| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 0020750 | A. BUILDING: _____ B. WING _____ | 11/04/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| WHITE BIRCH TERRACE | 8500 N GREENVALE RD 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 |
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| N 000 | Initial Comments<br><br>On 10/14/2025 with information gathered through 11/04/2025, Surveyor conducted a standard survey, at White Birch Terrace, a Community-Based Residential Facility (CBRF) in Bayside, WI.<br><br>Seventeen deficiencies were identified.<br><br>Census: 8 | N 000 | | |
| N 189 | 83.13(3)(b) Post house rules, resident rights, grievances<br><br>The CBRF shall post all of the following: House rules, resident rights and grievance procedures as required under s. DHS 83.32(2) (b).<br><br>This Rule is not met as evidenced by:<br>Based on observation and interview, the provider did not ensure the house rules, resident rights and grievance procedures were posted. This had the potential to affect 8 of 8 residents residing in the facility.<br><br>Findings include:<br><br>On 10/14/2025, at approximately 8:54 AM, Surveyor toured the facility. There were no house rules, resident rights and grievance procedures posted in the facility.<br><br>On 10/14/2025, at approximately 9:26 AM, Surveyor interviewed Caregiver B. Caregiver B confirmed the above-mentioned postings were not posted in the facility. | N 189 | | |

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

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| N 239 | Continued From page 1 | N 239 | | |
| N 239 | 83.20(2)(a)-(d) Department-approved training courses.<br><br>Standard Precautions. All employees who may be occupationally exposed to blood, body fluids or other moist body substances, including mucous membranes, non-intact skin, secretions, and excretions except sweat, whether or not they contain visible blood shall successfully complete training in standard precautions before the employee assumes any responsibilities that may expose the employee to such material.<br>Fire safety. Within 90 days after starting employment, all employees shall successfully complete training in fire safety.<br>First aid and choking. Within 90 days after starting employment, all employees shall successfully complete training in first aid and procedures to alleviate choking.<br>Medication administration and management. Any employee who manages, administers or assists residents with prescribed or over-the-counter medications shall complete training in medication administration and management prior to assuming these job duties.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not ensure 1 of 3 employees (Caregiver D) obtained all department approved training as required. Caregiver D, who had responsibilities that would create exposure to blood, body fluids or other moist body substances, did not have training in standard precautions prior to assuming these duties. | N 239 | | |

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| N 239 | Continued From page 2<br>Findings include:<br><br>The facility is licensed as a Class CNA (non-ambulatory) able to serve up to 8 residents within the client groups of advanced aged, irreversible dementia/Alzheimer's, physically disabled, emotionally disturbed/mental illness, developmentally disabled and terminally ill.<br><br>This facility underwent a change of ownership (CHOW) and was issued a probationary license effective 03/03/2025.<br><br>On 10/14/2025 at approximately 10:10 AM, Surveyor requested Caregiver D's record from Licensee A. Licensee A stated s/he would send Caregiver D's record via-email to Surveyor by 8:00 AM on 10/15/2025.<br><br>On 10/15/2025, at approximately 9:49 AM, Surveyor received Caregiver D's record via-email from Licensee A. Surveyor reviewed Caregiver D's record provided by Licensee A and identified the following:<br><br>-Caregiver D was hired on 08/27/2024 (under previous ownership and began employment with new provider on 03/03/2025).<br><br>-Caregiver D's record did not contain evidence of training or evidence of meeting an exemption for standard precautions.<br><br>On 10/15/2025, Surveyor verified Caregiver D was not on the Community-Based Care and Treatment training registry for standard precautions.<br><br>On 11/04/2025, at approximately 8:55 AM, Surveyor interviewed Licensee A. Licensee A | N 239 | | |

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| N 239 | Continued From page 3<br>confirmed s/he provided Surveyor with the entire record for Caregiver D. | N 239 | | |
| N 301 | 83.28(3) Provide admission agreement as required.<br><br>Admission agreement. Before or at the time of admission, the CBRF shall provide the admission agreement as required under s. DHS 83.29(2).<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not ensure 1 of 1 resident (Resident 1) reviewed had a signed and dated admission agreement. Resident 1 did not have an admission agreement in his/her record.<br><br>Findings include:<br><br>The facility is licensed as a Class CNA (non-ambulatory) able to serve up to 8 residents within the client groups of advanced aged, irreversible dementia/Alzheimer's, physically disabled, emotionally disturbed/mental illness, developmentally disabled and terminally ill.<br><br>This facility underwent a change of ownership (CHOW) and was issued a probationary license effective 03/03/2025.<br><br>On 10/15/2025, at approximately 10:24 AM, Surveyor requested Resident 1's record from Licensee A.<br><br>On 10/15/2025, at approximately 11:42 AM, Surveyor received Resident 1's record via-email from Licensee A and identified the following: | N 301 | | |

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| N 301 | Continued From page 4<br><br>-Resident 1 was admitted to the CBRF under its previous ownership on 01/22/2025.<br><br>-Resident 1's admission agreement, dated 01/09/2025 (was completed under previous ownership).<br><br>On 11/04/2025, at approximately 10:24 AM, Surveyor interviewed Licensee A. Licensee A reported s/he was not aware s/he was required to complete an admission agreement for Resident 1 under his/her ownership.<br><br>Licensee A did not ensure Resident 1 had a signed and dated admission agreement completed under his/her ownership. | N 301 | | |
| N 305 | 83.28(6) Resident rights, grievance procedure, rules<br><br>Resident rights, grievance procedure, and house rules. Before or at the time of admission, the CBRF shall provide and explain resident rights, the house rules of the CBRF as required under s. DHS 83.32 (2), and the grievance procedure, including written information regarding the names, addresses and telephone numbers of all resident advocacy groups serving the client groups in the facility, including the long term care ombudsman program and the protection and advocacy services of Disability Rights Wisconsin, Inc.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not ensure 2 of 2 residents (Resident | N 305 | | |

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| N 305 | Continued From page 5<br>2 and Resident 3) reviewed were provided and explained the house rules before or at the time of admission.<br><br>Findings include:<br><br>On 10/15/2025, at approximately 10:24 AM, Surveyor requested Resident 2's and Resident 3's records from Licensee A.<br><br>On 10/15/2025, at approximately 11:42 AM, Surveyor received resident records via-email from Licensee A. Surveyor reviewed resident residents and identified the following:<br><br>Resident 2<br>-Resident 2 was admitted on 03/25/2025.<br>-Resident 2 had a guardian.<br>-Resident 2's record did not contain evidence of his/her guardian being explained and provided with house rules before or at the time of admission.<br><br>Resident 3<br>-Resident 3 was admitted on 06/27/2025.<br>-Resident 3 had a guardian.<br>-Resident 3's record did not contain evidence of his/her guardian being explained and provided with house rules before or at the time of admission.<br><br>On 11/04/2025, at approximately 8:55 AM, Surveyor interviewed Licensee A. Licensee A confirmed Resident 2's and Resident 3's records did not contain evidence of their guardian being explained and provided with house rules before or at the time of admission. Licensee A reported s/he explained and provided Resident 2's and Resident 3's guardian with house rules at the time of their admission. | N 305 | | |

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| N 308 | 83.29(1)(b) Written information on services, charges<br><br>Services and charges. Written information regarding services and charges. Before or at the time of admission, the CBRF shall provide written information regarding services available and the charges for those services to each resident, including persons admitted for respite care, or the resident ' s legal representative,. This information shall include any charges for services not covered by the daily or monthly rate, any entrance fees, assessment fees and security deposit.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not provide written information regarding services available and the charges for those services to 2 of 2 residents (Resident 2 and Resident 3).<br><br>Findings include:<br><br>On 10/15/2025, Surveyor reviewed resident records and identified the following:<br><br>Resident 2<br>- Resident 2 was admitted on 03/25/2025 and his/her record did not contain evidence of written information regarding charges for services.<br><br>Resident 3<br>- Resident 3 was admitted on 06/27/2025 and his/her record did not contain evidence of written information regarding charges for services.<br><br>On 10/15/2025, at approximately 1:33 PM, Surveyor interviewed Licensee A. Licensee A stated s/he was not aware of the requirement to | N 308 | | |

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| N 308 | Continued From page 7<br>ensure resident records contain written information regarding services available and charges for those services. | N 308 | | |
| N 365 | 83.33(4) Posting of long term care ombudsman program<br><br>The CBRF shall post in a conspicuous location in the CBRF a poster provided by the board on aging and long term care ombudsman program, concerning the long-term care ombudsman program under s. 16.009 (2)(b), Stats. The poster shall include the name, address and telephone number of the ombudsman ' s office. This requirement does not apply to those facilities exclusively licensed to serve clients under the jurisdiction of a government correctional agency.<br><br>This Rule is not met as evidenced by:<br>Based on observation and interview, the provider did not ensure a poster provided by the board on aging and long-term care ombudsman program was posted in a conspicuous location in the Community Based Residential Facility (CBRF).<br><br>Findings include:<br><br>The facility is licensed as a Class CNA (non-ambulatory) able to serve up to 8 residents within the client groups of advanced aged, irreversible dementia/Alzheimer's, physically disabled, emotionally disturbed/mental illness, developmentally disabled and terminally ill.<br><br>On 10/14/2025, at approximately 8:54 AM, Surveyor toured the facility. Surveyor was unable to locate the ombudsman poster.<br><br>On 10/14/2025, at approximately 9:26 AM, | N 365 | | |

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| N 365 | Continued From page 8<br>Surveyor interviewed Caregiver B. Caregiver B confirmed the ombudsman poster was not posted in the facility.<br><br>Cross Reference:<br>N 189 83.13(3)(b) - Post House Rules, Resident Rights, Grievances | N 365 | | |
| N 386 | 83.35(3)(a) Comprehensive Individualized Service Plan<br><br>Comprehensive individual service plan. Scope. Within 30 days after admission and based on the assessment under sub. (1), the CBRF shall develop a comprehensive individual service plan for each resident. The individual service plan shall include all of the following: 1. Identify the resident ' s needs and desired outcomes. 2. Identify the program services, frequency and approaches under s. HFS 83.38(1) the CBRF will provide. 3. Establish measurable goals with specific time limits for attainment. 4. Specify methods for delivering needed care and who is responsible for delivering the care.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not ensure 3 of 3 residents (Resident 1, Resident 2, and Resident 3) individual service plans (ISP) identified the resident's needs/outcomes and methods for delivering needed care and who is responsible for delivering the care.<br><br>Resident 1's ISP did not identify what Resident 1's needs were for supervision, nutrition, | N 386 | | |

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| N 386 | Continued From page 9 | N 386 | | |

medication administration, medication management, money management, transportation and mental health.

Resident 2's ISP did not identify what Resident 2's needs were for hospice care, supervision, medication administration, medication management, money management and transportation.

Resident 3's ISP did not identify what Resident 3's needs were for money management, transportation, mental health and falls risk.

Findings include:

The facility is licensed as a Class CNA (non-ambulatory) able to serve up to 8 residents within the client groups of advanced aged, irreversible dementia/Alzheimer's, physically disabled, emotionally disturbed/mental illness, developmentally disabled and terminally ill.

This facility underwent a change of ownership (CHOW) and was issued a probationary license effective 03/03/2025.

On 10/15/2025, at approximately 10:24 AM, Surveyor requested residents records from Licensee A.

On 10/15/2025, at approximately 11:42 AM, Surveyor received residents records via-email from Licensee A and identified the following:

Resident 1
-Resident 1 was admitted to the CBRF under its previous ownership on 01/22/2025 with diagnoses including Down syndrome, diabetes mellitus and obesity.

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| N 386 | Continued From page 10<br><br>Residents 1's member centered plan (from the Managed Care Organization), dated 04/01/2025, documented the following:<br><br>-"Overnight Care/Supervision: Yes.<br><br>-Nutrition. Diet: Diabetic diet.<br><br>-Medication Administration. Level of Assistance: Needs assistance. Residential staff provides assistance.<br><br>-Medication Management. Level of Assistance: Needs assistance. Residential staff provides assistance.<br><br>-Money Management. Level of Assistance: Needs assistance. [Resident 1] has a rep-payee.<br><br>-Non-Medical Transportation. Level of Assistance: Needs assistance.<br><br>-Mental Health. Diagnosis or concerns: Yes. [Resident 1] has a diagnosis of conduct disorder but it is effectively managed with ongoing support from CBRF staff and family."<br><br>Resident 1's ISP, dated 06/28/2025, documented the following:<br><br>-"Eating: Very good appetite. Interventions: Enjoy meals. Regular diet. Family brings food."<br><br>-Behavioral needs. No Behavioral issues. Interventions: Emotional support. Staff monitoring. Listen to [Resident 1]."<br><br>Resident 1's ISP did not identify what Resident 1's needs were for supervision, nutrition, | N 386 | | |

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| N 386 | Continued From page 11 | N 386 | | |

medication administration, medication management, money management, transportation and mental health.

Resident 2
-Resident 2 was admitted on 03/25/2025 with diagnose including dementia.

Residents 2's member centered plan (from the Managed Care Organization), dated 09/01/2025, documented the following:

-"Formal Supports. [Hospice care company] provides hospice care to [Resident 2].

-Overnight Care/Supervision: Yes.

-Medication Administration. Level of Assistance: Needs assistance. Due to cognitive limitations, [Resident 2] needs cues to take [him/her] medications. CBRF staff assists [Resident 2] with medication administrations.

-Medication Management. Level of Assistance: Needs assistance. Due to cognitive limitations, [Resident 2] needs assistance with medication management and monitoring, CBRF staff assists [Resident 2].

-Money Management. Level of Assistance: Needs Assistance. [Resident 2's] guardian assist [Resident 2] with all financial support.

-Non-Medical Transportation. Level of Assistance: Needs Assistance."

Resident 2's ISP dated 03/27/2025 did not identify what Resident 2's needs were for hospice care, supervision, medication administration, medication management, money management

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| N 386 | Continued From page 12<br>and transportation.<br><br>Resident 3<br>-Resident 3 was admitted on 06/27/2025 with diagnoses including hyperlipidemia, dementia, delusional disorder, psychosis, psychotic disorder and insomnia.<br><br>Residents 3's member centered plan (from the Managed Care Organization), dated 05/01/2025, documented the following:<br><br>-"Money Management. Level of Assistance: Needs assistance. [Resident 3] has a rep-payee.<br><br>-Non-Medical Transportation. Level of Assistance: Needs assistance.<br><br>-Mental Health. Diagnosis or concerns: Yes. How are the diagnosis/concerns being addressed: Mood disorder, depression and personality disorder. Behaviors Requiring Intervention. Wandering/Elopement: Yes. Describe Behaviors: Wandering day and night. Offensive/Violent Behaviors: Yes. Describe Behaviors: Pushes caregivers when giving care.<br><br>-Falls Risk. Morse Fall Scale Score: Moderate Fall Risk. Fall Prevention Interventions: Appropriate footwear. Ensure adequate lighting. Remove clutter from home."<br><br>Resident 3's ISP, dated 06/29/2025, documented the following:<br><br>-"Behavioral needs: Being pleasant and happy. Interventions: Identify interest and preferred activities that incorporated into the care (grooming, bingo). Identify the strength and weakness. | N 386 | | |

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| N 386 | Continued From page 13<br><br>-Fall risk/safety: Strict fall precaution. Interventions: Call light. 24-hour supervision. chair alarm. Bed alarm."<br><br>Resident 3's ISP did not identify what Resident 3's needs were for money management, transportation, mental health and falls risk.<br><br>On 11/04/2025, at approximately 8:55 AM, Surveyor interviewed Licensee A. Licensee A reported s/he is responsible for care planning. Licensee A reported s/he was not aware s/he needed to include what residents needs were for the above-mentioned areas in residents ISPs. Licensee A reported s/he will be reviewing the DHS (Department of Health) Chapter 83 regulations to ensure compliance. | N 386 | | |
| N 387 | 83.35(3)(b) Service plan development: parties involved<br><br>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. | N 387 | | |

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| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| N 387 | Continued From page 14 | N 387 | | |

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not ensure the resident and/or the resident's legal representative, as appropriate, were involved in developing the individual service plan (ISP) and signed the plan acknowledging their involvement in, understanding of, and agreement with the plan for 2 of 3 resident's record reviewed (Resident 1 and Resident 2).

Findings include:

The facility is licensed as a Class CNA (non-ambulatory) able to serve up to 8 residents within the client groups of advanced aged, irreversible dementia/Alzheimer's, physically disabled, emotionally disturbed/mental illness, developmentally disabled and terminally ill.

This facility underwent a change of ownership (CHOW) and was issued a probationary license effective 03/03/2025.

On 10/15/2025, surveyor reviewed resident records and identified the following:

Resident 1
-Resident 1 was admitted to the CBRF under its previous ownership on 01/22/2025.
-Resident 1 had a guardian.
-Resident 1's ISP, dated 06/28/2025, was not signed by his/her guardian.

Resident 2
-Resident 2 was admitted to the facility on 03/25/2025.
-Resident 2 had a guardian.

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| N 387 | Continued From page 15<br>-Resident 2's ISP, dated 03/29/2025, was not signed by his/her guardian.<br><br>On 10/15/2025, at approximately 1:33 PM, Surveyor interviewed Licensee A. Licensee A confirmed Resident 1's and Resident 2's ISPs were not signed or dated by their guardian. | N 387 | | |
| N 481 | 83.43(1) Environment safe, clean, and comfortable<br><br>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.<br><br>This Rule is not met as evidenced by:<br>Based on observation and interview, the provider did not ensure the facility was maintained in a safe clean, comfortable, and homelike environment. The facility needed cleaning and some repairs. This had potential to affect 8 of 8 residents. Window in the living room was cracked, walls and doorframes throughout the facility had scrapes, closet door was off track, and the kitchen was in need of cleaning and repairs.<br><br>Findings include:<br><br>The facility is licensed as a Class CNA (non-ambulatory) able to serve up to 8 residents within the client groups of advanced aged, irreversible dementia/Alzheimer's, physically disabled, emotionally disturbed/mental illness, developmentally disabled and terminally ill. | N 481 | | |

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| N 481 | Continued From page 16<br>On 10/14/2025, at approximately 8:54 AM, Surveyor toured the facility and observed the following:<br><br>-Picture window in living room was cracked.<br><br>-Walls throughout facility showed significant signs of scraping and cracking.<br><br>-Doors and door frames throughout facility showed significant scratches.<br><br>-Smoke detector (adhesive tape) on basement floor near stairwell.<br><br>-Linen closet sliding door off track.<br><br>-Bathroom sink cabinet door off hinges.<br><br>-Kitchen ceiling fan was caked with dust.<br><br>-Kitchen ceiling fan had 3 non-working lights. Two of 3 light were missing a light bulb.<br><br>-Shoe boxes, file cabinet, storage containers, box of copy paper, chest dresser and towels were close proximity to water heater and well water tank.<br><br>On 10/14/2025, at approximately 1:55 PM, Surveyor interviewed Caregiver B. Caregiver B confirmed there were homelike environment issues throughout the facility. Caregiver B reported Licensee A was responsible for the maintenance throughout the facility. | N 481 | | |
| N 525 | 83.47(2)(d) Fire drills.<br><br>Fire drills. 1. Fire evacuation drills shall be | N 525 | | |

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| N 525 | Continued From page 17<br>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.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not ensure fire evacuation drills were conducted at least quarterly with both employees and residents. The provider did not complete any fire evacuation drills in 2025.<br><br>Findings include:<br><br>The facility is licensed as a Class CNA (non-ambulatory) able to serve up to 8 residents within the client groups of advanced aged, irreversible dementia/Alzheimer's, physically disabled, emotionally disturbed/mental illness, developmentally disabled and terminally ill.<br><br>This facility underwent a change of ownership (CHOW) and was issued a probationary license effective 03/03/2025. | N 525 | | |

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| N 525 | Continued From page 18<br>On 10/14/2025, at approximately 10:11 AM, Surveyor requested fire evacuation drills from Licensee A.<br><br>On 10/14/2025, at approximately 10:11 AM, Surveyor interviewed Licensee A. Licensee A stated s/he would sent documentation to Surveyor via-email by 8:00 AM on 10/15/2025.<br><br>On 11/04/2025, Licensee A sent a record of fire drills for 2025. There were no fire drills completed in the 2nd and 3rd quarters of 2025. The fire drill form reported there was a fire drill completed 10/08/2025.<br><br>On 11/04/2025, at 10:24 AM, Surveyor interviewed Licensee A. Licensee A reported s/he missed the 2nd and 3rd quarters of fire drills, but completed the 4th quarter drill on 10/08/2025. | N 525 | | |
| N 530 | 83.47(3) Fire inspection.<br><br>Fire inspection. The CBRF shall arrange for an annual inspection by the local fire authority or certified fire inspector and shall retain fire inspection reports for 2 years.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not ensure the facility was inspected annually by the local fire authority or certified fire inspector. The facility had not had a fire inspection completed since 07/18/2024.<br><br>Findings include:<br><br>The facility is licensed as a Class CNA | N 530 | | |

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| N 530 | Continued From page 19<br>(non-ambulatory) able to serve up to 8 residents within the client groups of advanced aged, irreversible dementia/Alzheimer's, physically disabled, emotionally disturbed/mental illness, developmentally disabled and terminally ill.<br><br>This facility underwent a change of ownership (CHOW) and was issued a probationary license effective 03/03/2025.<br><br>On 10/14/2025, at approximately 10:11 AM, Surveyor requested fire inspection from Licensee A.<br><br>On 10/14/2025, Surveyor reviewed a fire inspection, dated 07/18/2024, in the Department's records for the facility. Records did not include a fire inspection completed after 07/18/2024.<br><br>On 11/04/2025, at approximately 8:55 AM, Surveyor interviewed Licensee A. Licensee A confirmed facility had not had a fire inspection since 07/18/2024. Licensee A reported s/he did not know DHS (Department of Health) Chapter 83 regulations.<br><br>Cross Reference:<br>N 525 83.47(2)(d) - Fire Drills<br>N 554 83.48(6)(e) - Integrated Heat Detector In Laundry Room<br>N 557 83.48(8)(a) - Sprinkler System: Type<br>N 640 83.59(2)(b) - Solid Core Wood Doors Or Equivalent<br>N 666 83.59(7)(a) - Emergency Egress Lighting Provided | N 530 | | |
| N 554 | 83.48(6)(e) Integrated heat detector in laundry room. | N 554 | | |

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| N 554 | Continued From page 20<br>CBRFs shall have at least one heat detector integrated with the smoke detection system at all of the following locations or in accordance with the heat detector manufacturer ' s specifications: Laundry room.<br><br>This Rule is not met as evidenced by:<br>Based on observation, record review and interview, the provider did not ensure 1 of 1 laundry room was equipped with a heat detector as required.<br><br>Findings include:<br><br>The facility is licensed as a Class CNA (non-ambulatory) able to serve up to 8 residents within the client groups of advanced aged, irreversible dementia/Alzheimer's, physically disabled, emotionally disturbed/mental illness, developmentally disabled and terminally ill.<br><br>On 10/14/2025, at approximately 8:54 AM, Surveyor toured the facility and observed the following:<br><br>-The laundry room did not have a heat detector.<br><br>On 10/15/2025, at approximately 1:33 PM, Surveyor interviewed Licensee A. Licensee A confirmed laundry room did not have a heat detector. Licensee A reported s/he did not know DHS (Department of Health) Chapter 83 regulations. | N 554 | | |
| N 557 | 83.48(8)(a) Sprinkler system: type.<br><br>Types. A CBRF shall have a sprinkler system if required under ss. DHS 83.47(1)(b) or 83.50. The types of sprinkler systems to be used are as | N 557 | | |

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| N 557 | Continued From page 21<br>follows: 1. A complete NFPA 13D residential sprinkler system shall be used in a CBRF licensed for 16 or fewer residents only when each room or compartment in the CBRF requires no more than 2 sprinkler heads. When an NFPA 13D sprinkler system is used it shall have a 30-minute water supply for at least 2 sprinkler heads. Entrance foyers shall have sprinklers. The department may determine an NFPA 13R residential sprinkler system shall be installed in a CBRF with one or more rooms or compartments having an unusually high ceiling, a vaulted ceiling, a ceiling with exposed beams or other design or construction features that inhibit proper water discharge when the square footage of each room or compartment in the CBRF would ordinarily allow an NFPA 13D sprinkler system. 2. A complete NFPA 13R residential sprinkler system shall be used in a CBRF licensed for 16 or fewer residents when one or more rooms or compartments in the CBRF require more than 2 sprinkler heads and not more than 4 sprinkler heads. A fire department connection is not required for an NFPA 13R sprinkler system. 3. A complete NFPA 13 automatic sprinkler system shall be used in a CBRF licensed for more than 16 residents. 4. All sprinkler systems under subds. 1. to 3. installed after January 1, 1997 shall be equipped with residential sprinkler heads in all bedrooms, apartments, all other habitable rooms and corridors. 5. All large facilities initially licensed on or after January 1, 1997 shall be protected by a complete automatic sprinkler system, except a class AA CBRF that has an equivalent safety system approved by the department. 6. All large facilities initially licensed before January 1, 1997 of non-fire resistive construction shall be protected by a complete automatic sprinkler system, except a class AA | N 557 | | |

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| N 557 | Continued From page 22<br>CBRF that has an equivalent safety system approved by the department.<br><br>This Rule is not met as evidenced by:<br>Based on observation, record review and interview, the provider did not ensure the facility was equipped with a sprinkler system.<br><br>Findings include:<br><br>The facility is licensed as a Class CNA (non-ambulatory) able to serve up to 8 residents within the client groups of advanced aged, irreversible dementia/Alzheimer's, physically disabled, emotionally disturbed/mental illness, developmentally disabled and terminally ill.<br><br>This facility underwent a change of ownership (CHOW) and was issued a probationary license effective 03/03/2025.<br><br>On 10/14/2025, Surveyor conducted a standard survey. While touring the facility, Surveyor observed that the facility did not have any sprinklers. Surveyor observed Resident 6 and Resident 7 who utilized a wheelchair for mobility and required assistance from staff to evacuate.<br><br>On 10/15/2025, at approximately 1:33 PM, Surveyor interviewed Licensee A. Licensee A confirmed the facility did not have a sprinkler system. Licensee A confirmed Resident 6 and Resident 7 utilized a wheelchair for mobility and required staff assistance to evacuate. Licensee A reported s/he did not know DHS (Department of | N 557 | | |

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| N 557 | Continued From page 23<br>Health) Chapter 83 regulations. | N 557 | | |
| N 640 | 83.59(2)(b) Solid core wood doors or equivalent<br><br>A solid core wood door or an equivalent fire resistive door shall be provided at any interior stair between the basement and the first floor. The door shall have a positive latch and an automatic closing device and normally shall be kept closed. Enclosed furnace and laundry areas with self-closing doors in a split level home may substitute for the self-closing door between the first and second levels. Enclosed furnace and laundry areas shall have self-closing solid core wood doors or an equivalent fire resistive door when located on a common level with resident bedrooms.<br><br>This Rule is not met as evidenced by:<br>Based on observation and interview, the provider did not ensure the door to the laundry room, which is located on the same floor as resident bedrooms, was self-closing.<br><br>Findings include:<br><br>The facility is licensed as a Class CNA (non-ambulatory) able to serve up to 8 residents within the client groups of advanced aged, irreversible dementia/Alzheimer's, physically disabled, emotionally disturbed/mental illness, developmentally disabled and terminally ill.<br><br>On 10/14/2025, at approximately 10:27 AM while touring the facility, Surveyor observed the laundry room door located on the same floor as resident bedrooms did not have a self-closing mechanism and did not self-close when tested by Surveyor. | N 640 | | |

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| N 640 | Continued From page 24<br>On 10/14/2025, at approximately 10:27 AM, Surveyor interviewed Caregiver B. Caregiver B confirmed the laundry room door did not self-close.<br><br>On 10/15/2025, at approximately 1:33 PM, Surveyor interviewed Licensee A. Licensee A reported s/he did not know DHS (Department of Health) Chapter 83 regulations. | N 640 | | |
| N 666 | 83.59(7)(a) Emergency egress lighting provided<br><br>All exit passageways and stairways shall be provided with emergency egress lighting with a stand-by power source.<br><br>This Rule is not met as evidenced by:<br>Based on observation and interview, the provider did not ensure all exit passageways had emergency egress lighting with a stand-by power source.<br><br>Findings include:<br><br>On 10/14/2025, at approximately 8:54 AM, Surveyor toured the facility and observed the following:<br><br>-The front entrance emergency exit near kitchen did not have emergency egress lighting.<br><br>-The front entrance emergency exit near living room did not have emergency egress lighting.<br><br>-The rear emergency exit did not have emergency egress lighting.<br><br>On 10/15/2025, at approximately 1:33 PM, Surveyor interviewed Licensee A. Licensee A | N 666 | | |

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| N 666 | Continued From page 25<br>confirmed the above-mentioned locations did not have emergency egress lighting. Licensee A reported s/he did not know DHS (Department of Health) Chapter 83 regulations.<br><br>CROSS REFERENCE<br>N 525 83.47(2)(d) - Fire Drills<br>N 530 83.47(3) - Fire Inspection<br>N 554 83.48(6)(e) - Integrated Heat Detector In Laundry Room<br>N 557 83.48(8)(a) - Sprinkler System: Type<br>N 640 83.59(2)(b) - Solid Core Wood Doors Or Equivalent | N 666 | | |
| Z 010 | 50.065(2)(bb) DETERMINE FINAL DISPOSITION OF CHARGE<br><br>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 contact the clerk of courts to determine the final disposition of the charge.<br><br>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.<br><br>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, | Z 010 | | |

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|---|---|
| WHITE BIRCH TERRACE | 8500 N GREENVALE RD 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 |
|---|---|---|---|---|
| Z 010 | Continued From page 26<br>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.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not make reasonable effort to obtain a copy of the criminal complaint related to Caregiver C's charge of s. 941.30(1) - 1st-Degree Recklessly Endangering Safety and s. 941.30(2) -2nd-Degree Recklessly Endangering Safety. Licensee A did not make reasonable effort to determine the final disposition of charges and obtain a copy of the criminal complain to make a determination if charges may be substantially related to client care.<br><br>Findings include:<br><br>On 10/15/2025, Surveyor reviewed Caregiver C's record and identified the following:<br><br>-Caregiver C was hired on 09/29/2025.<br><br>-Caregiver C's Background Information Disclosure (BID) was completed and signed by him/her on 10/03/2025.<br><br>-Caregiver C's Department of Justice (DOJ) record was requested and reported on | Z 010 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 0020750 | A. BUILDING: _____ B. WING _____ | 11/04/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
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|---|---|---|---|---|
| Z 010 | Continued From page 27<br>10/03/2025 and the following was identified:<br><br>-"Date of offense: 11/17/2020...Charge: 941.30(1) - 1st-Degree Recklessly Endangering Safety...Sequence number: 02...Charge Severity: Felony...Disposition: Disposition not reported. "<br><br>-"Date of offense: 06/01/2021...Charge: 941.30(2) -2nd-Degree Recklessly Endangering Safety...Sequence number: 02...Charge Severity: Felony...Disposition: Disposition not reported."<br><br>-"Date of offense: 12/01/2021...Charge: 941.30(2) -2nd-Degree Recklessly Endangering Safety...Sequence number: 01...Charge Severity: Felony...Disposition: Disposition not reported."<br><br>-"Date of offense: 04/20/2023...Charge: 941.30(2) -2nd-Degree Recklessly Endangering Safety...Sequence number: 01...Charge Severity: Felony...Disposition: Disposition not reported."<br><br>-Caregiver C's Caregiver Background Check (Governmental Findings Report) record was requested and reported on 10/03/2025 and the following was identified:<br><br>-No findings.<br>-No denials.<br>-No exclusions.<br>-No rehabilitation review findings.<br>-No professional credential, license or certificate found.<br><br>-Caregiver C's record did not include a copy of the criminal complaint from the clerk of courts for the charges indicated on Caregiver C's background check.<br><br>On 10/15/2025, at approximately 1:33 PM, | Z 010 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 0020750 | A. BUILDING: _____ B. WING _____ | 11/04/2025 |

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|---|---|---|---|---|
| Z 010 | Continued From page 28<br><br>Surveyor interviewed Licensee A. Licensee A confirmed s/he did not make reasonable effort to determine the final disposition of charges and obtain a copy of the criminal complaint to make a determination if charges may be substantially related to client care for the charges indicated on Caregiver C's background check. Licensee A reported s/he did not know DHS (Department of Health) Chapter 83 regulations. | Z 010 | | |
| Y3235 | 50.09(1)(f) Privacy<br><br>(1) RESIDENTS' RIGHTS. Every resident in a nursing home or community based residential facility shall, except as provided in sub. (5), have the right to:<br><br>(f) Physical and emotional privacy in treatment, living arrangements and in caring for personal needs, including, but not limited to:<br><br>This Rule is not met as evidenced by:<br>Based on observation and interview, the provider did not ensure 8 of 8 residents (Resident 1, Resident 2, Resident 3, Resident 4, Resident 5, | Y3235 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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|---|---|---|---|---|
| Y3235 | Continued From page 29<br><br>Resident 6, Resident 7 and Resident 8) were free from recording. Cameras were observed in the kitchen, the dining room, and common living area near rear exit of facility.<br><br>Findings include:<br><br>On 10/14/2025, at approximately 10:49 AM, while touring the facility, Surveyor observed 1 camera in the corner kitchen ceiling positioned to view the kitchen area, 1 camera in the corner of dining room ceiling positioned to view the dining room and living room area and 1 camera in the corner of the common living area ceiling near the rear exit of the facility positioned to view common living area.<br><br>On 10/14/2025, at approximately 10:52 AM, Surveyor interview Caregiver B. Caregiver B reported cameras were working and recording residents commingling and having private conversations. Caregiver B reported residents ate their meals at dining room table and activities are done with residents in the living room area. | Y3235 | | |