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 06/23/2025

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 06/19/2025, Surveyor conducted a complaint investigation and verification visit at Birch Haven North RCAC. Data was reviewed through 06/23/2025. The complaint was unsubstantiated. One deficiency was identified. The deficiency was a repeat deficiency. See Statement of Deficiency (SOD) P97M12, dated 09/18/2024 and SOD P97M13, dated 02/03/2025. Census: 10 Under statutory provisions of Wis. Stat. ch. 50, a $200 revisit fee is being assessed.	{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.	{U 116}		

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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{U 116}	Continued From page 1 This Rule is not met as evidenced by: Based on observation, interview, and record review, the provider did not provide housekeeping services to meet the needs of the tenants. This requirement is being cited for the third time. See Statement of Deficiency (SOD) P97M12, dated 09/18/2024, and SOD P97M13, dated 02/03/2025. Findings include: On 06/19/2025 at approximately 11:45 a.m., Surveyor interviewed Caregiver A. Caregiver A told Surveyor the tenant apartments get cleaned weekly with the exception of the tenants that preferred to clean their own apartments. Caregiver A said Tenant 6 and Tenant 9 prefer to clean their own apartments. S/he said Tenant 7 "usually" cleans his/her own apartment and Tenant 10 and Tenant 11 have family that cleans their apartments. On 06/19/2025 at approximately 12:00 p.m., Surveyor interviewed Tenant 1. Tenant 1 told Surveyor staff were not cleaning his/her apartment. Surveyor observed Tenant 1's apartment cluttered with boxes of food and other personal belongings. Tenant 1 told Surveyor, "I have a hoarding problem." On 06/19/2025 at approximately 12:40 pm., Surveyor interviewed Tenant 4. Tenant 4 said his/her apartment had not been cleaned since Caregiver C left, which s/he said was a couple weeks ago. Tenant 4 told Surveyor s/he used his/her denture cleaning tablets to clean his/her toilet.	{U 116}		

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{U 116}	Continued From page 2 On 06/19/2025 at approximately 12: 50 p.m., Surveyor interviewed Tenant 7. Tenant 7 told Surveyor staff do not help him/her clean his/her apartment. S/he said s/he had 5 back surgeries and could use the help. Tenant 7 told Surveyor, "I couldn't tell you the last time somebody cleaned my floors." Tenant 7 said s/he cleans what s/he can on his/her own. On 06/19/2025 at approximately 12:56 p.m., Surveyor interviewed Tenant 8 in his/her apartment. There was an odor in the room. There was a washable soaker pad on Tenant 8's bed. It was visibly dirty with dried urine. The toilet bowl was black, and the seat was visibly dirty with fecal matter. (Photos 1 and 2). On 06/19/2025 at approximately 1:40 p.m., Surveyor interviewed Caregiver A. Caregiver A showed Surveyor the clipboard where staff initial when they clean an apartment. Caregiver A said s/he did not have time to do the cleaning on 1st shift as s/he was responsible for phone calls, faxes, doctor's appointments, 2 meals and 3 medication passes. Caregiver A said Tenant 1 would not take out his/her trash and staff did not know what items were trash and what items were not. S/he said staff did not enter Tenant 1's apartment when s/he was gone for medical appointments 3 times a week and Tenant 1 also went home during the weekends. On 06/23/2025, Surveyor reviewed the cleaning records from 04/01/2025 - 06/19/2025. Tenant 1 - There was no documentation to indicate his/her apartment was cleaned form 04/01/2025 - 06/19/2025. Tenant 4 - 05/08/2025 was the last time staff documented they cleaned his/her apartment. Tenant 7 - 05/07/2025 was the last time staff	{U 116}		

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{U 116}	Continued From page 3 documented they cleaned his/her apartment. Tenant 8 - 06/02/2025 was the last time staff documented they cleaned his/her apartment. On 06/23/2025 at approximately 4:30 p.m., Surveyor interviewed Administrator B, who is also the licensee. Administrator B told Surveyor Caregiver D cleaned tenant apartments on 06/22/2025. Administrator B said s/he will be making his/her presence known at the facility to ensure staff are completing their duties.	{U 116}		