

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0020064	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/12/2026
NAME OF PROVIDER OR SUPPLIER DOVE HEALTHCARE ORCHARD HILLS ASSIS1		STREET ADDRESS, CITY, STATE, ZIP CODE 1403 TRUAX BLVD EAU CLAIRE, WI 54703		
(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 08/12/2026, Surveyor conducted a complaint investigation at Dove Healthcare Orchard Hills Assisted Living. The complaint was unsubstantiated. One deficiency was identified and was a repeat deficiency. See Statement of Deficiency (SOD) QU3D11, dated 07/11/2025. Census: 34	N 000		
N 200	83.14(2)(e) Notify within 7 days of administrator change The licensee shall notify the department within 7 days after there is a change in the administrator. This Rule is not met as evidenced by: Based on record review and interview, the licensee did not notify the department within 7 days after there was a change in the administrator. This is a repeat deficiency. See Statement of Deficiency QU3D11, dated 07/11/2025. Findings include: On 08/12/2026 at approximately 10:45 AM, Surveyor entered the facility and asked to speak to the designated administrator for the facility. Director A introduced him/herself and stated s/he was recently promoted to the Administrator/Director role. Surveyor asked if Administrator B was still employed as s/he was listed as the administrator per department records. Director A informed	N 200		

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

TITLE

(X6) DATE

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N 200	Continued From page 1 Surveyor that Administrator B was no longer with the company, effective 04/29/2026. When asked if the Department was notified of the change, Director A stated s/he had just received the form via email to make the change, after Surveyor questioned the notification. Director A stated s/he had not completed the administrator course and that was the reason the Department had not been notified. On 08/12/2026 at 3:48 PM, Surveyor received an email from Assisted Living Nurse Consultant (ALNC) C with an updated administrator change document, dated 08/12/2026, naming Director A as the administrator. ALNC C stated the qualifications for the administrator role were reviewed and it was determined Director A met the qualifications. The effective date of the change on the form was listed as 05/28/2026.	N 200			