STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0012494	A. BUILDING: _____ B. WING _____	R-C 10/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HAVENWOOD LLC	614 E OAK ST GLENWOOD CITY, WI 54013

(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
{U 000}	INITIAL COMMENTS On 10/15/2025, Surveyor conducted a verification visit at Havenwood LLC. Data was collected through 10/20/2025. Four violations were identified. Four of 4 violations were repeat deficiencies. See Statement of Deficiencies (SOD) HLIM11, dated 04/08/2024. Under statutory provisions of Wis. Stat. ch. 50, a $200 revisit fee is being assessed. Census: 13 occupied apartments; 15 tenants	{U 000}		
{U 129}	89.23(4)(a)2. SERVICES PROVIDER QUALIFICATIONS. Service Providers. Nursing services and supervision of delegated nursing services shall be provided consistent with the standards contained in the Wisconsin nurse practice act. Medication administration and medication management shall be performed by or, as a delegated task, under the supervision of a nurse or pharmacist. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 2 caregivers sampled (Caregiver C) was delegated to administer medications.	{U 129}		

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

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{U 129}	Continued From page 1 This is a repeat deficiency. See Statement of Deficiencies (SOD) HLIM11, dated 04/08/2024. Findings include: On 10/15/2025, Surveyor reviewed employee records. Caregiver C was hired on 10/02/2023. Caregiver C's record did not include evidence that s/he completed nurse delegation. On 10/15/2025 at approximately 11:32 AM, Surveyor interviewed Caregiver E. Caregiver E stated the provider scheduled 1 employee per shift, and that caregiver was responsible for providing medication administration to tenants who opted to receive medication services. Caregiver E stated there were 8 tenants who received medication services. According to the provider's staff schedule, Caregiver C worked 27 days between 09/01/2025 and 10/15/2025. Caregiver C primarily worked the evening shift (2:00 PM to 8:00 PM). On 10/20/2025 at 1:00 PM, Surveyor interviewed Administrator A and House Manager (HM) B. HM B stated Caregiver C was not delegated by a nurse to administer medication. Administrator A stated Caregiver C did pass medications at the facility.	{U 129}		
{U 135}	89.23(4)(d)2.a. SERVICES PROVIDER QUALIFICATIONS. Staff training. Staff providing residential care apartment complex services to tenants	{U 135}		

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{U 135}	Continued From page 2 shall have documented training or experience in the following areas: a. Physical, functional and psychological characteristics associated with aging or likely to be present in the tenant population and their implications for service needs. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 2 caregivers (Caregiver D) sampled received training on the physical, functional and psychological characteristics associated with aging and their implications for service needs. This is a repeat deficiency. See Statement of Deficiencies (SOD) HLIM11, dated 04/08/2024. Findings include: On 10/15/2025, Surveyor reviewed employee records. Caregiver D was hired on 05/19/2025. Caregiver D's record did not include evidence s/he completed training on the physical, functional and psychological characteristics associated with aging and their implications for service needs. On 10/20/2025 at 1:00 PM, Surveyor interviewed Administrator A, House Manager (HM) B, and Registered Nurse (RN). HM B stated Caregiver D did not receive the above mentioned training.	{U 135}		
{U 136}	89.23(4)(d)2.b. SERVICES PROVIDER QUALIFICATIONS.	{U 136}		

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{U 136}	Continued From page 3 Staff training. Staff providing residential care apartment complex services to tenants shall have documented training or experience in the following areas: b. The purpose and philosophy of assisted living, including respect for tenant privacy, autonomy and independence. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 2 caregivers (Caregiver D) sampled received training on the purpose and philosophy of assisted living. This is a repeat deficiency. See Statement of Deficiencies (SOD) HLIM11, dated 04/08/2024. Findings include: On 10/15/2025, Surveyor reviewed employee records. Caregiver D was hired on 05/19/2025. Caregiver D's record did not include evidence s/he completed training on the purpose and philosophy of assisted living. On 10/20/2025 at 1:00 PM, Surveyor interviewed Administrator A, House Manager (HM) B, and Registered Nurse (RN). HM B stated Caregiver D did not receive the above mentioned training.	{U 136}		
{U 211}	89.28(6) RISK AGREEMENT UPDATING. The risk agreement shall be	{U 211}		

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{U 211}	Continued From page 4 updated when the tenant's condition or service needs change in a way that may affect risk, as indicated by a review and update of the comprehensive assessment, by a change in the service agreement or at the request of the tenant or facility. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 2 tenants sampled (Tenant 1) had an updated risk agreement. This is a repeat deficiency. See Statement of Deficiencies (SOD) HLIM11, dated 04/08/2024. Findings include: On 10/15/2025 at 10:45 AM, Surveyor interviewed Tenant 1 and Power of Attorney (POA) G. POA G stated Tenant 1 recently began receiving medication services due to concern that Tenant 1 was not taking his/her medications correctly. POA G stated s/he was at the facility today to remove Tenant 1's medication from his/her apartment. POA G stated Tenant 1 was sent to the emergency department (ED) on 10/07/2025 due to elevated blood pressure. POA G stated this was the 3rd time Tenant 1 had been to the ED for this, and s/he believed it was directly related to Tenant 1 not taking his/her heart medication. On 10/15/2025, Surveyor reviewed Tenant 1's record. Tenant 1 was admitted to the facility on 05/15/2024. Tenant 1's record included an assessment dated 09/05/2025 that indicated s/he was a high fall risk. Prior to this, Tenant 1 was determined to be	{U 211}		

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{U 211}	Continued From page 5 a moderate fall risk during assessments completed on 03/10/2025 and 11/20/2024. Tenant 1's record included a risk agreement that indicated Tenant 1 had no identified risks; the document was signed on 04/30/2024. Tenant 1's mediation administration record (MAR) indicated medication services began on 10/14/2025. On 10/20/2025 at 1:00 PM, Surveyor interviewed Administrator A and House Manager (HM) B. HM B stated s/he was responsible for creating and updating risk agreements. HM B stated Tenant 1 did not have any risks. Surveyor discussed the assessments which identified Tenant 1 as a fall risk, and concern Tenant 1 was not taking his/her medications correctly. Administrator A stated Tenant 1 should have had a risk agreement for falls and medications.	{U 211}		