STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015012	A. BUILDING: _____ B. WING _____	R-C 09/18/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BIRCH HAVEN SENIOR LIVING BEARS HOLLO	1019 15TH AVE 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 09/07/2023, Surveyor conducted a verification visit, complaint investigation, and standard licensure survey. Data was collected through 09/18/2023. The complaint was unsubstantiated. The deficiency from SOD 58BE11, dated 04/10/2023, was corrected. Nine deficiencies were identified. Four of 9 deficiencies were repeat violations. See Statement of Deficiency (SOD) 0RD612, dated 06/06/2019, and SOD CMWZ11, dated 10/07/2021. Census: 13 Under statutory provisions of Wis. Stat. ch. 50, a $200 revisit fee is being assessed.	{N 000}		
N 163	83.12(4)(a) Reporting when resident's whereabouts unknown A CBRF shall send a written report to the department within 3 working days after any of the following occurs: Any time a resident ' s whereabouts are unknown, except those instances when a resident who is competent chooses not to disclose his or her whereabouts or location to the CBRF, the CBRF shall notify the local law enforcement authority immediately upon discovering that a resident is missing. This reporting requirement does not apply to residents under the jurisdiction of government correctional agencies or persons recovering from substance abuse.	N 163		

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

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This Rule is not met as evidenced by:
Based on record review and interview, the provider did not report to the Department within 3 working days after a resident's whereabouts were unknown.

Findings include:

On 09/11/2023, Surveyor reviewed Resident 1's record.

Resident 1 had an incident report for elopements on 08/30/2023, 08/31/2023, and 09/01/2023.

On 09/01/2023, License Practical Nurse (LPN) B documented, "at 1330 (1:30 p.m.) resident not in room, notin [sic] Bears house or on premices [sic]. writer [sic] drove and found resident walking on 10th street 3 bloks [sic] from Bears. Writer assisted resident into car and writer drove resident back to Bears and assisted resident into recliner with legs elevated ..."

An incident report indicated on 09/01/2023 at 1:30 p.m., Resident 1 eloped from the facility. The incident report read, in part: "At 1330 (1:30 p.m.) caregiver called writer and [sic] resident not in building or on premices [sic] caregiver called 911, owner [Licensee D] and administrator. Writer drove down 3 blocks on [address] and picked up resident. Resident ambulating without difficulty and writer assisted resident into vehicle and transported resident back to Bears. No injury noted."

Surveyor reviewed the Department's electronic file that maintains reports received from the provider. There was no report of Resident 1's elopement on 09/01/2023.

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N 163	Continued From page 2 On 09/11/2023, Surveyor emailed Administrator A, LPN B, Registered Nurse (RN) C, and Licensee D. Surveyor requested additional information and asked if they sent a self-report to the Department regarding Resident 1's elopement on 09/01/2023. On 09/13/2023, Surveyor received a fax from LPN B. The fax indicated they did not submit a self-report as 911 was not called. The incident report indicated the caregiver did call 911 on 09/01/2023, when Resident 1 eloped. On 09/18/2023 at approximately 9:00 a.m., Surveyor interviewed Administrator A, LPN B, and RN C (who was on the phone). Surveyor asked why they did not report Resident 1's elopement from 09/01/2023. LPN B told Surveyor that Caregiver E was working in the facility that day. S/He called LPN B, who was working in the facility located next door, and told LPN B s/he could not locate Resident 1. LPN B said s/he looked out his/her window and observed Resident 1 and brought Resident 1 back to the facility. LPN B said Resident 1 was still on the premises. This contradicted what LPN B documented in Resident 1's record. The provider did not notify the department within 3 working days after Resident 1's whereabouts were unknown.	N 163		
N 219	83.17(1) Licensee conduct caregiver background check Caregiver background check. At the time of hire, employment or contract and every 4 years after, the licensee shall conduct and document a	N 219		

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caregiver background check following the procedures in s. 50.065, Stats., and ch. DHS 12. A licensee shall not employ, contract with or permit a person to reside at the CBRF if the person has been convicted of the crimes or offenses, or has a governmental finding of misconduct, found in s. 50.065, Stats., and ch. DHS 12, Appendix A, unless the person has been approved under the department ' s rehabilitation process as defined in ch. DHS 12.

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not conduct and document caregiver background checks (CBC), following the procedures in s.50.065, Stats., for 1 of 3 caregivers reviewed.

The provider did not obtain a copy of Caregiver F's criminal complaint and judgment of conviction related to Caregiver F's multiple convictions of a violation of s. 947.01(1) - disorderly conduct and 940.19(1) - misdemeanor battery.

Findings include:

Wis Stat. § 50.065(2)(bb) states, in part: "If information obtained under par. (am) or (b), a background information form under sub, (6) (a) or (am) or any other information indicates a conviction of a violation of s. 940.19 (1), 940.195, 940.20, 941.30, 942.08, 947.01, or 947.013 obtained not more than 5 years before the date on which that information was obtained, the department or the entity shall make every reasonable effort to contact the clerk of courts to obtain a copy of the criminal complaint and

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N 219	Continued From page 4 judgement of conviction relating to that violation." This provider is licensed to care for up to 17 residents in the client groups of: advanced age, physically disabled, irreversible dementia/Alzheimer's disease, traumatic brain injury, and emotionally disturbed/mental illness. On 09/07/2023, Surveyor reviewed 3 employee's CBCs, including Caregiver F. Caregiver F's date of hire was 12/08/2022. Caregiver F's background information disclosure (BID), dated 11/30/2022, disclosed pending charges of disorderly conduct and misdemeanor battery. The BID also disclosed convictions of misdemeanor battery and disorderly conduct. Caregiver F's Department of Justice (DOJ) report, dated 12/01/2022, indicated Caregiver F was convicted of disorderly conduct and misdemeanor battery on 05/20/2021. The DOJ report also indicated Caregiver F was convicted of disorderly conduct on 11/29/2022. Caregiver F's CBC did not contain the criminal complaint and judgement of conviction related to Caregiver F's multiple convictions of disorderly conduct and misdemeanor battery. On 09/07/2023, Surveyor emailed Administrator A and requested additional information, including the judgment of conviction and criminal complaint related to Caregiver F's multiple convictions. On 09/11/2023, Surveyor reviewed the Wisconsin Court System - Consolidated Court Automation Programs (CCAP), which indicated Caregiver F was convicted on 03/03/2023 of disorderly conduct and misdemeanor battery.	N 219		

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N 219	Continued From page 5 On 09/11/2023, Surveyor did not receive additional information related to Caregiver F's convictions. Surveyor emailed Administrator A and Licensee D, indicating Surveyor was still awaiting these records. On 09/18/2023 at approximately 9:30 a.m., Surveyor interviewed Administrator A, Licensed Practical Nurse (LPN) B and Registered Nurse (RN) C. Surveyor explained that s/he did not receive additional information related to Caregiver F's multiple convictions. Administrator A said s/he would check with the business office. Surveyor did not receive the judgement of conviction or criminal complaints related to Caregiver F's multiple convictions of disorderly conduct and misdemeanor battery. The provider did not conduct a complete caregiver background check for Caregiver F following the procedures in s. 50.065.	N 219		
N 230	83.19 Orientation Before an employee performs any job duties, the CBRF shall provide each employee with orientation training which shall include all of the following: (1) Job responsibilities; (2) Prevention and reporting of resident abuse, neglect and misappropriation of resident property; (3) Information regarding assessed needs and individual services for each resident for whom the employee is responsible; (4) Emergency and disaster plan and evacuation procedures under s. HFS 83.47(2); (5) CBRF policies and procedures; (6) Recognizing and responding to resident	N 230		

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N 230	Continued From page 6 changes of condition. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 3 employees reviewed received orientation prior to performing job duties. This is a repeat deficiency. See Statement of Deficiency (SOD) CMWZ11, dated 10/07/2021. Findings include: This provider is licensed to care for up to 17 residents in the client groups of: advanced age, physically disabled, irreversible dementia/Alzheimer's disease, traumatic brain injury, and emotionally disturbed/mental illness. On 09/07/2023 at approximately 10:30 a.m., Surveyor interviewed Resident 2. Resident 2 told Surveyor s/he was not comfortable with Caregiver G providing cares. On 09/07/2023, Surveyor conducted a review of 3 employees to verify compliance with employee training requirements, including Caregiver G. Caregiver G's date of hire identified on the employee roster was 06/30/2023. Caregiver G's job description was signed and dated on 06/30/2022. The only training record in Caregiver G's record was his/her Department approved CBRF training for standard precautions, medication administration, and fire safety. On 09/11/2023, Surveyor emailed Office Manager H, Administrator A, Administrative Assistant I, License Practical Nurse (LPN) B, Registered	N 230		

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N 230	Continued From page 7 Nurse (RN) C, and Licensee D and requested documentation of Caregiver G's orientation. On 09/18/2023 at approximately 9:30 a.m., Surveyor interviewed Administrator A, LPN B, and RN C and told them Surveyor did not receive documentation of Caregiver G's orientation. On 09/18/2023, Administrator A emailed Surveyor. The email stated, in part: "[Caregiver G]. I do not have any on-boarding documentation from when [s/he] was employed with Birch Haven. [S/he] remembers doing it, but no documentation."	N 230		
N 426	83.38(1)(b) Supervision. As appropriate, the CBRF shall teach residents the necessary skills to achieve and maintain the resident's highest level of functioning. In addition to the assessed needs as determined under s. DHS 83.35(1), the CBRF shall provide or arrange services adequate to meet the needs of the residents in all of the following areas: Supervision. The CBRF shall provide supervision appropriate to the resident's needs. This Rule is not met as evidenced by: Based on record review and interview, the provider did not provide supervision to meet the needs of 2 out of 3 residents reviewed. Resident 1 had multiple elopements and the provider did not increase supervision.	N 426		

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Resident 6 was to have 30-minute checks and Resident 6 remained seated in his/her wheelchair in his/her room for extended periods of time.

Findings include:

RESIDENT 1

On 09/11/2023, Surveyor reviewed Resident 1's record.

Resident 1 was admitted to the facility in 2017 with a diagnosis of dementia.

On 05/20/2023, Resident 1 eloped from the facility. The report emailed to the Department read, in part: "Both [Caregiver N] and [Caregiver G] said the shift was busy with cares and [Caregiver G] went about to get people up and dressed and ready for the day. [Resident 1] was already dressed for the day as [s/he] manages cares independently. [Resident 1's] usual routine is to return to [his/her] room after breakfast and sit in [his/her] chair and watch TV or doze. [Resident 1] had made no comments about wanting to leave nor did [s/he] seem restless nor was [s/he] wandering after breakfast. [S/he] was last noticed by [Caregiver N] in the common area around 9:30-10:00 AM. [S/he] was aware [s/he] was gone when the police returned [him/her] at 10:30 AM. At 10:30 AM the police returned [Resident 1] to the facility. The police had been called by a person living at [address] who said an elderly [wo/man] was at their door and seemed confused. This was 0.2 mile [sic] from the facility. The police brought [Resident 1] to the building and [s/he] did not voice any concerns nor did [s/he] seem upset. Then [Resident 1] was brought back to the facility, [s/he] was asked where [s/he] had been and if [s/he] had a purpose

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for leaving the facility. [S/he] said [s/he] 'was just walking around the area.' ... Corrective Actions: Alarms will be placed on the facility doors to alert staff to people coming and going. [Resident 1] will be taken to an urgent care facility for a urinalysis to check for any underlying medical issues. Update: Both [his/her] urinalysis and lab work were within normal ranges. Routine security checks will be carried out more frequently. Care plan will reflect interventions to prevent elopement. This would include but not limited to reporting to nursing or administrator changes in mentation, maintaining hydration, observe for triggers or a pattern to this behavior and let nursing/administration know if [s/he] is talking about leaving. Assist resident back from meals to [his/her] room. It may be that [his/her] dementia is progressing and staff will observe and assess for signs of this and put interventions in place ..."

On 05/20/2023 at approximately 10:00 a.m., the weather in Ashland, WI was 70 ° Fahrenheit (F).

Resident 1's individual service plan (ISP) read, in part: "5-20-23 30 minute checks completed on resident." This was initialed by LPN B. "5-20-23 0930am resident not in house or on premices [sic]. 911 called. At 1030am [sic] police returned resident to Bears was 4 blocks from Bears as resident went to house and [person] called 911. No injury noted. Resident transported to [hospital] for urine [sic] with results negative. Alarms were placed on doors to alert staff when people coming/going." Signed by LPN B.

On 08/30/2023, at 3:20 p.m., Resident 1 eloped from the facility. The incident report read, in part: "Resident walked out of Bears at 320pm [sic] and no where [sic] on premices [sic] Caregiver called administrator, assistant administrator and 911

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[sic] writer, van driver and owner [Licensee D] drove around radius of blocks of Bears and owner picked up resident walking on [address] and returned resident to Bears at 350pm [sic]. resident [sic] transferred [sic] self out of vehicle and ambulated into Dining Room [sic] of Bears. No injury noted."

On 08/30/2023 at approximately 3:20 p.m., the weather in Ashland, WI was 73 ° F.

Resident 1's ISP indicated the following intervention, dated 08/30/2023: "30 minute checks continue."

On 08/31/2023 at 1:20 p.m., Resident 1 eloped from the facility. The incident report read, in part: "On 8-31-23 at 120pm caregiver could not find resident in house or on premices [sic]. Caregiver notified writer, 911 called, owner [Licensee D] called administrator notified Writer [sic] and owner [Licensee D] driving around radius of Bears and owner [Licensee D] found resident walking on [address] 5 blocks from Bears. Owner [Licensee D] assisted resident into vehicle and was transported back to bears unharmed and free from injury. Drinking water in Dining Room [sic]."

On 08/31/2023 at approximately 1:20 p.m., the weather in Ashland, WI was 77 ° F.

On 08/31/2023, Resident 1's ISP indicated the following: "30 minute checks completed at 120pm [sic] Resident not in house or premices [sic]. 911 called, assist admin, owner [Licensee D] called. Licensee D found resident walking on [address] 5 blocks from Bears. Resident assisted into vehicle and returned to bears unharmed/no injury/dehydration water given. VSS (vital signs

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stable), [Niece/Nephew] [Name] notified and is ordering trackers for shoes, jacket, purse. Dr. [Name] notified and bring u/a (urinalysis) to clinic in am. Writer transported urine to clinic was cultured. No UTI (urinary tract infection) but does have kidney stones. Resident has dementia & does not remember leaving."

There were no additional interventions or increases in supervision added to Resident 1's ISP.

On 09/01/2023 at 1:30 p.m., Resident 1 eloped from the facility. The incident report read, in part, "At 1330 (1:30 p.m.) caregiver called writer and [sic] resident not in building or on premices [sic] caregiver called 911, owner [Licensee D] and administrator. Writer drove down 3 blocks on [address] and picked up resident. Resident ambulating without difficulty and writer assisted resident into vehicle and transported resident back to Bears. No injury noted."

On 09/012023 at approximately 1:30 p.m., the weather in Ashland, WI was 81 ° F.

On 09/01/2023, Resident 1's ISP indicated the following: "Resident not on premices [sic] or in house. Writer drove and found resident 3 blocks and was visible. Writer assisted resident into car 140pm and returned to Bears. No injury or dehydration. MD updated. VSS. [Niece/nephew] [Name] updated. Admin and RN notified. Resident does not remember leaving Bears. Assisted into recliner."

There were no additional interventions or increases in supervision added to Resident 1's ISP.

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N 426	Continued From page 12 On 09/18/2023 at approximately 10:00 a.m., Surveyor interviewed Administrator A, LPN B, and RN C. Surveyor asked what interventions were put into place to prevent Resident 1 from eloping, since the 30-minute checks did not work. Administrator A said they were thinking about adding stop signs but have not done that. RN C said s/he was going to put an intervention in that day to offer Resident 1 tea. Surveyor confirmed with Administrator A, LPN B, and RN C that they did not increase supervision from 30-minute checks to prevent Resident 1 from eloping. RESIDENT 6 On 09/11/2023, Surveyor reviewed Resident 6's record. Resident 6's ISP read, in part: "[Family member] has requested ½ hour safety checks for [Resident 6] to help prevent falls. [Resident 6] cannot understand to use pendant, has impulsive behaviors, is self-determined but with dementia, has poor safety awareness, has a history of falls." This was dated 08/17/2023. On 09/14/2023 at approximately 11:50 a.m., Surveyor interviewed Family Member (FM) K. FM K told Surveyor there was a camera in Resident 6's room and s/he had called several times to tell them Resident 6 was on the floor. S/he explained that s/he can tell if staff check on Resident 6 when Resident 6 was in his/her room, because the camera sends a notification to him/her when there is movement in the room. On 08/31/2023 at 7:43 p.m., s/he called the facility because Resident 6 was sitting slumped over in his/her wheelchair in his/her room. S/he said the caregiver went into the room and stood and straightened Resident 6 but then Resident 6	N 426		

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BIRCH HAVEN SENIOR LIVING BEARS HOLLO	1019 15TH AVE W ASHLAND, WI 54806

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N 426	Continued From page 13	N 426		

remained in his/her wheelchair until 8:00 a.m. the next morning. On 09/02/2023, Resident 6 fell out of bed at 2:26 a.m. FM K said Resident 6 pulled the covers down from his/her bed and s/he was lying on the floor until 6:50 a.m. FM K said Resident 6's last fall was last night (09/13/2023). FM K said s/he called the facility at approximately 8:30 p.m. to inform staff. S/he said the caregiver got Resident 6 up and put him/her in the wheelchair. FM K said Resident 6 remained in the wheelchair until 1:39 a.m.

Resident 6 was to be on 30-minute safety checks. FM K observed, via camera, that multiple times Resident 6 was not checked on every 30 minutes. Resident 6 was left in his/her wheelchair for extended amounts of time and left lying on the floor.

On 09/18/2023, Surveyor interviewed Administrator A, LPN B, and RN C. Surveyor explained concerns family members observed on camera of Resident 6 not checked on and left in his/her wheelchair for extended periods of time. Administrator A, LPN B, and RN C stated they were not aware of this. Surveyor explained that FM K said s/he called the facility numerous times to inform staff that Resident 6 required assistance. Administrator A said s/he was not aware. Surveyor explained that when Administrator A was not in the building there needed to be a qualified staff in charge and that staff member should have documented the information and brought the family's concerns to the management team.

SUMMARY

The provider did not provide adequate supervision to meet the needs of Resident 1 and

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N 426	Continued From page 14 Resident 6.	N 426		
N 427	83.38(1)(c) Leisure time activities. As appropriate, the CBRF shall teach residents the necessary skills to achieve and maintain the resident ' s highest level of functioning. In addition to the assessed needs as determined under s. DHS 83.35(1), the CBRF shall provide or arrange services adequate to meet the needs of the residents in all of the following areas: Leisure time activities. The CBRF shall provide a daily activity program to meet the interests and capabilities of the residents. Employees shall encourage and promote resident participation in the activity program. The CBRF shall develop and post the activity schedule in an area available to residents. This Rule is not met as evidenced by: Based on observation, interview, and record review, the provider did not ensure a daily activity program was provided and posted in an area available to the residents. This is a repeat deficiency. See Statement of Deficiency (SOD) 0RD612, dated 06/06/2019. Findings include: This provider is licensed to care for up to 17 residents in the client groups of: advanced age, physically disabled, irreversible dementia/Alzheimer's disease, traumatic brain injury, and emotionally disturbed/mental illness. On 09/07/2023 at approximately 10:00 a.m.,	N 427		

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Surveyor toured the facility. There was a white board in the dining area for activities, which was blank. Caregiver E was working in the facility. Surveyor asked Caregiver E if there were any activities. Caregiver E said, "Not right now." S/he explained they were in the process of trying to hire a new activity director.

At approximately 10:10 a.m., Surveyor observed a family member at the table with Resident 2 and Resident 5. Surveyor interviewed Resident 2, Resident 5, and the family member of Resident 5. Resident 2 told Surveyor there was no activity person right now.

At approximately 10:15 a.m., Surveyor interviewed Resident 3 and asked if there were activities to do. Resident 3 told Surveyor: "Once in a while, generally not too much."

At approximately 10:20 a.m., Surveyor interviewed Resident 4 and asked what there was for activities. Resident 4 told Surveyor: "There is none."

On 09/14/2023 at approximately 1:15 p.m., Surveyor interviewed Licensed Practical Nurse (LPN) B on the phone. Surveyor asked about Resident 1's multiple elopements, including elopements on 08/30/2023, 08/31/2023, and 09/01/2023, and what interventions were in place for staff to prevent Resident 1 from eloping. LPN B said staff try to involve Resident 1 with activities. Surveyor asked how that could be the case, as staff and residents told Surveyor there were no activities at that time. LPN B told Surveyor it was correct that there were currently no activities.

On 09/18/2023 at 4:45 a.m., Surveyor entered the

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N 427	Continued From page 16 facility. The activity board was blank. At approximately 6:00 a.m., Caregiver E wrote the date on the activity board and wrote: "Independent activities." On 09/18/2023 at approximately 9:30 a.m., Surveyor interviewed Administrator A, LPN B, and Registered Nurse (RN) C. Administrator A informed Surveyor they just hired an activity director. S/he said there were puzzles, books and games for residents to do their own activities prior to this. S/he said staff did converse with the residents during breakfast/coffee time about current events. These activities were not documented. The provider did not ensure there was a daily activity program and did not post an activity calendar.	N 427		
N 450	83.41(2)(c) Nutrition: menus. Menus. 1. The CBRF shall make reasonable adjustments to the menu for individual resident ' s food likes, habits, customs, conditions and appetites. 2. The CBRF shall prepare weekly written menus and shall make menus available to residents. Deviations from the planned menu shall be documented on the menu. This Rule is not met as evidenced by: Based on observation, interview, and record review, the provider did not ensure weekly menus were available to residents or that deviations from the planned menu were recorded. Findings include:	N 450		

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N 450	Continued From page 17 On 09/07/2023 at approximately 10:15 a.m., Surveyor observed a white board in the dining are for the menu to be posted. The menu did not have lunch or dinner posted on it. At approximately 12:00 p.m., Surveyor observed Caregiver E serving lunch to the residents. S/he served pizza and a cup of mixed fruit. Surveyor asked Resident 2 if they were supposed to have pizza for lunch. Resident 2 stated, "Yes." S/he said a lot of times staff did not put the menu on the board. S/he at times they do write it on the board but they serve something different. On 09/07/2023, Surveyor emailed Administrator A and requested the last 2 months of menus, with dates and deviations documented on them. On 09/18/2023 at approximately 7:00 a.m., Surveyor interviewed Caregiver E. Surveyor asked if staff document any deviations to the menu on a paper copy of the menu. Caregiver E told Surveyor they did not. Caregiver E said s/he would attempt to get the ingredients from the other facilities owned by the licensee if s/he did not have what s/he needed. On 09/18/2023 at approximately 9:30 a.m., Surveyor interviewed Administrator A, Licensed Practical Nurse (LPN) B, and Registered Nurse (RN) C. Surveyor told them s/he did not receive the menus that were requested. Administrator A explained they had a rotating menu. Surveyor asked if staff documented deviations to the menu. Administrator A said they did not and s/he would have to talk to Licensee D about that. On 09/18/2023, Administrator A emailed Surveyor a rotating 4-week summer menu. The menu that indicated residents would eat pizza on a Thursday	N 450		

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N 450	Continued From page 18 included that they would have a cucumber and tomato salad with the pizza. Caregiver E served mixed fruit with the pizza. This would have been a deviation that should have been documented on the menu. The provider did not ensure the menu was posted for the residents and did not document deviations from the menu.	N 450		
N 454	83.42(1) Resident record maintained. The CBRF shall maintain a record for each resident at the CBRF. Each record shall include all of the following: (a) Resident ' s full name, sex, date of birth, admission date and last known address; (b) Name, address and telephone number of designated contact person, and legal representative, if any; (c) Medical, social, and, if any, psychiatric history; (d) Current personal physician, if any; (e) Results of the initial health screening under s. DHS 83.28(4) and subsequent health examinations under s. DHS 83.38(1)(g); (f)Admission agreement; (g) Documentation of significant incidents and illnesses, including the dates, times and circumstances; (h) Assessments completed as required under s. DHS 83.35(1); (i) Individual service plan and resident satisfaction evaluation; (j) Documentation to accurately describe the resident's condition, significant changes in condition, changes in treatment and response to treatment; (k) Results of the annual resident evacuation evaluation; (l) Documentation of sensory impairment of the resident as required under s. DHS 83.48(7)(b); (m) Summary of discharge information as required under s.DHS 83.31(7); (n) Any department-approved	N 454		

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N 454	Continued From page 19 resident-specific waiver, variance or approval; (o) Physician ' s orders or other authorized practitioner ' s written orders for nursing care, medications, rehabilitation services and therapeutic diets; (p) Current list of the type and dosage of medications or supplements; (q) Results of the quarterly psychotropic medication assessments as required in s. DHS 83.37(1)(h)1; (r) Documentation of administration of all medications, supplements, the person administering the medications or supplements, any side effects observed by the employee or symptoms reported by the resident, the need for PRN medications and the resident ' s response, refusal to take medication, omissions of medications, errors in the administration of medications and drug reactions; (s) Photocopy of any court order or other document authorizing another person to speak or act on behalf of the resident, or other legal documents as required which affect the care and treatment of a resident; (t) Documentation of all other services including rehabilitation services, treatments and therapeutic diets; (u) Completed notice of pre-admission assessment requirement under s. DHS 83.30; (v) Nursing care procedures and the amount of time spent each week by a registered nurse or licensed practical nurse in performing the nursing care procedures. Only time actually spent by the nurse with the resident may be included in the calculation of nursing care time; (w) Plans of care for terminally ill residents; (x) Date, time and circumstances of the resident's death, including the name of the person to whom the body is released. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure Resident 6's record	N 454		

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contained all documentation to accurately describe Resident 6's condition and all documentation of significant incidents, including the dates, times, and circumstances.

Findings include:

On 09/07/2023 at approximately 11:40 a.m., Surveyor requested to review Resident 6's record as part of the sampled residents from Administrator A. Administrator A said some documentation was on the computer and there was also a paper record. Surveyor requested any documentation of staff notes and incident reports from June 2023 to current date.

On 09/07/2023, Surveyor reviewed Resident 6's paper record.

On 08/09/2023, Registered Nurse (RN) C documented: "8/9/23 7am writer is notified that daughter [Family Member (FM) K] had called staff and reported [his/her] [mom/dad] slid off [his/her] recliner and was lying on the floor at 0630 (6:30 a.m.) this morning. Family has a camera in [his/her] room...

In the front of Resident 6's record was a carbon copy of a form by the City of Ashland EMS (emergency medical services), dated 09/03/2023, that indicated Resident 6 refused treatment and transport to the hospital.

On 09/11/2023, Surveyor reviewed the staff documentation and incident reports that were provided to Surveyor. There were no incident reports for Resident 6's fall that occurred on 08/09/2023. There was no documentation to accurately describe Resident 6's condition on 09/03/2023 when EMS was called.

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N 454	Continued From page 21 On 09/11/2023, Surveyor emailed Administrator A, RN C, Licensed Practical Nurse (LPN) B, and Licensee D. Surveyor requested additional information including the incident report for Resident 6's fall on 08/09/2023. Surveyor also requested an explanation of what occurred on 09/03/2023, as there was a refusal form for EMS treatment and transfer signed 09/03/2023, for Resident 6. On 09/13/2023, Surveyor received a fax from LPN B. The fax included the incident report for Resident 6's fall on 08/09/2023. It also included a nursing note, dated 09/13/2023, by LPN B, which read: "On 9-3-23 resident not feeling well upset stomach and caregiver called 911 and EMTs (emergency medical technicians) arrived and resident vss (vital signs stable) and resident declined going to [hospital name]. Resident remains afebrile [daughter/son] updated..." This note was not added until 09/13/2023, after Surveyor requested further explanation. On 09/14/2023 at approximately 10:35 a.m., Surveyor interviewed Resident 6's healthcare power of attorney, FM L. FM L told Surveyor that there was a camera in Resident 6's room that FM K was able to observe. S/he said FM K was Resident 6's financial power of attorney. FM L told Surveyor they had concerns as staff assisted Resident 6 back into his/her room in a wheelchair and would leave Resident 6 for extended periods of time in the wheelchair. FM L said one night, Resident 6 fell out of bed and slept the whole night on the floor. FM L said that in the last week or 2, Resident 6 was on the floor. S/he said FM K had to call to tell the caregivers Resident 6 was on the floor. S/he said staff could not get	N 454		

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N 454	Continued From page 22 Resident 6 up and they had to call 911. FM L said FM K would have more information on specific dates when Resident 6 fell. On 09/14/2023 at approximately 11:50 a.m., Surveyor interviewed FM K. FM K told Surveyor there was a camera in Resident 6's room and s/he had called several times to tell them Resident 6 was on the floor. FM K said Resident 6 fell last night and s/he called them twice. FM K said s/he checked and Resident 6 was still in his/her wheelchair at 1:39 a.m. this morning. S/he said that on Tuesday night (which would have been 09/12/2023), Resident 6 wanted help to the bathroom. FM K said the aide told Resident 6 s/he could not help him/her. Surveyor asked FM K if s/he had specific dates Resident 6 was on the floor. FM K said the week of 08/21/2023, Resident 6 fell by the table in his/her room. S/he said the caregiver tried to assist Resident 6 by pulling his/her arm and they both fell to the floor. On 08/31/2023 at 7:43 p.m., s/he called the facility because Resident 6 was sitting slumped over in his/her wheelchair in his/her room. S/he said the caregiver went into the room and stood and straightened Resident 6, but then Resident 6 remained in his/her wheelchair until 8:00 a.m. the next morning. On 09/02/2023, Resident 6 fell out of bed at 2:26 a.m. FM K said Resident 6 pulled the covers down from his/her bed and s/he was lying on the floor until 6:50 a.m. FM K said that on 09/03/2023, Resident 6 was lying on the floor slumped over against the bed. S/he said staff called EMS to assist. On 09/06/2023 at approximately 2:00 p.m., Resident 6 was on the floor. FM K said s/he called the facility and Caregiver M was the only staff working. FM K said Resident 6's last fall was last night (09/13/2023). FM K said s/he called the facility at approximately 8:30 p.m. to inform staff. S/he said	N 454		

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the caregiver got Resident 6 up and put him/her in the wheelchair. FM K said Resident 6 remained in the wheelchair until 1:39 a.m.

On 09/14/2023 at approximately 1:15 p.m., Surveyor interviewed LPN B on the phone. Surveyor asked if Resident 6 fell on 09/03/2023, when EMS was called. LPN B said Resident 6 did not fall; s/he was not feeling well. Surveyor asked if Resident 6 had any falls after 08/09/2023. LPN B told Surveyor Resident 6 did not have any falls after 08/09/2023. Surveyor asked if the caregivers document on the residents. LPN B said they did not do documentation other than on the medication administration records. The nurses document notes in the resident records. LPN B said caregivers do document in an observation book that the nurses and Administrator A review.

On 09/14/2023, Surveyor sent an email to Administrator A and Licensee D and requested the caregiver notes from August and September for the sampled residents, including Resident 6.

On 09/14/2023, LPN B emailed Surveyor caregiver notes from 08/12/2023, 08/16/2023, 08/17/2023, 08/23/2023 - 08/27/2023, 08/29/2023, 09/02/2023, and 09/06/2023. There were no notes that indicated Resident 6 was on the floor for the dates given by FM K and FM L.

On 09/18/2023, Surveyor returned to the facility. At 6:00 a.m., Surveyor interviewed Caregiver E. Caregiver E told Surveyor that when a resident fell, the caregiver filled out an incident report contained in a 3-ring binder for falls. Caregiver E showed Surveyor the binder and the incident reports. There were no completed incident reports in the binder. Surveyor asked Caregiver E

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N 454	Continued From page 24	N 454		

when Resident 6 last fell. Caregiver E said s/he thought it was last week. Caregiver E told Surveyor s/he was aware Resident 6's family had a camera in Resident 6's room. Caregiver E said, "Family will call and notify us if [s/he] fell when we are not in the room."

On 09/18/2023 at approximately 8:30 a.m., Surveyor interviewed LPN B. Surveyor explained concerns that Surveyor received conflicting information. LPN B told Surveyor that Resident 6 had not had any falls since 08/09/2023. This conflicted what FM K and FM L told Surveyor. LPN B told Surveyor that Resident 6 would sit on the floor. LPN B said it was not a fall if Resident 6 sat on the floor. LPN B said s/he was aware of the incident on 09/06/2023 when Resident 6 sat on the floor. LPN B said Caregiver M observed Resident 6 stand up and sit on the floor. Administrator A joined in the interview. Administrator A said there were caregiver notes in a notebook. Surveyor requested to review the notebook. On 08/28/2023, Administrator A documented a note, which read: "[Resident 6] fell but no injury informed [FM L] and took vitals. [S/he] was ok." Surveyor explained there was no documentation or incident report provided for the fall on 08/28/2023. Administrator A told Surveyor it must be in his/her office. Surveyor explained that there were no incident reports provided when staff called EMS on 09/03/2023.

Resident 6's record did not accurately describe Resident 6's condition. There was no documentation to indicate Resident 6 purposefully sat on the floor. Resident 6's record did not contain all documentation of significant incidents, including the dates, times, and circumstances.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015012	A. BUILDING: _____ B. WING _____	R-C 09/18/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BIRCH HAVEN SENIOR LIVING BEARS HOLLO	1019 15TH AVE 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 525	Continued From page 25	N 525		
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 residents ' normal sleeping hours. This Rule is not met as evidenced by: Based on record review and interview, in 2022, the provider did not conduct fire evacuation drills at least quarterly and did not conduct at least one fire evacuation drill annually that simulated the residents' usual sleeping hours. This is a repeat deficiency. See Statement of Deficiency (SOD) CMWZ11, dated 10/07/2021. Findings include: On 09/11/2023, Surveyor reviewed the provider's fire drills from 2022 and 2023. There was 1 documented fire drill for 2022, dated 08/23/2022. This fire drill was conducted at 9:30 a.m. In 2023, the provider conducted fire drills on 01/16/2023,	N 525		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015012	A. BUILDING: _____ B. WING _____	R-C 09/18/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BIRCH HAVEN SENIOR LIVING BEARS HOLLO	1019 15TH AVE 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 525	Continued From page 26 03/16/2023, 06/13/2023, and 08/24/2023. The fire drill conducted on 06/13/2023 was a night simulated fire drill. On 09/11/2023, Surveyor emailed Administrator A and Licensee D. Surveyor requested additional information, including any other fire drills for the year 2022. On 09/18/2023 at approximately 9:30 a.m., Surveyor interviewed Administrator A, Licensed Practical Nurse B, and Registered Nurse C and explained that Surveyor did not receive any other fire drills for 2022. Administrator A said s/he would look into it. On 09/18/2023, Administrator A emailed Surveyor the fire drill dated 08/23/2022. No other fire drills were submitted to Surveyor for the year 2022. The provider did not conduct fire evacuation drills at least quarterly in 2022. The provider did not conduct at least one fire evacuation drill that simulated the residents' usual sleeping hours in 2022.	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. This Rule is not met as evidenced by: Based on record review and interview, the provider did not conduct tornado, flooding, or other emergency or disaster evacuation drills at least semi-annually in 2022.	N 526		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015012	A. BUILDING: _____ B. WING _____	R-C 09/18/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BIRCH HAVEN SENIOR LIVING BEARS HOLLO	1019 15TH AVE 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 526	Continued From page 27 This is a repeat deficiency. See Statement of Deficiency (SOD) CMWZ11, dated 10/07/2021. Findings include: On 09/11/2023, Surveyor reviewed the provider's other evacuation drills from 2022 and 2023. There was no other evacuation drill documented for 2022. In 2023, the provider conducted a severe weather drill on 04/27/2023. On 09/11/2023, Surveyor emailed Administrator A and Licensee D. Surveyor requested additional information, including any other evacuation drills for the year 2022. On 09/18/2023 at approximately 9:30 a.m., Surveyor interviewed Administrator A, Licensed Practical Nurse B, and Registered Nurse C and explained that Surveyor did not receive any other evacuation drills for 2022. Administrator A said s/he would look into it. On 09/18/2023, Administrator A emailed Surveyor additional information. No other evacuation drills were submitted to Surveyor for the year 2022. The provider did not conduct other evacuation drills in 2022.	N 526		