

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 Buffalo County. The report is a PDF (Adobe Acrobat) document and includes a total of 10.00 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 Family Home

Facility Information

Facility Name: DAR MAR LLC Country Corner AFH (0018421)

Address: W2289 Stai Coulee Road, Durand, WI 54736

License Status: REGULAR

Licensed/Certified/Registered 03/01/2021 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: STEP BY STEP ADULT FAMILY HOME (590084)

Address: 637 WEST HUDSON STREET, MONDOVI, WI 54755

License Status: REGULAR

Licensed/Certified/Registered 05/28/1996 12:00:00AM

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

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: TROYS ADULT FAMILY HOME (0008515)

Address: 649 NORTH EAU CLAIRE STREET, MONDOVI, WI 54755

License Status: REGULAR

Licensed/Certified/Registered 01/11/1999 12:00:00AM

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

Survey History

Survey ID: 0139480 **End Date:** 04/29/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (TROYS ADULT FAMILY HOME--0008515)

Date Complaint Received: 04/11/2022

Date Investigation Completed: 04/29/2022

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: HILLVIEW SENIOR LIVING (0014061)

Address: 210 MEMORIAL DRIVE, MONDOVI, WI 54755

License Status: REGULAR

Licensed/Certified/Registered 05/01/2013 12:00:00AM

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

Survey History

Survey ID: 0146282 **End Date:** 04/18/2024 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #JXF211 Served 05/01/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.45(1)(b)	BUILDING INTEGRITY		
83.45(3)	TOXIC SUBSTANCES		

Enforcement History (HILLVIEW SENIOR LIVING--0014061)

Date: 05/01/2024 **SOD #:** JXF211 **Appealed:** No

Sanctions

ORDER TO COMPLY

Complaint History (HILLVIEW SENIOR LIVING--0014061)

Date Complaint Received: 02/22/2024 **Date Investigation Completed:** 04/18/2024

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PHYSICAL ENVIRONMENT/SAFETY	SUBSTANTIATED	JXF211

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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: HOMEPLACE OF MONDOVI (THE) (0016995)
Address: 158 E MAIN ST, MONDOVI, WI 54755
License Status: REGULAR
Licensed/Certified/Registered 02/06/2018 12:00:00AM
Regional Office: NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0148567 **End Date:** 01/22/2025 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0146845 **End Date:** 06/26/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #HLYX12 Served 07/01/2024

<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	1/22/25	Yes
83.45(1)(a)	EXTERIOR AREAS	1/22/25	Yes
83.47(2)(b)	EXIT DIAGRAM	1/22/25	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: 0144397 **End Date: 09/21/2023** **Type: OTHER** **Purpose: COMPLAINT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #HLYX11 Served 09/29/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN	6/26/24	Yes
83.36(1)(a)	ADEQUATE STAFF TO MEET RESIDENT NEEDS	6/26/24	Yes

Survey ID: 0140181 **End Date: 07/14/2022** **Type: OTHER** **Purpose: COMPLAINT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139195 **End Date: 04/06/2022** **Type: STANDARD** **Purpose: SURVEY/VV**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (HOMEPLACE OF MONDOVI (THE)--0016995)

Date: 06/26/2024 **SOD #HLYX12** **Appealed: No**

Sanctions

ORDER TO COMPLY

Date: 09/29/2023 **SOD #HLYX11** **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 (HOMEPLACE OF MONDOVI (THE)--0016995)

Date Complaint Received: 04/30/2024

Date Investigation Completed: 06/26/2024

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 05/24/2023

Date Investigation Completed: 09/21/2023

Subject Area(s)
PROGRAM SERVICES

Result
SUBSTANTIATED

SOD #
HLYX11

Date Complaint Received: 04/27/2022

Date Investigation Completed: 07/14/2022

Subject Area(s)
STAFF TRAINING AND PROFICIENCY

Result
NOT SUBSTANTIATED

SOD #

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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: HOMEPLACE OF MONDOVI LLC (THE) (0010250)

Address: 158 EAST MAIN STREET, MONDOVI, WI 54755

License Status: REGULAR

Licensed/Certified/Registered 06/01/1999 12:00:00AM

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

Survey History

Survey ID: 0146842 **End Date:** 06/26/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0144354 **End Date:** 09/21/2023 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #C2DJ11 Served 09/26/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
89.34(17)	TENANT RIGHTS	11/10/23	

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Provider Inspection Summary

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

Complaint History (HOMEPLACE OF MONDOVI LLC (THE)--0010250)

Date Complaint Received: 04/30/2024

Date Investigation Completed: 06/26/2024

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 05/24/2023

Date Investigation Completed: 09/21/2023

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

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