STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015802	A. BUILDING: _____ B. WING _____	C 09/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CREATIVE LIVING ENVIRONMENTS HAVEN BA	225 E BROWN DEER BAYSIDE, WI 53217

(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 09/19/2025, Surveyor completed a standard survey and 1 complaint investigation at Creative Living Environment Haven Bayside. As a result, 4 deficiencies were identified. One complaint was substantiated. Census 18	N 000		
N 425	83.38(1)(a) Personal care. 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: Personal care. Personal care services shall be designed and provided to allow a resident to increase or maintain independence. This Rule is not met as evidenced by: Based on observation, interview, and record review, the provider did not ensure personal care services were provided to 1 of 1 resident (Resident 1). Resident 1 was observed lying in bed in soiled bedding with soiled incontinence pads and incontinence briefs on the floor. Findings include:	N 425		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015802	A. BUILDING: _____ B. WING _____	C 09/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CREATIVE LIVING ENVIRONMENTS HAVEN BA	225 E BROWN DEER BAYSIDE, WI 53217

(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 425	Continued From page 1 On 08/24/2025, the department received a complaint alleging personal cares were not being provided. On 09/10/2025, at approximately 11:00 AM, Surveyor toured the facility. Surveyor observed the following: - Resident 1 was in his/her room. Resident 1 was laying on their bed awake, alert, and oriented. Resident 1 smelled of urine and feces. Surveyor observed Resident 1 to have 2 blue and white incontinence bed pads on the floor next to his/her bed. The incontinence pads were full of a brown substance similar to feces. Next to the incontinence pads were paper towels full of a brown substance similar to feces. Surveyor proceeded to Resident 1's bathroom and observed 2 incontinence briefs with paper towels full of a brown substance similar to feces. On 09/10/2025, at approximately 11:30 AM, Surveyor interviewed Resident 1. Resident 1 reported s/he had difficulty with doing his/her personal cares and the caregivers barely came into his/her room to assist. Surveyor asked when was the last time someone had been in his/her room to help him/her with personal cares. Resident 1 reported s/he did not know. Resident 1 reported s/he had to yell for help when s/he needed help and most of the time no one would come. Surveyor asked Resident 1 why incontinence briefs and pads were on the floor. Resident 1 reported s/he did not have anywhere else to put them and his/her bathroom did not have a waste basket. Surveyor asked Resident 1 when was the last time s/he had someone assist him/her with a shower. Resident 1 reported s/he could not recall the last time s/he had a shower but knows s/he had one within the last two	N 425		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015802	A. BUILDING: _____ B. WING _____	C 09/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CREATIVE LIVING ENVIRONMENTS HAVEN BA	225 E BROWN DEER BAYSIDE, WI 53217

(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 425	Continued From page 2	N 425		

weeks. Resident 1 reported s/he received a little more help from the staff in the last two weeks as his/her family was not happy with his/her appearance. Surveyor observed Resident 1 had a call light; however, the call light did not work.

On 09/10/2025, at approximately 1:00 PM, Surveyor interviewed Caregiver B. Surveyor inquired about Resident 1's personal cares. Caregiver B reported Resident 1 needed some assistance with his/her daily cares but sometimes will not allow the staff to assist him/her. Caregiver B reported Resident 1 often refused showers and was scheduled to receive 2 showers a week. Caregiver B reported s/he checked on Resident 1 every couple of hours. Surveyor asked Caregiver B when was the last time someone checked on Resident 1. Caregiver B reported s/he gave Resident 1 his/her medications and was not aware of Resident 1 needing help with his/her personal cares. Caregiver B reported the pull cord system did not work and indicated only 1 resident had a pager system in place that notified staff of when they needed help.

On 09/10/2025, at approximately 1:00 PM, Surveyor interviewed Caregiver D. Caregiver D reported s/he often helped Resident 1 throughout the day. Caregiver D reported Resident 1 to refuse the help of the caregivers as Resident 1 often made efforts to do things on his/her own. Surveyor asked when was the last time someone was in Resident 1's room. Caregiver D reported s/he had been in the room earlier in the day to assist Resident 1. Caregiver D was not aware of Resident 1's personal care status during the survey.

On 09/19/2025, at approximately 7:00 AM, Surveyor reviewed Resident 1's individual service

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015802	A. BUILDING: _____ B. WING _____	C 09/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CREATIVE LIVING ENVIRONMENTS HAVEN BA	225 E BROWN DEER BAYSIDE, WI 53217

(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 425	Continued From page 3	N 425		

plan (ISP), dated 09/10/2025. Resident 1 was his/her own person. Resident 1's ISP did not indicate Resident 1 refused cares. Resident 1's ISP stated under the following sections:

-Supervision: "24 hour supervision."
-Capacity for self-care: "Needs some assistance with capacity for self-care."
-Dressing- Moderate Assist: "Staff to assist resident with donning[sic] and doffing[sic] shoes. Resident is able to dress/undress self with the exception of his/her shoes."
-Grooming- Independent: "Resident is able to brush/comb his/her hair and wash his/her face without assistance."
-Bathing - Full Assist: "Staff to provide assistance with bathing and transfers. Encourage resident to wash his/her face, arms, and chest"
-Toileting- Independent:. "Resident toilet self without assistance." "No special needs and uses equipment appropriately."
-Transferring -Independent: "Resident transfers without assistance.
-Non Ambulatory: Resident is unable to walk." S/he is able to propel self in his/her wheelchair."

On 09/19/2025 at approximately 10:00 AM, Surveyor interviewed Administrator A. Surveyor inquired about the pull cord system and why it was not working for any of the Residents. Administrator A reported the pull cord system they had in place was not repairable, therefore the facility moved to a call button and pager system over a year ago. Administrator A reported Resident 1 often misplaced the call button and most of the time the button is in Resident 1's nightstand drawer. Administrator A reported all residents have access to a call button which then alerts the staff via pager. Surveyor inquired about Resident 1's personal cares and how often staff

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015802	A. BUILDING: _____ B. WING _____	C 09/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CREATIVE LIVING ENVIRONMENTS HAVEN BA	225 E BROWN DEER BAYSIDE, WI 53217

(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 425	Continued From page 4 assisted Resident 1. Administrator A reported Resident 1 needs some assistance with personal cares and s/he was not aware of Resident 1's condition as s/he was on vacation. Administrator A reported s/he informed staff to check on Resident 1 every 3 hours to ensure Resident 1's personal care needs were met. Administrator A reported staff should be assisting Resident 1 on a daily basis and according to his/her service plan. Administrator A reported Resident 1 will often refuse showers and staff were informed to offer alternatives such as a bed bath. Administrator A reported s/he had recently updated Resident 1's ISP to reflect changes in the areas of personal cares assistance needed for Resident 1.	N 425		
N 481	83.43(1) Environment safe, clean, and comfortable Environment. The CBRF shall provide a living environment that is safe, clean, comfortable, and homelike. All common dining and living areas shall contain furnishings appropriate to the intended use of the room. This Rule is not met as evidenced by: Based on observation and interviews, the provider did not ensure the living environment was safe, clean, comfortable, and homelike. The facility needed cleaning and some repairs. This had the potential to affect 18 of 18 residents. This is a repeat deficiency. See Statement of Deficiency (SOD) YU2L11, dated 03/08/2021. Findings include:	N 481		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015802	A. BUILDING: _____ B. WING _____	C 09/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CREATIVE LIVING ENVIRONMENTS HAVEN BA	225 E BROWN DEER BAYSIDE, WI 53217

(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 481	Continued From page 5 On 09/02/2025, at approximately, 11:00 AM, Surveyor toured the facility and observed the following: Kitchen - The entire kitchen floor was sticky and full of black residue. - The kitchen cupboard shelving by the dishwasher contained a sticky black/brown substance on the shelving and the grey wire racks. The black/brown substance was similar to syrup. Kitchen Cabinets -The lower kitchen cabinets by the dishwasher did not contain doors. -The kitchen door cabinets by the entrance of the kitchen contained significant brown residue staining on the inside of the cabinet doors Microwave -The glass microwave turntable contained a yellow brownish residue stain with pieces of rice. Pantry Freezer and Refrigerator -The white pantry freezer contained a sheet of ice with frozen peas and carrots in the ice on the bottom of the freezer. The freezer also contained brown stains similar to rust and cracked/chipped plastic at the bottom of the inside of the freezer. -The black pantry refrigerator contained brown sticky substance in the fruit/vegetable drawers and in the door bins. . Kitchen Refrigerator -The crisper drawers was full of a brown sticky substance similar to syrup. Pantry -The entire pantry floor contained a black sticky	N 481		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015802	A. BUILDING: _____ B. WING _____	C 09/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CREATIVE LIVING ENVIRONMENTS HAVEN BA	225 E BROWN DEER BAYSIDE, WI 53217

(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 481	Continued From page 6 substance. -The pantry shelving was sticky to the touch. Laundry Room -A white towel, black sock, light brown wooden frame, and a fluffy white material similar to lint located behind the dryer and washer on the floor. - The rigid dryer vent was dented inwards, there not properly venting to the outside. The walls of the laundry room were full of a gray matter similar to lint. Hallway leading to the garbage dump area -One broom, 3 mops, and 1 mop bucket full of brown water cluttered the hallway. Resident 3 room carpet -The carpet was full of black stains and smelt of urine. Resident 2 -The entry doorframe was full of a black sticky matter. On 09/19/2025, at approximately 10:00 AM, Surveyors interviewed Administrator A. Administrator A reported kitchen staff and facility staff had daily cleaning schedules and confirmed the code requirement. Administrator A reported s/he was not aware of the condition of the kitchen. Administrator A reported s/he would follow up with staff and maintenance to address the above-mentioned facility concerns.	N 481		
N 489	83.44(2)(a) Rooms clean and free from odors. The CBRF shall keep all rooms clean and shall make reasonable attempts to keep all rooms free from odors.	N 489		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015802	A. BUILDING: _____ B. WING _____	C 09/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CREATIVE LIVING ENVIRONMENTS HAVEN BA	225 E BROWN DEER BAYSIDE, WI 53217

(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 489	Continued From page 7 This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure 1 of 1 resident's (Resident 1's) bedroom was clean and free from odor. Resident 1's bedroom had a pungent smell of urine and feces. Resident 1's room was not clean. This deficiency is being cited for a 3rd time. See Statement of Deficiency (SOD) ECOJ12, dated 10/21/2022, and SOD ECOJ13, dated 06/12/2023. Findings include: On 08/24/2025, the Department received a complaint alleging a resident room was unsanitary with unacceptable living conditions. On 09/10/2025, at approximately 11:00 AM, Surveyor toured Resident 1's bedroom. Surveyor observed Resident 1's bedroom. Resident 1's bedroom contained 2 bed pads on the floor near his/her bed with a significant amount of white paper towel that contained a brownish substance similar to fecal matter. Resident 1's bathroom contained 2 disposable briefs full of a brown substance similar to fecal matter placed on the floor of the bathroom. The bathroom toilet contained specks of brown matter on the toilet seat similar to fecal matter. The bathroom did not contain a waste basket. The room was full of flies and smelt like urine and feces. Resident 1's room floor contained empty soda and water bottles on the floor and on the night stand. Resident 1's room contained a small white waste basket. The waste basket contained a significant amount of garbage which overflowed onto the floor.	N 489		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015802	A. BUILDING: _____ B. WING _____	C 09/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CREATIVE LIVING ENVIRONMENTS HAVEN BA	225 E BROWN DEER BAYSIDE, WI 53217

(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 489	Continued From page 8 Resident 1's closet was full of clothing that resided on the floor and overflowed out of the closet. On 09/10/2025, at approximately 11:30 AM, Surveyor interviewed Resident 1, who reported s/he had been receiving help in the last week or two. Resident 1 reported s/he asked for help and did not always receive help when requested. Resident 1 reported s/he had no way to let caregivers know s/he needed help as there was no way to call for help unless s/he screamed for help. On 09/19/2025, at approximately 10:00AM, Surveyor interviewed Administrator A. Administrator A about who is responsible for cleaning rooms. Administrator A reported the caregiving staff is responsible for cleaning the rooms. Administrator A reported s/he was on vacation and did not know Resident 1's room was in poor condition. Administrator A reported Resident 1's room should be cleaned by staff every day.	N 489		
N 499	83.45(3) Toxic substances. Toxic substances. The CBRF shall ensure that cleaning compounds, polishes, insecticides and toxic substances are labeled and stored in a secure area. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure cleaning compounds and toxic substances were securely stored in a secure area.	N 499		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015802	A. BUILDING: _____ B. WING _____	C 09/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CREATIVE LIVING ENVIRONMENTS HAVEN BA	225 E BROWN DEER BAYSIDE, WI 53217

(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 499	Continued From page 9 This is a repeat deficiency. See Statement of Deficiency (SOD) YUZL11, dated 03/08/2021. Findings include: The provider is a class CNA Community Based Residential Facility (CBRF) licensed to serve 20 non-ambulatory residents in the client group of irreversible dementia/Alzheimer's, advanced aged, emotionally disturbed/mental illness, terminally ill, and physically disabled. On 09/10/2025, at approximately 11:00 AM, Surveyor toured the facility and observed the following: - The lower kitchen cabinet contained a 1-gallon container of RX Destroyer pharmaceutical disposal and a 40-ounce bottle of Sprayer Aspersor heavy duty. The cabinet did not contain a locking mechanism. -Under the kitchen sink area next to the dishwasher was a bottle of Lysol Power Clean, Clorox Disinfecting All Purpose Cleaner, a bottle of Febreze Air mist April Fresh, and two containers of Great Value fresh scent dishwasher pacs. The cabinet did not have doors. Residents were observed moving freely throughout the facility. On 09/19/2025, at approximately 10:00 AM, Surveyors interviewed Administrator A about toxic chemical storage. Administrator A reported s/he was aware of the code requirement but did not give an explanation as to why the chemicals were unsecured.	N 499		