

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0015453	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/28/2025
NAME OF PROVIDER OR SUPPLIER PAISERS OAKHAVEN S&C LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 142 OAK CT SHAWANO, WI 54166		
(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 10/27/2025, Surveyor conducted a complaint investigation at Paisers Oakhaven S&C LLC BLDG II. Additional information was gathered through 10/28/2025. The complaint was unsubstantiated, and 1 deficient practice was identified. Census: 14	N 000		
N 218	83.16(2) Resident care staff at least 18 years old Resident care staff shall be at least 18 years old. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure Department approval before hiring a minor as a caregiver. Caregiver B was a minor and did not have the required waiver of approval from the Department to work as a caregiver. The facility is licensed to serve up to 14 residents who may be of advanced age, physically disabled, and/or have irreversible dementia/Alzheimer's. Findings include: On 10/27/2025 at 10:15 AM, Surveyor interviewed Administrator A. Administrator A stated there was 1 employee that was a minor (Caregiver B,) who was 17 years old. Surveyor noted the facility staff list indicated Caregiver B was hired on 09/22/2025 and the schedule noted s/he worked at least 18 shifts since hire. Surveyor noted no waiver request was located within the Department's facility file. Administrator A stated s/he would look for documentation of approval	N 218		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0015453	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 10/28/2025
NAME OF PROVIDER OR SUPPLIER PAISERS OAKHAVEN S&C LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 142 OAK CT SHAWANO, WI 54166		
(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 218	Continued From page 1 from the Department for the minor to work as a caregiver in the provider's files. After review of the files, Administrator A stated s/he could not find any record of the provider asking for, or receiving approval for, Caregiver B to work as a minor.	N 218			