STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0020199	A. BUILDING: _____ B. WING _____	12/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DOVE HEALTHCARE SPOONER ASSISTED LIV	819 ASH STREET SPOONER, WI 54801

(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 12/15/2025, Surveyor began a standard licensure survey at Dove Healthcare Spooner Assisted Living. Data was collected through 12/16/2025. Four violations were identified. Census: 11.	N 000		
N 200	83.14(2)(e) Notify within 7 days of administrator change The licensee shall notify the department within 7 days after there is a change in the administrator. This Rule is not met as evidenced by: Based on record review and interview, the licensee did not notify the department within 7 days after there was a change in the administrator. Findings include: On 12/15/2025, at approximately 10:23 AM, Surveyor was on-site for a standard survey and reviewed the provider's licensing information with Lead Resident Assistant (LRA) B. LRA B stated s/he was unsure of who the administrator was, but that the administrator listed on the department licensing paperwork was no longer employed at the facility. LRA B stated s/he thought the administrator role for the community-based residential facility (CBRF) might have been filled by Nursing Home Administrator (NHA) E, who managed the nearby nursing home which was also owned by the licensee and used the same building. NHA E stated s/he started his/her position on 07/14/2025 after the previous nursing home administrator terminated his/her	N 200		

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

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N 200	Continued From page 1 employment. At approximately 11:39 AM, Surveyor interviewed Director A, who stated s/he oversaw daily operations at the CBRF. Director A stated s/he had started on or around 11/11/2025. Director A told Surveyor the previous administrator's name, which was also different than the one on the facility's licensing paperwork. Director A stated the licensee name the department had on file was also outdated. The provider did not ensure the department was notified within 7 days when there was a change in administrator.	N 200		
N 220	83.17(2)(a) Employees screened for communicable disease. The CBRF shall obtain documentation from a physician, physician assistant, clinical nurse practitioner or a licensed registered nurse indicating all employees have been screened for clinically apparent communicable disease including tuberculosis. Screening for tuberculosis shall be conducted using centers for disease control and prevention standards. The screening and documentation shall be completed within 90 days before the start of employment. The CBRF shall keep screening documentation confidential, except the department shall have access to the screening documentation for verification purposes. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 2 employees were screened for communicable diseases.	N 220		

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N 220	Continued From page 2 Findings include: On 12/15/2025, Surveyor reviewed employee records for Caregiver C, hired 08/14/2025, and Caregiver D, hired 05/19/2025. Neither employee's record included documentation of a communicable disease screen, including tuberculosis (TB). At approximately 1:20 PM, Surveyor interviewed Director A. Director A stated s/he would try to find Caregiver C's and Caregiver D's communicable disease screens, including TB. Surveyor requested the documentation be provided by 9:00 AM on 12/16/2025. On 12/16/2025, at approximately 8:40 AM, Surveyor received email communication from Director A, which included Caregiver C's 2-step TB skin test, with final results dating 09/01/2025. Director A stated in the email that Caregiver D's TB test results could not be located. Director A stated Caregiver D and the facility registered nurse remembered the test being done but could not find documentation. At approximately 2:00 PM, Surveyor interviewed Director A, who stated s/he did not believe a screen for communicable diseases other than TB were completed for employees. The provider did not ensure to obtain documentation indicating all employees were screened for communicable diseases, including TB, prior to starting employment.	N 220		
N 243	83.21(1)-(3) All employee training.	N 243		

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N 243	Continued From page 3 The CBRF shall provide, obtain or otherwise ensure adequate training for all employees in all of the following: Resident rights. Training shall include general rights of residents including rights as specified under s. DHS 83.32(3). Training shall be provided as applicable under ss. 50.09 and 51.61 and chs. 54, 55, and 304, Stats., and ch. DHS 94, depending on the legal status of the resident or service the resident is receiving. Specific training topics shall include house rules, coercion, retaliation, confidentiality, restraints, self-determination, and the CBRF ' s complaint and grievance procedures. Residents ' rights training shall be completed within 90 days after starting employment. Client Group. Training shall be specific to the client group served and shall include the physical, social and mental health needs of the client group. Specific training topics shall include, as applicable: characteristics of the client group served, activities, safety risks, environmental considerations, disease processes, communication skills, nutritional needs, and vocational abilities. Client group specific training shall be completed within 90 days after starting employment. Client Group. In a CBRF serving more than one client group, employees shall receive training for each client group. Recognizing, preventing, managing, and responding to challenging behaviors. Specific training topics shall include, as applicable: elopement, aggressive behaviors, destruction of property, suicide prevention, self-injurious behavior, resident supervision, and changes in condition. Challenging behaviors training shall be completed within 90 days after starting employment.	N 243		

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N 243	Continued From page 4	N 243		

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not ensure 1 of 2 employees received training in recognizing, preventing, managing, and responding to challenging behaviors.

Findings include:

On 12/15/2025, Surveyor reviewed employee training records for Caregiver C, hired 08/14/2025, and Caregiver D, hired 05/19/2025. Caregiver D's training record did not include documentation that s/he had completed training in challenging behaviors.

At approximately 12:55 PM, Surveyor interviewed Director A. Director A stated s/he thought the required training for challenging behaviors was included in Caregiver D's transcript. Director A stated if it was not listed on Caregiver D's transcript, it likely meant that Caregiver D still had to complete the training and that it was not yet taken. Surveyor requested Director A provide any further training documentation for Caregiver D by 9:00 AM on 12/16/2025. Documentation of challenging behaviors training was not provided by the given time.

The provider did not ensure challenging behavior was completed by all employees within 90 days after starting employment.

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N 523	Continued From page 5	N 523		
N 523	83.47(2)(b) Exit diagram. Exit diagram. The disaster plan shall have an exit diagram that shall be posted on each floor of the CBRF used by residents in a conspicuous place where it can be seen by the residents. The diagram shall identify the exit routes from the floor, including internal horizontal exits under par. (f) when applicable, smoke compartments or a designated meeting place outside and away from the building when evacuation to the outside is the planned response to a fire alarm. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure an exit diagram was posted in a conspicuous place where it could be seen by residents. Findings include: On 12/15/2025, at approximately 12:15 PM, Surveyor observed there were no exit diagrams posted anywhere in the community-based residential facility (CBRF). At approximately 12:17 PM, Surveyor interviewed Director A. Director A stated s/he thought there was an emergency plan posted, but that the CBRF had recently been painted, and they might have been taken down. Lead Resident Assistant (LRA) B stated s/he remembered there being emergency exit diagrams posted near all the exits. Director A stated s/he would get exit diagrams posted. The provider did not ensure emergency exit plans were posted.	N 523		