STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015012	A. BUILDING: _____ B. WING _____	C 11/09/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BIRCH HAVEN SENIOR LIVING BEARS HOLLO	1019 15TH AVE W ASHLAND, WI 54806

(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 11/09/2023, Surveyor conducted a complaint investigation at Birch Haven Senior Living Bears Hollow. The complaint was substantiated. Three deficiencies were identified. Census: 16	N 000		
N 344	83.32(2)(b) Post resident rights, grievance procedure Explanation of resident rights, grievance procedure, and house rules. The CBRF shall post copies of resident rights, grievance procedure and house rules in a prominent public place available to residents, employees and guests. This Rule is not met as evidenced by: Based on observation and interview, the provider did not post a copy of their grievance procedure in a prominent public place available to residents, employees, and guests. Findings include: On 11/09/2023, Surveyor conducted an onsite complaint investigation. At approximately 12:30 p.m., Surveyor observed the postings located near the entrance. Surveyor did not observe the grievance procedure posted. At approximately 1:00 p.m., Surveyor interviewed Administrator A and Assistant Administrator B. Surveyor asked if there were any written summaries of grievances. Administrator A said there was not. Surveyor explained that the grievance procedure was not posted. Administrator A said they make rounds	N 344		

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

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N 344	Continued From page 1 and have resident council. Surveyor observed the postings with Administrator A, who confirmed the grievance procedure was not posted.	N 344		
N 397	83.36(1)(b) Qualified staff in charge, on duty and awake. The CBRF shall ensure all of the following: 1. An administrator or other designated qualified resident care staff in charge is on the premises of the CBRF daily to ensure the CBRF is providing safe and adequate care, treatment and services. 2. At least one qualified resident care staff is present in the CBRF when one or more residents are present in the CBRF. 3. At least one qualified resident care staff is on duty and awake if at least one resident in the CBRF is in need of supervision, intervention or services on a 24-hour basis to prevent, control or improve the resident ' s constant or intermittent mental or physical condition that may occur or may become critical at any time including residents who are at risk of elopement, who have dementia, who are self-abusive, who become agitated or emotionally upset or who have changing or unstable health conditions that require close monitoring. 4. At least one qualified resident care staff is on duty and awake if the evacuation capability of at least one resident is 4 minutes or more. This Rule is not met as evidenced by: Based on observation and interview, the provider did not have at least one qualified resident care staff present in the facility when there were 14 out of 16 residents present. Findings include:	N 397		

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N 397	Continued From page 2 The provider is licensed as a class C non-ambulatory (CNA) facility. A class CNA facility serves residents who are ambulatory, semi-ambulatory, or non-ambulatory, but one or more of whom are not physically or mentally capable of responding to a fire alarm by exiting the facility without help or verbal or physical prompting. The provider is licensed to care for up to 17 residents in the client groups of: physically disabled, traumatic brain injury, irreversible dementia/Alzheimer's disease, advanced age, and emotionally disturbed/mental illness. On 11/09/2023 at 10:52 a.m., Surveyor entered the facility to conduct an onsite complaint investigation. Surveyor toured the facility and was unable to locate a staff person. Surveyor asked Resident 1 who the caregiver was that was working. Resident 1 told Surveyor Caregiver C was working today. At 11:05 a.m., Surveyor observed Caregiver C enter the facility with a cart of groceries. At 12:00 p.m., Surveyor interviewed Caregiver C. Surveyor asked about Caregiver C not being in the facility when Surveyor arrived. Caregiver C told Surveyor that the food truck came every Thursday morning and staff have to leave and go to the facility next door while s/he gets the groceries. Caregiver C confirmed there were no other staff present when s/he left to get the groceries. At 1:00 p.m., Surveyor interviewed Administrator A. Surveyor asked which residents had dementia, risk for falls, and/or risk for elopements. Administrator A told Surveyor the following: Resident 2 was at risk for elopements, s/he had	N 397		

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N 397	Continued From page 3 dementia, and had a history of falls. Resident 3 had falls and dementia. They issued Resident 3 a discharge notice as s/he had increased care needs. Resident 4 had dementia with an activated health care power of attorney. Resident 5 was new and was admitted to the facility on 11/08/2023 for safety concerns. Resident 6 had dementia and had a "couple falls recently." Surveyor explained to Administrator A that when Surveyor entered the facility at 10:52 a.m., there was no staff in the building until 11:05 a.m. Administrator A said Assistant Administrator (AA) B should have been in the building. At 1:30 p.m., Surveyor interviewed Administrator A and AA B. AA B confirmed s/he was not in the facility when Surveyor entered. AA B said s/he was in the facility located next door. The provider did not have at least one qualified resident care staff present in the facility for over 13 minutes when there were 14 out of 16 residents present.	N 397		
N 490	83.44(2)(b) Toilet and bathing area. All toilet and bathing areas, facilities and fixtures shall be clean and in good working order. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure all toilet areas were clean. Findings include: On 09/26/2023, the Department received a	N 490		

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N 490	Continued From page 4 complaint with concerns about cleanliness. On 11/09/2023 at approximately 11:10 a.m., Surveyor observed Resident 3's room with Person D. Person D said s/he was a friend of Resident 3 and visited Resident 3 every 2 days. Person D said Resident 3's room always smelled like urine. S/he explained that staff did not clean Resident 3's bathroom, but they do now. The toilet bowl was visibly dirty. The toilet paper holder was broken off the wall. There was also a commode in Resident 3's room. At approximately 11:30 a.m., Surveyor observed Resident 7's bathroom. There was feces in the toilet and the toilet water was dark brown. There was a very strong odor of feces in the bathroom as if the feces were in the toilet for an extended period of time. At approximately 11:45 a.m., Surveyor interviewed Assistant Administrator (AA) B. Surveyor asked how often the residents' bathrooms were cleaned. AA B said once a week they get a full room clean on their shower days. AA B identified that the night prior was Resident 8 and Resident 3's shower and room clean. At approximately 11:50 a.m., Surveyor observed the toilets in Resident 9's bathroom. the front of the toilet was dirty with what appeared to be dried urine on it and the floor surrounding the toilet was dirty. Surveyor observed Resident 8's bathroom. The bathroom floor and toilet riser were visibly dirty. Surveyor observed Resident 4's bathroom. Resident 4's toilet had black spots on the bottom of the toilet bowl. At 12:55 p.m., Surveyor interviewed Resident 10. Resident 10 told Surveyor that nobody has	N 490		

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N 490	Continued From page 5	N 490		

cleaned the toilet in his/her room, and it was getting black. Surveyor observed Resident 10's bathroom, the inside of the toilet bowl was visibly dirty, the floor in the bathroom was dirty, and the garbage was full.

At approximately 1:30 p.m., Surveyor observed the toilets with Administrator A. The commode in Resident 3's room was emptied but the bowl had dried urine in it. Surveyor told Administrator A that the room smelled of urine and that it did not appear staff rinsed the commode after they emptied the urine. Administrator A said Resident 3 had fidgeted with the toilet paper roll and that was the reason it broke. Surveyor showed Administrator A the toilet bowls in Resident 2 and Resident 8's rooms were dirty. When Surveyor showed Administrator A Resident 4's toilet with black on the bottom, Administrator A said that it was not ok. Surveyor showed Administrator A Resident 7's toilet, which still had the feces in it. Administrator A agreed that the odor indicated the feces had been sitting in the toilet for some time. Surveyor then showed Administrator A Resident 10's toilet and dirty bathroom.

The provider did not ensure all toilet areas were clean.