STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018838	A. BUILDING: _____ B. WING _____	C 08/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHERRY COVE ASSISTED LIVING AND MEMORY CAF	1610 GEORGIA STREET STURGEON BAY, WI 54235

(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 08/25/2025, with additional information gathered through 08/27/2025, Surveyor investigated 2 complaints and conducted a standard survey at Cherry Cove Assisted Living and Memory Care 3. Two of 2 complaints were substantiated and 7 new deficiencies were identified. Census: 19	N 000		
N 163	83.12(4)(a) Reporting when resident's whereabouts unknown A CBRF shall send a written report to the department within 3 working days after any of the following occurs: Any time a resident ' s whereabouts are unknown, except those instances when a resident who is competent chooses not to disclose his or her whereabouts or location to the CBRF, the CBRF shall notify the local law enforcement authority immediately upon discovering that a resident is missing. This reporting requirement does not apply to residents under the jurisdiction of government correctional agencies or persons recovering from substance abuse. This Rule is not met as evidenced by: Based on record review and interview, the provider did not report to the department when a resident's whereabouts was unknown for 2 of 3 residents reviewed (Resident 1 and Resident 2). Findings Include: On 07/31/2025, the department received a complaint alleging concerns with elopements.	N 163		

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 163	Continued From page 1 On 08/25/2025, at approximately 10:00AM, Surveyor reviewed the department's files for the provider's self-reports. There were no self-reports on file for Resident 1 and Resident 2's elopements. RESIDENT 1 On 08/25/2025, Surveyor reviewed Resident 1's observation notes. The notes contained the following information regarding Resident 1 eloping from the facility: 07/02/2025: "Resident got out of the facility this afternoon around 3:30pm. Writer was passing meds (medications) and did not hear the door alarm going off right away. Another RA (Resident Assistant) from building 1 call [sic] the activity director and [s/he] went and ran after the resident. eventually the activity director did have to call the cops to get the resident back to the facility ..." 05/27/2025: "Received response from Dr. regarding elopement on 05/26/2025." On 08/25/2025, Surveyor reviewed an Elopement Investigation dated 06/15/2025. The investigation noted the following: 06/15/2025 at 2:00PM: "[Resident 1] was out with other resident like everyday enjoying outside in [sic] the patio, staff noticed [s/he] was walking down the road ..." RESIDENT 2 On 08/25/2025, Surveyor reviewed Resident 2's observation notes. The notes contained the following information regarding Resident 2	N 163		

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N 163	Continued From page 2 eloping from the facility: 06/21/2025: "We received a call from Cherry Cove Building #1 stating that the resident that resides in room #2 had gone out of the building and was found by a staff member that just so happened to be outside for a quick smoke brake [sic]. The resident was then returned to Cherry Cove Building #3 by said staff member ..." 07/03/2025: "Resident got out of the building this evening around 6:30PM. another RA saw [him/her] walking down the hill and another RA went running after [him/her] and brought [him/her] back to the facility ..." On 08/27/2025, at approximately 9:00AM, Surveyor interviewed Associate Director A (AD-A) and Executive Director B (ED-B). AD-A and ED-B did not provide any additional information and acknowledged the findings. Cross Reference N0389 DHS 83.35(3)(d) Service Plans Updated Annually or on Changes	N 163		
N 310	83.29(2) Admission agreement include services, charges The admission agreement shall be given in writing and explained orally in the language of the prospective resident or legal representative. Admission is contingent on a person or that person ' s legal representative signing and dating an admission agreement. The admission agreement shall include all of the following: (a) An accurate description of the basic services provided, the rate charged for those services and the method of payment; (b) Information about all additional services offered, but not included in the	N 310		

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N 310	Continued From page 3	N 310		

basic services. The CBRF shall provide a written statement of the fees charged for each of these services; (c) The method for notifying residents of a change in charges for services; (d) Terms for resident notification to the CBRF of voluntary discharge. This paragraph does not apply to a resident in the custody of a government correctional agency; (e) Terms for refunding charges for services paid in advance, entrance fees, or security deposits in the case of transfer, death or voluntary or involuntary discharge; (f) A statement that the amount of the security deposit may not exceed one month ' s fees for services, if security deposit is collected; (g) Terms for holding and charging for a resident ' s room during a resident ' s temporary absence. This paragraph does not apply to a resident in the custody of a government correctional agency; (h) Reasons and notice requirements for involuntary discharge or transfer, including transfers within the CBRF. This paragraph does not apply to a resident in the custody of a government correctional agency.

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not ensure the admission agreement was signed and dated by the resident or legal representative for 1 of 3 residents reviewed (Resident 1).

Findings Include:

On 08/25/2025, Surveyor reviewed Resident 1's face sheet. The face sheet identified Resident 1 was admitted on 03/28/2024.

On 08/26/2025, Surveyor reviewed Resident 1's

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N 310	Continued From page 4 Admission Agreement. Executive Director B (ED-B) signed and dated the agreement on 03/26/2024. Resident 1's power of attorney of health care signed the agreement, but it was not dated. On 08/27/2025, at approximately 9:00AM, Surveyor interviewed ED-B. ED-B acknowledged and confirmed the agreement was not dated by Resident 1's power of attorney of healthcare.	N 310		
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. This Rule is not met as evidenced by: Based on record review interview and observation, the provider did not ensure individual service plans (ISP) were updated annually or upon changes and were not signed by the legal representatives for 3 of 3 residents reviewed (Resident 1, Resident 2 and Resident 3). Findings Include:	N 389		

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N 389	Continued From page 5 On 07/31/2025, the department received a complaint concerning resident elopements and legal decision makers and no ISPs updates RESIDENT 1 On 08/25/2025, Surveyor reviewed Resident 1's face sheet. The face sheet identified Resident 1 was admitted on 03/28/2024. On 08/25/2025, Surveyor reviewed an Elopement Investigation dated, 06/17/2025. The investigation identified Resident 1 had a diagnosis of dementia. On 08/25/2025, Surveyor reviewed Resident 1's ISP dated 06/05/2024. The ISP indicated Resident 1 cannot make his/her own decisions and has an activated power of attorney of healthcare. Further review of the ISP showed it was not updated or signed by the healthcare power of attorney since 06/05/2024. The ISP noted the following regarding aggressive behaviors and wandering: Aggressive/Combative: This section of the ISP was not updated to identify Resident 1's specific needs regarding aggressive and combative behavior. It only identified, "Resident requires staff assistance to manage/direct aggressive combative behaviors." There were no specific interventions updated under "Service Provider Responsibilities." It only stated, "staff will intervene to alleviate behavior." Wandering Risk: This section of the ISP only identified, "ELOPEMENT RISK 12x Every Day." There were no interventions to direct how caregivers should intervene.	N 389		

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N 389	Continued From page 6 On 08/25/2025, Surveyor reviewed Resident 1's observation notes from March 2025 through August 2025. The observation notes showed an increase in occurrences of exit seeking behavior, aggressive expression and elopements beginning approximately in June 2025. The observation note entries were as follows: Exit Seeking and Aggressive Expression 06/28/2025: " ...resident was very adamant about going out the back door ...resident did attempt to leave and set the door alarm off ..." 06/29/2025: " ...was exit seeking ..." 06/15/2025: "Resident was exit seeking ...redirected [him/her] to room ...resident came back out trying to leave again ..." 06/15/2025: " ...wanting to leave and trying to get out ..." 07/02/2025: "Resident tried walking out towards the front ...processed [sic] to grab the door handle ...put my hand on the handle and [s/he] tried to pull it off and grabbed a hold of my arm and yanking it to try and get me to move. Another ra (resident assistant) ... stepped in front of the door blocking [him/her] from going out ..." 07/04/2025: " ...Resident was exit seeking this afternoon ...started yelling at writer and would not let writer get past [him/her] ...Resident ... started poking writer in the chest and yelling at writer ... went into the office to finish passing meds ... started getting very close to writer and yelling in writers face again ...."	N 389		

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N 389	Continued From page 7 07/08/2025: "Resident was trying to escape the building by the front door ...pulling and yanking on it. [S/he] set off the alarms multiple times. [S/he] was pounding on the doors and knocking. [S/he] was also pounding on the windows in the front ..." 07/23/2025: " ...started to yell at writer ... Resident then started exit seeking ..." 08/04/2025: "Resident was exiting seeking a couple of different times ..." 08/08/2025: " ... [Resident 1] was upset and exit seeking. [Resident 1] was redirected at least 10 times ... one of the times being redirected [Resident 1] pulled the fire alarm, and started pulling everything of other residents [sic] doors. [Resident 1] was redirected to bedroom ... writer and other staff heard a crash, [Resident 1] had pushed over [his/her] chair and was trying to climb out window. [Resident 1] was then redirected and standing in [his/her] room riping [sic] [his/her] shade off the window (broken screen and window shade and broken collector ashtray were placed in the office) ..." 08/09/2025: Resident got very agitated around 8:00. Resident first started looking for [his/her] [Family Member]. [S/he] then started exit seeking ..." 08/16/2025: "[Resident 1] started exit seeking around 6pm. [Resident 1] swinging at other staff grabbing and pulling on door going in other resident bedrooms ...redirected but then would start pounding and kicking at doors. [Resident 1] grabbed other staff hard on the chest. [Resident 1] was redirected a total of 17 ... [Resident had cut on knuckle that writer got cleaned up ..."	N 389		

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N 389	Continued From page 8 08/12/2025: " ...tried to elope, but did not make it out the door ..." 08/23/2025: " ...[S/he] was at the front doors trying to leave but staff was able to redirect [him/her]. Please continue to monitor behaviors." Elopements On 08/25/2025, Surveyor reviewed Resident 1's observation notes. The notes contained the following information regarding Resident 1 elopements: 07/02/2025: "Resident got out of the facility this afternoon around 3:30pm. Writer was passing meds (medications) and did not hear the door alarm going off right away. Another RA from building 1 call [sic] the activity director and [s/he] went and ran after the resident. eventually the activity director did have to call the cops to get the resident back to the facility ..." 08/18/2025: "resident got out of the building and 2 ra went with [him/her] .... [s/he] walked to the n [north] 18th ave and [Family Member] picked [him/her] up and took back to the facility." Elopement Investigation On 08/25/2025, Surveyor reviewed an Elopement Investigation dated 06/15/2025. The investigation noted the following: 06/15/2025 at 2:00PM: "[Resident 1] was out with other resident like everyday [sic] enjoying outside in the patio, staff noticed [s/he] was walking down the road ..." Surveyor Observations	N 389		

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N 389	Continued From page 9 On 08/25/2025, Surveyor observed Resident 1's exit seeking and setting off the door alarm 3 times at 2:16PM, 2:39PM and 3:00PM. Interviews On 08/25/2026, at approximately 1:30PM, Associate Director B reported ISPs are completed initially and annually unless there is a change in condition. On 08/27/2025, at approximately 9:00AM, Surveyor interviewed Executive Director B (ED-B) regarding Resident 1's ISP interventions. ED-B acknowledge ISPs needed to be updated, and s/he is currently working on it. Resident 1 was admitted on 03/28/2024. The observation notes showed an increase in behaviors beginning in June 2025. The ISP was not updated upon change of condition to add specific interventions on how to approach Resident 1 when exhibiting exit seeking to prevent elopement or interventions for aggressive expressions. Additionally, the ISP was not updated annually. RESIDENT 2 On 08/25/2025, Surveyor reviewed Resident 2's face sheet. The face sheet identified Resident 2 was admitted on 11/01/2023. On 08/26/2025, Surveyor reviewed Resident 2's ISP with the report date of 12/05/2024. The ISP did not identify Resident 2 had exit seeking and wandering behavior. Additionally, the ISP did not list any approaches or interventions caregivers should utilize when Resident 2 engages in exit	N 389		

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N 389	Continued From page 10 seeking and wandering. Additionally, the ISP did not have signatures from Resident 1 or his/her legal representative. Note: The face sheet and ISP did not identify diagnosis. On 08/26/2025, Surveyor reviewed Resident 2's observation notes from May 2025 through August 2025. The observation notes identified occurrences of exit seeking and elopements: Exit Seeking 06/11/2025: " ...resident started exit seeking ..." 06/16/2025: " ... [Resident 2] out in common area pacing a bit ..." 07/06/2025: " ...After supper resident was exit seeking ..." 07/09/2025: "Resident was trying to leave this afternoon ..." Elopements 06/21/2025: "We received a call from Cherry Cove Building #1 stating that the resident that resides in room #2 had gone out of the building and was found by a staff member that just so happened to be outside for a quick smoke brake [sic]. The resident was then returned to Cherry Cove Building #3 by said staff member ..." 07/03/2025: "Resident got out of the building this evening around 6:30PM. another RA saw [him/her] walking down the hill and another RA went running after [him/her] and brought [him/her] back to the facility ..." Interviews	N 389		

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N 389	Continued From page 11 On 06/25/2025, at 1:22PM, Surveyor interviewed Caregiver D. Caregiver D identified Resident 2 engaged in exit seeking behavior and has left the building without staff knowing. Caregiver D confirmed Resident 2 has some memory loss. Caregiver D explained Resident 2 went to one of the other Cherry Cove buildings and they were alerted by the staff there. Resident 2 was standing by the door waiting and left the building after a visitor entered. On 08/25/2026, at approximately 1:30PM, Associate Director B reported ISPs are completed initially, and annually unless there is a change in condition. On 08/27/2025, at approximately 9:00AM, Surveyor interviewed Executive Director B (ED-B) regarding Resident 2's ISP update in response to exit seeking and elopement interventions. ED-B acknowledge ISPs needed to be updated, and s/he is currently working on it. Resident 2 was admitted on 11/01/2023. Resident 2 experienced several occurrences of exit seeking behavior and 2 elopements. The ISP was not updated upon change of condition or annually. RESIDENT 3 On 08/25/2025, Surveyor reviewed Resident 3's face sheet. The ISP identified Resident 3 was admitted on 12/01/2022. On 08/25/2025, Surveyor reviewed Resident 3's ISP dated 03/30/2023. The ISP identified Resident 3 had a diagnosis of dementia, primary osteoarthritis and repeated falls. Additionally, the ISP was not updated since 03/30/2023. The ISP	N 389		

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N 389	Continued From page 12 identified the following regarding eating and mobility: Eating: "Independent with eating ..." Mobility and Transferring: "Independent with positioning ..." On 08/25/2025, Surveyor reviewed Resident 3's observation notes from February 2025 through August 2025. The observation notes revealed the following: Assistance with Meals 02/21/2025: Note entered by hospice provider: " ...needs to bed fed meals ..." 02/22/2025: "[S/he] needs to be fed most meals now ..." 02/28/2025: " ...Resident ate supper with the assistance of writer ..." 03/20/2025: Note entered by hospice provider - " ...Writer notes resident has dry mouth and asks if [s/he] wants a drink of [his/her] juice and [s/he] shakes [his/her] head, 'yes.' Writer held [his/her] cup and tod [sic] [him/her] to suck on straw ..." 07/16/2025: Note entered by hospice provider - "... Patient was drinking juice from a straw on the table, and needed assistance from writer so that [s/he] could put the cup to [his/her] mouth to take a sip ... If staff is unable to feed unable to feed patient, they will put a suction plate to the table, and patient will slowly feed [him/her] self ..." Mobility and Broda Chair	N 389		

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N 389	Continued From page 13 02/21/2025: Note entered by hospice provider - " ...walking with mod assist. [S/he] does use broda in the afternoon now when fatigued ..." 02/27/2025: "Resident sat in [his/her] Broda chair ..." 02/28/2025: " ...Resident sat in [his/her] Broda chair and watched TV ..." 05/20/2025: Note entered by hospice provider - "[Hospice Provider] RN weekly visit. Upon arrival [Resident 3] was sitting in Broda Chair at dining table with other residents ..." 06/20/2025: " ...Sleeps in Broda chair ... Minimal walking with walker. Mainly sitting in broda chair... Needing to be bed no longer able to pick up finger food ..." Interviews On 08/25/2025, at 1:22PM, Surveyor interviewed Caregiver D. Caregiver D reported Resident 3 uses the broda chair in the afternoon when s/he is tired. Regarding assistance with eating, Caregiver D explained it depends on the day. Some days Resident 3 needs more assistance than others, but can eat finger foods independently. On 08/25/2026, at approximately 1:30PM, Associate Director B reported ISP's are completed initially, and annually unless there is a change in condition. On 08/27/2025, at approximately 9:00AM, Surveyor interviewed Executive Director B (ED-B) regarding updating Resident 3's ISP for interventions regarding eating and mobility. ED-B	N 389		

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	0018838	A. BUILDING: _____ B. WING _____	C 08/27/2025

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N 389	Continued From page 14 acknowledge ISPs need to be updated, and s/he is currently working on it. According to the observation notes, since approximately February of 2025, Resident 3 required assistance with eating and began using a broda chair. The ISP was not updated to reflect this change or add interventions to support Resident 3's needs. The most current ISP was completed on 03/30/2023. Cross Reference N0163 DHS 83.12(4)(a) Reporting when Resident's Whereabouts Unknown	N 389		
N 394	83.35(5)(b) Annual evaluation of evacuation limits Evaluation update. The CBRF shall evaluate each resident ' s mental or physical capability to respond to a fire alarm at least annually or when there is a change in the resident ' s mental or physical capability to respond to a fire alarm. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure residents' mental or physical capability to respond to a fire alarm was completed annually for 2 of 3 residents reviewed (Resident 1 and 3). Findings Include: RESIDENT 1 On 08/25/2025, Surveyor reviewed Resident 1's face sheet. The face sheet indicated Resident 1 was admitted on 03/28/2024. The record contained Resident 1's initial Evacuation Assessment, dated 03/29/2024. Further review of	N 394		

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N 394	Continued From page 15 the record revealed no annual assessment. RESIDENT 3 On 08/25/2025, Surveyor reviewed Resident 3's face sheet. The face sheet indicated Resident 3 was admitted on 12/01/2022. The record contained Resident 1's initial Evacuation Assessment, dated 01/24/2023. Further review of the record revealed no annual assessment. On 08/27/2025, at approximately 9:00AM, Surveyor interviewed Associate Director A (AD-A) and Executive Director B (ED-B). AD-A and ED-B acknowledged the findings. No additional information was provided. Cross Reference N0525 DHS 83.47(2)(e) Fire Drills Cross Reference N0526 DSH 83.47(2)(d) Other Evacuation Drills	N 394		
N 525	83.47(2)(d) Fire drills. Fire drills. 1. Fire evacuation drills shall be conducted at least quarterly with both employees and residents. Drills shall be limited to the employees scheduled to work at that time. Documentation shall include the date and time of the drill and the CBRF ' s total evacuation time. The CBRF shall record residents having an evacuation time greater than the time allowed under s. HFS 83.35(5) and the type of assistance needed for evacuation. Fire evacuation drills may be announced in advance. 2. At least one fire evacuation drill shall be held annually that simulates the conditions during usual sleeping hours. Fire evacuation drills may be announced in advance. Drills shall be limited to the	N 525		

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N 525	Continued From page 16 employees scheduled to work during the residents ' normal sleeping hours. This Rule is not met as evidenced by: Based on record review and interview, the provider did not conduct quarterly fire drills and at least one fire drill that simulates usual sleep hours with residents and employees. This requirement is being cited for a second time. See Statements of Deficiency (SOD) Q1ZQ11, dated 01/30/2023. Findings Include: The provider is licensed to provide care and services to the following residents: emotionally disturbed, irreversible dementia/Alzheimer's, traumatic brain injury, terminally ill, developmentally disabled, physically disabled and advanced age. On 08/25/2025, Surveyor reviewed documentation of fire drills for 2024. Review of the documentation showed no drills were conducted for the first, second and third quarter. Additionally, no drills simulating usual sleep hours were conducted. On 08/27/2025, at approximately 9:00AM, Surveyor interviewed Associate Director A (AD-A) and Executive Director B (ED-B). AD-A and ED-B acknowledged the findings. No additional information was provided. Cross Reference N0394 DHS 83.35(5)(b) Annual Evaluation of Evacuation Limits	N 525		

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N 525	Continued From page 17 Cross Reference N0526 DSH 83.47(2)(d) Other Evacuation Drills	N 525		
N 526	83.47(2)(e) Other evacuation drills. Other evacuation drills. Tornado, flooding, or other emergency or disaster evacuation drills shall be conducted at least semi-annually. This Rule is not met as evidenced by: Based on record review and interview, the provider did not conduct tornado, flooding, or other emergency or disaster evacuation drills at least semi-annually. This requirement is being cited for a second time. See Statements of Deficiency (SOD) Q1ZQ11, dated 01/30/2023. Findings Include: The provider is licensed to provide care and services to the following residents: emotionally disturbed, irreversible dementia/Alzheimer's, traumatic brain injury, terminally ill, developmentally disabled, physically disabled and advanced age. On 08/25/2025, Surveyor reviewed documentation of disaster/emergency drills for 2024. Review of the documentation showed no disaster/emergency drills were conducted in 2024. On 08/27/2025, at approximately 9:00AM, Surveyor interviewed Associate Director A (AD-A) and Executive Director B (ED-B). AD-A and ED-B acknowledged the findings. No additional	N 526		

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N 526	Continued From page 18 information was provided. Cross Reference N0394 DHS 83.35(5)(b) Annual Evaluation of Evacuation Limits Cross Reference N0525 DHS 83.47(2)(e) Fire Drills	N 526		
N 553	83.48(6)(d) Integrated heat detector in furnace room. CBRFs shall have at least one heat detector integrated with the smoke detection system at all of the following locations or in accordance with the heat detector manufacturer ' s specifications: Furnace room. This Rule is not met as evidenced by: Based on interview and record review, the provider did not ensure a heat detector that is integrated with the smoke detection system was in the furnace room. Findings Include: The provider is licensed to provide care and services to the following residents: emotionally disturbed, irreversible dementia/Alzheimer's, traumatic brain injury, terminally ill, developmentally disabled, physically disabled and advanced age. On 08/25/2025, at approximately 11:00AM, Surveyor toured the building with Associate Director A (AD-A). Surveyor observed the furnace was located in the basement. Surveyor could not locate the heat detector. On 08/26/2025, Surveyor reviewed the fire detection system reports dated, 08/02/2024 and	N 553		

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N 553	Continued From page 19 08/15/2025. The report identified there were no heat detectors in the basement, only smoke detectors. On 08/27/2025, at approximately 9:00AM, Surveyor interviewed Chief Executive Officer C (CEO-C). CEO-C advised s/he will contact the fire detection company to add the heat detector.	N 553		