND CHECKS</td>
<td>Verified</td>
</tr>
<tr>
<td>50.065(6)(am)</td>
<td>FOUR YEAR CAREGIVER BACKGROUND REQUIREMENT</td>
<td>Corrected</td>
</tr>
</tbody>
</table>

#### Type: OTHER  Purpose: COMPLAINT

**Survey ID:** 0127522  **End Date:** 7/13/2018

**Results:** NO STATEMENT OF DEFICIENCY ISSUED
<table>
<thead>
<tr>
<th>Date</th>
<th>SOD #</th>
<th>Appealed</th>
<th>Decision</th>
</tr>
</thead>
<tbody>
<tr>
<td>9/16/2019</td>
<td>6JHF11</td>
<td></td>
<td>PENDING</td>
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</tbody>
</table>

**Sanctions**

- FORFEITURE---89.23(4)(a)1
- FORFEITURE---89.23(4)(a)2
- FORFEITURE---89.23(4)(c)
- FORFEITURE---89.23(4)(d)1
- FORFEITURE---89.23(4)(d)2a

<table>
<thead>
<tr>
<th>Date Complaint Received</th>
<th>Date Investigation Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>6/11/2018</td>
<td>7/13/2018</td>
</tr>
</tbody>
</table>

**Result**

- NOT SUBSTANTIATED

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Provider Inspection Summary
For the period 2/8/2017 to 2/8/2020
Residential Care Apartment Complex (REGISTERED)

Facility Information

Facility Name: CHEQUAMEGON AREA ASSISTED LIVING (0014557)
Address: 320 SUPERIOR AVE, WASHBURN, WI 54891
License Status: REGULAR
Licensed/Certified/Registered 2/28/2013 12:00:00AM
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

No survey activity during the period 2/8/17 to 2/8/20

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