

## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

### Notes

**This report includes Provider Inspection Summaries (Facility Profiles) for Assisted Living Facilities in Barron County. The report is a PDF (Adobe Acrobat) document and includes a total of 85.00 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 01/30/2022 to 01/29/2025

Adult Day Care Center

### Facility Information

**Facility Name:** DAYBREAK II (500018)

**Address:** 154 MEMORIAL DRIVE, BARRON, WI 54812

**License Status:** REGULAR

**Licensed/Certified/Registered** 03/17/1997 12:00:00AM

**Regional Office:** NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

### Survey History

No survey activity during the period 1/30/22 to 1/29/25

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Adult Day Care Center

### Facility Information

**Facility Name:** DAYBREAK I (500017)

**Address:** 12 WEST HUMBIRD STREET, RICE LAKE, WI 54868

**License Status:** REGULAR

**Licensed/Certified/Registered** 03/17/1997 12:00:00AM

**Regional Office:** NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

### Survey History

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Adult Family Home

### Facility Information

**Facility Name:** WILLOW PINES (0013221)

**Address:** 1058-6TH STREET, ALMENA, WI 54805

**License Status:** REGULAR

**Licensed/Certified/Registered** 03/15/2010 12:00:00AM

**Regional Office:** NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

### Survey History

**Survey ID:** 0145807    **End Date:** 03/05/2024    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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### Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Adult Family Home

#### Facility Information

**Facility Name:** CHRISMARK HOME OAK STREET (0019013)

**Address:** 686 OAK ST, BARRON, WI 548121801

**License Status:** REGULAR

**Licensed/Certified/Registered** 07/14/2022 12:00:00AM

**Regional Office:** NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

#### Survey History

**Survey ID:** 0146497    **End Date:** 05/22/2024    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0140138    **End Date:** 07/14/2022    **Type:** INITIAL    **Purpose:** SURVEY

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

#### Complaint History (CHRISMARK HOME OAK STREET--0019013)

**Date Complaint Received:** 02/27/2024

**Date Investigation Completed:** 05/22/2024

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Adult Family Home

### Facility Information

**Facility Name:** REBECCAS ADULT FAMILY HOME (0016155)

**Address:** 1121 14 1/2 ST, BARRON, WI 54812

**License Status:** REGULAR

**Licensed/Certified/Registered** 07/08/2016 12:00:00AM

**Regional Office:** NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

### Survey History

**Survey ID:** 0145356    **End Date:** 01/22/2024    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Adult Family Home

### Facility Information

**Facility Name:** ACORN COTTAGE (0018050)

**Address:** 2917 7TH STREET, BARRONETT, WI 54813

**License Status:** REGULAR

**Licensed/Certified/Registered** 08/21/2020 12:00:00AM

**Regional Office:** NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

### Survey History

No survey activity during the period 1/30/22 to 1/29/25

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Adult Family Home

### Facility Information

**Facility Name:** OAK BRANCH BUNGALOW (0018048)

**Address:** 2913 7TH STREET, BARRONETT, WI 54813

**License Status:** REGULAR

**Licensed/Certified/Registered** 08/21/2020 12:00:00AM

**Regional Office:** NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

### Survey History

No survey activity during the period 1/30/22 to 1/29/25

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Adult Family Home

### Facility Information

**Facility Name:** OAK LEAF LODGE (0018051)

**Address:** 2919 7TH STREET, BARRONETT, WI 54813

**License Status:** REGULAR

**Licensed/Certified/Registered** 08/21/2020 12:00:00AM

**Regional Office:** NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

### Survey History

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Adult Family Home

### Facility Information

**Facility Name:** SAPLING SUITE (0018049)

**Address:** 2915 7TH STREET, BARRONETT, WI 54813

**License Status:** REGULAR

**Licensed/Certified/Registered** 08/21/2020 12:00:00AM

**Regional Office:** NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

### Survey History

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Adult Family Home

### Facility Information

**Facility Name:** Bryden Homes LLC Kruger (0019997)

**Address:** 616 Kruger Ave, Cameron, WI 54822

**License Status:** REGULAR

**Licensed/Certified/Registered** 11/02/2023 12:00:00AM

**Regional Office:** NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

### Survey History

**Survey ID:** 0144780    **End Date:** 11/02/2023    **Type:** INITIAL    **Purpose:** SURVEY

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

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### Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Adult Family Home

#### Facility Information

**Facility Name:** JUST LIKE HOME (590167)

**Address:** 1117 W STOUT STREET, CHETEK, WI 54728

**License Status:** REGULAR

**Licensed/Certified/Registered** 09/09/1998 12:00:00AM

**Regional Office:** NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

#### Survey History

**Survey ID:** 0145302    **End Date:** 01/10/2024    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #CSPP11    Served 01/18/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
50.065(3)(b)	COMPLETE BACKGROUND CHECK PROCESS	3/2/24	
88.05(4)(a)	FIRE SAFETY-FIRE EXTINGUISHERS	3/2/24	
88.07(3)(a)	PRESCRIPTION MEDICATIONS	3/2/24	

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Adult Family Home

### Facility Information

**Facility Name:** LEWALLEN ADULT FAMILY HOME (0014623)

**Address:** 2630 8 1/4 AVENUE, CHETEK, WI 54728

**License Status:** REGULAR

**Licensed/Certified/Registered** 07/15/2013 12:00:00AM

**Regional Office:** NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

### Survey History

No survey activity during the period 1/30/22 to 1/29/25

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Adult Family Home

### Facility Information

**Facility Name:** Pokegama Pines AFH, LLC (0019465)

**Address:** 886 26 1/4 St, Chetek, WI 54728

**License Status:** REGULAR

**Licensed/Certified/Registered** 06/28/2023 12:00:00AM

**Regional Office:** NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

### Survey History

**Survey ID:** 0143547    **End Date:** 06/28/2023    **Type:** INITIAL    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Adult Family Home

### Facility Information

**Facility Name:** WHOLE LIFE ASSISTED LIVING LLC (0018459)

**Address:** 26 BIRD STREET, CHETEK, WI 54728

**License Status:** REGULAR

**Licensed/Certified/Registered** 04/06/2021 12:00:00AM

**Regional Office:** NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

### Survey History

No survey activity during the period 1/30/22 to 1/29/25

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**Provider Inspection Summary**

For the period 01/30/2022 to 01/29/2025

Adult Family Home

**Facility Information**

**Facility Name:** AUTUMN LEAVES ASSISTED LIVING ESTATES (0016571)

**Address:** 1515 LLOYD ST, CUMBERLAND, WI 54829

**License Status:** REGULAR

**Licensed/Certified/Registered** 05/24/2017 12:00:00AM

**Regional Office:** NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

**Survey History**

**Survey ID:** 0138801    **End Date:** 02/22/2022    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey History**

No survey activity during the period 1/30/22 to 1/29/25

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### Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Adult Family Home

#### Facility Information

**Facility Name:** Home Again North (0019164)

**Address:** 565 25 1/4 Street, New Auburn, WI 54757

**License Status:** REGULAR

**Licensed/Certified/Registered** 12/12/2022 12:00:00AM

**Regional Office:** NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

#### Survey History

**Survey ID:** 0146602    **End Date:** 05/30/2024    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0143557    **End Date:** 06/26/2023    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #MRS311    Served 07/05/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(4)(f)	RESIDENT INCAPABLE OF SELF EVACUATION	5/30/24	Yes
88.10(3)(b)	PRIVACY	5/30/24	Yes

**Survey ID:** 0141588    **End Date:** 12/13/2022    **Type:** INITIAL    **Purpose:** SURVEY

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

#### Enforcement History (Home Again North--0019164)

**Date:** 07/05/2023    **SOD #**MRS311    **Appealed:** No

Sanctions

ORDER TO COMPLY

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### Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Adult Family Home

#### Complaint History (Home Again North--0019164)

**Date Complaint Received: 04/13/2023**

**Date Investigation Completed: 06/26/2023**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

MRS311

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Adult Family Home

### Facility Information

**Facility Name:** ValleyView Adult Family Home LLC (0020275)

**Address:** 2468 Barron Dunn Ave, New Auburn, WI 54757

**License Status:** REGULAR

**Licensed/Certified/Registered** 01/16/2025 12:00:00AM

**Regional Office:** NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

### Survey History

**Survey ID:** 0148616    **End Date:** 01/16/2025    **Type:** INITIAL    **Purpose:** SURVEY

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

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### Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Adult Family Home

#### Facility Information

**Facility Name:** CIRCLE OF HOPE INC (590093)

**Address:** 180 WAYNE ST EAST, PRAIRIE FARM, WI 54762

**License Status:** REGULAR

**Licensed/Certified/Registered** 07/01/1992 12:00:00AM

**Regional Office:** NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

#### Survey History

**Survey ID:** 0145284    **End Date:** 01/10/2024    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0141276    **End Date:** 09/15/2022    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #4JKO11    Served 11/07/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.03(3)(b)	CRIMINAL RECORDS CHECK	1/10/24	Yes
88.04(2)(g)1	HEALTH SCREENING FOR STAFF	1/10/24	Yes
88.04(2)(h)	COMPLY WITH OSHA	1/10/24	Yes
88.05(3)(i)	BATHROOM LOCK	1/10/24	Yes
88.05(4)(d)2.a	FIRE SAFETY EVACUATION PLAN REVIEW	1/10/24	Yes
88.06(1)(e)	INFORMATION TO DETERMINE SERVICES	1/10/24	Yes
88.06(2)(a)	ADMISSION-HEALTH EXAM	1/10/24	Yes
88.07(3)(a)	PRESCRIPTION MEDICATIONS	1/10/24	Yes
88.07(3)(d)	MEDICATION- WRITTEN ORDER	1/10/24	Yes
88.09(1)(a)	RESIDENT RECORDS	1/10/24	Yes

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### Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Adult Family Home

#### Enforcement History (CIRCLE OF HOPE INC--590093)

**Date:** 11/07/2022      **SOD #**4JKO11      **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY

#### Complaint History (CIRCLE OF HOPE INC--590093)

**Date Complaint Received:** 07/14/2022

**Date Investigation Completed:** 09/15/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Adult Family Home

### Facility Information

**Facility Name:** Aspen Rae Yorkshire (0020166)

**Address:** 920 Yorkshire Avenue, Rice Lake, WI 54868

**License Status:** REGULAR

**Licensed/Certified/Registered** 10/09/2024 12:00:00AM

**Regional Office:** NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

### Survey History

**Survey ID:** 0148086    **End Date:** 10/09/2024    **Type:** INITIAL    **Purpose:** SURVEY

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

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Adult Family Home

### Facility Information

**Facility Name:** Bryden Homes LLC Barker (0019181)

**Address:** 510 E Barker Street, Rice Lake, WI 54868

**License Status:** REGULAR

**Licensed/Certified/Registered** 06/27/2023 12:00:00AM

**Regional Office:** NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

### Survey History

**Survey ID:** 0143492    **End Date:** 06/27/2023    **Type:** INITIAL    **Purpose:** SURVEY

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

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Adult Family Home

### Facility Information

**Facility Name:** Bryden Homes LLC Kern (0019183)

**Address:** 730 Kern Avenue, Rice Lake, WI 54868

**License Status:** REGULAR

**Licensed/Certified/Registered** 06/27/2023 12:00:00AM

**Regional Office:** NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

### Survey History

**Survey ID:** 0143493    **End Date:** 06/27/2023    **Type:** INITIAL    **Purpose:** SURVEY

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

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Adult Family Home

### Facility Information

**Facility Name:** Bryden Homes LLC Nelson (0019182)

**Address:** 831 Nelson Drive, Rice Lake, WI 54868

**License Status:** REGULAR

**Licensed/Certified/Registered** 06/27/2023 12:00:00AM

**Regional Office:** NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

### Survey History

**Survey ID:** 0143495    **End Date:** 06/27/2023    **Type:** INITIAL    **Purpose:** SURVEY

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

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Adult Family Home

### Facility Information

**Facility Name:** Chrismark Home West Ave (0020505)

**Address:** 105 W Ave, Rice Lake, WI 54868

**License Status:** REGULAR

**Licensed/Certified/Registered** 09/09/2024 12:00:00AM

**Regional Office:** NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

### Survey History

**Survey ID:** 0147554    **End Date:** 09/09/2024    **Type:** INITIAL    **Purpose:** SURVEY

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

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Adult Family Home

### Facility Information

**Facility Name:** MITCHELLS FAMILY HOME (0012586)

**Address:** 103 HILLTOP DR, RICE LAKE, WI 54868

**License Status:** REGULAR

**Licensed/Certified/Registered** 11/01/2008 12:00:00AM

**Regional Office:** NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

### Survey History

**Survey ID:** 0143095    **End Date:** 05/09/2023    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Adult Family Home

### Facility Information

**Facility Name:** WE CARE ASSISTED LIVING (0016271)

**Address:** 2852 20TH ST, RICE LAKE, WI 54868

**License Status:** REGULAR

**Licensed/Certified/Registered** 09/08/2016 12:00:00AM

**Regional Office:** NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

### Survey History

**Survey ID:** 0142922    **End Date:** 04/27/2023    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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### Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS AA (AMBULATORY)

#### Facility Information

**Facility Name:** HANSENS GROUP HOME (510307)

**Address:** 1190 17TH ST, BARRON, WI 54812

**License Status:** REGULAR

**Licensed/Certified/Registered** 02/01/1986 12:00:00AM

**Regional Office:** NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

#### Survey History

**Survey ID:** 0146785    **End Date:** 06/25/2024    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0143960    **End Date:** 08/15/2023    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #CHJG11    Served 08/18/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.37(1)(e)	MEDICATION REGIMEN, ADMINISTRATION REVIEW	6/25/24	Yes
83.37(1)(g)	DISPOSITION OF MEDICATIONS	6/25/24	Yes
83.37(3)(a)	MEDICATION STORAGE: ORIGINAL CONTAINERS	6/25/24	Yes

#### Enforcement History (HANSENS GROUP HOME--510307)

**Date:** 08/18/2023    **SOD #**CHJG11    **Appealed:** No

Sanctions

ORDER TO COMPLY

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**Provider Inspection Summary**

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Facility Information**

**Facility Name:** MONROE MANOR (510311)

**Address:** 508 E MONROE AVE, BARRON, WI 54812

**License Status:** REGULAR

**Licensed/Certified/Registered** 10/20/1984 12:00:00AM

**Regional Office:** NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

**Survey History**

**Survey ID:** 0148265    **End Date:** 10/15/2024    **Type:** OTHER    **Purpose:** COMPLAINT/SELF REPORT/VV

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #8ONJ13    Served 12/09/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.38(1)(i)	BEHAVIOR MANAGEMENT		

**Survey ID:** 0146088    **End Date:** 03/13/2024    **Type:** OTHER    **Purpose:** COMPLAINT/VV

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #8ONJ12    Served 04/09/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(2)(a)	CAREGIVER: INVESTIGATING ABUSE AND NEGLECT	10/15/24	Yes
83.12(5)(b)	NOTIFICATION: ABUSE AND NEGLECT ALLEGATIONS	10/15/24	Yes
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS	10/15/24	Yes

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**Provider Inspection Summary**

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

83.17(1)	LICENSEE CONDUCT CAREGIVER BACKGROUND CHECK	10/15/24	Yes
83.18(1)	EMPLOYEE RECORDS MAINTAINED AND CURRENT	10/15/24	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	10/15/24	Yes

**Survey ID: 0144235    End Date: 07/31/2023    Type: OTHER    Purpose: COMPLAINT**

**Results: ENFORCEMENT ACTION**

**Statement of Deficiency: #8ONJ11    Served 09/14/2023**

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(2)(a)	CAREGIVER: INVESTIGATING ABUSE AND NEGLECT	3/13/24	Yes
83.12(2)(c)	REPORT TO LAW ENFORCEMENT AND CORONER	3/13/24	Yes
83.12(5)(b)	NOTIFICATION: ABUSE AND NEGLECT ALLEGATIONS	3/13/24	Yes
83.32(3)(g)	RIGHTS OF RESIDENTS: FREE OF PHYSICAL RESTRAINTS	3/6/24	Yes
83.34(3)	MORE THAN \$200 PERSONAL FUNDS FROM RESIDENT	3/13/24	Yes
83.35(3)(c)	IMPLEMENT, FOLLOW THE INDIVIDUAL SERVICE PLAN	3/13/24	Yes

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### Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Survey ID: 0143630**    **End Date: 05/25/2023**    **Type: STANDARD**    **Purpose: SURVEY/COMPLAINT/VV**

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #A12112    Served 07/18/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(5)(a)	NOTIFICATION: INCIDENT, INJURY, CHANGES	3/13/24	Yes
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN	3/13/24	Yes
83.35(5)(a)	INITIAL EVALUATION OF EVACUATION LIMITATIONS	3/13/24	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	3/13/24	Yes

**Survey ID: 0141140**    **End Date: 10/03/2022**    **Type: OTHER**    **Purpose: COMPLAINT**

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #A12111    Served 10/26/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(2)(a)	CAREGIVER: INVESTIGATING ABUSE AND NEGLECT	5/25/23	Yes
83.32(3)(d)	RIGHTS OF RESIDENTS: FREE OF MISTREATMENT	5/25/23	Yes
83.37(1)(k)	MEDICATION ERROR OR ADVERSE REACTION	5/25/23	Yes

**Survey ID: 0138746**    **End Date: 02/17/2022**    **Type: OTHER**    **Purpose: VERIFICATION VISIT**

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Enforcement History (MONROE MANOR--510311)

**Date:** 12/09/2024      **SOD #**8ONJ13      **Appealed:**      **Decision:** PENDING

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY  
FORFEITURE---83.38(1)(i)

**Date:** 04/09/2024      **SOD #**8ONJ12      **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY  
FORFEITURE---83.12(2)(a)  
FORFEITURE---83.12(5)(b)  
FORFEITURE---83.14(2)(a)  
FORFEITURE---83.17(1)  
FORFEITURE---83.47(2)(e)

**Date:** 09/14/2023      **SOD #**8ONJ11      **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY  
FORFEITURE---83.12(2)(a)  
FORFEITURE---83.35(3)(c)

**Date:** 07/13/2023      **SOD #**A12112      **Appealed:**

Sanctions

ORDER TO COMPLY  
FORFEITURE---83.47(2)(e)

**Date:** 10/26/2022      **SOD #**A12111      **Appealed:** No

Sanctions

ORDER TO COMPLY

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**Provider Inspection Summary**

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Complaint History (MONROE MANOR--510311)**

**Date Complaint Received: 07/09/2024**

**Date Investigation Completed: 10/15/2024**

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

8ONJ13

**Date Complaint Received: 01/03/2024**

**Date Investigation Completed: 03/13/2024**

Subject Area(s)

Result

SOD #

ADMINISTRATION

SUBSTANTIATED

8ONJ12

**Date Complaint Received: 07/11/2023**

**Date Investigation Completed: 07/31/2023**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

RESIDENT RIGHTS

SUBSTANTIATED

8ONJ11

RESIDENT RIGHTS

NOT SUBSTANTIATED

**Date Complaint Received: 07/05/2023**

**Date Investigation Completed: 07/31/2023**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

**Date Complaint Received: 06/27/2023**

**Date Investigation Completed: 07/31/2023**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

8ONJ11

RESIDENT RIGHTS

SUBSTANTIATED

8ONJ11

RESIDENT RIGHTS

SUBSTANTIATED

8ONJ11

RESIDENT RIGHTS

SUBSTANTIATED

8ONJ11

**Date Complaint Received: 06/21/2023**

**Date Investigation Completed: 07/31/2023**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

8ONJ11

RESIDENT RIGHTS

SUBSTANTIATED

8ONJ11

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Date Complaint Received: 05/09/2023**

**Date Investigation Completed: 05/25/2023**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

**Date Complaint Received: 03/17/2023**

**Date Investigation Completed: 05/25/2023**

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

**Date Complaint Received: 08/02/2022**

**Date Investigation Completed: 10/03/2022**

Subject Area(s)

Result

SOD #

ADMINISTRATION

SUBSTANTIATED

A12111

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

A12111

**Date Complaint Received: 07/13/2022**

**Date Investigation Completed: 10/03/2022**

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PROGRAM SERVICES

SUBSTANTIATED

A12111

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### Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS AA (AMBULATORY)

#### Facility Information

**Facility Name:** LSS BARRON AREA RESIDENTIAL TREATMENT (0016453)

**Address:** 806 29 1/2 AVE, BARRONETT, WI 54813

**License Status:** REGULAR

**Licensed/Certified/Registered** 02/01/2017 12:00:00AM

**Regional Office:** NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

#### Survey History

**Survey ID:** 0146139    **End Date:** 03/26/2024    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #OVVY12    Served 04/17/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.37(1)(k)	MEDICATION ERROR OR ADVERSE REACTION		

**Survey ID:** 0142250    **End Date:** 02/09/2023    **Type:** STANDARD    **Purpose:** SURVEY/SELF REPORT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #OVVY11    Served 02/21/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(1)(a)	DEATHS: RESTRAINT, PSYCHOTROPIC MEDS, SUICIDE	3/26/24	Yes
83.28(4)(a)	RESIDENT HEALTH SCREENING AND DOCUMENTATION	3/26/24	Yes
83.35(5)(a)	INITIAL EVALUATION OF EVACUATION LIMITATIONS	3/26/24	Yes
83.37(1)(k)	MEDICATION ERROR OR ADVERSE REACTION	3/26/24	No

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**Provider Inspection Summary**

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS AA (AMBULATORY)

83.38(1)(i)	BEHAVIOR MANAGEMENT	3/26/24	Yes
83.44(1)(c)	CLOTHES DRYERS ENCLOSED AND VENTED	3/26/24	Yes

**Enforcement History (LSS BARRON AREA RESIDENTIAL TREATMENT--0016453)**

**Date:** 04/17/2024      **SOD #**OVVY12      **Appealed:** No

Sanctions

ORDER TO COMPLY  
FORFEITURE---83.37(1)(k)

**Date:** 02/21/2023      **SOD #**OVVY11      **Appealed:** No

Sanctions

ORDER TO COMPLY

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS AS (SEMIAMBULATORY)

### Facility Information

**Facility Name:** AIN DAH ING INC (0017063)

**Address:** 2113 13 12 1/2 AVE, CAMERON, WI 54822

**License Status:** REGULAR

**Licensed/Certified/Registered** 03/16/2018 12:00:00AM

**Regional Office:** NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

### Survey History

**Survey ID:** 0145804    **End Date:** 03/05/2024    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CA (AMBULATORY)

### Facility Information

**Facility Name:** HANSONS COUNTRY HOME (0018165)

**Address:** 1372 24 3/8 STREET, CAMERON, WI 54822

**License Status:** REGULAR

**Licensed/Certified/Registered** 07/20/2020 12:00:00AM

**Regional Office:** NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

### Survey History

No survey activity during the period 1/30/22 to 1/29/25

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

### Facility Information

**Facility Name:** INTEGRICARE CAMERON (0017730)

**Address:** 1372 24 3/8 ST, CAMERON, WI 54822

**License Status:** REGULAR

**Licensed/Certified/Registered** 01/01/2020 12:00:00AM

**Regional Office:** NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

### Survey History

No survey activity during the period 1/30/22 to 1/29/25

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### Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS AA (AMBULATORY)

#### Facility Information

**Facility Name:** CHRISMARK HOME WOODARD ST (0018468)

**Address:** 251 WOODARD ST, CHETEK, WI 54728

**License Status:** REGULAR

**Licensed/Certified/Registered** 06/09/2021 12:00:00AM

**Regional Office:** NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

#### Survey History

**Survey ID:** 0148200    **End Date:** 11/27/2024    **Type:** OTHER    **Purpose:** COMPLAINT/VV

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #K6UJ12    Served 12/03/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(2)(a)	CAREGIVER: INVESTIGATING ABUSE AND NEGLECT	1/17/25	
83.12(5)(a)	NOTIFICATION: INCIDENT, INJURY, CHANGES	1/17/25	

**Survey ID:** 0145786    **End Date:** 02/29/2024    **Type:** OTHER    **Purpose:** COMPLAINT/SELF REPORT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #K6UJ11    Served 03/04/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.38(1)(i)	BEHAVIOR MANAGEMENT	11/27/24	Yes

**Survey ID:** 0136428    **End Date:** 06/01/2023    **Type:** INITIAL    **Purpose:** DESK REVIEW

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

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS AA (AMBULATORY)

### Facility Information

**Facility Name:** AURORA RES ALTERNATIVES INC 049 (510300)

**Address:** 1849 HWY 63, COMSTOCK, WI 54826

**License Status:** REGULAR

**Licensed/Certified/Registered** 01/01/1995 12:00:00AM

**Regional Office:** NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

### Survey History

No survey activity during the period 1/30/22 to 1/29/25

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### Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

#### Facility Information

**Facility Name:** CAMBRIDGE SENIOR LIVING (0017325)

**Address:** 820 BEAR PAW AVE, RICE LAKE, WI 54868

**License Status:** REGULAR

**Licensed/Certified/Registered** 03/01/2020 12:00:00AM

**Regional Office:** NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

#### Survey History

**Survey ID:** 0147191    **End Date:** 07/30/2024    **Type:** OTHER    **Purpose:** COMPLAINT/SELF REPORT/VV

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #TCA215    Served 08/01/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.37(1)(k)	MEDICATION ERROR OR ADVERSE REACTION		
83.38(1)(h)	MEDICATION ADMINISTRATION		

**Survey ID:** 0145579    **End Date:** 01/02/2024    **Type:** OTHER    **Purpose:** COMPLAINT/SELF REPORT/VV

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #TCA214    Served 02/12/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.09(1)(f)	PRIVACY	7/30/24	Yes
83.12(5)(a)	NOTIFICATION: INCIDENT, INJURY, CHANGES	7/30/24	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	7/30/24	Yes

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### Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Survey ID: 0143479**    **End Date: 06/21/2023**    **Type: STANDARD**    **Purpose: SURVEY/COMPLAINT/VV**

**Results: ENFORCEMENT ACTION**

**Statement of Deficiency: #TCA213**    Served 06/26/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	1/2/24	Yes

**Survey ID: 0142903**    **End Date: 02/28/2023**    **Type: OTHER**    **Purpose: COMPLAINT**

**Results: ENFORCEMENT ACTION**

**Statement of Deficiency: #9M4F11**    Served 04/26/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)(i)	RIGHTS OF RESIDENTS: PROMPT AND ADEQUATE TREATMENT	1/2/24	Yes

**Survey ID: 0142630**    **End Date: 01/06/2023**    **Type: OTHER**    **Purpose: COMPLAINT/VV**

**Results: ENFORCEMENT ACTION**

**Statement of Deficiency: #TCA212**    Served 04/03/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.15(3)(a)	ADMINISTRATOR SHALL SUPERVISE DAILY OPERATION		
83.38(1)(g)	HEALTH MONITORING		

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### Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0140743    End Date: 08/24/2022    Type: OTHER    Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #TCA211    Served 09/13/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)(i)	RIGHTS OF RESIDENTS: PROMPT AND ADEQUATE TREATMENT	1/6/23	Yes

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Enforcement History (CAMBRIDGE SENIOR LIVING--0017325)

**Date:** 08/01/2024      **SOD #**TCA215      **Appealed:** No

Sanctions

ORDER TO COMPLY

**Date:** 01/02/2024      **SOD #**TCA214      **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY  
FORFEITURE---83.12(5)(a)

**Date:** 06/26/2023      **SOD #**TCA213      **Appealed:** No

Sanctions

ORDER TO COMPLY

**Date:** 04/26/2023      **SOD #**9M4F11      **Appealed:**

Sanctions

ORDER TO COMPLY  
FORFEITURE---83.32(3)(i)

**Date:** 04/03/2023      **SOD #**TCA212      **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY  
FORFEITURE---83.38(1)(g)

**Date:** 09/13/2022      **SOD #**TCA211      **Appealed:** No

Sanctions

ORDER TO COMPLY

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Complaint History (CAMBRIDGE SENIOR LIVING--0017325)

**Date Complaint Received: 05/31/2024**

**Date Investigation Completed: 07/30/2024**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

TCA215

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

**Date Complaint Received: 10/23/2023**

**Date Investigation Completed: 01/02/2024**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

**Date Complaint Received: 05/03/2023**

**Date Investigation Completed: 06/21/2023**

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

**Date Complaint Received: 04/12/2023**

**Date Investigation Completed: 06/21/2023**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

TCA213

**Date Complaint Received: 01/03/2023**

**Date Investigation Completed: 02/28/2023**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

9M4F11

**Date Complaint Received: 12/27/2022**

**Date Investigation Completed: 02/28/2023**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

9M4F11

PROGRAM SERVICES

SUBSTANTIATED

9M4F11

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### Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Date Complaint Received: 10/10/2022**

**Date Investigation Completed: 01/06/2023**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS  
RESIDENT RIGHTS

SUBSTANTIATED  
SUBSTANTIATED

TCA212  
TCA212

**Date Complaint Received: 07/29/2022**

**Date Investigation Completed: 08/24/2022**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

**Date Complaint Received: 07/14/2022**

**Date Investigation Completed: 08/24/2022**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES  
RESIDENT RIGHTS  
STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED  
SUBSTANTIATED  
NOT SUBSTANTIATED

TCA211

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS AA (AMBULATORY)

### Facility Information

**Facility Name:** CHRISMARK HOME JOHN STREET (0018303)

**Address:** 320 EAST JOHN STREET, RICE LAKE, WI 54868

**License Status:** REGULAR

**Licensed/Certified/Registered** 01/06/2021 12:00:00AM

**Regional Office:** NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

### Survey History

No survey activity during the period 1/30/22 to 1/29/25

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### Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

#### Facility Information

**Facility Name:** CHRISMARK HOME LLC (0016735)

**Address:** 1627 KERN AVE, RICE LAKE, WI 54868

**License Status:** REGULAR

**Licensed/Certified/Registered** 06/23/2017 12:00:00AM

**Regional Office:** NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

#### Survey History

**Survey ID:** 0143031    **End Date:** 05/09/2023    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #NZ2511    Served 05/11/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	6/25/23	
83.28(4)(a)	RESIDENT HEALTH SCREENING AND DOCUMENTATION	6/25/23	

**Survey ID:** 0140440    **End Date:** 08/08/2022    **Type:** OTHER    **Purpose:** DESK REVIEW

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

#### Complaint History (CHRISMARK HOME LLC--0016735)

**Date Complaint Received:** 03/09/2023

**Date Investigation Completed:** 05/09/2023

Subject Area(s)  
RESIDENT RIGHTS

Result  
NOT SUBSTANTIATED

SOD #

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS AA (AMBULATORY)

### Facility Information

**Facility Name:** CHRISMARK HOME MOULLETTE DRIVE (0018704)

**Address:** 525 MOULLETTE DRIVE, RICE LAKE, WI 54868

**License Status:** REGULAR

**Licensed/Certified/Registered** 12/13/2021 12:00:00AM

**Regional Office:** NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

### Survey History

No survey activity during the period 1/30/22 to 1/29/25

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS AA (AMBULATORY)

### Facility Information

**Facility Name:** INTEGRICARE RICE LAKE (0017729)

**Address:** 315 E ST PATRICK ST, RICE LAKE, WI 54868

**License Status:** REGULAR

**Licensed/Certified/Registered** 01/01/2020 12:00:00AM

**Regional Office:** NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

### Survey History

No survey activity during the period 1/30/22 to 1/29/25

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS AA (AMBULATORY)

### Facility Information

**Facility Name:** NEW BEGINNINGS OF BARRON COUNTY INC (0009905)

**Address:** 4 CORNELL AVENUE, RICE LAKE, WI 54868

**License Status:** REGULAR

**Licensed/Certified/Registered** 07/01/2003 12:00:00AM

**Regional Office:** NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

### Survey History

No survey activity during the period 1/30/22 to 1/29/25

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### Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS AA (AMBULATORY)

#### Facility Information

**Facility Name:** NORTHWOOD GABLES (0018291)

**Address:** 1464 21ST AVENUE, RICE LAKE, WI 54868

**License Status:** REGULAR

**Licensed/Certified/Registered** 01/22/2021 12:00:00AM

**Regional Office:** NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

#### Survey History

**Survey ID:** 0146600    **End Date:** 05/30/2024    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0143299    **End Date:** 04/04/2023    **Type:** STANDARD    **Purpose:** SURVEY/SELF REPORT/VV

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #Z52712    Served 06/08/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(2)	TEMPORARY SERVICE PLAN	5/30/24	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	5/30/24	Yes

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### Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS AA (AMBULATORY)

Survey ID: 0139508 End Date: 02/22/2022 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #Z52711 Served 05/10/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	4/4/23	Yes
83.38(1)(b)	SUPERVISION	4/4/23	Yes

#### Enforcement History (NORTHWOOD GABLES--0018291)

Date: 06/08/2023 SOD #Z52712 Appealed:

Sanctions

ORDER TO COMPLY  
FORFEITURE---83.35(3)(d)

Date: 05/10/2022 SOD #Z52711 Appealed:

Sanctions

ORDER TO COMPLY  
FORFEITURE---83.35(3)(d)  
FORFEITURE---83.38(1)(b)

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### Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

#### Facility Information

**Facility Name:** OUR HOUSE RICE LAKE ASSISTED CARE (0013421)  
**Address:** 415 E SOUTH ST, RICE LAKE, WI 54868  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 10/01/2011 12:00:00AM  
**Regional Office:** NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

#### Survey History

**Survey ID:** 0143169    **End Date:** 05/18/2023    **Type:** OTHER    **Purpose:** COMPLAINT/VV

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0141003    **End Date:** 07/12/2022    **Type:** ABBREVIATED    **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #GGJV11    Served 10/12/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.41(3)(b)	FOOD SAFETY	5/18/23	Yes
83.44(2)(b)	TOILET AND BATHING AREA	5/18/23	Yes
83.46(1)(f)	COMBUSTIBLES	5/18/23	Yes

#### Enforcement History (OUR HOUSE RICE LAKE ASSISTED CARE--0013421)

**Date:** 10/12/2022    **SOD #**GGJV11    **Appealed:**

Sanctions

ORDER TO COMPLY  
FORFEITURE---83.46(1)(f)

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Complaint History (OUR HOUSE RICE LAKE ASSISTED CARE--0013421)

**Date Complaint Received: 04/17/2023**

**Date Investigation Completed: 05/18/2023**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

**Date Complaint Received: 06/10/2022**

**Date Investigation Completed: 07/12/2022**

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PHYSICAL ENVIRONMENT/SAFETY

SUBSTANTIATED

GGJV11

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** OUR HOUSE RICE LAKE MEMORY CARE (0013426)  
**Address:** 413 E SOUTH ST, RICE LAKE, WI 54868  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 10/01/2011 12:00:00AM  
**Regional Office:** NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

### Survey History

**Survey ID:** 0148050    **End Date:** 11/06/2024    **Type:** OTHER    **Purpose:** COMPLAINT/SELF REPORT  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0143172    **End Date:** 05/15/2023    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT/SELF REPORT  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0139111    **End Date:** 03/23/2022    **Type:** OTHER    **Purpose:** COMPLAINT  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Complaint History (OUR HOUSE RICE LAKE MEMORY CARE--0013426)

**Date Complaint Received: 09/12/2024**

**Date Investigation Completed: 11/06/2024**

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY  
RESIDENT RIGHTS

NOT SUBSTANTIATED  
NOT SUBSTANTIATED

**Date Complaint Received: 03/17/2023**

**Date Investigation Completed: 05/15/2023**

Subject Area(s)

Result

SOD #

ADMINISTRATION  
PHYSICAL ENVIRONMENT/SAFETY  
PROGRAM SERVICES  
RESIDENT RIGHTS

NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

**Date Complaint Received: 03/01/2022**

**Date Investigation Completed: 03/23/2022**

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

**Date Complaint Received: 02/09/2022**

**Date Investigation Completed: 03/23/2022**

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

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### Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS AA (AMBULATORY)

#### Facility Information

**Facility Name:** SUNLIGHT COMMUNITY HOME SAWYER STREET (0019910)

**Address:** 615 E Sawyer St, Rice Lake, WI 54868

**License Status:** PROBATIONARY

**Licensed/Certified/Registered** 05/08/2024 12:00:00AM

**Regional Office:** NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

#### Survey History

**Survey ID:** 0148034    **End Date:** 10/28/2024    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #5RD911    Served 11/06/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE		
83.19	ORIENTATION		
83.21(1)-(3)	ALL EMPLOYEE TRAINING		
83.35(1)(b)	SOURCES USED FOR ASSESSMENT INFORMATION		
83.35(2)	TEMPORARY SERVICE PLAN		
83.55(6)(b)	BATH AND TOILET AREAS: WATER TEMPERATURE		

**Survey ID:** 0146357    **End Date:** 05/08/2024    **Type:** INITIAL    **Purpose:** SURVEY

**Results:** PROBATIONARY LICENSE ISSUED

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### Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS AA (AMBULATORY)

#### Enforcement History (SUNLIGHT COMMUNITY HOME SAWYER STREET--0019910)

**Date:** 11/06/2024      **SOD #**5RD911      **Appealed:**      **Decision:** PENDING

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY  
FORFEITURE---83.19  
FORFEITURE---83.21(1)-(3)

#### Complaint History (SUNLIGHT COMMUNITY HOME SAWYER STREET--0019910)

**Date Complaint Received:** 07/30/2024      **Date Investigation Completed:** 10/28/2024

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
RESIDENT RIGHTS	NOT SUBSTANTIATED	

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### Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

#### Facility Information

**Facility Name:** VISTA PRAIRIE AT BRENTWOOD (0018417)

**Address:** 633 CAMERON ROAD, RICE LAKE, WI 54868

**License Status:** REGULAR

**Licensed/Certified/Registered** 03/01/2022 12:00:00AM

**Regional Office:** NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

#### Survey History

**Survey ID:** 0147060    **End Date:** 07/22/2024    **Type:** OTHER    **Purpose:** COMPLAINT/VV

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0146252    **End Date:** 04/04/2024    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #CLUL11    Served 04/25/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(2)(a)	CAREGIVER: INVESTIGATING ABUSE AND NEGLECT	7/22/24	Yes
83.12(5)(b)	NOTIFICATION: ABUSE AND NEGLECT ALLEGATIONS	7/22/24	Yes
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	7/22/24	Yes

**Survey ID:** 0145045    **End Date:** 12/12/2023    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT/VV

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Survey ID:** 0143093    **End Date:** 05/16/2023    **Type:** OTHER    **Purpose:** COMPLAINT/VV

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0142624    **End Date:** 03/23/2023    **Type:** OTHER    **Purpose:** COMPLAINT/VV

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #J55713    Served 04/03/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(4)(c)	REPORTING INCIDENTS WITH SERIOUS INJURY	12/12/23	Yes
83.32(3)(j)	RIGHTS OF RESIDENTS: TREATMENT OPTIONS	12/12/23	Yes
83.32(3)(k)	RIGHTS OF RESIDENTS: SELF-DETERMINATION	12/12/23	Yes

**Survey ID:** 0141756    **End Date:** 11/08/2022    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #CJ6Q11    Served 01/13/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.17(1)	LICENSEE CONDUCT CAREGIVER BACKGROUND CHECK	5/16/23	Yes
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	5/16/23	Yes

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0140861    End Date: 06/16/2022    Type: STANDARD    Purpose: VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #J55712    Served 09/28/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	3/23/23	Yes
83.21(1)-(3)	ALL EMPLOYEE TRAINING	3/23/23	Yes
83.22(1)-(4)	TASK SPECIFIC TRAINING	3/23/23	Yes
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	3/23/23	Yes

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### Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

#### Enforcement History (VISTA PRAIRIE AT BRENTWOOD--0018417)

**Date: 04/25/2024**      **SOD #CLUL11**      **Appealed: No**

Sanctions

ORDER TO COMPLY  
FORFEITURE---83.32(3)(h)

**Date: 03/31/2023**      **SOD #J55713**      **Appealed: No**

Sanctions

ORDER TO COMPLY

**Date: 01/13/2023**      **SOD #CJ6Q11**      **Appealed: No**

Sanctions

ORDER TO COMPLY

**Date: 09/28/2022**      **SOD #J55712**      **Appealed:**

Sanctions

ORDER TO COMPLY  
FORFEITURE---83.17(2)(a)  
FORFEITURE---83.21(1)-(3)  
FORFEITURE---83.22(1)-(4)  
FORFEITURE---83.32(3)(h)

**Date: 03/16/2022**      **SOD #J55711**      **Appealed:**

Sanctions

ORDER TO COMPLY  
FORFEITURE---83.20(2)(a)-(d)  
FORFEITURE---reassessed d/t bounced ck #20541

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Complaint History (VISTA PRAIRIE AT BRENTWOOD--0018417)

**Date Complaint Received: 05/29/2024**

**Date Investigation Completed: 07/22/2024**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

**Date Complaint Received: 01/24/2024**

**Date Investigation Completed: 04/04/2024**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

CLUL11

**Date Complaint Received: 10/06/2023**

**Date Investigation Completed: 12/12/2023**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

**Date Complaint Received: 05/15/2023**

**Date Investigation Completed: 05/16/2023**

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

**Date Complaint Received: 03/21/2023**

**Date Investigation Completed: 05/16/2023**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

**Date Complaint Received: 01/09/2023**

**Date Investigation Completed: 03/23/2023**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

J55713

**Date Complaint Received: 12/28/2022**

**Date Investigation Completed: 03/23/2023**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

J55713

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**Provider Inspection Summary**

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Date Complaint Received: 08/12/2022**

**Date Investigation Completed: 11/08/2022**

Subject Area(s)  
ADMINISTRATION  
STAFF TRAINING AND PROFICIENCY

<u>Result</u>	<u>SOD #</u>
SUBSTANTIATED	CJ6Q11
SUBSTANTIATED	CJ6Q11

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### Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

#### Facility Information

**Facility Name:** VITACARE LIVING - RICE LAKE I (0018761)

**Address:** 1631 KERN AVE, RICE LAKE, WI 54868

**License Status:** REGULAR

**Licensed/Certified/Registered** 02/01/2023 12:00:00AM

**Regional Office:** NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

#### Survey History

**Survey ID:** 0147655    **End Date:** 09/12/2024    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT/VV

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #3ITR13    Served 09/24/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE		
83.19	ORIENTATION		
83.21(1)-(3)	ALL EMPLOYEE TRAINING		
83.22(1)-(4)	TASK SPECIFIC TRAINING		
83.28(4)(a)	RESIDENT HEALTH SCREENING AND DOCUMENTATION		
83.44(1)(c)	CLOTHES DRYERS ENCLOSED AND VENTED		
83.45(1)(f)	FURNISHINGS CLEAN, SAFE, AND MAINTAINED		
83.46(1)(f)	COMBUSTIBLES		
83.47(2)(d)	FIRE DRILLS		
83.47(2)(e)	OTHER EVACUATION DRILLS		

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Survey ID: 0146672**    **End Date: 05/01/2024**    **Type: OTHER**    **Purpose: VERIFICATION VISIT**

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #3ITR12    Served 06/11/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	9/12/24	Yes

**Survey ID: 0143025**    **End Date: 05/09/2023**    **Type: OTHER**    **Purpose: COMPLAINT**

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #3ITR11    Served 05/11/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)(b)	RIGHTS OF RESIDENTS: CONFIDENTIALITY	5/1/24	Yes

**Survey ID: 0142850**    **End Date: 04/18/2023**    **Type: STANDARD**    **Purpose: COMPLAINT**

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID: 0141776**    **End Date: 01/05/2023**    **Type: OTHER**    **Purpose: COMPLAINT/VV**

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

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0141116 End Date: 08/17/2022 Type: STANDARD Purpose: SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #9C5111 Served 10/25/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(2)(a)	CAREGIVER: INVESTIGATING ABUSE AND NEGLECT	1/5/23	Yes
83.12(4)(b)	REPORTING WHEN LAW ENFORCEMENT IS CALLED	1/9/23	Yes
83.15(3)(a)	ADMINISTRATOR SHALL SUPERVISE DAILY OPERATION	1/9/23	Yes
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	1/9/23	Yes
83.19	ORIENTATION	1/5/23	Yes
83.21(1)-(3)	ALL EMPLOYEE TRAINING	1/5/23	Yes
83.22(1)-(4)	TASK SPECIFIC TRAINING	1/5/23	Yes
83.28(3)	PROVIDE ADMISSION AGREEMENT AS REQUIRED	1/5/23	Yes
83.28(5)	TEMPORARY SERVICE PLAN	1/5/23	Yes
83.32(3)(b)	RIGHTS OF RESIDENTS: CONFIDENTIALITY	1/9/23	Yes
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN	1/5/23	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	1/5/23	Yes
83.35(5)(b)	ANNUAL EVALUATION OF EVACUATION LIMITS	1/5/23	Yes
83.36(1)(a)	ADEQUATE STAFF TO MEET RESIDENT NEEDS	1/9/23	Yes
83.42(1)	RESIDENT RECORD MAINTAINED	1/5/23	Yes
83.45(3)	TOXIC SUBSTANCES	1/5/23	Yes

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### Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

#### Enforcement History (VITACARE LIVING - RICE LAKE I--0018761)

**Date:** 09/24/2024      **SOD #**3ITR13      **Appealed:**      **Decision:** PENDING

Sanctions

ORDER TO COMPLY  
FORFEITURE---83.17(2)(a)  
FORFEITURE---83.19  
FORFEITURE---83.21(1)-(3)  
FORFEITURE---83.22(1)-(4)

**Date:** 06/11/2024      **SOD #**3ITR12      **Appealed:** No

Sanctions

ORDER TO COMPLY  
FORFEITURE---83.35(3)(d)

**Date:** 05/11/2023      **SOD #**3ITR11      **Appealed:** No

Sanctions

ORDER TO COMPLY

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Date:** 10/25/2022

**SOD #**9C5111

**Appealed:**

### Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

NO NEW ADMISSIONS

ORDER TO COMPLY

FORFEITURE---83.12(2)(a)

FORFEITURE---83.12(4)(b)

FORFEITURE---83.19

FORFEITURE---83.21(1)-(3)

FORFEITURE---83.22(1)-(4)

FORFEITURE---83.28(5)

FORFEITURE---83.35(3)(a)

FORFEITURE---83.35(3)(d)

FORFEITURE---83.36(1)(a)

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Complaint History (VITACARE LIVING - RICE LAKE I--0018761)

**Date Complaint Received: 07/03/2024**

**Date Investigation Completed: 09/12/2024**

Subject Area(s)  
PROGRAM SERVICES

Result  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 04/03/2023**

**Date Investigation Completed: 05/09/2023**

Subject Area(s)  
RESIDENT RIGHTS

Result  
SUBSTANTIATED

SOD #  
3ITR11

**Date Complaint Received: 01/19/2023**

**Date Investigation Completed: 04/18/2023**

Subject Area(s)  
RESIDENT RIGHTS

Result  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 11/22/2022**

**Date Investigation Completed: 01/05/2023**

Subject Area(s)  
RESIDENT RIGHTS

Result  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 10/25/2022**

**Date Investigation Completed: 01/05/2023**

Subject Area(s)  
STAFF TRAINING AND PROFICIENCY

Result  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 04/06/2022**

**Date Investigation Completed: 08/17/2022**

Subject Area(s)  
ADMINISTRATION  
RESIDENT RIGHTS

Result  
NOT SUBSTANTIATED  
SUBSTANTIATED

SOD #  
9C5111

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** VITACARE LIVING - RICE LAKE II (0018753)  
**Address:** 1639 KERN AVE, RICE LAKE, WI 54868  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 02/01/2023 12:00:00AM  
**Regional Office:** NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

### Survey History

**Survey ID:** 0148264    **End Date:** 10/08/2024    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #9ZNS11    Served 12/09/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE		
83.19	ORIENTATION		
83.21(1)-(3)	ALL EMPLOYEE TRAINING		
83.22(1)-(4)	TASK SPECIFIC TRAINING		
83.36(1)(a)	ADEQUATE STAFF TO MEET RESIDENT NEEDS		
83.36(2)	MAINTAIN CURRENT WRITTEN STAFFING SCHEDULE		
83.37(3)(c)	MEDICATION STORAGE: LOCKED CABINET		
83.39(1)	INFECTION CONTROL PROGRAM		
83.41(3)(b)	FOOD SAFETY		
83.45(3)	TOXIC SUBSTANCES		
83.47(2)(d)	FIRE DRILLS		
83.47(2)(e)	OTHER EVACUATION DRILLS		

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0141887 End Date: 01/17/2023 Type: OTHER Purpose: VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141448 End Date: 11/21/2022 Type: STANDARD Purpose: SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #UB0611 Served 11/29/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	1/17/23	Yes
83.19	ORIENTATION	1/17/23	Yes
83.21(1)-(3)	ALL EMPLOYEE TRAINING	1/17/23	Yes
83.22(1)-(4)	TASK SPECIFIC TRAINING	1/17/23	Yes
83.35(1)(a)	PRE-ADMISSION AND ONGOING ASSESSMENTS	1/17/23	Yes
83.35(2)	TEMPORARY SERVICE PLAN	1/17/23	Yes
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN	1/17/23	Yes
83.37(1)(b)	MEDICATION LABEL PERMANENTLY ATTACHED	1/17/23	Yes
83.37(1)(g)	DISPOSITION OF MEDICATIONS	1/17/23	Yes

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### Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

#### Enforcement History (VITACARE LIVING - RICE LAKE II--0018753)

**Date: 12/09/2024**      **SOD #9ZNS11**      **Appealed: No**

Sanctions

ORDER TO COMPLY  
FORFEITURE---83.17(2)(a)  
FORFEITURE---83.19  
FORFEITURE---83.21(1)-(3)  
FORFEITURE---83.22(1)-(4)  
FORFEITURE---83.36(1)(a)

**Date: 11/29/2022**      **SOD #UB0611**      **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
COMPLY WITH REQUIREMENT  
ORDER TO COMPLY  
FORFEITURE---83.19  
FORFEITURE---83.21(1)-(3)  
FORFEITURE---83.22(1)-(4)

#### Complaint History (VITACARE LIVING - RICE LAKE II--0018753)

**Date Complaint Received: 07/10/2024**

**Date Investigation Completed: 10/08/2024**

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

9ZNS11

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### Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

#### Facility Information

**Facility Name:** WOODSTONE SENIOR LIVING CBRF (0012947)  
**Address:** 950 BEAR PAW AVENUE, RICE LAKE, WI 54868  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 09/28/2010 12:00:00AM  
**Regional Office:** NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

#### Survey History

**Survey ID:** 0145163    **End Date:** 12/27/2023    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #N5VF11    Served 01/05/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.44(1)(c)	CLOTHES DRYERS ENCLOSED AND VENTED	2/17/24	

**Survey ID:** 0140153    **End Date:** 07/12/2022    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

#### Enforcement History (WOODSTONE SENIOR LIVING CBRF--0012947)

**Date:** 04/22/2022    **SOD #**1ZP217    **Appealed:**

Sanctions  
ORDER TO COMPLY  
FORFEITURE---83.39(1)

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### Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

#### Complaint History (WOODSTONE SENIOR LIVING CBRF--0012947)

**Date Complaint Received: 12/07/2023**

**Date Investigation Completed: 12/27/2023**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

**Date Complaint Received: 11/27/2023**

**Date Investigation Completed: 12/27/2023**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

**Date Complaint Received: 10/19/2023**

**Date Investigation Completed: 12/27/2023**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025  
Residential Care Apartment Complex (CERTIFIED)

### Facility Information

**Facility Name:** Dove Healthcare Barron Assisted Living (0020071)

**Address:** 1333 Memorial Dr, Barron, WI 54812

**License Status:** REGULAR

**Licensed/Certified/Registered** 11/21/2024 12:00:00AM

**Regional Office:** NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

### Survey History

**Survey ID:** 0148197    **End Date:** 11/27/2024    **Type:** INITIAL    **Purpose:** SURVEY

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

***This is Page 81 of 85 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 01/30/2022 to 01/29/2025  
Residential Care Apartment Complex (CERTIFIED)

### Facility Information

**Facility Name:** MEADOWBROOK AT CHETEK (0017942)  
**Address:** 708 TAINTER STREET, CHETEK, WI 54728  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 12/01/2019 12:00:00AM  
**Regional Office:** NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

### Survey History

No survey activity during the period 1/30/22 to 1/29/25

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025  
Residential Care Apartment Complex (CERTIFIED)

### Facility Information

**Facility Name:** VISTA PRAIRIE AT BRENTWOOD (0018418)  
**Address:** 633 Cameron Road, Rice Lake, WI 54868  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 03/11/2021 12:00:00AM  
**Regional Office:** NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

### Survey History

**Survey ID:** 0145067    **End Date:** 12/12/2023    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0143092    **End Date:** 05/16/2023    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0142019    **End Date:** 11/14/2022    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #TX3311    Served 02/03/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
50.065(2)(b)intro	ENTITY BACKGROUND CHECK REQUIREMENTS	5/16/23	Yes
89.23(4)(d)1	SERVICES	5/16/23	Yes
89.34(16)	TENANT RIGHTS	5/16/23	Yes

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025  
Residential Care Apartment Complex (CERTIFIED)

### Facility Information

**Facility Name:** WOODSTONE SENIOR LIVING RCAC (0012946)

**Address:** 950 BEAR PAW AVENUE, RICE LAKE, WI 54868

**License Status:** REGULAR

**Licensed/Certified/Registered** 09/01/2009 12:00:00AM

**Regional Office:** NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

### Survey History

No survey activity during the period 1/30/22 to 1/29/25

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