STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015398	A. BUILDING: _____ B. WING _____	06/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BAY HARBOR ASSISTED LIVING SUAMICO I	3136 LONGVIEW LN SUAMICO, WI 54173

(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 06/24/2025, Surveyor conducted a standard survey at Bay Harbor Assisted Living Suamico I. Additional information was gathered through 06/26/2025. As a result of the survey, 3 deficient practices were identified. Census: 18	N 000		
N 219	83.17(1) Licensee conduct caregiver background check Caregiver background check. At the time of hire, employment or contract and every 4 years after, the licensee shall conduct and document a caregiver background check following the procedures in s. 50.065, Stats., and ch. DHS 12. A licensee shall not employ, contract with or permit a person to reside at the CBRF if the person has been convicted of the crimes or offenses, or has a governmental finding of misconduct, found in s. 50.065, Stats., and ch. DHS 12, Appendix A, unless the person has been approved under the department ' s rehabilitation process as defined in ch. DHS 12. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure a complete background check was conducted for Caregiver B upon initial hire in 2019 or when repeated in 2023. Caregiver B indicated a positive response to a question that required further information and review on the initial Background Information Disclosure (BID) form. The provider did not contact the Clerk of Courts when the Department of Justice (DOJ) report indicated a charge of 947.01 Disorderly	N 219		

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

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N 219	Continued From page 1 Conduct with an unclear disposition in 2019 or when the same charge was noted as convicted in the 2023 review. Findings Include: Surveyor note: On 06/24/2025, Surveyor conducted a standard survey at the facility and completed additional survey work at the sister facility on campus. Licensee D was the licensee for the facility while Director C was the licensee for the sister facility. At 11:14 AM, Director A contacted both licensees to inform them both that survey work was being conducted and give them an opportunity to participate. Director A stated both licensees designated Director A as the point of contact for the survey work. Surveyor offered the opportunity to participate, provide input, ask questions, and communicate findings throughout the survey on 06/24/2025 and after, including the exit interview on 06/25/2025. On 06/24/2025, as part of a standard survey, Surveyor requested a sample of employee files. On 06/24/2025 at approximately 2:00 PM, Surveyor received and reviewed Caregiver B's employment information including the initial BID (dated 04/09/2019,) the initial DOJ report (dated 04/18/2019,) and initial Department of Health Service (DHS) state report (dated 04/18/2019.) Caregiver B was hired on 04/18/2019. Surveyor also received and reviewed Caregiver B's most recent BID (dated 04/16/2023,) DOJ report (dated 05/03/2023,) and DHS report (dated 05/03/2023.) Surveyor noted on the initial BID (dated 04/09/2019) Caregiver B check marked "Yes" to Section A question number 1, "Do you have any criminal charges pending against you, including in	N 219		

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N 219	Continued From page 2 federal, state, local, military, and tribal courts?" Surveyor reviewed on the initial DOJ report (dated 04/18/2019,) Caregiver B was charged on 02/06/2019 with 947.01 Disorderly Conduct, the Disposition indicated "Charge issued" with no further information. Surveyor interviewed Director A on 06/24/2025 at approximately 2:20 PM. Director A stated Director C was the person who conducted the employee background checks. Director A stated there was a copy of an internet case search but no documentation to show the provider made an effort to contact the clerk of courts to obtain a copy of the criminal complaint and judgment of conviction relating to the conviction as was required prior to hiring Caregiver B on 04/18/2019. Surveyor reviewed the most recent DOJ report (dated 05/ 03/ 2023,) and noted the report indicated the disorderly conduct charged on 02/06/2019 resulted in a conviction on 05/20/2019. The final disposition charge and conviction was approximately a month after Caregiver B was hired and was still within five years of the most recent required background check when completed on 05/03/2023. During the interview with Director A on 06/24/2025 at approximately 2:20 PM, Director A stated there was an internet case search but no documentation to show the provider made an effort to contact the clerk of courts to obtain a copy of the criminal complaint and judgment of conviction related to the conviction, as was required when the follow-up background check was completed in 2023, which was still within five years of hire and within five years of the 947.01	N 219		

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N 219	Continued From page 3 Disorderly Conduct conviction in 2019. The provider had the responsibility to make every reasonable effort to contact the clerk of courts prior to making the decision of hiring Caregiver B in 2019 and when the information was presented to them a second time during the required 4-year background check in 2023. Despite the findings of a disorderly conduct charge in 2019 and finding the subsequent disorderly conduct conviction in 2019 revealed in the 2023 background check, the provider did not contact the clerk of courts for additional information as is required. On 06/25/2025 at 10:33 AM, Surveyor conducted an exit interview with Director A. Director A had no additional documentation and stated she spoke with Director C and stated it was the provider's process to look at the Wisconsin Public Circuit Court cases online instead of contacting the clerk of courts. Director A was unaware the online case search contained limited information as a basis for why it was required to contact the clerk of courts for the full report.	N 219		
N 320	83.29(4) Admission agreement not in conflict Conflict with this chapter. No statement of the admission agreement may be in conflict with any part of this chapter, unless the department has granted a waiver or variance of a provision of this chapter. This Rule is not met as evidenced by: Based on record review and interview the provider did not ensure all statements in the admission agreement were in compliance with	N 320		

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N 320	Continued From page 4 Chapter 83. The admission agreement contained house rules that were not congruent with resident rights as defined in Chapter 83. Findings include: On 06/26/2025 at 10:25 AM, Surveyor observed a handwritten sign on the kitchen door that noted only staff were allowed to enter the kitchen. Surveyor observed both doors leading into the kitchen space were equipped with locks. Surveyor observed the door leading from the dining area where residents were present to the kitchen was locked. Surveyor interviewed Resident 1 who stated, "We aren't allowed to go in there." When asked why, Resident 1 shrugged and stated, "They don't let us." Surveyor observed the kitchen appeared to be a standard home-like kitchen and did not appear to be a commercial kitchen. On 06/26/2025 at approximately 1:45 PM, Surveyor reviewed a copy of the admission agreement which included house rules. Surveyor identified statements within the document that were not congruent with resident rights and required removal or modification of the language to be in compliance with the code. Examples of statements/ rules that were identified as not in compliance with the code: "3. For security and safety reasons residents are not permitted outdoors between 10:00 PM and 6:00 AM. 4. Visitors will be asked to leave the building by 10:00 PM unless approved by management prior to visit ... 10. Residents are permitted to make personal	N 320		

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N 320	Continued From page 5 phone calls using the facility phone ... if they do not have their own phone ... phone usage will be limited to 15 minutes ... Phone use is between the hours of 8:00 AM to 9:00 PM ... 12. No resident shall be in the kitchen without prior authorization ..." On 06/26/2025 at approximately 2:00 PM, Surveyor reviewed the identified statements within the admission agreement with Director A who verified his/her understanding of why the areas identified needed to be modified or removed. Director A had no questions and was in agreement that the statements identified needed to be modified or removed. Director A stated the changes would be made and the admission agreements updated to reflect the changes.	N 320		
N 423	83.37(3)(g) Medication storage: controlled substances. Controlled substances. The CBRF shall provide separately locked and securely fastened boxes or drawers or permanently fixed compartments within the locked medications area for storage of schedule II drugs subject to 21 USC 812 (c), and Wisconsin ' s uniform controlled substances act, ch. 961, Stats. This Rule is not met as evidenced by: Based on observation and interview the provider did not ensure Resident 1's schedule II medication was kept secured. Surveyor observed Resident 1's schedule II medication left unattended and unsecured from unauthorized access in the facility.	N 423		

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N 423	Continued From page 6 Findings Include: On 06/24/2025 at 10:20 AM, Surveyor observed Director A's office door was left open. The office contained residents' private health information including medical record documentation and bubble packs of resident's medication. The office is located in the front of the facility and is accessed through the common space main entrance hallway where residents and visitors frequent. Surveyor observed residents and service people entering and passing by the open office throughout the survey. Surveyor observed the room was not within caregiver's visual control for greater than 5 minutes at 10:20 AM and was left unsupervised with the door open multiple times between 10:20 AM 12:00 PM before the concern was brought to Director A's attention. At 12:00 PM, Surveyor interviewed Director A regarding finding the office door left open and unattended. Director A stated s/he was aware resident private information was stored in the room and that the office needed to be secured when not within caregivers' visual control. While still in the office at 12:05 PM, Surveyor observed 2 bubble packs of schedule II medication for Resident 1, totaling 55 tablets, were mixed in with a stack of papers on Director A's desk but were in open sight to passersby and unsecured by 2 locks as is required. While medications were left unsecured in the open and unattended office, anyone within the facility would have had unauthorized access without staff knowledge as evidenced by Surveyor observing the room had been open and not within caregivers' visual control for greater than 5 minutes and frequently between 10:20 AM and 12:00 PM. Director A acknowledge the schedule II	N 423		

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N 423	Continued From page 7 medication was left unsecured when the office door was open and left unattended and acknowledged when the office door was locked the schedule II medication was still only secured by 1 lock instead of 2 locks as is required. Director A stated it is his/her practice to remove discontinued schedule 2 medications from the medication cart and secure them in his/her office until 2 caregivers are available to destroy the medication. Director A stated the destruction would usually take place as soon as possible when another caregiver was available to assist. Director A was unable to recall when s/he retrieved the medication from the medication cart and placed it in his/her office to be destroyed, however stated the medication had been discontinued on 06/10/2025, 2 weeks prior. Once brought to his/her attention, Director A took immediate steps to secure the medication until it could be destroyed with another caregiver.	N 423		