

**Provider Inspection Summary**  
For the period 04/01/2008 to 03/31/2011  
Residential Care Apartment Complex  
COUNTY: WOOD

**Notes**

**This report includes Provider Inspection Summaries (Facility Profiles) for Residential Care Apartment Complexes in Wood County.**

**The report is a PDF (Adobe Acrobat) document and includes a total of 7 pages. If you wish to read the profile for a particular facility without scrolling through the rest of the document, use the Search feature in the Acrobat Reader to specify part of the name of the facility you wish to review.**

**If you wish to print the profile for a particular facility, be sure to send only the desired pages to your computer printer. Otherwise you will be printing all pages in the document.**

**Provider Inspection Summary**  
For the period 04/01/2008 to 03/31/2011  
Residential Care Apartment Complex (CERTIFIED)  
COUNTY: WOOD

**Facility Information**

**Facility Name:** ANGELUS RETIREMENT COMMUNITY OF MARSHFIELD (0012240)

**Address:** 305 S CHESTNUT AVENUE, MARSHFIELD, WI 54449

**License Status:** REGULAR

**Licensed/Certified/Registered** 01/07/2008

**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

**Survey History**

**Survey ID:** 0104586      **End Date:** 07/07/2009      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

-----  
**Survey ID:** 0103404      **End Date:** 02/06/2009      **Type:** STANDARD      **Purpose:** SURVEY/COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

-----  
**Survey ID:** 0103213      **End Date:** 01/06/2009      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**This is Page 2 of 7 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

**Provider Inspection Summary**  
For the period 04/01/2008 to 03/31/2011  
Residential Care Apartment Complex (CERTIFIED)  
COUNTY: WOOD

**Complaint History (ANGELUS RETIREMENT COMMUNITY OF MARSHFIELD)**

**Date Complaint Received: 06/15/2009**

**Date Investigation Completed: 07/07/2009**

Subject Area(s)

ADMINISTRATION  
PROGRAM SERVICES

Result

NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 01/19/2009**

**Date Investigation Completed: 02/04/2009**

Subject Area(s)

NUTRITION & FOOD SERVICES  
STAFF ADEQUACY  
PROGRAM SERVICES

Result

NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 12/15/2008**

**Date Investigation Completed: 01/02/2009**

Subject Area(s)

NUTRITION & FOOD SERVICES

Result

NOT SUBSTANTIATED

SOD #

***This is Page 3 of 7 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

**Provider Inspection Summary**  
For the period 04/01/2008 to 03/31/2011  
Residential Care Apartment Complex (CERTIFIED)  
COUNTY: WOOD

**Facility Information**

**Facility Name:** RETIREMENT COMMUNITY OF NEKOOSA (0012041)

**Address:** 145 NORTH CEDAR STREET, NEKOOSA, WI 54457

**License Status:** REGULAR

**Licensed/Certified/Registered** 08/01/2007

**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

**Survey History**

**Survey ID:** 0107120      **End Date:** 08/30/2010      **Type:** STANDARD      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**This is Page 4 of 7 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

**Provider Inspection Summary**  
For the period 04/01/2008 to 03/31/2011  
Residential Care Apartment Complex (CERTIFIED)  
COUNTY: WOOD

**Facility Information**

**Facility Name:** ARBORWOOD LODGE (0012659)  
**Address:** 1331 WHITROCK AVENUE, WISCONSIN RAPIDS, WI 54494  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 12/22/2008  
**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

**Survey History**

**Survey ID:** 0103191    **End Date:** 12/22/2008    **Type:** INITIAL    **Purpose:** CHOW--LICENSURE  
**Results:** LICENSE/CERT/REGISTRATION ISSUED

**This is Page 5 of 7 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

**Provider Inspection Summary**  
For the period 04/01/2008 to 03/31/2011  
Residential Care Apartment Complex (CERTIFIED)  
COUNTY: WOOD

**Facility Information**

**Facility Name:** RENAISSANCE (THE) (0013051)  
**Address:** 1500 PEPPER AVE, WISCONSIN RAPIDS, WI 54494  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 10/27/2009  
**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

**Survey History**

**Survey ID:** 0107702    **End Date:** 12/22/2010    **Type:** STANDARD    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0105337    **End Date:** 10/27/2009    **Type:** INITIAL    **Purpose:** SURVEY

**Results:** LICENSE/CERT/REGISTRATION ISSUED

**This is Page 6 of 7 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

**Provider Inspection Summary**  
For the period 04/01/2008 to 03/31/2011  
Residential Care Apartment Complex (CERTIFIED)  
COUNTY: WOOD

**Complaint History (RENAISSANCE (THE))**

**Date Complaint Received: 11/29/2010**

**Date Investigation Completed: 12/22/2010**

Subject Area(s)  
MEDICATIONS

Result  
NOT SUBSTANTIATED

SOD #

***This is Page 7 of 7 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***