STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018315	A. BUILDING: _____ B. WING _____	C 10/04/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COPPERSTONE ASSISTED LIVING	751 DEERWOOD NEENAH, WI 54956

(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 09/30/2024, with information gathered through 10/04/2024, Surveyor conducted 2 complaint investigations. One deficiency was identified. One of 2 complaints was substantiated. Cenus: 59	N 000		
N 318	83.29(3)(a) Refunds returned within 30 days of discharge The CBRF shall return all refunds due a resident under the terms of the admission agreement within 30 days after the date of discharge. This Rule is not met as evidenced by: Based on record review and interview, the provider did not return an overpayment of $338.77 of resident funds within 30 days of discharge for 1 of 1 resident (Resident 1) reviewed. Resident 1 was charged 14 days for a Wander Guard system that was not utilized due to resident discharging, totaling a cost of $338.77. Findings include: On 07/23/2024, the Department received a concern alleging residents were required to continue payment past their 30-day discharge notice. On 09/30/2024, Surveyor reviewed Resident 1's record. Resident 1 moved into the facility 01/03/2024.	N 318		

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 318	Continued From page 1 Resident 1's Power of Attorney (POA C) issued a 30-day notice to the provider on 07/12/2024 at 3:26 PM via email to Administrator A. Resident 1's July 2024 invoice documented: 07/01/2024 Level X - Assisted Living (v.1/1/24), Care & Services $10,068.00 07/01/2024 Wander Guard System - Early Memory Care Safety Program - July Wander Guard $750.00 Resident 1's August 2024 invoice documented: 08/01/2024 Assisted Living - Level X (v.1/1/24) - August 1-11, 2024 Care & Services (Per Day $330.10) 30d notice provided on 07/12/24. Total: $3,631.10 Resident 1's admission agreement, signed 01/03/2024, documented: 4. Adjustments to Fees and Services. (a) Fees. The Monthly Service Fee or fees for Optional Services may be changed from time to time at the discretion of the Facility. Facility shall give Resident thirty (30) days' prior written notice of any change to the structure of the fees. 6. Term and Termination. (b) Termination by Resident. i. No Cause with Written Notice. Resident may terminate this Agreement by providing Facility with written notice. This Agreement will terminate thirty (30) days after Facility's receipt of Resident's written notice. 7. Refunds. Refund of Monthly Service Fee. The Monthly Service Fee for the month in which discharge occurs shall be prorated to the date of discharge, provided that the Resident has Vacated the Unit as of the date of discharge. The facility will charge a rent only rate for the remaining days of the month, as detailed in Exhibit A. If any refund of the Monthly Service Fee is due, Facility will make the refund within	N 318		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018315	A. BUILDING: _____ B. WING _____	C 10/04/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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N 318	Continued From page 2 thirty (30) business days of the date that the Resident Vacates the Unit. Exhibit A did not document fees associated with Level X as identified in Resident 1's invoices. According to the invoices, the provider charged a Wander Guard fee of $750 per month (or $24.19/per day). Resident 1 discharged on 07/17/2024. Resident 1 was charged $750 for 31 days of the Wander Guard System in July 2024, instead of 17 days ($411.23) On 10/02/2024 at 5:34 AM, Surveyor emailed Administrator A and Licensed Practical Nurse B to verify date of discharge for Resident 1. On 10/02/2024 at 12:37 PM, Administrator A emailed Surveyor and stated Resident 1 discharged on 07/17/2024 with notice given on 07/12/2024. On 10/04/2024 at 2:17 PM, Surveyor emailed Administrator A and Licensed Practical Nurse B asking for verification if Resident 1 had signed a contract for the Wander Guard system. On 10/04/2024 at 2:23 PM, Licensed Practical Nurse B stated Resident 1 did not sign a contract for the Wander Guard system.	N 318		