

Provider Inspection Summary

For the period 5/16/2020 to 5/16/2023

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 9.00 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 5/16/2020 to 5/16/2023

Adult Family Home

STATE OF WISCONSIN

Bureau of Assisted Living

P.O. Box 7940

Madison WI 53707-7940

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 3/1/2021 12:00:00AM

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

Survey History

Survey ID: 0135698 **End Date:** 3/1/2021 **Type:** INITIAL **Purpose:** CHOW--DESK REVIEW

Results: LICENSE/CERT/REGISTRATION ISSUED

This is Page 2 of 9 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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Provider Inspection Summary

For the period 5/16/2020 to 5/16/2023

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 5/28/1996 12:00:00AM

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

Survey History

Survey ID: 0137475 **End Date:** 10/12/2021 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (STEP BY STEP ADULT FAMILY HOME--590084)

Date Complaint Received: 9/29/2021

Date Investigation Completed: 10/12/2021

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 5/16/2020 to 5/16/2023

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 1/11/1999 12:00:00AM

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

Survey History

Survey ID: 0139480 **End Date:** 4/29/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0136563 **End Date:** 6/17/2021 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (TROYS ADULT FAMILY HOME--0008515)

Date Complaint Received: 4/11/2022

Date Investigation Completed: 4/29/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 5/16/2020 to 5/16/2023

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 5/1/2013 12:00:00AM

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

Survey History

No survey activity during the period 5/16/20 to 5/16/23

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Provider Inspection Summary

For the period 5/16/2020 to 5/16/2023

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 2/6/2018 12:00:00AM

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

Survey History

Survey ID: 0140181 **End Date:** 7/14/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139195 **End Date:** 4/6/2022 **Type:** STANDARD **Purpose:** SURVEY/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0137797 **End Date:** 11/12/2021 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 5/16/2020 to 5/16/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0136995 **End Date:** 8/5/2021 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #4HW111 Served 8/13/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.12(2)(a)	CAREGIVER: INVESTIGATING ABUSE AND NEGLECT	4/6/22	Yes
83.32(3)(d)	RIGHTS OF RESIDENTS: FREE OF MISTREATMENT	4/6/22	Yes
83.35(1)(b)	SOURCES USED FOR ASSESSMENT INFORMATION	4/6/22	Yes

Survey ID: 0136252 **End Date:** 5/13/2021 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0135299 **End Date:** 12/10/2020 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #J3WJ11 Served 12/15/2020

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.35(3)(c)	IMPLEMENT, FOLLOW THE INDIVIDUAL SERVICE PLAN	5/13/21	Yes

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Provider Inspection Summary

For the period 5/16/2020 to 5/16/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

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

Date: 8/13/2021 **SOD #**4HW111 **Appealed:** No

Sanctions
ORDER TO COMPLY

Date: 12/15/2020 **SOD #**J3WJ11 **Appealed:** No

Sanctions
ORDER TO COMPLY

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

Date Complaint Received: 4/27/2022 **Date Investigation Completed:** 7/14/2022

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
STAFF TRAINING AND PROFICIENCY	NOT SUBSTANTIATED	

Date Complaint Received: 11/3/2021 **Date Investigation Completed:** 11/12/2021

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

Date Complaint Received: 7/22/2021 **Date Investigation Completed:** 8/5/2021

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
RESIDENT RIGHTS	SUBSTANTIATED	4HW111

Date Complaint Received: 12/1/2020 **Date Investigation Completed:** 12/10/2020

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
ADMINISTRATION	SUBSTANTIATED	J3WJ11
RESIDENT RIGHTS	NOT SUBSTANTIATED	

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Provider Inspection Summary

For the period 5/16/2020 to 5/16/2023
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 6/1/1999 12:00:00AM

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

Survey History

No survey activity during the period 5/16/20 to 5/16/23

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