

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 Bayfield County. The report is a PDF (Adobe Acrobat) document and includes a total of 10.00 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

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 09/01/2011 12:00:00AM

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

Survey History

Survey ID: 0145999 **End Date:** 03/19/2024 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #C6IH11 Served 03/26/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.20(1)(b)	TRAINING DOCUMENTATION REQUIREMENTS		
83.26(1)	DOCUMENTATION OF REQUIRED EMPLOYEE TRAINING		
83.26(2)	ORIENTATION, CONTINUING EDUCATION DOCUMENTED		
83.37(1)(j)	PROOF-OF-USE RECORD		
83.37(3)(g)	MEDICATION STORAGE: CONTROLLED SUBSTANCES		
83.47(2)(e)	OTHER EVACUATION DRILLS		

Enforcement History (WILLOW MANOR--0013334)

Date: 03/26/2024 **SOD #**C6IH11 **Appealed:** No

Sanctions

ORDER TO COMPLY

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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: OAKS AT NORTHERN LIGHTS (THE) (0012705)

Address: 702 BRATLEY DR, WASHBURN, WI 54891

License Status: REGULAR

Licensed/Certified/Registered 04/01/2010 12:00:00AM

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

Survey History

Survey ID: 0148392 **End Date:** 10/22/2024 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #8G0P12 Served 12/26/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(5)(a)	NOTIFICATION: INCIDENT, INJURY, CHANGES		
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS		
83.15(3)(a)	ADMINISTRATOR SHALL SUPERVISE DAILY OPERATION		
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE		
83.19	ORIENTATION		
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE		
83.22(1)-(4)	TASK SPECIFIC TRAINING		
83.32(3)(i)	RIGHTS OF RESIDENTS: PROMPT AND ADEQUATE TREATMENT		
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES		

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

83.36(1)(b)	QUALIFIED STAFF IN CHARGE, ON DUTY AND AWAKE
83.37(1)(a)	WRITTEN ORDER FOR MEDICATIONS, SUPPLEMENTS
83.37(1)(b)	MEDICATION LABEL PERMANENTLY ATTACHED
83.37(2)(e)	OTHER ADMINISTRATION GIVEN OR DELEGATED BY RN
83.37(3)(c)	MEDICATION STORAGE: LOCKED CABINET
83.38(1)(g)	HEALTH MONITORING
83.39(1)	INFECTION CONTROL PROGRAM

Survey ID: 0145052 End Date: 10/12/2023 Type: ABBREVIATED Purpose: SURVEY/COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #8G0P11 Served 12/13/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.15(3)(a)	ADMINISTRATOR SHALL SUPERVISE DAILY OPERATION	10/22/24	No
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	10/22/24	No
83.32(3)(n)	RIGHTS OF RESIDENTS: SAFE ENVIRONMENT	10/22/24	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	10/22/24	No
83.44(1)(c)	CLOTHES DRYERS ENCLOSED AND VENTED	10/22/24	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)

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

Date: 12/26/2024 **SOD #**8G0P12 **Appealed:** **Decision:** PENDING

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

FORFEITURE---83.14(2)(a)

FORFEITURE---83.15(3)(a)

FORFEITURE---83.17(2)(a)

FORFEITURE---83.19

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

FORFEITURE---83.22(1)-(4)

FORFEITURE---83.32(3)(i)

FORFEITURE---83.35(3)(d)

FORFEITURE---83.36(1)(b)

FORFEITURE---83.37(1)(a)

FORFEITURE---83.37(1)(b)

FORFEITURE---83.37(2)(e)

FORFEITURE---83.38(1)(g)

Date: 12/13/2023 **SOD #**8G0P11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

FORFEITURE---83.15(3)(a)

FORFEITURE---83.32(3)(n)

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

Date Complaint Received: 10/21/2024

Date Investigation Completed: 10/22/2024

Subject Area(s)

Result

SOD #

ADMINISTRATION

SUBSTANTIATED

8G0P12

Date Complaint Received: 09/05/2024

Date Investigation Completed: 10/22/2024

Subject Area(s)

Result

SOD #

ADMINISTRATION

SUBSTANTIATED

8G0P12

RESIDENT RIGHTS

SUBSTANTIATED

8G0P12

Date Complaint Received: 09/21/2023

Date Investigation Completed: 10/12/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

8G0P11

Date Complaint Received: 09/11/2023

Date Investigation Completed: 10/12/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

8G0P11

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025
Residential Care Apartment Complex (CERTIFIED)

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

Survey History

Survey ID: 0147994 **End Date:** 09/18/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #P97M12 Served 11/01/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
89.23(2)(a)2.a	SERVICES		
89.23(3)(f)	SERVICES		
89.23(4)(d)1	SERVICES		
89.26(3)(b)	PARTICIPATION IN THE ASSESSMENT		
89.27(3)(d)	SERVICE AGREEMENT		

Survey ID: 0146897 **End Date:** 06/28/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #P97M11 Served 07/10/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
89.22(3)	BUILDING REQUIREMENTS	9/18/24	Yes

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Provider Inspection Summary

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

Residential Care Apartment Complex (CERTIFIED)

Survey ID: 0145932 End Date: 03/18/2024 Type: OTHER Purpose: VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0142394 End Date: 12/29/2022 Type: STANDARD Purpose: SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #E4UN11 Served 03/07/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
89.23(4)(a)2	SERVICES	3/18/24	Yes
89.26(1)	COMPREHENSIVE ASSESSMENT	3/18/24	Yes
89.26(4)	ANNUAL REVIEW	3/18/24	Yes
89.28(1)	RISK AGREEMENT	3/18/24	Yes

Enforcement History (BIRCH HAVEN NORTH RCAC--0014850)

Date: 11/01/2024 SOD #P97M12 Appealed: No

Sanctions

ORDER TO COMPLY
 FORFEITURE---89.23(4)(d)1

Date: 07/10/2024 SOD #P97M11 Appealed: No

Sanctions

ORDER TO COMPLY

Date: 03/07/2023 SOD #E4UN11 Appealed:

Sanctions

ORDER TO COMPLY
 FORFEITURE---89.23(4)(a)

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025
Residential Care Apartment Complex (CERTIFIED)

Complaint History (BIRCH HAVEN NORTH RCAC--0014850)

Date Complaint Received: 06/28/2024

Date Investigation Completed: 09/18/2024

Subject Area(s)
PROGRAM SERVICES

Result
SUBSTANTIATED

SOD #
P97M12

Date Complaint Received: 04/08/2024

Date Investigation Completed: 06/28/2024

Subject Area(s)
PHYSICAL ENVIRONMENT/SAFETY

Result
SUBSTANTIATED

SOD #
P97M11

Date Complaint Received: 10/10/2022

Date Investigation Completed: 12/29/2022

Subject Area(s)
ADMINISTRATION

Result
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025
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 02/28/2013 12:00:00AM

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

Survey History

No survey activity during the period 1/30/22 to 1/29/25

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