STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0013526	A. BUILDING: _____ B. WING _____	C 05/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RED CEDAR CANYON ASSISTED LIVING	3001 HANLEY ROAD HUDSON, WI 54016

(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 04/30/2025, Surveyor conducted a licensure survey and complaint investigation at Red Cedar Canyon. Data collected through 05/05/2025. The complaint was substantiated. Four deficiencies were identified. One of 4 deficiencies was a repeat violation. See Statement of Deficiency (SOD) PHIV11, dated 05/25/2022 and SOD PHIV12, dated 02/20/2023. Census: 12	N 000		
N 277	83.25 Continuing education The administrator and resident care staff shall receive at least 15 hours per calendar year of continuing education beginning with the first full calendar year of employment. Continuing education shall be relevant to the job responsibilities and shall include, at a minimum, all of the following: (1) Standard precautions; (2) Client group related training; (3) Medications; (4) Resident rights; (5) Prevention and reporting of abuse, neglect and misappropriation; (6) Fire safety and emergency procedures, including first aid. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure Caregiver A completed continuing education requirements in 2023 or 2024. This is a repeat deficiency. See Statement of Deficiency (SOD) PHIV11, dated 05/25/2022, and	N 277		

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

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N 277	Continued From page 1 SOD PHIV12, dated 02/20/2023. Findings include: The provider is licensed to care for 16 adults in the client groups irreversible dementia/Alzheimer's disease, and advanced aged. On 04/30/2025, Surveyor reviewed Caregiver A's employee file. Caregiver A was hired on 06/19/2020. Caregiver A's file showed no evidence of training in fire safety or first aid training in 2023 or 2024. On 04/30/2025, Surveyor was provided with a template of the assigned continuing education courses for employees by Organizational Director of Health Care (ODOHC) E. There was no evidence that fire safety or first aid were included in the list of assigned training classes for CBRF (Community Based Residential Facility) employees. On 05/05/2025 at approximately 3 PM, Surveyor interviewed Licensed Practical Nurse (LPN) C, ODOHC E, Chief Operating Officer (COO) F, and Registered Nurse (RN) G about continuing education. ODOHC E acknowledged the missing continuing education training. S/he stated s/he would make sure it is added as a part of their continuing education requirements moving forward.	N 277		
N 326	83.31(4)(a) Notice of facility initiated discharges Discharge or transfer initiated by CBRF. Notice and discharge requirements. 1. Before a CBRF involuntarily discharges a resident, the licensee	N 326		

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N 326	Continued From page 2 shall give the resident or legal representative a 30 day written advance notice. The notice shall explain to the resident or legal representative the need for and possible alternatives to the discharge. Termination of placement initiated by a government correctional agency does not constitute a discharge under this section. 2. The CBRF shall provide assistance in relocating the resident and shall ensure that a living arrangement suitable to meet the needs of the resident is available before discharging the resident. This Rule is not met as evidenced by: Based on interview and record review, the provider did not give Resident 1 or the legal representative a 30-day written advance notice of discharge. Findings include: The provider is licensed to care for 16 adults in the client groups irreversible dementia/Alzheimer's disease, and advanced aged. On 02/25/2025, the Department received a complaint regarding improper discharge of a resident. On 04/30/2025, Surveyor requested Resident 1's record from Administrator B. Resident 1 was admitted to the facility on 01/06/2025. Resident 1 had diagnoses that included unspecified dementia and unspecified seizures. Resident 1 had an activated power of attorney (POA). On 04/30/2025, Surveyor reviewed observation notes regarding Resident 1. From 01/06/2025 to	N 326		

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N 326	Continued From page 3 01/10/2025, there were multiple notes entered in Resident 1's chart regarding his/her behaviors. These behaviors included pacing the hallways, refusal of cares and medications, increased irritability and agitation, striking out, and swinging at staff. Resident 1's record also included physician notification of these behaviors. A note from the physician on 01/08/2025 read, "If s/he becomes a danger to him/herself or others - s/he may need an ED (emergency department) evaluation." A note from Licensed Practical Nurse (LPN) C on 01/13/2025 read, "On the evening of 01/10/25 residents [sic] pacing, agitation, and aggression began to escalate. S/he was unable to be redirected away from other residents, was posturing, calling out [sic] and striking out at staff with closed fists ... staff noted s/he was hitting his/her head against wall. Resident had refused all scheduled and prn (as needed) medications. Due to his/her unpredictable behaviors and aggression ... EMS (emergency medical services) was activated." On 04/30/2025 at approximately 2:50 PM, Surveyor interviewed LPN C. LPN C explained the provider completed a pre-admission assessment on Resident 1 prior to admission to the facility. S/he stated that during the assessment, Resident 1 seemed to have typical behavior. S/he stated that after admission to the facility, Resident 1 began requiring 1:1 assistance and behaviors had started to increase. S/he stated s/he was updating the doctor on a day-to-day basis. S/he stated that once the self-harming started to occur, they sent Resident 1 to the emergency room (ER). S/he explained that s/he and RN D went to the hospital on	N 326		

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N 326	Continued From page 4 01/30/2025 to determine if Resident 1 was appropriate to discharge back to the facility. S/he stated that upon observation in the hospital, it was determined that the facility would not be able to meet Resident 1's needs. Resident 1 was not accepted back to the facility. On 05/05/2025 at approximately 3 PM, Surveyor interviewed Licensed Practical Nurse (LPN) C, Organizational Director of Health Care (ODOHC) E, Chief Operating Officer (COO) F, and Registered Nurse (RN) G about Resident 1's discharge. LPN C said the provider's lease agreement stated that after a resident was gone 14 days, they were no longer considered a resident at the facility; therefore, they did not issue a 30-day notice to Resident 1. It was acknowledged that anytime you plan an involuntary discharge of a resident, a 30-day notice must be given.	N 326		
N 525	83.47(2)(d) Fire drills. Fire drills. 1. Fire evacuation drills shall be conducted at least quarterly with both employees and residents. Drills shall be limited to the employees scheduled to work at that time. Documentation shall include the date and time of the drill and the CBRF ' s total evacuation time. The CBRF shall record residents having an evacuation time greater than the time allowed under s. HFS 83.35(5) and the type of assistance needed for evacuation. Fire evacuation drills may be announced in advance. 2. At least one fire evacuation drill shall be held annually that simulates the conditions during usual sleeping hours. Fire evacuation drills may be announced in advance. Drills shall be limited to the employees scheduled to work during the	N 525		

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N 525	Continued From page 5 residents ' normal sleeping hours. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure fire drills were conducted quarterly in 2023 or 2024. Findings include: The provider is licensed to care for 16 adults in the client groups irreversible dementia/Alzheimer's disease, and advanced aged. On 04/30/2024, Surveyor requested fire drills for 2023 and 2024. The records did not include evidence that fire drills were completed quarterly in 2023 or 2024. Records showed there was 1 fire drill completed in 2023, and 3 fire drills completed in 2024. On 05/05/2025 at approximately 3 PM, Surveyor interviewed Licensed Practical Nurse (LPN) C, Organizational Director of Health Care (ODOHC) E, Chief Operating Officer (COO) F, and Registered Nurse (RN) G about fire drills. RN G stated they have already scheduled the required amount of fire drills for the remainder of this year to meet compliance moving forward.	N 525		
N 526	83.47(2)(e) Other evacuation drills. Other evacuation drills. Tornado, flooding, or other emergency or disaster evacuation drills shall be conducted at least semi-annually.	N 526		

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N 526	Continued From page 6 This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure "other" emergency drills (other than fire drills), were conducted semi-annually in 2023 and 2024. Findings include: The provider is licensed to care for 16 adults in the client groups irreversible dementia/Alzheimer's disease, and advanced aged. On 04/30/2024, Surveyor requested "other" emergency drills for 2023 and 2024. The records did not include evidence of an emergency evacuation drill completed in 2023. The records showed only one emergency evacuation drill was completed in 2024. On 05/05/2025 at approximately 3 PM, Surveyor interviewed Licensed Practical Nurse (LPN) C, Organizational Director of Health Care (ODOHC) E, Chief Operating Officer (COO) F, and Registered Nurse (RN) G about "other" drills. RN G stated they have already scheduled the required amount of "other" emergency drills for the remainder of this year to meet compliance going forward.	N 526		