STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019407	A. BUILDING: _____ B. WING _____	C 02/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SYCAMORE LODGE SENIOR LIVING LLC ALG(	9820 COUNTY HIGHWAY B MISHICOT, WI 54228

(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 02/04/2025 with additional information gathered through 02/11/2025, Surveyor conducted a standard survey and complaint investigation at Sycamore Lodge Senior Living LLC Algoma. As a result of the survey, 1 deficiency was identified. One (1) of 1 complaints was unsubstantiated. Census: 14	N 000		
N 538	83.48(3)(a) Fire detection systems inspected annually. After the first year following installation, fire detection systems shall be inspected, cleaned and tested annually by certified or trained and qualified personnel in accordance with the specifications in NFPA 72 and the manufacturer ' s specifications and procedures. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure the fire detection system was inspected annually in 2023 or 2024. This had the potential to affect all 14 residents in the facility. Findings include: The facility is licensed to provide services for up to 20 residents who are physically disabled, terminally ill, advanced age and/or have irreversible dementia/Alzheimer's. On 02/04/2025 at 10:30 AM, Surveyor reviewed the facility's inspection binder. Surveyor did not observe an annual fire detection inspection for 2023 or 2024.	N 538		

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
	0019407	A. BUILDING: _____ B. WING _____	C 02/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SYCAMORE LODGE SENIOR LIVING LLC ALG(	9820 COUNTY HIGHWAY B MISHICOT, WI 54228

(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 538	Continued From page 1 At approximately 11:00 AM, Surveyor interviewed Administrator (ADM) A who stated Licensee B was unavailable with limited access to phone and email. ADM A reported s/he was overseeing the facility and would attempt to locate any missing information. Surveyor inquired about the missing fire detection inspections for 2023 and 2024. ADM A reported s/he did not know where Licensee B kept the facility's additional inspections but would try and locate them. ADM A confirmed at approximately 2:30 PM, s/he was unable to locate the fire detection inspections for 2023 or 2024. S/he stated s/he would attempt to reach out to Licensee B via email, but was not sure if s/he would be able to reach him/her. ADM A reported Licensee B will return to work on 02/10/2025 and would be able to provide the requested documentation. On 02/09/2025 at 5:59 AM, Surveyor received an email from Licensee B stating s/he will not be back on 02/10/2025 and instead on 02/11/2025, and would start working on gathering the requested information. On 02/11/2025 at 9:35 AM, Surveyor interviewed Licensee B via phone. S/he verified the fire detection inspections were not completed in 2023 or 2024. Licensee B stated s/he signed a contract with a company to have the inspections done, but unfortunately this was not completed. S/he reported s/he has already reached out to several companies to have this completed as soon as possible. The provider did not ensure the fire detection system was inspected at least annually as required.	N 538		