

Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Chippewa

Notes

This report includes Provider Inspection Summaries (Facility Profiles) for Adult Family Homes in Chippewa County. The report is a PDF (Adobe Acrobat) document and includes a total of 56.00 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 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: 4 SEASONS ADULT FAMILY HOME (0017000)

Address: 1404 THOMPSON ST, BLOOMER, WI 54724

License Status: REGULAR

Licensed/Certified/Registered 01/08/2018 12:00:00AM

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

Survey History

Survey ID: 0147535 **End Date:** 09/05/2024 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: 4 Seasons AFH 3 (0019281)

Address: 800 Martin Rd, Bloomer, WI 54724

License Status: REGULAR

Licensed/Certified/Registered 12/19/2022 12:00:00AM

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

Survey History

Survey ID: 0141654 **End Date:** 12/19/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: 4 Seasons AFH 4 (0019355)

Address: 802 Martin Rd, BLOOMER, WI 547241255

License Status: REGULAR

Licensed/Certified/Registered 12/19/2022 12:00:00AM

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

Survey History

Survey ID: 0141656 **End Date:** 12/19/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: 4 Seasons AFH 5 (0019866)

Address: 702 MAIN ST, BLOOMER, WI 547241255

License Status: REGULAR

Licensed/Certified/Registered 02/20/2024 12:00:00AM

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

Survey History

Survey ID: 0145690 **End Date:** 02/20/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: 4 SEASONS AFH 6 (0019867)

Address: 704 MAIN ST, BLOOMER, WI 54724

License Status: REGULAR

Licensed/Certified/Registered 02/20/2024 12:00:00AM

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

Survey History

Survey ID: 0145691 **End Date:** 02/20/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: EZ VIEW GROUP HOME 3 (0018361)

Address: 8342 HWY 64, BLOOMER, WI 54724

License Status: REGULAR

Licensed/Certified/Registered 05/05/2021 12:00:00AM

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

Survey History

Survey ID: 0147866 **End Date:** 10/15/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0144737 **End Date:** 11/02/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (EZ VIEW GROUP HOME 3--0018361)

Date Complaint Received: 08/20/2024

Date Investigation Completed: 10/15/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: HOME AGAIN HILL TOP WEST (0017347)

Address: 18706 HWY Q, BLOOMER, WI 54724

License Status: REGULAR

Licensed/Certified/Registered 04/08/2019 12:00:00AM

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

Survey History

No survey activity during the period 1/21/22 to 1/20/25

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: HOME AGAIN HILL TOP (0017228)

Address: 18706 HWY Q, BLOOMER, WI 54724

License Status: REGULAR

Licensed/Certified/Registered 10/11/2018 12:00:00AM

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

Survey History

No survey activity during the period 1/21/22 to 1/20/25

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: CLIENTS CHOICE BOYD STREET (0014803)

Address: 213 N BOYD STREET, BOYD, WI 54726

License Status: REGULAR

Licensed/Certified/Registered 09/18/2013 12:00:00AM

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

Survey History

Survey ID: 0140083 **End Date:** 06/10/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #8TFH11 Served 07/08/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u> <u>Verified</u>	<u>Corrected</u>
88.05(3)(a)	HOME ENVIRONMENT	8/22/22	

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: CLIENTS CHOICE ROSE STREET (0014382)

Address: 106 ROSE STREET, BOYD, WI 54726

License Status: REGULAR

Licensed/Certified/Registered 12/01/2012 12:00:00AM

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

Survey History

Survey ID: 0140084 **End Date:** 06/09/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #WUR511 Served 07/08/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u> <u>Verified</u>	<u>Corrected</u>
50.065(6)(am)	FOUR YEAR CAREGIVER BACKGROUND REQUIREMENT	8/22/22	

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: HOPES AND DREAMS III (0014564)

Address: 29732 125TH AVE, BOYD, WI 54726

License Status: REGULAR

Licensed/Certified/Registered 04/18/2013 12:00:00AM

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

Survey History

Survey ID: 0147761 **End Date:** 10/03/2024 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: SCHEIDLER ADULT FAMILY HOME (0013946)

Address: 30898 130TH AVE, BOYD, WI 54726

License Status: REGULAR

Licensed/Certified/Registered 09/10/2012 12:00:00AM

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

Survey History

Survey ID: 0147069 **End Date:** 07/11/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0143768 **End Date:** 06/23/2023 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #TFYX11 Served 07/27/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY	7/11/24	Yes
88.05(3)(b)	FREE OF HAZARDS	7/11/24	Yes
88.05(4)(d)2.c	SEMI-ANNUAL FIRE DRILLS	7/11/24	Yes
88.06(1)(e)	INFORMATION TO DETERMINE SERVICES	7/11/24	Yes
88.06(3)(b)	PERSONS INVOLVED WITH ISP & ASSESSMENT	7/11/24	Yes
88.06(3)(c)	ASSESSMENT IDENTIFY NEEDS & ABILITIES	7/11/24	Yes
88.10(3)(b)	PRIVACY	7/11/24	Yes
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT	7/11/24	Yes

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Enforcement History (SCHEIDLER ADULT FAMILY HOME--0013946)

Date: 07/26/2023 **SOD #**TFYX11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Sunny Ridge Home (0019163)

Address: N2725 County Road G, Boyd, WI 54726

License Status: REGULAR

Licensed/Certified/Registered 09/22/2022 12:00:00AM

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

Survey History

Survey ID: 0147550 **End Date:** 09/05/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #VYR311 Served 09/11/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
88.03(5)(e)1	SIGNIFICANT CHANGE TO THE RESIDENT	1/27/25	Yes
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION	1/27/25	Yes
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT	1/27/25	Yes

Survey ID: 0140911 **End Date:** 09/22/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

Enforcement History (Sunny Ridge Home--0019163)

Date: 09/11/2024 **SOD #**VYR311 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Complaint History (Sunny Ridge Home--0019163)

Date Complaint Received: 05/14/2024

Date Investigation Completed: 09/05/2024

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: BISCHEL ADULT FAMILY HOME LLC (0017145)

Address: 214 N MAIN ST, CADOTT, WI 54727

License Status: REGULAR

Licensed/Certified/Registered 12/27/2018 12:00:00AM

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

Survey History

Survey ID: 0148533 **End Date:** 01/15/2025 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0147388 **End Date:** 08/16/2024 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #U2GG11 Served 08/21/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(g)1	HEALTH SCREENING FOR STAFF	1/15/25	Yes
88.05(4)(d)2.a	FIRE SAFETY EVACUATION PLAN REVIEW	1/15/25	Yes
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION	1/15/25	Yes
88.06(1)(e)	INFORMATION TO DETERMINE SERVICES	1/15/25	Yes

Enforcement History (BISCHEL ADULT FAMILY HOME LLC--0017145)

Date: 08/21/2024 **SOD #**U2GG11 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: COUNTRY WOODS LIVING INC (0012448)

Address: 10194 - 190TH STREET, CADOTT, WI 54727

License Status: REGULAR

Licensed/Certified/Registered 08/20/2008 12:00:00AM

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

Survey History

No survey activity during the period 1/21/22 to 1/20/25

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: HOPES & DREAMS (0013167)

Address: 121 N PINE, CADOTT, WI 54727

License Status: REGULAR

Licensed/Certified/Registered 11/04/2010 12:00:00AM

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

Survey History

Survey ID: 0147538 **End Date:** 09/09/2024 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #LSIV11 Served 09/09/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(2)(a)	DIFFICULTY WALKING		

Enforcement History (HOPES & DREAMS--0013167)

Date: 09/09/2024 **SOD #**LSIV11 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: REM 230 OAK (0018741)

Address: 230 EAST OAK STREET, CADOTT, WI 54727

License Status: REGULAR

Licensed/Certified/Registered 07/20/2022 12:00:00AM

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

Survey History

Survey ID: 0140808 **End Date:** 07/20/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: REM BIRCH (0018082)

Address: 456 BIRCH STREET, CADOTT, WI 54727

License Status: REGULAR

Licensed/Certified/Registered 04/17/2020 12:00:00AM

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

Survey History

No survey activity during the period 1/21/22 to 1/20/25

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: REM WISCONSIN III INC CADOTT B 2 (0013440)

Address: 234 E OAK ST, CADOTT, WI 54727

License Status: REGULAR

Licensed/Certified/Registered 06/22/2010 12:00:00AM

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

Survey History

No survey activity during the period 1/21/22 to 1/20/25

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: REM WISCONSIN III INC OAK STREET A (0010846)

Address: 232 E OAK STREET, CADOTT, WI 54727

License Status: REGULAR

Licensed/Certified/Registered 05/18/2005 12:00:00AM

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

Survey History

Survey ID: 0147116 **End Date:** 07/24/2024 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #EY5B11 Served 07/26/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(a)	HOME ENVIRONMENT		

Enforcement History (REM WISCONSIN III INC OAK STREET A--0010846)

Date: 07/26/2024 **SOD #EY5B11** **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: REM WISCONSIN III, INC - CADOTT B-1 (0010847)

Address: 236 E OAK ST, CADOTT, WI 54727

License Status: REGULAR

Licensed/Certified/Registered 05/01/2005 12:00:00AM

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

Survey History

No survey activity during the period 1/21/22 to 1/20/25

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: REM WISCONSIN INC - CADOTT D (0013989)

Address: 1602 BOUNDARY RD, CADOTT, WI 54727

License Status: REGULAR

Licensed/Certified/Registered 12/06/2011 12:00:00AM

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

Survey History

Survey ID: 0148518 **End Date:** 01/15/2025 **Type:** ABBREVIATED **Purpose:** SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: REM WISCONSIN INC BOUNDARY 2 (0014254)

Address: 1600 BOUNDARY RD, CADOTT, WI 54727

License Status: REGULAR

Licensed/Certified/Registered 07/26/2012 12:00:00AM

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

Survey History

Survey ID: 0148434 **End Date:** 01/06/2025 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0147726 **End Date:** 10/01/2024 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0146387 **End Date:** 05/10/2024 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #JLV911 Served 05/10/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(a)	HOME ENVIRONMENT	10/1/24	Yes

Survey ID: 0138482 **End Date:** 01/21/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Enforcement History (REM WISCONSIN INC BOUNDARY 2--0014254)

Date: 05/10/2024 **SOD #**JLV911 **Appealed:** No

Sanctions

ORDER TO COMPLY

Complaint History (REM WISCONSIN INC BOUNDARY 2--0014254)

Date Complaint Received: 10/30/2024

Date Investigation Completed: 01/06/2025

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 07/02/2024

Date Investigation Completed: 10/01/2024

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 02/06/2024

Date Investigation Completed: 05/10/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: RIVERVIEW MANOR IV REM WISCONSIN III INC (0016688)

Address: 621 E CHIPPEWA ST, CADOTT, WI 54727

License Status: REGULAR

Licensed/Certified/Registered 06/01/2017 12:00:00AM

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

Survey History

Survey ID: 0144194 **End Date:** 09/01/2023 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #1FMP11 Served 09/12/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.06	CERTAIN ADMISSIONS TO FACILITIES	11/16/23	
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE	11/16/23	
88.07(3)(a)	PRESCRIPTION MEDICATIONS	11/16/23	
88.07(4)(c)	FOOD PREPARED AND STORED SANITARY WAY	11/16/23	

Complaint History (RIVERVIEW MANOR IV REM WISCONSIN III INC--0016688)

Date Complaint Received: 06/01/2023

Date Investigation Completed: 09/01/2023

Subject Area(s)
PHYSICAL ENVIRONMENT/SAFETY
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: RIVERVIEW MANOR V REM WISCONSIN III INC (0016687)

Address: 649 E CHIPPEWA ST, CADOTT, WI 54727

License Status: REGULAR

Licensed/Certified/Registered 06/01/2017 12:00:00AM

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

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: RIVERVIEW MANOR VI REM WISCONSIN III INC (0016686)

Address: 621 A E CHIPPEWA ST, CADOTT, WI 54727

License Status: REGULAR

Licensed/Certified/Registered 06/01/2017 12:00:00AM

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

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: COUNTRY WOODS LIVING INC (0020380)

Address: 28188 STATE HIGHWAY 64, CORNELL, WI 54732

License Status: REGULAR

Licensed/Certified/Registered 09/16/2024 12:00:00AM

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

Survey History

Survey ID: 0147652 **End Date:** 09/16/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: COUNTRY WOODS LIVING INC (0020387)

Address: 28148 STATE HIGHWAY 64, CORNELL, WI 54732

License Status: REGULAR

Licensed/Certified/Registered 09/16/2024 12:00:00AM

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

Survey History

Survey ID: 0147653 **End Date:** 09/16/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: EZ VIEW GROUP HOME 1 (0018449)

Address: 20977 CTY Z, CORNELL, WI 54732

License Status: REGULAR

Licensed/Certified/Registered 08/30/2021 12:00:00AM

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

Survey History

No survey activity during the period 1/21/22 to 1/20/25

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: EZ VIEW GROUP HOME 2 (0018362)

Address: 20973 CTY Z, CORNELL, WI 54732

License Status: REGULAR

Licensed/Certified/Registered 02/07/2021 12:00:00AM

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

Survey History

No survey activity during the period 1/21/22 to 1/20/25

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: NEW BEGINNINGS 4 (0018903)

Address: 23495 HWY 64, CORNELL, WI 54732

License Status: REGULAR

Licensed/Certified/Registered 05/20/2022 12:00:00AM

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

Survey History

Survey ID: 0148481 End Date: 01/07/2025 Type: STANDARD Purpose: SURVEY/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0144791 End Date: 11/08/2023 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #0ZO511 Served 11/10/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.10(3)(e)	SELF-DIRECTION	1/7/25	Yes

Survey ID: 0140019 End Date: 05/20/2022 Type: INITIAL Purpose: CHOW--DESK REVIEW

Results: LICENSE/CERT/REGISTRATION ISSUED

Enforcement History (NEW BEGINNINGS 4--0018903)

Date: 11/10/2023 SOD #0ZO511 Appealed: No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Complaint History (NEW BEGINNINGS 4--0018903)

Date Complaint Received: 09/11/2023

Date Investigation Completed: 11/08/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

0ZO511

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: NEW BEGINNINGS 5 (0018900)

Address: 23495 STATE HWY 64, CORNELL, WI 54732

License Status: REGULAR

Licensed/Certified/Registered 05/20/2022 12:00:00AM

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

Survey History

Survey ID: 0140021 **End Date:** 05/20/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: NEW BEGINNINGS 6 (0018901)

Address: 21773 230TH ST, CORNELL, WI 54732

License Status: REGULAR

Licensed/Certified/Registered 05/20/2022 12:00:00AM

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

Survey History

Survey ID: 0140024 **End Date:** 05/20/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: NEW BEGINNINGS 7 (0018902)

Address: 500 OSBOURNE ST, CORNELL, WI 54732

License Status: REGULAR

Licensed/Certified/Registered 05/20/2022 12:00:00AM

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

Survey History

Survey ID: 0140026 **End Date:** 05/20/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: WOODED ACRES AFH (0018888)

Address: 104 N 11TH ST, CORNELL, WI 54732

License Status: REGULAR

Licensed/Certified/Registered 03/08/2022 12:00:00AM

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

Survey History

Survey ID: 0139469 **End Date:** 03/08/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: 90th (0019956)

Address: 2402 90th Street, Eau Claire, WI 54703

License Status: REGULAR

Licensed/Certified/Registered 01/11/2024 12:00:00AM

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

Survey History

Survey ID: 0145251 **End Date:** 01/10/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: CIRCLE OF HOPE INC II (0018855)

Address: 3532 LOCUST LANE, EAU CLAIRE, WI 54703

License Status: REGULAR

Licensed/Certified/Registered 12/28/2021 12:00:00AM

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

Survey History

No survey activity during the period 1/21/22 to 1/20/25

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: AUTUMN OAKS (0015676)

Address: 14087 198TH STREET, JIM FALLS, WI 54748

License Status: REGULAR

Licensed/Certified/Registered 07/08/2015 12:00:00AM

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

Survey History

Survey ID: 0144805 **End Date:** 11/09/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0143322 **End Date:** 04/25/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #Q30Y12 Served 06/13/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(d)	ANNUAL WELL WATER INSPECTIONS	11/9/23	Yes

Survey ID: 0139649 **End Date:** 05/12/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #Q30Y11 Served 05/25/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(d)	ANNUAL WELL WATER INSPECTIONS	4/25/23	Yes
88.05(4)(a)	FIRE SAFETY-FIRE EXTINGUISHERS	4/25/23	Yes
88.05(4)(b)1	FIRE SAFETY-SMOKE DETECTORS	4/25/23	Yes

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Enforcement History (AUTUMN OAKS--0015676)

Date: 06/13/2023 **SOD #**Q30Y12 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 05/25/2022 **SOD #**Q30Y11 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: 4 SEASONS AFH 2 (0018095)

Address: 112 EAST DELL STREET, NEW AUBURN, WI 54757

License Status: REGULAR

Licensed/Certified/Registered 08/17/2020 12:00:00AM

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

Survey History

Survey ID: 0147760 **End Date:** 10/03/2024 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Home Again 4 (0019613)

Address: 24377 County Highway F, New Auburn, WI 54757

License Status: REGULAR

Licensed/Certified/Registered 11/28/2023 12:00:00AM

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

Survey History

Survey ID: 0144976 **End Date:** 11/28/2023 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: CLIENTS CHOICE (0012413)

Address: 805 EMERY STREET, STANLEY, WI 54768

License Status: REGULAR

Licensed/Certified/Registered 08/08/2008 12:00:00AM

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

Survey History

Survey ID: 0142052 **End Date:** 01/26/2023 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: COZY HAVEN AFH (0014906)

Address: 222 S BROADWAY STREET, STANLEY, WI 54768

License Status: REGULAR

Licensed/Certified/Registered 12/17/2013 12:00:00AM

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

Survey History

Survey ID: 0143779 **End Date:** 07/26/2023 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0142386 **End Date:** 03/02/2023 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: DUCE ADULT FAMILY HOME (0016169)

Address: 6774 CTY HWY H, STANLEY, WI 54768

License Status: REGULAR

Licensed/Certified/Registered 09/13/2016 12:00:00AM

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

Survey History

Survey ID: 0148276 **End Date:** 12/05/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0147480 **End Date:** 08/29/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0142234 **End Date:** 02/15/2023 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140442 **End Date:** 08/08/2022 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Complaint History (DUCE ADULT FAMILY HOME--0016169)

Date Complaint Received: 09/11/2024

Date Investigation Completed: 12/05/2024

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 08/08/2024

Date Investigation Completed: 08/29/2024

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: MALCOLM EMERY HOUSE LLC (0016325)

Address: 121 BARBER ST, STANLEY, WI 54768

License Status: REGULAR

Licensed/Certified/Registered 05/10/2017 12:00:00AM

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

Survey History

No survey activity during the period 1/21/22 to 1/20/25

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: PARKVIEW MANOR REM WISCONSIN INC (0016685)

Address: 121 A WEST 8TH AVE, STANLEY, WI 54768

License Status: REGULAR

Licensed/Certified/Registered 06/01/2017 12:00:00AM

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

Survey History

No survey activity during the period 1/21/22 to 1/20/25

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: STEWART ADULT FAMILY HOME (0010658)

Address: 719 N FRANKLIN, STANLEY, WI 54768

License Status: REGULAR

Licensed/Certified/Registered 09/15/2004 12:00:00AM

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

Survey History

Survey ID: 0145745 **End Date:** 01/30/2024 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #RHZQ11 Served 02/27/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY		

Enforcement History (STEWART ADULT FAMILY HOME--0010658)

Date: 02/27/2024 **SOD #**RHZQ11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: THUNDER CREEK ADULT FAMILY HOME (0012156)

Address: 36510 - 165TH AVENUE, STANLEY, WI 54768

License Status: REGULAR

Licensed/Certified/Registered 02/01/2008 12:00:00AM

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

Survey History

Survey ID: 0147463 **End Date:** 08/28/2024 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: WOLF RIVER COUNTRY ADULT HOME (0011370)

Address: 13231 CTY HWY H, STANLEY, WI 54768

License Status: REGULAR

Licensed/Certified/Registered 06/01/2006 12:00:00AM

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

Survey History

Survey ID: 0147609 **End Date:** 08/28/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #K5EW12 Served 09/18/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.07(3)(a)	PRESCRIPTION MEDICATIONS		

Survey ID: 0145546 **End Date:** 01/30/2024 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #K5EW11 Served 02/08/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(a)	HOME ENVIRONMENT	8/28/24	Yes
88.07(3)(a)	PRESCRIPTION MEDICATIONS	8/28/24	No
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT	8/28/24	Yes

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Enforcement History (WOLF RIVER COUNTRY ADULT HOME--0011370)

Date: 09/18/2024 **SOD #**K5EW12 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 02/08/2024 **SOD #**K5EW11 **Appealed:** No

Sanctions

ORDER TO COMPLY

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