STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018841	A. BUILDING: _____ B. WING _____	01/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COPPER FALLS ASSISTED LIVING	450 LAKE DRIVE MELLEN, WI 54546

(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 01/26/2026, Surveyor conducted a desk review survey for Copper Falls Assisted Living. One deficiency was identified.	N 000		
N 141	83.09 Biennial report and fees. Biennial report and fees. Every 24 months, on a date determined by the department, the licensee shall submit a biennial report on the form provided by department, and shall submit payment of the license continuation fees. This Rule is not met as evidenced by: Based on record review and interview, the licensee did not submit a biennial report and payment of the license continuation fees. The licensee was operating with an expired license. Findings include: The provider was licensed for up to 25 residents in the client groups physically disabled, developmentally disabled, and advanced age. On 01/26/2026, Surveyor reviewed the Department's electronic file for Copper Falls Assisted Living. The provider's license expired approximately 5 months prior, on 08/31/2025. On 08/01/2025, the Department emailed the provider, notifying them that the facility had a past due license continuation fee and/or biennial report. The Department attached a warning notice which outlined the potential impact of the past due continuation fee and/or report. The email was sent to the email address listed on file for	N 141		

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
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N 141	Continued From page 1 Licensee A. On 09/23/2025, the Department emailed the provider a notice that their license was expired. Attached to the email was a License Continuation Letter. The letter read, in part, "...Please review and complete the enclosed Community Based Residential Facility Biennial Report. The completed Community Based Residential Facility Biennial Report, license fee, and this page must be submitted to the Regional Office no later than the payment due date listed below...Failure to submit your Community Based Residential Facility Biennial Report and licensing fee in a timely manner may result in revocation of your license... License Continuation Date: 8/31/25 Payment Due Date: 08/01/2025..." The email was sent to the addresses listed on the facility's file for Licensee A and Administrator B. The Department's electronic file for the facility included a relay verification document, which read, in part, "Delivery to these recipients or groups is complete..." On 01/26/2026, at approximately 12:55 PM, Surveyor interviewed Licensee A. Licensee A stated s/he was from Minnesota, and it was Administrator B's responsibility to handle license renewals. Licensee A stated s/he thought Administrator B completed the paperwork. Licensee A stated it was the provider's first license renewal, and they were used to the nursing home process. At approximately 1:00 PM, Surveyor interviewed Administrator B, who stated s/he could not find any renewal notice emails from the Department in his/her email inbox. Surveyor confirmed that the	N 141		

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N 141	Continued From page 2 administrator email address matched the one the Department had on file. Administrator B confirmed his/her email matched the one the Department had on file. The notice sent on 09/23/2025 from the Department was sent to the same email address. At approximately 1:15 PM, Surveyor received an email from Administrator B, who wrote that Licensee A found one of the Department's emails, which had been sent to "an older email of [his/hers]." Administrator B stated s/he would get the renewal completed that afternoon. From 09/01/2025 to 01/25/2026, the provider was operating under an expired license.	N 141		