STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0014850	A. BUILDING: _____ B. WING _____	R-C 09/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BIRCH HAVEN NORTH RCAC	320 SUPERIOR AVENUE WASHBURN, WI 54891

(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
{U 000}	INITIAL COMMENTS On 09/17/2024, Surveyor conducted a complaint investigation, verification visit, and standard licensing survey. Data was collected through 09/18/2024. The complaint was substantiated. Five violations were identified. One of 5 violations was a repeat deficiency. See Statement of Deficiencies (SOD) 6JHF12, dated 11/02/2020. Under statutory provisions of Wis. Stat. ch. 50, a $200 revisit fee is being assessed. Census: 10 occupied apartments; 10 tenants	{U 000}		
U 116	89.23(2)(a)2.a SERVICES SUFFICIENT SERVICES. Minimum required services. A residential care apartment complex shall have the capacity to provide all of the following services to all tenants, either directly or under contract: a. Supportive services: meals, housekeeping in tenants' apartments, laundry service and arranging access to medical services. In this subparagraph, "access" means arranging for medical services and transportation to medical services. This Rule is not met as evidenced by:	U 116		

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

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U 116	Continued From page 1 Based on record review and interview, the provider did not ensure supportive services (meals) met tenant needs when it failed to follow a menu or provide nutritious meals to tenants. Findings include: In June 2024, the Department received a complaint related to the provider's dietary services. On 09/17/2024 at 10:27 AM, Surveyor interviewed Caregiver A. Caregiver A stated the provider created a menu that staff were supposed to follow. Caregiver A stated, "We try to follow it (menu), but we don't have ingredients." Caregiver A stated groceries were delivered every other Thursday. Caregiver A was unsure who was responsible for ordering. Surveyor reviewed the menu posted in the hallway. According to the menu, lunch consisted of tater tot casserole with green beans, cottage cheese, and a dessert. At 10:50 AM, Surveyor observed Caregiver A prepare a lunch of chicken patty sandwiches, cooked carrots, and salad. Surveyor asked Caregiver A if s/he had the ingredients to make the lunch per the posted menu. Caregiver A was not aware what was on the posted menu, but after s/he looked at it, Caregiver A stated s/he did not have cottage cheese. Caregiver A stated s/he decided to make chicken sandwiches to go with the leftover salad that Tenant 4 brought home from his/her church's community dinner and the dessert Tenant 2 made for the group. Caregiver A stated the provider put forth the chicken patties, buns, and carrots toward the lunch meal. Caregiver A stated, "I've been telling them the	U 116		

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U 116	Continued From page 2 menu needs to change because people don't like it... we usually only have 3 or 4 people eat meals." At 11:38 AM, Surveyor interviewed Tenant 2. Tenant 2 stated s/he moved to the facility in June 2024. Tenant 2 stated, "Sometimes we don't get enough for meals... sometimes just a bowl of soup... this happened last week. We had a bowl of tomato soup for lunch... Sunday's meal was brown beans with cut up hotdogs in it. That's all we had." Tenant 2 stated s/he was not normally aware of the menu for the day until the meal was served. Surveyor asked Tenant 2 if s/he would change anything about the program, and Tenant 2 stated, "The food could be better... most don't eat the meals." Tenant 2 stated most tenants chose not to eat the meals, but this could be fixed by posting the menu ahead of time and improving the quality of the meals. From 11:50 AM to 12:15 PM, Surveyor observed the lunch meal. Caregiver A served lunch to 5 of 10 tenants. At 12:00 PM, Surveyor interviewed Tenant 3 about the provider's meal services. Tenant 3 stated, "It's something to eat... there's a menu in the hallway, but they don't follow it." Cross reference: U0127 DHS 89.23(3)(f) Services	U 116		
U 127	89.23(3)(f) SERVICES SERVICE QUALITY. Meals and snacks served to tenants shall be prepared, stored and served	U 127		

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U 127	Continued From page 3 in a safe and sanitary manner. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure food was prepared, stored, and served in a safe and sanitary manner. Findings include: In June 2024, the Department received a complaint related to dietary services. According to the Wisconsin Food Code, the Federal Department of Agriculture's Food Code, and ServSafe standards, date marking is necessary to indicate when food must be consumed or discarded. These standards indicate refrigerated, ready to eat (RTE), potentially hazardous food (PHF), and time/temperature controlled for safety foods (TCS) that are removed from manufacturer packaging and/or prepared for consumption must be date-marked and discarded within 7 days. Refrigerated, RTE, PHF, and TCS foods prepared and packaged in a food processing plant shall also be date-marked when opened in the facility (date not to exceed 7 days). According to the Wisconsin Food Code, food that was served or in the possession of a consumer may not be offered to another consumer unless the food was dispensed so that it was protected from contamination and the container was closed between uses. (Retrieved from https://docs.legis.wisconsin.gov/code/admin_code/atcp/055/75_.pdf). According to the Federal Food Code, donated	U 127		

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U 127	Continued From page 4	U 127		

food may not be used by an establishment unless the food is stored, prepared, packaged, displayed, and labeled in accordance to the law and the food code standards. (Retrieved from https://www.fda.gov/media/164194/download?attachment).

On 09/17/2024 at 10:50 AM, Surveyor observed Caregiver A prepare a lunch of chicken patty sandwiches, cooked carrots, and salad. Caregiver A stated Tenant 4 donated the salad which was left over from his/her church's community dinner. Surveyor observed the leaf lettuce salad in a large Ziploc bag on the counter. The leftover salad was not in original store packaging. Caregiver A did not wash the produce prior to dishing it. Surveyor observed Caregiver A touch the food that s/he was preparing with his/her bare hands.

Surveyor observed the following in the provider's refrigerator:
- A tray of 5 ramekins, each containing a pudding-like substance. The dishes were not covered, or date marked.
- An ice cream pail with unknown contents. The container was not date marked or tabled.
- A plastic container with unknown contents in it. The date on the container was not legible, and the label did not indicate what was in the container.

At approximately 10:50, Surveyor interviewed Caregiver A. Caregiver A stated staff were supposed to label and date-mark all leftovers. Surveyor asked about the items observed in the refrigerator. Caregiver A stated the ramekins of pudding were from yesterday, the ice cream pail had leftover pineapple tidbits in it, and the plastic container contained leftover pork and beans from

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U 127	Continued From page 5 09/15/2024. At 12:15 PM, Surveyor discussed the observations with Caregiver A. Caregiver A stated s/he did not wear gloves when preparing the meal because the gloves irritated his/her skin.	U 127		
U 134	89.23(4)(d)1. SERVICES PROVIDER QUALIFICATIONS. Staff training. All facility staff shall have training in safety procedures, including fire safety, first aid, universal precautions and the facility's emergency plan, and in the facility's policies and procedures relating to tenant rights. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 2 caregivers sampled (Caregiver D) received training on standard precautions and first aid. This is a repeat violation. See Statement of Deficiencies (SOD) 6JHF12, dated 11/02/2020. Findings include: On 09/17/2024, Surveyor reviewed employee records. Caregiver D was hired on 03/20/2023. Caregiver D's training record did not include evidence of training in standard precautions or first aid.	U 134		

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U 134	Continued From page 6 On 09/18/2024 at 9:47 AM, Surveyor received an email from Licensee B that read, "We do not have the paperwork needed. [Caregiver D] worked at [local nursing home] prior to working for us and I was to obtain the paperwork when [Caregiver D] started. I failed to do that. [Caregiver D] will receive the CBRF (community based residential facility) courses ASAP (as soon as possible)."	U 134		
U 168	89.26(3)(b) PARTICIPATION IN THE ASSESSMENT Persons performing the comprehensive assessment shall have expertise in areas related to the tenant's health and service needs. Portions or the comprehensive assessment relating to physical health, medications and ability to self-administer medications shall be performed by a physician or a registered nurse. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure Tenant 1 was assessed by a registered nurse or physician. Findings include: On 09/17/2024, Surveyor reviewed Tenant 1's record. Tenant 1 was admitted on 07/01/2024. His/her record included a comprehensive assessment, completed by Family Member (FM) E on 05/18/2024. On 09/17/2024, Surveyor reached out to Administrative Assistant (AA) C via email to ask if Tenant 1 was assessed by anyone other than FM	U 168		

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U 168	Continued From page 7 E. On 09/18/2024 at 9:47 AM, Surveyor received an email from Licensee B indicating Tenant 1 was assessed by Licensee B, a licensed practical nurse, on 07/03/2024. Licensee B confirmed Tenant 1 was not assessed by a registered nurse or physician.	U 168		
U 186	89.27(3)(d) SERVICE AGREEMENT (3) OTHER SPECIFICATIONS. (d) The initial service agreement and any renewals of the service agreement shall be dated and signed by a representative of the facility; by the tenant or by the tenant's guardian, if any, and all other persons with legal authority to make health care or financial decisions for the tenant; and by the county for a tenant whose services are funded under s.46.27(11) or 46.277, Stats. The facility shall provide a copy of the service agreement to all parties who signed the agreement. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure Tenant 1 had a service agreement that was signed and dated by all partied involved in his/her care. Findings include: On 09/17/2024, Surveyor reviewed Tenant 1's record. Tenant 1 was admitted on 07/01/2024. His/her record did not include a service agreement.	U 186		

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U 186	Continued From page 8 At 12:15 PM, Surveyor interviewed Caregiver A. Caregiver A stated s/he was unaware Tenant 1's record did not include a service agreement. Caregiver A stated tenant records were not stored elsewhere; the file that Surveyor reviewed was Tenant 1's complete record. On 09/17/2024, Surveyor emailed Administrative Assistant (AA) C, to inquire about Tenant 1's record, indicating his/her record at the facility did not include a service agreement. On 09/18/2024 at 9:47 AM, Surveyor received an email from Licensee B with a document titled Nursing Plan of Care. The document included needs, services, and goals; it was undated and signed by Licensee B only.	U 186		