Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018800	A. BUILDING: _____ B. WING _____	C 09/27/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUN HAVEN	20035 JUNCO ROAD TOMAH, WI 54660

(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 09/27/2024, Surveyor conducted a complaint investigation at Sun Haven. The complaint was substantiated. One deficiency identified. Census: 5	N 000		
N 328	83.31(4)(c) Involuntary discharge notice requirements. Discharge or transfer initiated by CBRF. Notice requirements. Every notice of involuntary discharge shall be in writing to the resident or resident ' s legal representative and shall include all of the following: 1. A statement setting forth the reason and justification for discharge listed under par. (b). 2. A statement that the resident or the resident ' s legal representative may ask the department to review the involuntary discharge by sending a written request within 10 days of receipt of the discharge statement to the department ' s regional office with a copy to the CBRF. The notice shall state that the request must provide an explanation why the discharge should not take place. 3. The name, address and telephone number of the department ' s regional office director. 4. The name, address and telephone number of the regional office of the board on aging and long term care ' s ombudsman program. For residents with developmental disability or mental illness, the notice shall include the name, address and telephone number of the protection and advocacy agency designated under s. 51.62(2)(a), Stats.	N 328		

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

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N 328	Continued From page 1 This Rule is not met as evidenced by: Based on record review and interview, the provider did not provide involuntary discharge notices to Resident 1 that included the following requirements: a statement indicating the resident's legal representative may ask for Department review, the contact information for the regional office's director, or the contact information for the regional office ombudsman program. Findings include: The provider is licensed to care for 8 semi-ambulatory adults in the client groups advanced aged and developmentally disabled, physically disabled. terminally ill, irreversible dementia/Alzheimer's and emotionally disturbed/mental illness. On 09/27/2024, the department received a complaint regarding an involuntary 30-day discharge. On 09/27/2024, at 9:30 AM, Surveyor reviewed Resident 1's facility file. Resident 1 was admitted to the facility on 02/12/2024. Resident 1's record indicated s/he was diagnosed with schizophrenia. Licensee A sent Resident 1's care team an email on 08/27/2024 that read, in part, "Sun Haven is giving a 30 day termination notice for [Resident 1]. [S/he] is no longer a candidate for this facility due to requiring more assistance with [his/her] physical and mental health...and s/he is a threat to other residents who reside at the facility. On 09/26/2024 at at 10:30 AM, Surveyor interviewed Licensee A. Licensee A stated s/he was unaware of the involuntary discharge requirement to include a statement indicating the	N 328		

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N 328	Continued From page 2 resident's legal representative may ask for department review, the contact information for the regional office's director, and the contact information for the regional office ombudsman program.	N 328		