STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015014	A. BUILDING: _____ B. WING _____	R-C 10/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BIRCH HAVEN SENIOR LIVING FALCONS CRE	218 22ND AVE W ASHLAND, WI 54806

(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 10/22/2024, Surveyor conducted a verification visit and complaint investigation at Birch Haven Senior Living Falcons Crest. Data was collected through 10/24/2024. The complaint was substantiated. Five deficiencies were identified. Four of the 5 deficiencies were repeat deficiencies See Statement of Deficiency (SOD) JFQV11, dated 09/17/2019, and SOD MFEW12, dated 06/13/2024. Census: 9 Under statutory provisions of Wis. Stat. ch. 50, a $200 revisit fee is being assessed.	{N 000}		
N 160	83.12(2)(c) Report to law enforcement and coroner Investigating and reporting abuse, neglect, or misappropriation of property. Other reporting. Filing a report under sub. (1) or (2) does not relieve the licensee or other person of any obligation to report an incident to any other authority, including law enforcement and the coroner. This Rule is not met as evidenced by: Based on record review and interview, the provider did not report misappropriation of narcotic medications to law enforcement. Findings include: On 08/07/2024, the Department received a complaint that alleged medications were being	N 160		

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

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N 160	Continued From page 1 stolen. On 10/22//2024 at approximately 10:00 a.m., Surveyor interviewed Administrator A. Administrator A told Surveyor an employee was terminated for misappropriation of medications. On 10/23/2024, Surveyor reviewed Registered Nurse (RN) C's statement of his/her investigation into misappropriation of medications, which read: "I was called by [Caregiver F], at 0400 (4:00 a.m.) on Saturday July 13, 2024, and [s/he] reported [s/he] was going to give [Resident 4] [his/her] oxycodone and noted that [Caregiver E] had signed out in the book on [his/her] pm shift for 3 doses for [him/her]. I said I would have to confirm it is [Caregiver E]'s signature. [Caregiver E] came on duty at 1400 (2:00 p.m.) and signed out for one oxycodone at 1200 (12:00 p.m.) (and [s/he] was not working at that time), then [s/he] signed out for one at 1800 (6:00 p.m.) and a third one at an unknown time. Unknown because the time was a curved line. [His/her] frequency is every 6 hours so no one would be giving more than 2 doses on their shift. I was able to verify that [Caregiver E]'s signature was on the sign out [sic] for a noon dose for [Resident 4] ... The count was correct at 10pm and only until [Caregiver F] went to sign out a medication, did [s/he] notice things 'did not look right' and [s/he] called me. I was able to confirm [Caregiver E]'s signature for all three doses signed out. There was also a missing oxycodone for [Resident 5]. [Caregiver G] who came on Saturday morning said [Caregiver F] told [him/her] that there had been 7 pills when [s/he] counted with [Caregiver E]. [Caregiver G] refused to sign the shift change sheet because the 'count was off.' I investigated this as well. There were 6 pills remaining and the	N 160		

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N 160	Continued From page 2	N 160		

narcotic book indicated there should be 7 remaining. The MAR (medication administration record) does not indicate [Resident 5] received a pill during the night... I had to repack the remaining 6 pills to check that a pill was not lost in the card (slipped out of place). I then determined the 7th pill could only have been removed if punched out... There was no 7th pill when I repacked. I reported all of this to my supervisor [Administrator A] who had asked me to investigate after I called [him/her] to report my 0400 telephone call from [Caregiver F]. [Administrator A] immediately took [Caregiver E] off the schedule. [Administrator A] updated [Licensee B], owner."

On 10/23/2024 at approximately 1:00 p.m., Surveyor interviewed RN C and asked if law enforcement was contacted with the incidents of misappropriation of medications. RN C said, "I don't think they were."

On 10/24/2024, Surveyor reviewed the misconduct incident report Administrator A submitted to the Department on 07/23/2024, which read, in part: "On July 13th at 4am rn [sic] was called by a caregiver and reported that another caregiver signed out three doses on the previous shift listed in the narcotic book which isn't possible because oxycodone can only be given ever [sic] 6 hours. [Caregiver E] signed out a pill at 12pm (which [s/he] was not working at that time) another one at 1800 and another at unknown time due [sic] to the time been [sic] a scribbled line. The resident that this happens to be was [Resident 4]. On [Resident 5] a pill count was off [sic] there should have been 7 but instead was [sic] only 6. Card had been tapped [sic] together by a caregiver which we notified that was not right to due [sic]."

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N 160	Continued From page 3 On 10/24/2024 at approximately 1:15 p.m., Surveyor interviewed Administrator A. Administrator A told Surveyor s/he did not think law enforcement was called related to the misappropriation of narcotic medications. The provider did not report misappropriation of narcotic medications to law enforcement.	N 160		
{N 196}	83.14(2)(a) Licensee ensures facility complies with laws The licensee shall ensure the CBRF and its operation comply with all laws governing the CBRF. This Rule is not met as evidenced by: Based on interview and record review, Licensee B did not ensure the provider complied with all laws when they failed to follow special orders and achieve and maintain regulatory compliance. This requirement is being cited for the third time. See Statement of Deficiency (SOD) JFQV11, dated 09/17/2019, and SOD MFEW12, dated 06/13/2024. Findings include: The provider is licensed to care for up to 15 residents in the client groups of: emotionally disturbed/mental illness, advanced aged, traumatic brain injury, physically disabled, and irreversible dementia/Alzheimer's disease. On 06/28/2024, the Department issued Licensee B a "WARNING OF NONCOMPLAINCE" letter,	{N 196}		

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{N 196}	Continued From page 4 after previous survey (SOD MFEW12), due to history of non-compliance. The letter stated, in part: "The Department has determined you have not met requirements in the following respect(s): 1. Failure to comply with the requirements of DHS Chapter 83, leading to multiple citations in multiple Statements of Deficiency. 2. Multiple complaints; many substantiated. 3. Multiple repeat citations. The Department will closely monitor Birch Haven Senior Living Falcons Crest to ensure it achieves and maintains compliance with Wisconsin Statutes, Chapter 50, and Administrative Codes DHS 83. Continued noncompliance will result in enforcement action to revoke the Community Based Residential Facility license of Birch Haven Senior Living Falcons Crest." On 06/28/2024, the Department issued a Notice and Order letter with Statement of Deficiency (SOD) MFEW12 that ordered the provider to comply with requirements. The Notice and Order contained Notice of Special Orders, which read, in part: "Based on the results of the Department's investigation, and pursuant to Wis. Stat. § 50.03(5g)(b), EFFECTIVE UPON RECEIPT OF THIS NOTICE and ORDER, the Department of Health Services HEREBY ORDERS that Birch Haven Senior Living Falcons Crest: 1. Pursuant to Wis. Stat. § 50.03(5g)(b)6., the licensee shall ensure each resident receives proper care and treatment, that their health and safety are protected and promoted and that their rights are respected. WITHIN 45 DAYS of receipt of this notice, the licensee will develop (or review/revise) written procedures and staff training (as appropriate) to address:	{N 196}		

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{N 196}	Continued From page 5 Health Monitoring: -Including how the provider will: (a) monitor and document changes in the resident's physical or mental health; (b) notify the resident's legal representative and care manager (if any) when a resident experiences a change of condition, accident, injury, or medical emergency; (c) obtain timely medical care (clinical assessments, medications, prompt medical treatment), and (d) provide or arrange services to address each resident's health care needs ... Training will be documented in personnel records and will include the date/duration of training, the signature/qualifications of the instructor, and an outline of course content. A copy of the procedures required by Order # 1 will be maintained at the facility and made available to department representatives upon request. Training will be documented in personnel records and will include the date/duration of training, the signature/qualifications of the instructor, and an outline of course content." On 10/22/2024, Surveyor conducted a verification visit and complaint survey. Surveyor collected data through 10/24/2024. Five deficiencies were identified with 4 of the 5 deficiencies uncorrected from SOD MFEW12, including tag N0431 - Health Monitoring. The provider failed to monitor the weights of 4 of 4 residents reviewed. Resident 1 and Resident 2 were new admissions. The provider did not obtain an admission weight to monitor for changes in usual body weight. The provider did not obtain monthly weights on Resident 3 and Resident 4 per their individualized service plans (ISP). On 10/23/2024, Surveyor emailed Administrator A, Registered Nurse (RN) C, and Licensee B and	{N 196}		

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{N 196}	Continued From page 6 requested additional information, including policy/procedure on health monitoring and documentation of training staff received on health monitoring. On 10/23/2024, Administrator A emailed Surveyor a copy of a policy and procedure, titled: "Resident ISP/Care Plan Policy and Procedure Acknowledgement." This policy and procedure read: "Policy: All employees responsible for caring for a resident will read their Individual Service Plan (ISP)/Care Plan prior to providing care. All employees assume the responsibility of checking the ISP/Care Plan frequently for any changes. In the event a resident has a change of condition, employees will report it to Management immediately. Procedure: All employees will read the residents Individual Service Plan located in the Residents Charting Book and/or State Book prior to providing care to the resident. If the employee does not understand or acknowledge something in the ISP/Care Plan they will assume responsibility of clarification via Management prior to providing care. Employee Responsibility: Employees are responsible for providing the services as described in the ISP/Care Plan. Employees will check the ISP/Care Plan on an on-going basis for any changes. Employees will report any change of condition to Management." At the bottom of the policy and procedure there is an area for management and employee to sign and date. On 10/23/2024 at approximately 1:00 p.m., Surveyor interviewed RN C. RN C said s/he looked for a policy on health monitoring and "this was what we found that was closest to health monitoring." RN C told Surveyor the health monitoring for each resident would be individualized in their ISP. Surveyor asked if there	{N 196}		

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{N 196}	Continued From page 7 was any training conducted related to health monitoring as ordered in the Notice and Order letter. RN C said s/he would ask Business Manager (BM) H if s/he had any documentation of in-services on health monitoring. Resident 1, Resident 2, Resident 3, and Resident 4's ISP did not identify how often staff were to obtain a weight. Resident 1 and Resident 2's medication administration record (MAR) did not instruct staff on how often they should obtain their weights. Resident 3 and Resident 4's MAR did instruct staff to obtain monthly weights but the last recorded weights for Resident 1 and Resident 2 were greater than 2 months. On 10/23/2024, BM H emailed Surveyor a meeting agenda and sign-in sheet from an in-service dated 06/11/2024. This was prior to the Notice and Order, dated 06/28/2024. On 10/23/2024, Surveyor emailed Licensee B and asked if s/he had a policy and procedure on health monitoring and training staff received on health monitoring. On 10/24/2024, Licensee B emailed Surveyor which read, in part: "Besides new employee and spot trading [sic], we do not have documentation for Change of condition. I will see that it is done at the November staff meeting." Licensee B did not follow orders identified in the Notice and Order letter and did not maintain regulatory compliance. Cross reference: N0431 DHS 83.38(1)(g) Health Monitoring	{N 196}		

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{N 382}	Continued From page 8	{N 382}		
{N 382}	83.35(1)(b) Sources used for assessment information. Information gathering. The CBRF shall base the assessment on the current diagnostic, medical and social history obtained from the person ' s health care providers, case manager and other service providers. Other service providers may include a psychiatrist, psychologist, licensed therapist, counselor, occupational therapist, physical therapist, pharmacist or registered nurse. The administrator or designee shall hold a face-to-face interview with the person and the person ' s legal representative, if any, and family members, as appropriate, to determine what the person views as his or her needs, abilities, interests, and expectations. This Rule is not met as evidenced by: Based on record review and interview, the provider did not complete a face to face pre-admission assessment for 1 (Resident 1) of 2 residents reviewed. This is a repeat deficiency. See Statement of Deficiency MFEW12, dated 06/13/2024. Findings include: On 10/23/2024, Surveyor reviewed Resident 1's record. Resident 1's pre-admission assessment was dated 08/27/2024 and signed by Administrator A. Resident 1's date of admission was 09/09/2024. On 09/10/2024, Registered Nurse (RN) D, documented the following admission note: "New resident to BHSL (Birch Haven Senior Living).	{N 382}		

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{N 382}	Continued From page 9 Resident was living in the city park in [city], WI before spending a few weeks in the hospital. [S/he] has a colostomy that [s/he] is independent with and is continent of bowel. [S/he] ambulates with a walker and has a history of falls..." On 10/24/2024 at approximately 1:15 p.m., Surveyor interviewed Administrator A and asked where s/he conducted Resident 1's pre-admission assessment. Administrator A told Surveyor s/he conducted the pre-admission assessment virtual as Resident 1 lived 5 hours away. Surveyor asked where Resident 1 resided when s/he conducted the assessment. Administrator A told Surveyor, "I think it was a nursing home or hospital." The provider did not complete a face to face pre-admission assessment on Resident 1.	{N 382}		
{N 389}	83.35(3)(d) Service plans updated annually or on changes Individual service plan review. Annually or when there is a change in a resident ' s needs, abilities or physical or mental condition, the individual service plan shall be reviewed and revised based on the assessment under sub. (1). All reviews of the individual service plan shall include input from the resident or legal representative, case manager, resident care staff, and other service providers as appropriate. The resident or resident ' s legal representative shall sign the individual service plan, acknowledging their involvement in, understanding of and agreement with the individual service plan.	{N 389}		

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{N 389}	Continued From page 10 This Rule is not met as evidenced by: Based on record review and interview, the provider did not review and revise Resident 1's individual service plan (ISP) when Resident 1 had a change in his/her physical health and had a urinary catheter placed. This is a repeat deficiency. See Statement of Deficiency (SOD) MFEW12, dated 06/13/2024. Findings include: On 10/23/2024, Surveyor reviewed Resident 1's record. Resident 1's ISP, with a start date of 09/10/2024, read, in part: "Toileting [Resident 1] has had a colostomy x 9 years and is able to take care of this [him/herself] ... Continence: [Resident 1] will allow staff to monitor bowel pattern daily. Continence: Will maintain independence to be clean, dry and odor free." On 10/01/2024, Registered Nurse (RN) C, documented: "This writer assessed resident for c/o (complaints of) abdominal pain and blood in [his/her] urine ..." Resident 1 was transported to the emergency room. On 10/02/2024, RN C documented: "This writer was called to [Provider] to assess resident. Upon arriving in [his/her] room it was noted that [s/he] has bright red blood in the tubing of [his/her] catheter and [his/her] urinary bag was half full of bright red blood. The catheter was inserted in the ER (emergency room) yesterday. It was reported that they had problems inserting the catheter d/t (due to) a build up [sic] of scar tissue from radiation of [his/her] [organ], where [s/he] had cancer, 9 years ago ... [S/he] also states there is	{N 389}		

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{N 389}	Continued From page 11 blood coming out of [his/her] [urethra] around the catheter ..." Resident 1 was sent back to the emergency room. On 10/24/2024 at approximately 1:15 p.m., Surveyor interviewed Administrator A. Administrator A told Surveyor Resident 1 still had the urinary catheter. Administrator A told Surveyor the catheter was new for Resident 1 and confirmed the ISP was not updated. Resident 1 had significant change in condition when s/he had a urinary catheter inserted on 10/01/2024. As of 10/24/2024, the provider did not update Resident 1's ISP to reflect this change.	{N 389}		
{N 431}	83.38(1)(g) Health monitoring. 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: Health monitoring. 1. The CBRF shall monitor the health of residents and make arrangements for physical health, oral health or mental health services unless otherwise arranged for by the resident. Each resident shall have an annual physical health examination completed by a physician or an advanced practice nurse as defined in s. N 8.02(1), unless seen by a physician or an advanced practice nurse as defined in s. N 8.02(1) more frequently. 2. When indicated, a CBRF shall observe residents ' food and fluid intake and acceptance of diet. The CBRF shall report significant deviations from normal food and	{N 431}		

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{N 431}	Continued From page 12 fluid intake patterns to the resident ' s physician or dietician. 3. The CBRF shall document communication with the resident ' s physician and other health care providers, and shall record any changes in the resident ' s health or mental health status in the resident ' s record. This Rule is not met as evidenced by: Based on record review and interview, the provider did not monitor the weight of 4 of 4 residents reviewed. Resident 1 and Resident 2 were new admissions. The provider did not obtain an admission weight to monitor for changes in usual body weight. The provider did not monitor the weights of Resident 3 and Resident 4 monthly. This is a repeat deficiency. See Statement of Deficiency MFEW12, dated 06/13/2024. Findings include: On 10/22/2024 at approximately 12:30 p.m., Administrator A told Surveyor s/he did not have recorded weights for Resident 3 and Resident 4 since August. On 10/23/2024, Surveyor reviewed records for Resident 1, Resident 2, Resident 3, and Resident 4.	{N 431}		

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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 431}	Continued From page 13 RESIDENT 1 Resident 1 was admitted to the facility on 09/09/2024. Resident 1's individual service plan (ISP), with a start date of 09/10/2024, read, in part: "[Resident 1] does not have [his/her] own teeth or dentures. [S/he] is on a no added salt diet and needs [his/her] food to be soft and in small pieces ... Weight will remain stable within +/- 5 pounds." Resident 1's ISP and medication administration record (MAR) did not instruct staff on how often to weigh Resident 1. Resident 1 had one weight recorded. On 09/30/2024, Resident 1 weighed 168 pounds. Resident 1's record did not have an admission weight recorded to know Resident 1's usual body weight and identify if there were any changes to his/her weight. RESIDENT 2 Resident 2 was admitted to the facility on 09/05/2024. Resident 2's ISP, with a start date of 09/09/2024, read, in part: "Resident can feed [him/herself] without any assistance ... Weight will remain stable within +/- 5 pounds." Resident 2's ISP and MAR did not instruct staff on how often to weigh Resident 2. Resident 2 had one weight recorded. On 09/30/2024, Resident 2 weighed 169 pounds. Resident 2's record did not have an admission	{N 431}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015014	A. BUILDING: _____ B. WING _____	R-C 10/24/2024

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{N 431}	Continued From page 14 weight recorded to know Resident 2's usual body weight and identify if there were any changes in weight. RESIDENT 3 Resident 3 was admitted to the facility on 01/12/2021 with diagnoses of early onset Alzheimer's disease, anxiety, gastro-esophageal reflux (GERD) with esophagitis (inflammation of the esophagus), and irritable bowel syndrome (IBS). Resident 3's ISP, with a start date of 08/07/2024, indicated Resident 3 was independent with eating. Resident 3's ISP did not indicate how often staff were to monitor Resident 3's weight or what his/her desired outcome was, related to his/her weight. Resident 3's MAR indicated staff should be weighing Resident 3 monthly. Staff did not document this as completed on the dates of 08/27/2024, 09/24/2024, and 10/22/2024. Resident 3's last recorded weight on record was on 08/07/2024. S/he weighed 230 pounds. RESIDENT 4 Resident 4 was admitted to the facility on 11/28/2022 with multiple diagnoses, including rheumatoid arthritis, chronic back pain, and abnormal weight loss. Resident 4's face sheet indicated Resident 4 was at risk for weight loss. Resident 4's ISP, with a start date of 08/06/2024, indicated Resident 4 was independent with eating, needed reminders to come to the dining room for meals, and drank 2-3 nutritional drinks	{N 431}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015014	A. BUILDING: _____ B. WING _____	R-C 10/24/2024

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{N 431}	Continued From page 15 per day. Resident 4's MAR indicated staff should be weighing Resident 4 monthly. Staff did not document weights as completed on the dates of 08/01/2024, 09/05/2024 and 10/03/2024. Resident 4's last recorded weight in his/her record was 08/06/2024. S/he weighed 145 pounds. On 10/24/2024 at approximately 1:15 p.m., Surveyor interviewed Administrator A. Administrator A told Surveyor staff were supposed to weigh residents each month unless stated otherwise in their care plan. Surveyor asked if s/he had admission weights for Resident 1 and Resident 2. Administrator A told Surveyor staff monitor vital signs the first 24 hours after a resident is admitted and would email this information. Administrator A told Surveyor Registered Nurse (RN) C monitors weights for changes. Surveyor did not receive any additional information.	{N 431}		