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 _____	R-C 03/12/2026

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 03/12/2026, Surveyor concluded a verification visit and 4 complaint investigations at Creative Living Environments Haven Bayside. Three of the previous deficiencies were corrected. One deficiency was recited for a third time, 6 new deficiencies were identified, and 4 complaints were substantiated. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee will be assessed. Census: 18	{N 000}		
N 352	83.32(3)(h) Rights of Residents: Receive medication In addition to the rights under s. 50.09, Stats., each resident shall have all of the following rights: Receive medication. Receive all prescribed medications in the dosage and at intervals prescribed by a practitioner. The resident has the right to refuse medication unless the medication is court ordered. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 6 residents (Resident 1) reviewed received her/his prescribed medications at the interval prescribed by the practitioner. Findings include: Record Review The Department received a complaint on 12/12/2025 alleging residents were not receiving prescribed medications in a timely manner.	N 352		

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
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N 352	Continued From page 1 On 03/11/2026, at approximately 12:00 PM, Surveyor reviewed Resident 1's record. Resident 1 was admitted on 04/01/2024, with diagnoses including left sided hemiplegia and gastroesophageal reflux disease (GERD). Resident 1's March 2026 medication administration record (MAR) indicated s/he was prescribed omeprazole 20 milligram (mg): Take 1 capsule by mouth 2 times a day at 6 AM and 6 PM (GERD). Resident 1's MARs indicated the following: 03/02/2026 at 6:00 AM - Omeprazole 20mg - Given with 9 AM Medications 03/03/2026 at 6:00 AM - Omeprazole 20mg - Given with 9 AM Medications 03/04/2026 at 6:00 AM - Omeprazole 20mg - Give at 10:10 AM 03/05/2026 at 6:00 AM - Omeprazole 20mg - Given with 9 AM Medications 03/06/2026 at 6:00 AM - Omeprazole 20mg - Given with 9 AM Medications 03/07/2026 at 6:00 AM - Omeprazole 20mg - Given with 9 AM Medications 03/08/2026 at 6:00 AM - Omeprazole 20mg - Given at 10:12 AM 03/09/2026 at 6:00 AM - Omeprazole 20mg - Given with 9 AM Medications 03/10/2026 at 6:00 AM - Omeprazole 20mg - Given with 9 AM Medications Interviews On 03/11/2026, at approximately 10:30 AM, Surveyor interviewed Resident 4 and Resident 5. Resident 4 reported "staff are always on their phones...we have to wait for our medications." Resident 5 reported "...we have to wait at the cart for medications until they get off the phone... our medications are always late."	N 352		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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N 352	Continued From page 2 On 03/11/2026, at approximately 2:30 PM, Surveyor interviewed Administrator A. Administrator A confirmed the code requirement. Administrator A reported s/he believed Resident 1's medications were given late because medication passers were giving all medications at the 9 AM medication pass time. Administrator A confirmed Resident 1's medication should have been given at 6 AM as prescribed. Administrator A reported s/he would ensure medication passers were retrained on medication administration windows.	N 352		
N 387	83.35(3)(b) Service plan development: parties involved Development. The CBRF shall involve the resident and the resident ' s legal representative, as appropriate, in developing the individual service plan and the resident or the resident ' s legal representative shall sign the plan acknowledging their involvement in, understanding of and agreement with the plan. If a resident has a medical prognosis of terminal illness, a hospice program or home health care agency, as identified in s. HFS 83.38(2) shall, in cooperation with the CBRF, coordinate the development of the individual service plan and its approval under s. HFS 83.38 (2) (b). The resident ' s case manager, if any, and any health care providers, shall be invited to participate in the development of the service plan. This Rule is not met as evidenced by: Based on record review and interview, the	N 387		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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N 387	Continued From page 3	N 387		

provider did not ensure the resident or the resident's legal representative, Managed Care Organization (MCO), or the Licensee/ Administrator signed the individual service plan (ISP), acknowledging their involvement in, understanding of, and agreement with the ISP for 4 of 7 (Resident 4, Resident 6, Resident 7, and Resident 8) residents reviewed.

Findings include:

On 03/11/2026, at approximately 10:00 AM, Surveyor reviewed Resident records and identified the following

On 03/11/2026, at approximately 10:00 AM, Surveyor reviewed Resident records and identified the following

Resident 4 was admitted on 04/01/2024. Resident 4's file indicated s/he had a guardian. Resident 4's ISP, dated 02/18/2026, was not signed by her/his guardian.

Resident 6 was admitted on 01/26/2022. Resident 6 had an MCO. Resident 6's ISP, dated 01/24/2026, did not contain signatures from the Licensee/Administrator, or Resident 6's MCO.

Resident 7 was admitted on 05/13/2024. Resident 7's file indicated s/he had a guardian. Resident 7's ISP, dated 01/24/2026, was not signed by her/his guardian, the Licensee/Administrator, or the MCO.

Resident 8 was admitted on 09/17/2025. Resident 8's ISP, dated 10/30/25, was not signed by the Licensee/Administrator, or the MCO.

On 03/11/2026, at approximately 2:30 PM,

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N 387	Continued From page 4 Surveyor interviewed Administrator A. Administrator A reported s/he completed resident ISPs and reviews. Administrator A confirmed the code requirement. Administrator A reported Resident 4's guardian was not present for the ISP update. Administrator A reported s/he did not send the ISP to Resident 4's guardian for signature. Administrator A did not provide an explanation why Resident 6, Resident 7, or Resident 8's ISPs were unsigned. Administrator A reported s/he would ensure ISPs were signed.	N 387		
N 388	83.35(3)(c) Implement, follow the individual service plan Implementation. The CBRF shall implement and follow the individual service plan as written. This Rule is not met as evidenced by: Based on observation, interview, and record review, the provider did not ensure each resident's Individual Service Plan (ISP) was implemented for 1 of 1 (Resident 6) resident. Resident 6 had a history of wandering into resident personal areas. Resident 6's interventions for wandering were not followed as outlined in her/his ISP. Findings include: On 12/12/2025, the Department received a complaint alleging privacy concern for residents. The provider is license to serve up to 20 residents in the client groups of emotionally disturbed/mental illness, physically disabled, terminally ill developmentally disabled. The census at the time of the survey was 18.	N 388		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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CREATIVE LIVING ENVIRONMENTS HAVEN BA	225 E BROWN DEER BAYSIDE, WI 53217

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N 388	Continued From page 5 On 03/11/2026, at approximately 12:00 PM, Surveyor reviewed Resident 6's record. Resident 6 was admitted on 01/26/2022 with a diagnosis including neurocognitive impairment and dementia. Resident 6's individual service plan (ISP), dated 01/24/2026 indicated the following "... Exit Seeking Behaviors (Behavior Pattern/ Wandering) - Directions: Caregiver to monitor resident for exit seeking behaviors (looking for door, has a jacket on, attempting to open door, talking about leaving or going to work). Provide 1:1 activity (game conversation about home repair, sports, or driving a truck; ball toss; eating a snack) - Schedule: Daily @ 6am to 2pm, 2pm to 11pm - Resident's Need and Description of Service: Resident had eloped from the facility. S/he was found by the police. Has a history of exit seeking behaviors - Resident's Desired Outcomes & Goals: Resident wants to be safe and engaged in meaningful, productive activities. - Responsible Persons: Caregiver to monitor resident for exit seeking behaviors (looking for door, has a jacket on, attempting to open door, talking about leaving or going to work). Provide 1:1 activity (game conversation about home repair, sports, or driving a truck; ball toss; eating a snack) - Outcome Status, Progress Updates & Time Limits: Caregiver provide activity to re-direct resident from trying to leave facility. Wanderer - Staff Assist (Behavior Patterns/ Wandering) - Directions: Resident wanders in the hallway and in/out of other resident's rooms. Caregiver to monitor resident and re-direct resident when entering the wrong room. Resident will respond to	N 388		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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CREATIVE LIVING ENVIRONMENTS HAVEN BA	225 E BROWN DEER BAYSIDE, WI 53217

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N 388	Continued From page 6	N 388		

verbal instructions and gentle guidance.
- Resident's Need and Description of Service: Resident wanders thru (sic) facility due to dementia. 12/5: Decrease in wandering noted during this year. S/he continues to wander the hallways and into other rooms. S/he responds to redirections especially when she is in other resident rooms.
- Resident's Desired Outcomes & Goals: To maintain low level of wandering episodes.
- Responsible Persons: Staff
- Outcome Status, Progress Updates & Time Limits: Resident will remain safety (sic) while wandering within the facility..."

On 03/11/2026, at approximately 10:30 AM, Surveyor interviewed Resident 4. Resident 4 reported "[Resident 6] wanders into other people's rooms almost every day.... s/he takes things from people's rooms... [Resident 6] has gone into other resident's rooms and beds... I hear [Resident 9] yelling for staff when [Resident 6] is in her/his room because s/he can't get out of bed..." Resident 4 reported staff "yell" at Resident 6 when s/he is in other residents' rooms. Resident 4 reported Resident 6 wanders into residents' rooms on 2nd and 3rd shift when less staff are present in the facility. Resident 4 reported s/he "does not appreciate it when [Resident 6] enters her/his room".

On 03/11/2026, at approximately 10:45 AM, Surveyor interviewed Resident 9. Resident 9 reported Resident 6 frequently enters her/his room without permission and takes her/his personal items. Resident 9 confirmed s/he yells for staff when Resident 6 enters her/his room. Resident 9 reported s/he must wait for staff to come or yell to redirect Resident 6 to exit her/his room.

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N 388	Continued From page 7 On 03/12/2026, at 3:15 PM, Surveyor interviewed Administrator A. Administrator A reported s/he was aware of Resident 6's wandering throughout the facility and into resident rooms. Administrator A reported Resident 6's wandering had improved as outlined in her/his ISP. Administrator A reported the facility is staffed with current employees and agency staff. Administrator A reported Monday through Friday first shift is staffed with 3 caregivers, 2nd shift has 2 caregivers, and 3rd shift has 1 caregiver. Administrator A reported on weekends; 1st shift is only staffed with 2 caregivers. Administrator A reported s/he was unaware of Resident 6's recent increase in wandering in resident rooms. Administrator A reported s/he would review approaches in Resident 6's ISP with staff.	N 388		
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:	N 427		

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N 427	Continued From page 8 Based on observation and interview, the provider did not ensure a current daily activity program schedule was posted for 18 of 18 residents. Findings include: On 03/11/2026, at 9:45 AM, Surveyor entered the facility. Upon entering, Surveyors observed caregivers assisting residents with medications and residents watching television in a common area. Surveyor observed a corkboard with a posted activity schedule labeled "February 2026". Surveyor did not observe an updated activity schedule posted for the month of March for the duration of the survey. On 03/12/2026, at 3:00 PM, Surveyor interviewed Administrator A. Administrator A confirmed the code requirement. Administrator A confirmed the activity schedule for March should be posted for residents. Administrator A reported the individual responsible for updating the schedule was not present at the time of the survey. Administrator A reported s/he would ensure the updated activity schedule was posted for residents.	N 427		
N 435	83.38(1)(k) Transportation. 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: Transportation. The CBRF shall provide or arrange for transportation when needed for	N 435		

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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N 435	Continued From page 9	N 435		

medical appointments, work, educational or training programs, religious services and for a reasonable number of community activities of interest. CBRFs that transport residents shall develop and implement written policies addressing the safe and secure transportation of residents.

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not ensure transportation was arranged or provided for a reasonable number of community activities of interest for residents. Resident 4 and Resident 5 were not provided with transportation for religious purposes.

Findings include:

The provider is licensed as a class CNA (non-ambulatory) CBRF (community-based residential facility) able to serve up to 20 residents in the client groups of emotionally disturbed/mental illness, physically disabled, terminally ill developmentally disabled. The census at the time of the survey was 18.

Record Review

On 03/11/2026, at approximately 10:30 AM, Surveyor interviewed Resident 4 and Resident 5. Resident 4 expressed his/her concern to Surveyor that there are no transportation options available at the facility for her/him to attend church on the Sunday. Resident 4 reported the facility does not have in-house clergy available to residents. Resident 5 reported he wanted to attend a local church service on the weekends, but no transportation is available. Resident 4 and

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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N 435	Continued From page 10	N 435		

Resident 5 reported Administrator A does not provide transportation when requested. Resident 4 and Resident 5 reported they do not feel complaints or requests are "taken seriously" by Administrator A.

On 03/11/2026, at approximately 10:45 AM, Surveyor reviewed facility admission documents for residents. The admission policy indicated the following:

".... Services

The following general services will be provided by Creative Living Environments (CLE) at the level and frequency needed by the Resident and documented in his/her Individualized Service Plan (ISP):

1. Supervision
2. Information and referral
3. Leisure time activities
4. Coordination of community activities
5. Family contacts
6. Coordination of transportation
7. Health monitoring
8. Coordination of medical services*
9. Activities of daily living
10. Medications monitoring
11. Behavioral supports..."

On 03/12/2026, at approximately 4:30 PM, Surveyor reviewed a progress note from Administrator A, dated 02/11/2026. The progress note indicated the following:

"[Resident 4] received a visit from Adult Protective Services (APS) for review. [APS Worker G] reviewed [Resident 4's] cares, medications, and appointments. S/he met with [Resident 4] in

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N 435	Continued From page 11	N 435		

her/his room. Following the meeting [APS Worker G] inquired about [Resident 4's] meals, any recent behavior issues, and falls. [APS Worker G] asked if [Resident 4] would be able to go to church with peer. Writer explained we could arrange this if guardian approves. There is a care meeting scheduled for next week where this can be discussed.

Interview

On 03/11/2026, at approximately 2:15 PM, Surveyor interviewed Administrator A. Administrator A reported s/he and one other staff member are responsible for transportation of residents at all Creative Living Environments facilities. Administrator A reported Resident 4 has not requested transportation to a local church. Administrator A reported Resident 5 wants Resident 4 to "be able to walk to church with her/him". Administrator A reported Resident 5 can walk to the local church but s/he never requested transportation.

On 03/12/2026, at approximately 3:15 PM, Surveyor interviewed Administrator A. Administrator A reported church and transportation was not discussed during Resident 4's ISP review because it was not brought up to her/him directly. Administrator A reported Resident 4's guardian was not present at the ISP review and was not sent the ISP for review. Administrator A reported the facility would assist with transportation if Resident 4's guardian approved.

Cross Reference with N0387 83.35(3)(b) Service Plan Development Parties Involved

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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(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 454	Continued From page 12	N 454		
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 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	N 454		

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 _____	R-C 03/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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N 454	Continued From page 13 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 1 of 6 resident's records were maintained. Resident 6's record did not contain a record of all medical visits. Findings include: On 02/20/2026 the Department received a complaint alleging a resident sustained a fall which was not properly followed up on or reported.	N 454		

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 _____	R-C 03/12/2026

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

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N 454	Continued From page 14 On 03/11/2026, at 12:00 PM, Surveyor reviewed Resident 6's record. Resident 6 was admitted on 01/26/2022 with a diagnosis including neurocognitive impairment and dementia. Resident 6's file contained an incident report, dated 01/04/2026 at 10:38 PM, which indicated s/he sustained and unwitnessed fall. The fall resulted in Resident 6 being transported to the emergency room (ER) via ambulance. On 03/11/2026, at approximately 12:45 PM, Surveyor requested the after-visit summary/ ER hospital documentation from Administrator A. No documentation was received. Surveyor was unable to determine if reportable injuries were sustained from Resident 6's unwitnessed fall. On 03/11/2026, at approximately 2:30 PM, Surveyor interviewed Administrator A. Administrator A confirmed the code requirement. Administrator A reported s/he did not have the paperwork for Resident 6's ER visit because "s/he did not come back with it". Administrator A reported s/he only had follow-up documentation provided by the in-house physician.	N 454		
{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. This Rule is not met as evidenced by: Based on observation, and interview, the provider did not ensure resident rooms were clean and free from odors for 1 of 5 resident rooms observed. Rooms had not been cleaned and there were pungent urine-like and garbage odors present.	{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 _____	R-C 03/12/2026

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CREATIVE LIVING ENVIRONMENTS HAVEN BA	225 E BROWN DEER BAYSIDE, WI 53217

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{N 489}	Continued From page 15 This deficiency is being cited for third time. See Statement of Deficiency (SOD) 89H911, dated 09/19/2025, and SOD ECQJ12, dated 10/21/2022. Findings include: On 12/12/2025, the department received a complaint alleging the rooms were dirty. On 03/11/2026, at approximately 11:00 AM, Surveyor toured the facility and observed the following: Schedule posted above the medication cart - Indicated resident rooms were to be deep cleaned which included changing linens, dusting, vacuuming, cleaning/mopping, and laundering clothes. The schedule also indicated on non-shower days resident rooms need to have "basic cleaning done - tidy up belongings, empty trash, vacuum carpeting, launder clothing and change lines as needed." - Resident 1's shower days were listed as Wednesday and Saturday. Main Hallway outside of Rooms 17, 18, and 19. - a pungent urine-like odor Resident 1's room: -Resident 1's room had a faint urine-like odor; her/his trash can was full, and a lingering odor of garbage was present. Empty food containers were on her/his floor near the garbage can. On 03/11/2026, at approximately 11:15 AM, Surveyor interviewed Resident 1. Resident 1 reported her/his garbage should be emptied daily and her/his room should be cleaned on shower	{N 489}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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{N 489}	Continued From page 16 days. Resident 1 reported her/his garbage was emptied "a few days ago". Resident 1 reported s/he did not remember the last time staff cleaned her/his room. On 03/11/2026, at approximately 2:30 PM, Surveyor interviewed Administrator A about the facility's system to ensure routine housekeeping was conducted. Administrator A reported a cleaning company cleans the facility every other week and staff are required to clean as needed. Administrator A confirmed the facility had an odor problem in the hallway outside of room 18. Administrator A reported a resident located in that hallway has incontinent episodes and does her/his own laundry. Administrator A reported s/he would reiterate as needed cleaning duties and daily housekeeping tasks with staff.	{N 489}		