STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015011	A. BUILDING: _____ B. WING _____	C 11/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BIRCH HAVEN SENIOR LIVING TIMBERS EDGI	1500 10TH STREET W ASHLAND, WI 54806

(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 11/05/2024, Surveyor conducted a complaint and standard licensing survey at Birch Haven Senior Living Timbers Edge. Data was collected through 11/07/2024. The complaint was unsubstantiated. Three deficiencies were identified. Census: 6	N 000		
N 238	83.20(1)(b) Training documentation requirements. The CBRF shall maintain documentation of the training in par. (a), including the trainer approval number, the name of the employee, training topic and the date training was completed. This Rule is not met as evidenced by: Based on record review and interview, the provider did not maintain documentation of first aid and choking training, for 1 of 2 staff sampled (Caregiver B). Findings include: On 11/05/2024, Surveyor reviewed the employee schedule. The employee schedule indicated there was only 1 caregiver per shift. Caregiver B worked alone, which required Caregiver B to have successfully completed all required training. On 11/05/2024, Surveyor reviewed Caregiver B's training record. Caregiver B was re-hired on 08/20/2024. His/her file did not include evidence of training in first aid and choking or a qualifying	N 238		

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

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N 238	Continued From page 1 training exemption. Surveyor reviewed the Wisconsin Community-Based Care and Treatment Training Registry. The Registry did not provide evidence that Caregiver B completed a course in first aid and choking. On 11/06/2024, Surveyor emailed Licensee A and requested documentation of Caregiver B's training in first aid and choking. On 11/06/2024, Licensee A emailed Surveyor, which read, in part: "[Business Manager C] is unable to find [Caregiver B]'s 1st Aid. It was done in 2018 when [s/he] was first hired but for some reason is not listed on the Registry." On 11/07/2024 at 1:00 p.m., Surveyor interviewed Caregiver B on the phone. Caregiver B told Surveyor s/he took the first aid and choking class when s/he previously worked at for this provider in 2018 - 2019. Caregiver B said s/he recently came back to work at this provider in August 2024. The provider did not maintain documentation of required training for Caregiver B.	N 238		
N 394	83.35(5)(b) Annual evaluation of evacuation limits Evaluation update. The CBRF shall evaluate each resident ' s mental or physical capability to respond to a fire alarm at least annually or when there is a change in the resident ' s mental or physical capability to respond to a fire alarm. This Rule is not met as evidenced by: Based on record review and staff interview, the provider did not evaluate 2 of 2 residents	N 394		

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N 394	Continued From page 2 reviewed, at least annually for his/her mental or physical capability to respond to a fire alarm. Findings include: On 11/05/2024, Surveyor reviewed Resident 1 and Resident 2's records. Resident 1 was admitted to the facility on 07/10/2023. Resident 1's evacuation assessment was dated 07/10/2023. Resident 2 was admitted to the facility on 10/18/2022. Resident 2's evacuation assessment was dated 10/18/2022. On 11/06/2024, Surveyor emailed Licensee A and asked who was responsible for reviewing residents' evacuation assessments. On 11/06/2024, Licensee A emailed Surveyor, which read, in part: "The review should have been done by the Administrator (which is now me). I did complete [Resident 1]'s yesterday when I was there. I will review [Resident 2]'s - as I can only assume it was not completed at [his/her] annual review. I will be going through each house (or my designee) and assuring that they are all updated. This will be done on their annual review date as well as any COC (change of condition) updates ..."	N 394		
N 507	83.46(1)(f) Combustibles. Combustible materials shall not be placed within 3 feet of any furnace, boiler, water heater, fireplace or other similar equipment. This Rule is not met as evidenced by:	N 507		

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N 507	Continued From page 3 Based on observation and interview, the provider did not ensure combustible materials were stored at least 3 feet away from any furnace or water heater. Findings include: On 11/05/2024 at approximately 3:00 p.m., Surveyor observed the furnace rooms with Caregiver D. One of the furnace rooms contained a plastic tote with Christmas decorations within 3 feet of the furnace. The other furnace and hot water heater room contained on oxygen concentrator and bedside table within 3 feet of the hot water heater. Caregiver D told Surveyor s/he would have Licensee A move these items.	N 507		