STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015014	A. BUILDING: _____ B. WING _____	C 07/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BIRCH HAVEN SENIOR LIVING FALCONS CRE	218 22ND 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 07/08/2026, Surveyor began a standard licensure survey and a complaint investigation at Birch Haven Senior Living Falcons Crest. Data was collected through 07/14/2026. Four violations were identified. Two of the 4 violations were repeat violations. See Statement of Deficiencies (SOD) QGQ911, dated 10/25/2021. The complaint was unsubstantiated. Census: 13	N 000		
N 220	83.17(2)(a) Employees screened for communicable disease. The CBRF shall obtain documentation from a physician, physician assistant, clinical nurse practitioner or a licensed registered nurse indicating all employees have been screened for clinically apparent communicable disease including tuberculosis. Screening for tuberculosis shall be conducted using centers for disease control and prevention standards. The screening and documentation shall be completed within 90 days before the start of employment. The CBRF shall keep screening documentation confidential, except the department shall have access to the screening documentation for verification purposes. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 3 of 3 sampled employees were screened for clinically apparent communicable diseases, including tuberculosis	N 220		

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

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N 220	Continued From page 1 (TB), within 90 days before the start of employment. This is a repeat violation. See Statement of Deficiencies (SOD) QGQ911, dated 10/25/2021. Findings include: On 07/08/2026, Surveyor reviewed staff records for Caregiver B, hired on 06/09/2026; Caregiver C, hired on 03/17/2025; and Caregiver D, hired on 05/26/2026. Staff records included the following: - A TB skin test record for Caregiver B, which indicated the 1st skin test step had been administered on 06/18/2026. The record included blank fields for when a 2nd step was to be administered. - A TB skin test record for Caregiver C, which indicated the 1st skin test step had been administered on 04/14/2025 and read on 04/17/2025. The record included a handwritten note which indicated that another assisted living facility had verified Caregiver C had been administered 2 negative skin tests. - A TB skin test record for Caregiver D, which indicated a single skin test had been administered on 11/03/2025. At approximately 1:42 PM, Surveyor interviewed Administrator A and asked about the timing of Caregiver D's TB test. Surveyor informed Administrator A that communicable disease and TB screening must be completed within 90 days prior to the start of employment. Administrator A stated there were plans to redo Caregiver D's TB test. Administrator A stated Caregiver B's first day training in the building was 06/15/2026.	N 220		

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N 220	Continued From page 2 At approximately 2:30 PM, Surveyor interviewed Registered Nurse (RN) E. RN E stated s/he would complete an initial TB questionnaire with staff, then administer a 2-step skin test. RN E stated the 2nd step was administered within 2 weeks. At approximately 3:15 PM, Surveyor interviewed RN E again. RN E stated s/he was just completing TB tests for staff, not communicable disease screening. Surveyor requested documentation of communicable disease screening for each of the sampled employees be provided by 12:00 PM on 07/09/2026. On 07/13/2026, Surveyor requested documentation of Caregiver C's TB test from the other assisted living facility mentioned in his/her record. At approximately 2:41 PM, Administrator A sent Surveyor the following: - Communicable disease screens for each employee. Caregiver B's communicable disease screen was not dated. - Documentation of a 2-step TB skin test for Caregiver C. The record indicated Caregiver C's 1st skin test step had been read on 12/04/2025, and that there was no 2nd step. - Documentation of a 2-step TB skin test for Caregiver D. The record indicated Caregiver D's 1st skin test step had been read on 06/11/2026, and the 2nd step had been read on 06/25/2026. At approximately 2:40 PM, Surveyor interviewed Administrator A. Administrator A stated Caregiver D's first day working on the floor was 05/26/2026. The provider did not ensure staff were screened for communicable diseases other than TB. The	N 220		

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N 220	Continued From page 3 provider did not ensure TB tests were completed within 90 days prior to the employee's start date.	N 220		
N 230	83.19 Orientation Before an employee performs any job duties, the CBRF shall provide each employee with orientation training which shall include all of the following: (1) Job responsibilities; (2) Prevention and reporting of resident abuse, neglect and misappropriation of resident property; (3) Information regarding assessed needs and individual services for each resident for whom the employee is responsible; (4) Emergency and disaster plan and evacuation procedures under s. HFS 83.47(2); (5) CBRF policies and procedures; (6) Recognizing and responding to resident changes of condition. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 3 employees sampled completed orientation training prior to performing job duties. This is a repeat violation. See Statement of Deficiencies (SOD) QGQ911, dated 10/25/2021. Findings include: On 07/08/2026, Surveyor reviewed records for Caregiver D, hired 05/26/2026. Orientation training records were not provided to Surveyor while on-site. On 07/09/2026, at approximately 4:03 PM,	N 230		

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N 230	Continued From page 4 Surveyor received an email from Administrator A which included documentation of Caregiver D's orientation training. Caregiver D's orientation training was dated on 06/09/2026, after his/her start date, and did not include emergency plan training or policy and procedure training. On 07/13/2026, at approximately 2:40 PM, Surveyor interviewed Administrator A. Administrator A stated Caregiver D's first day training on the floor was 05/26/2026. Administrator A stated the documentation s/he had provided Surveyor with was all the orientation training Caregiver D had received. The provider did not ensure all training components required in orientation were completed by all staff prior to performing job duties.	N 230		
N 492	83.45(1)(a) Exterior areas. Exterior areas. The CBRF shall maintain the yard, any fences, sidewalks, driveways and parking areas of the CBRF in good repair and free of hazards. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure the exterior areas of the building were maintained and in good repair. Findings include: On 07/08/2026, at approximately 2:23 PM, Surveyor observed the back patio area of the facility. Surveyor observed that the sidewalk slab adjacent to the patio had gaps on either side of it, was not flush with the adjoining slabs, and had	N 492		

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N 492	Continued From page 5 shifted, which resulted in the gaps being uneven. The gaps were approximately 1 inch wide, and the uneven portions of the sidewalk resulted in tripping hazards approximately 1/2 inch high. Surveyor continued down the sidewalk which led to the front of the facility and observed two more slabs with cracks in them and weeds growing between the cracks. Surveyor observed that the rock beds lining the facility exterior had heavy weed growth throughout. The weeds covered the majority of the rock bed surface and were approximately 4 feet tall in some areas. At approximately 2:45 PM, Surveyor interviewed Administrator A. Administrator A stated there was no maintenance staff at the facility. Administrator A stated the provider had hired a landscaping staff who had started in May of 2026. When asked about the weed growth, Administrator A stated there was a resident who had previously resided at the facility who had not wanted staff to remove the weeds as the resident had thought they were flowers. Administrator A stated the sidewalks were an issue at all 4 of the buildings licensed by the provider. Administrator A stated there were plans to fix the sidewalks, but that the provider was focusing on maintenance for the buildings themselves first. The provider did not ensure the exterior areas of the building were maintained, in good repair, and free of hazards.	N 492		
N 504	83.46(1)(c) Heating system maintenance. Heating. The CBRF shall maintain the heating	N 504		

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N 504	Continued From page 6 system in a safe and properly functioning condition. The CBRF shall ensure that a heating contractor or local utility company completes all of the following maintenance and makes available to the facility documentation of the maintenance performed: 1. An oil furnace shall be serviced at least once each year. 2. A gas furnace shall be serviced at least once every 3 years. 3. The CBRF shall have a chimney inspected at intervals corresponding with the heating system service under subd. 1. or 2. This Rule is not met as evidenced by: Based on record review and interview, the provider did not maintain the facility's heating system in a safe and properly functioning condition. The facility did not ensure maintenance was performed on the heating system when issues were identified. Findings include: On 07/08/2026, Surveyor reviewed facility records. A heating inspection report, dated 08/13/2025, indicated multiple issues with the facility's boilers. The report read, in part, "BOILER ROOM: -The boiler room is very hot -Recommend installing an exhaust fan to try cooling down the room... -Left Boiler... -The boiler pump is not firing -Found the transformer is faulty and not sending out power -Diagnosed and found the igniter shorted out and	N 504		

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N 504	Continued From page 7 caused the transformer to fail as well -Both the igniter and transformer need to be replaced... -Right boiler... -The boiler pump is very noisy and should be replaced before failing completely..." On 07/13/2026, at approximately 2:40 PM, Surveyor interviewed Administrator A and asked if the recommended repairs were made. Administrator A stated s/he did not know and would have to check his/her emails to see if the maintenance company had completed the work. Surveyor received an email from Administrator A at approximately 3:54 PM. In the email, Administrator A indicated that the facility was under a change of ownership, and "the vendor did not return to complete due to past due balance from the previous owner..." The provider did not ensure the facility's heating system was maintained in a safe and properly functioning condition.	N 504		