STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0014401	A. BUILDING: _____ B. WING _____	C 11/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NORTHWOODS ASSISTED LIVING LLC	W11474 US HWY 8 HAWKINS, WI 54530

(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
M 000	INITIAL COMMENTS On 11/13/2024, Surveyor conducted a standard licensure survey and complaint (x2) investigation at Northwoods Assisted Living LLC. Data collection continued through 11/18/2024. One of 2 complaints was substantiated. Three deficiencies were identified. Two of the 3 deficiencies were repeat violations. See Statement of Deficiencies (SOD) G0LF11, dated 07/29/2021 and SOD S2G011, dated 10/04/2019. Census: 4	M 000		
M 134	88.03(5)(e)1 SIGNIFICANT CHANGE TO THE RESIDENT Within 24 hours, a significant change in resident status, such as but not limited to an accident requiring hospitalization, missing from the home or a reportable death. A death shall be reported if there is reasonable cause to believe the death was related to use of a physical restraint or psychotropic medications, was a suicide or was accidental. This Rule is not met as evidenced by: Based on record review and interview, the provider did not report within 24 hours a significant change in Resident 1's status, when Resident 1 went missing from the provider on 08/03/2024.	M 134		

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

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M 134	Continued From page 1 This is a repeat deficiency see Statement of Deficiency (SOD) G0LF11, dated 07/29/2021. Findings include: The provider is licensed to care for 4 residents in the client groups of emotionally disturbed/mental illness, developmentally disabled, advanced age and irreversible dementia/Alzheimer's disease. On 08/28/2024, the Department received a complaint alleging Resident 1 went missing from the facility on 08/03/2024, and was located and returned to the facility by the Price County Sheriff's Department on 08/03/2024. On 11/13/2024, Surveyor reviewed Resident 1's record. Resident 1 was admitted on 07/15/2024. Resident 1's diagnoses included: Short term memory loss, left side hemiparesis and traumatic brain injury (TBI). On 11/14/2024, Surveyor asked House Manager (HM) B via e-mail if Resident 1 left the facility in July or August 2024. On 11/14/2024, HM B verified via e-mail that Resident 1 "eloped" on 08/03/2024. On 11/14/2024, a review of department records did not contain a self-report for Resident 1's elopement on 08/03/2024. On 11/14/2024 at approximately 9:22 AM, Surveyor interviewed HM B via phone. HM B reported that Resident 1 eloped on 08/03/2024, and was returned by the Price County Sheriff's Department on 08/03/2024. Surveyor asked HM B if HM B reported Resident 1's elopement to the Department. HM B stated, "No, I know I should	M 134		

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M 134	Continued From page 2 have; I can write up one now." HM B reported that HM B notified Resident 1's caseworker and guardian after Resident 1 eloped on 08/03/2024. The provider did not report within 24 hours, a significant change in Resident 1's status when Resident 1 went missing from the facility on 08/03/2024.	M 134		
M 276	88.05(3)(a) HOME ENVIRONMENT An adult family home shall be safe, clean and well-maintained and shall provide a homelike environment. This Rule is not met as evidenced by: Based on observation and interview, the provider did not provide a homelike environment. The home was not well-maintained. This had the potential to affect 4 of 4 residents that resided at the facility during the survey. This is a repeat deficiency, cited for the third time. See Statement of Deficiency (SOD) S2G011, dated 10/04/2019, and SOD G0LF11, dated 07/29/2021. Findings include: The provider is licensed to care for 4 residents in the client groups of emotionally disturbed/mental illness, advanced age, developmentally disabled and irreversible dementia/Alzheimer's disease.	M 276		

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M 276	Continued From page 3 On 11/13/2024 at approximately 10:00 a.m., Surveyor arrived at the facility. Upon entering the home, Surveyor made contact with Caregiver D and made the following observations: - The living room area (common area) had Resident 2's property (dresser and boxes) stored against the wall. - The trim around multiple skylights in the living room and kitchen appeared to have significant black/gray discoloration (mold like substance). - Unfolded resident laundry was sitting on top of a kitchen table in the dining area. - Multiple light bulbs in chandelier light fixtures through out the facility were not working and/or were burned out. - Unfinished trim work (windows, doors, walls) throughout the home. On 11/13/2024 at 2:10 PM, Surveyor interviewed Caregiver D. Caregiver D stated that the black/gray discoloration around the skylights appeared to be "mold." Caregiver D reported that the dresser and boxes in the living room belonged to Resident 2. Caregiver D noted that Resident 2's belongings were being stored in the living room because Resident 2 might be moving out soon. Caregiver D confirmed multiple light bulbs in the chandelier lights were not working. Caregiver D reported that Caregiver D would let Owner A know about the mold around the skylights and need for more light bulbs. Caregiver D also acknowledged that trim was missing throughout the home. On 11/13/2024, Surveyor reviewed Resident 2's file. Resident 2 was admitted on 11/08/2024. On 11/12/2024, the provider gave Resident 2 a 30-day notice of discharge.	M 276		

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M 276	Continued From page 4 On 11/14/2024 at approximately 9:22 AM, Surveyor interviewed HM B via telephone. HM B reported that Owner A would be cleaning the skylights and trim with "bleach and mold cleaner" today, 11/14/2024. HM B noted that HM B would get the light bulbs replaced. On 11/18/2024 at approximately 9:21 AM, Surveyor interviewed Owner A via telephone. Owner A reported that Owner A cleaned all the skylights and removed the mold. On 11/18/2024 at approximately 11:00 AM, Surveyor interviewed HM B via telephone. HM B confirmed that there were several "unfinished projects" throughout the home. HM B reported that HM B would talk to Owner A about a plan to complete the "ongoing projects." HM B also stated that resident laundry got folded on the table in the dining room. HM B noted, "The laundry should be put away after it is folded; The laundry should not be left on the table." HM B confirmed that Resident 2's property was being stored in the living room area of the home. HM B stated that Resident 2 would be moving out once a suitable place was found. HM B reported that Resident 2's property could be stored in another location until s/he moved out.	M 276		
Z 010	50.065(2)(bb) DETERMINE FINAL DISPOSITION OF CHARGE If information obtained under par. (am) or (b) indicates a charge of a serious crime, but does not completely and clearly indicate the disposition of the charge or the conviction, the department or entity shall make every reasonable effort to	Z 010		

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Z 010	Continued From page 5 contact the clerk of courts to determine the final disposition of the charge. If a background information form under sub. (6) (a) or (am) indicates a charge or a conviction of a serious crime, but information obtained under 011 par. (am) or (b) does not indicate such a charge, the department or entity shall make every reasonable effort to contact the clerk of courts to obtain a copy of the criminal complaint and the final disposition of the complaint. 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 judgement of conviction relating to that violation. This Rule is not met as evidenced by: Based on record review and interview, the provider did not contact the clerk of courts to obtain a copy of the criminal complaint and judgement of conviction related to convictions under Wis. Stat. 947.01 and 940.19 obtained not more than 5 years before the date on which that information was obtained for 1 of 2 caregivers reviewed. Findings include:	Z 010		

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Z 010	Continued From page 6 The provider is licensed to care for 4 residents in the client groups of emotionally disturbed/mental illness, developmentally disabled, advanced age and irreversible dementia/Alzheimer's disease. On 11/13/2024, Surveyor reviewed Caregiver C's file. Caregiver C was hired on 11/15/2022. A caregiver background check (CBC) was conducted on 12/08/2022. The Department of Justice (DOJ) response indicated that within the past 5 years, Caregiver C was convicted of Disorderly Conduct, Wis. Stat. 947.01 and Battery, Wis. Stat. 940.19. Caregiver C's file did not contain the judgment of conviction and criminal complaint from the county where s/he was convicted of disorderly conduct and battery. On 11/14/2024 at approximately 10:02 AM, Surveyor interviewed House Manager (HM) B via e-mail. Surveyor asked HM B if HM B gathered additional information regarding Caregiver C's Disorderly Conduct and Battery convictions per Caregiver C's CBC. HM B responded, "We are getting [his/her] judgement of conviction today at the court house."	Z 010		