

Provider Inspection Summary

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

Chippewa

Notes

This report includes Provider Inspection Summaries (Facility Profiles) for Community-Based Residential Facilities in Chippewa County.

The report is a PDF (Adobe Acrobat) document and includes a total of 48.00 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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: AGGIES COUNTRY LIVING LLC (0015795)

Address: 14135 150TH AVENUE, BLOOMER, WI 54724

License Status: REGULAR

Licensed/Certified/Registered 10/01/2016 12:00:00AM

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

Survey History

Survey ID: 0142482 **End Date:** 03/13/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #LSBH11 Served 03/16/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.37(1)(j)	PROOF-OF-USE RECORD	4/30/23	

Complaint History (AGGIES COUNTRY LIVING LLC--0015795)

Date Complaint Received: 02/15/2023

Date Investigation Completed: 03/13/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

LSBH11

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: MEADOWBROOK AT BLOOMER (0017937)

Address: 1900 PRIDDY STREET, BLOOMER, WI 54724

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 1/21/22 to 1/20/25

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: VITACARE LIVING - BLOOMER II (0018758)

Address: 406 PRIDDY STREET B, BLOOMER, WI 54724

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: 0148189 **End Date:** 09/27/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #J5JP12 Served 12/02/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.15(3)(a)	ADMINISTRATOR SHALL SUPERVISE DAILY OPERATION		
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE		
83.19	ORIENTATION		
83.21(1)-(3)	ALL EMPLOYEE TRAINING		
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION		
83.35(3)(b)	SERVICE PLAN DEVELOPMENT: PARTIES INVOLVED		
83.36(1)(b)	QUALIFIED STAFF IN CHARGE, ON DUTY AND AWAKE		
83.36(2)	MAINTAIN CURRENT WRITTEN STAFFING SCHEDULE		
83.38(1)(a)	PERSONAL CARE		

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

83.38(1)(c)	LEISURE TIME ACTIVITIES
83.41(3)(b)	FOOD SAFETY
83.42(2)	RESIDENT RECORDS SAFEGUARDED
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE
83.47(2)(d)	FIRE DRILLS
83.47(2)(e)	OTHER EVACUATION DRILLS
83.48(1)(a)	SMOKE DETECTION SYSTEM
83.55(6)(b)	BATH AND TOILET AREAS: WATER TEMPERATURE

Survey ID: 0146186 **End Date:** 04/16/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #J5JP11 Served 04/19/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)(a)	RIGHTS OF RESIDENTS: COMMUNICATIONS	9/27/24	Yes

Survey ID: 0143215 **End Date:** 05/18/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141881 **End Date:** 01/17/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0141616 **End Date:** 12/05/2022 **Type:** STANDARD **Purpose:** SURVEY/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #TR1712 Served 12/14/2022

<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
83.21(1)-(3)	ALL EMPLOYEE TRAINING	1/17/23	Yes
83.22(1)-(4)	TASK SPECIFIC TRAINING	1/17/23	Yes
83.28(4)(a)	RESIDENT HEALTH SCREENING AND DOCUMENTATION	1/17/23	Yes
83.35(5)(a)	INITIAL EVALUATION OF EVACUATION LIMITATIONS	1/17/23	Yes
83.41(3)(b)	FOOD SAFETY	1/17/23	Yes
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	1/17/23	Yes
83.45(3)	TOXIC SUBSTANCES	1/17/23	Yes
83.46(1)(c)	HEATING SYSTEM MAINTENANCE	1/17/23	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	1/17/23	Yes

Survey ID: 0140938 **End Date:** 09/20/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #TR1711 Served 10/05/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.12(2)(a)	CAREGIVER: INVESTIGATING ABUSE AND NEGLECT	12/5/22	Yes
83.12(2)(c)	REPORT TO LAW ENFORCEMENT AND CORONER	12/5/22	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0140584 End Date: 05/11/2022 Type: OTHER Purpose: COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #VQ5G11 Served 08/26/2022

<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	12/5/22	Yes
83.12(2)(c)	REPORT TO LAW ENFORCEMENT AND CORONER	12/5/22	Yes
83.17(1)	LICENSEE CONDUCT CAREGIVER BACKGROUND CHECK	12/5/22	Yes
83.19	ORIENTATION	12/5/22	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (VITACARE LIVING - BLOOMER II--0018758)

Date: 12/02/2024 **SOD #**J5JP12 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

ORDER TO COMPLY

FORFEITURE---83.15(3)(a)

FORFEITURE---83.17(2)(a)

FORFEITURE---83.19

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

FORFEITURE---83.32(3)(h)

FORFEITURE---83.35(3)(b)

FORFEITURE---83.38(1)(a)

FORFEITURE---83.41(3)(b)

FORFEITURE---83.47(2)(c)

Date: 04/19/2024 **SOD #**J5JP11 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 12/14/2022 **SOD #**TR1712 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

ORDER TO COMPLY

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

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

Date: 10/05/2022 **SOD #**TR1711 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date: 08/26/2022

SOD #VQ5G11

Appealed:

Sanctions

ORDER TO COMPLY
FORFEITURE---83.19

Complaint History (VITACARE LIVING - BLOOMER II--0018758)

Date Complaint Received: 06/10/2024

Date Investigation Completed: 09/27/2024

Subject Area(s)
PROGRAM SERVICES

Result
SUBSTANTIATED

SOD #
J5JP12

Date Complaint Received: 01/16/2024

Date Investigation Completed: 04/16/2024

Subject Area(s)
HCBS

Result
SUBSTANTIATED

SOD #
J5JP11

Date Complaint Received: 02/20/2023

Date Investigation Completed: 05/18/2023

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 08/17/2022

Date Investigation Completed: 09/20/2022

Subject Area(s)
ADMINISTRATION
RESIDENT RIGHTS

Result
SUBSTANTIATED
SUBSTANTIATED

SOD #
TR1711
TR1711

Date Complaint Received: 04/19/2022

Date Investigation Completed: 05/11/2022

Subject Area(s)
ADMINISTRATION
RESIDENT RIGHTS
STAFF TRAINING AND PROFICIENCY

Result
SUBSTANTIATED
SUBSTANTIATED
SUBSTANTIATED

SOD #
VQ5G11
VQ5G11
VQ5G11

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: VitaCare Living Bloomer I (0019745)

Address: 406 Priddy St, Bloomer, WI 54724

License Status: REGULAR

Licensed/Certified/Registered 09/13/2023 12:00:00AM

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

Survey History

Survey ID: 0147465 **End Date:** 08/23/2024 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #ESN612 Served 08/30/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.31(4)(a)	NOTICE OF FACILITY INITIATED DISCHARGES		
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION		
83.38(1)(c)	LEISURE TIME ACTIVITIES		
83.39(3)	HAND WASHING		
83.40	OXYGEN STORAGE		
83.41(3)(b)	FOOD SAFETY		
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE		
83.45(3)	TOXIC SUBSTANCES		

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0146612 End Date: 04/17/2024 Type: STANDARD Purpose: SURVEY/COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #ESN611 Served 06/04/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
50.065(2)(b)intro	ENTITY BACKGROUND CHECK REQUIREMENTS	8/23/24	Yes
50.065(4m)(c)	COMPLETE BACKGROUND INFORMATION DISCLOSURE FORM	8/23/24	Yes
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	8/23/24	Yes
83.28(4)(a)	RESIDENT HEALTH SCREENING AND DOCUMENTATION	8/23/24	Yes
83.29(2)	ADMISSION AGREEMENT	8/23/24	Yes
83.32(2)(a)	EXPLANATION OF RIGHTS, GRIEVANCE PROCEDURE	8/23/24	Yes
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	8/23/24	No
83.35(5)(a)	INITIAL EVALUATION OF EVACUATION LIMITATIONS	8/23/24	Yes
83.35(5)(b)	ANNUAL EVALUATION OF EVACUATION LIMITS	8/23/24	Yes
83.36(1)(a)	ADEQUATE STAFF TO MEET RESIDENT NEEDS	8/23/24	Yes
83.36(2)	MAINTAIN CURRENT WRITTEN STAFFING SCHEDULE	8/23/24	Yes
83.38(1)(g)	HEALTH MONITORING	8/23/24	Yes
83.39(3)	HAND WASHING	8/23/24	No
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	8/23/24	No
83.45(3)	TOXIC SUBSTANCES	8/23/24	No
83.47(2)(d)	FIRE DRILLS	8/23/24	Yes
83.48(1)(a)	SMOKE DETECTION SYSTEM	8/23/24	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

83.59(1)(f)

EXIT PASSAGEWAYS, STAIRWAYS: WIDTH
MAINTAINED

8/23/24

Yes

Survey ID: 0144228 End Date: 09/13/2023 Type: INITIAL Purpose: SURVEY

Results: PROBATIONARY LICENSE ISSUED

Enforcement History (VitaCare Living Bloomer I--0019745)

Date: 08/30/2024

SOD #ESN612

Appealed:

Decision: PENDING

Sanctions

ORDER TO COMPLY

FORFEITURE---83.32(3)(h)

FORFEITURE---83.38(1)(c)

FORFEITURE---83.39(3)

FORFEITURE---83.43(1)

FORFEITURE---83.45(3)

Date: 06/04/2024

SOD #ESN611

Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

ORDER TO COMPLY

FORFEITURE---83.6(1)(a)

FORFEITURE---83.32(3)(h)

FORFEITURE---83.38(1)(g)

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (VitaCare Living Bloomer I--0019745)

Date Complaint Received: 06/10/2024

Date Investigation Completed: 08/23/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

ESN612

Date Complaint Received: 02/29/2024

Date Investigation Completed: 04/17/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 01/03/2024

Date Investigation Completed: 04/17/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

ESN611

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: BROTOLOC NORTH NEW HOPE II (0016522)

Address: 133 W ELM STREET, CHIPPEWA FALLS, WI 54729

License Status: REGULAR

Licensed/Certified/Registered 06/14/2017 12:00:00AM

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

Survey History

Survey ID: 0148387 **End Date:** 12/19/2024 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0147542 **End Date:** 09/09/2024 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #HJLY11 Served 09/10/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.44(2)(c)	INTERIOR FLOORS, WALLS AND CEILINGS	12/19/24	Yes
83.47(2)(d)	FIRE DRILLS	12/19/24	Yes

Enforcement History (BROTOLOC NORTH NEW HOPE II--0016522)

Date: 09/10/2024 **SOD #**HJLY11 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS AS (SEMIAMBULATORY)

Facility Information

Facility Name: CHIPPEWA VALLEY GROUP HOME (0016181)

Address: 1022 1ST AVE, CHIPPEWA FALLS, WI 54729

License Status: REGULAR

Licensed/Certified/Registered 08/01/2017 12:00:00AM

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

Survey History

Survey ID: 0143507 **End Date:** 06/26/2023 **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: Evergreen (0019652)

Address: 1126 & 1128 Evergreen Ln, Chippewa Falls, WI 54729

License Status: PROBATIONARY

Licensed/Certified/Registered 09/25/2024 12:00:00AM

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

Survey History

Survey ID: 0147689 **End Date:** 09/25/2024 **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: LAKE HALLIE MEMORY CARE (0014577)

Address: 4407 124TH STREET, CHIPPEWA FALLS, WI 54729

License Status: REGULAR

Licensed/Certified/Registered 04/01/2014 12:00:00AM

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

Survey History

Survey ID: 0147649 **End Date:** 08/21/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #UBNP11 Served 09/24/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.17(1)	LICENSEE CONDUCT CAREGIVER BACKGROUND CHECK	1/28/25	Yes
83.32(3)(n)	RIGHTS OF RESIDENTS: SAFE ENVIRONMENT	1/28/25	Yes
83.35(3)(c)	IMPLEMENT, FOLLOW THE INDIVIDUAL SERVICE PLAN	1/28/25	Yes
83.36(1)(b)	QUALIFIED STAFF IN CHARGE, ON DUTY AND AWAKE	1/28/25	Yes
83.36(2)	MAINTAIN CURRENT WRITTEN STAFFING SCHEDULE	1/28/25	Yes
83.38(1)(b)	SUPERVISION	1/28/25	Yes

Survey ID: 0146448 **End Date:** 05/15/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0142991 **End Date:** 05/03/2023 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0142390 **End Date:** 12/08/2022 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #728P13 Served 03/07/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.36(1)(a)	ADEQUATE STAFF TO MEET RESIDENT NEEDS	5/3/23	Yes
83.36(2)	MAINTAIN CURRENT WRITTEN STAFFING SCHEDULE	5/3/23	Yes
83.38(1)(b)	SUPERVISION	5/3/23	Yes

Survey ID: 0140749 **End Date:** 08/17/2022 **Type:** OTHER **Purpose:** SURVEY/COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #728P12 Served 09/14/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.38(1)(b)	SUPERVISION	12/8/23	Yes

Survey ID: 0139536 **End Date:** 03/28/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #728P11 Served 05/12/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.12(5)(a)	NOTIFICATION: INCIDENT, INJURY, CHANGES	8/17/22	Yes
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	8/17/22	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (LAKE HALLIE MEMORY CARE--0014577)

Date: 09/24/2024 **SOD #**UBNP11 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.32(3)(n)
FORFEITURE---83.35(3)(c)
FORFEITURE---83.38(1)(b)

Date: 03/07/2023 **SOD #**728P13 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.36(1)(a)
FORFEITURE---83.38(1)(b)

Date: 09/14/2022 **SOD #**728P12 **Appealed:**

Sanctions

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

Date: 05/12/2022 **SOD #**728P11 **Appealed:**

Sanctions

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

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (LAKE HALLIE MEMORY CARE--0014577)

Date Complaint Received: 11/04/2024

Date Investigation Completed: 01/02/2025

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 07/08/2024

Date Investigation Completed: 08/21/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

UBNP11

PROGRAM SERVICES

SUBSTANTIATED

UBNP11

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 06/26/2024

Date Investigation Completed: 08/21/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

UBNP11

Date Complaint Received: 06/03/2024

Date Investigation Completed: 08/21/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

UBNP11

Date Complaint Received: 03/25/2024

Date Investigation Completed: 05/15/2024

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 02/19/2024

Date Investigation Completed: 05/15/2024

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date Complaint Received: 01/22/2024

Subject Area(s)

ADMINISTRATION
RESIDENT RIGHTS

Date Investigation Completed: 05/15/2024

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 03/27/2023

Subject Area(s)

PROGRAM SERVICES

Date Investigation Completed: 05/03/2023

Result

NOT SUBSTANTIATED

SOD #

Date Complaint Received: 03/13/2023

Subject Area(s)

PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES

Date Investigation Completed: 05/03/2023

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 11/16/2022

Subject Area(s)

PROGRAM SERVICES

Date Investigation Completed: 12/08/2022

Result

SUBSTANTIATED

SOD #

728P13

Date Complaint Received: 10/24/2022

Subject Area(s)

PROGRAM SERVICES

Date Investigation Completed: 12/08/2022

Result

NOT SUBSTANTIATED

SOD #

Date Complaint Received: 10/17/2022

Subject Area(s)

PROGRAM SERVICES

Date Investigation Completed: 12/08/2022

Result

SUBSTANTIATED

SOD #

728P13

Date Complaint Received: 10/10/2022

Subject Area(s)

PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES

Date Investigation Completed: 12/08/2022

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025
Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date Complaint Received: 08/03/2022

Subject Area(s)
RESIDENT RIGHTS

Date Investigation Completed: 08/17/2022

<u>Result</u>	<u>SOD #</u>
SUBSTANTIATED	728P12

Date Complaint Received: 07/27/2022

Subject Area(s)
ADMINISTRATION
PROGRAM SERVICES
RESIDENT RIGHTS

Date Investigation Completed: 08/17/2022

<u>Result</u>	<u>SOD #</u>
NOT SUBSTANTIATED	
NOT SUBSTANTIATED	
SUBSTANTIATED	728P12

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: Linden House 1 (0018999)

Address: 603 Bay Street, Chippewa Falls, WI 54729

License Status: REGULAR

Licensed/Certified/Registered 11/01/2022 12:00:00AM

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

Survey History

Survey ID: 0146474 **End Date:** 05/20/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0143830 **End Date:** 07/27/2023 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141195 **End Date:** 11/01/2022 **Type:** INITIAL **Purpose:** CHOW--DESK REVIEW

Results: PROBATIONARY LICENSE ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS AA (AMBULATORY)

Complaint History (Linden House 1--0018999)

Date Complaint Received: 03/07/2024

Date Investigation Completed: 05/20/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 02/12/2024

Date Investigation Completed: 05/20/2024

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

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: NEW HOPE HALLIE INC (0013009)

Address: 10875 40TH AVENUE, CHIPPEWA FALLS, WI 54729

License Status: REGULAR

Licensed/Certified/Registered 11/02/2010 12:00:00AM

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

Survey History

Survey ID: 0146848 **End Date:** 06/04/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #H20611 Served 07/02/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(4)(b)	REPORTING WHEN LAW ENFORCEMENT IS CALLED		
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE		
83.37(1)(e)	MEDICATION REGIMEN, ADMINISTRATION REVIEW		
83.47(2)(e)	OTHER EVACUATION DRILLS		
83.47(3)	FIRE INSPECTION		

Survey ID: 0142358 **End Date:** 02/28/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS AA (AMBULATORY)

Survey ID: 0141136 **End Date:** 10/20/2022 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140372 **End Date:** 05/03/2022 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #IWJU11 Served 08/16/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.25	CONTINUING EDUCATION	10/20/22	Yes
83.46(3)	PUBLIC WATER SUPPLY OR WELL WATER TEST	10/20/22	Yes
83.47(2)(d)	FIRE DRILLS	10/20/22	Yes
83.47(3)	FIRE INSPECTION	10/22/22	Yes

Enforcement History (NEW HOPE HALLIE INC--0013009)

Date: 07/02/2024 **SOD #**H20611 **Appealed:** **Decision:** PENDING

Sanctions

ORDER TO COMPLY
FORFEITURE---83.47(3)

Date: 08/16/2022 **SOD #**IWJU11 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.25

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS AA (AMBULATORY)

Complaint History (NEW HOPE HALLIE INC--0013009)

Date Complaint Received: 03/26/2024

Subject Area(s)

RESIDENT RIGHTS

Date Investigation Completed: 06/04/2024

Result

NOT SUBSTANTIATED

SOD #

Date Complaint Received: 01/04/2023

Subject Area(s)

RESIDENT RIGHTS

Date Investigation Completed: 02/28/2023

Result

NOT SUBSTANTIATED

SOD #

Date Complaint Received: 09/13/2022

Subject Area(s)

PROGRAM SERVICES

RESIDENT RIGHTS

Date Investigation Completed: 10/20/2022

Result

NOT SUBSTANTIATED

NOT SUBSTANTIATED

SOD #

Date Complaint Received: 02/18/2022

Subject Area(s)

PROGRAM SERVICES

RESIDENT RIGHTS

Date Investigation Completed: 05/03/2022

Result

NOT SUBSTANTIATED

NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: OUR HOUSE CHIPPEWA FALLS ASSISTED CARE (0013432)

Address: 115 MARRS ST, CHIPPEWA FALLS, WI 54729

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: 0146688 **End Date:** 05/13/2024 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #OGP611 Served 06/13/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.31(6)(a)	RETURN REFUNDS TO RESIDENT WITHIN 30 DAYS		
83.36(1)(a)	ADEQUATE STAFF TO MEET RESIDENT NEEDS		
83.46(1)(f)	COMBUSTIBLES		

Survey ID: 0143553 **End Date:** 06/29/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139600 **End Date:** 03/10/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (OUR HOUSE CHIPPEWA FALLS ASSISTED CARE--0013432)

Date: 06/13/2024 **SOD #** OGP611 **Appealed:** **Decision:** PENDING

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

ORDER TO COMPLY

FORFEITURE---83.36(1)(a)

Complaint History (OUR HOUSE CHIPPEWA FALLS ASSISTED CARE--0013432)

Date Complaint Received: 01/16/2024 **Date Investigation Completed:** 05/13/2024

Subject Area(s)

RESIDENT RIGHTS

Result

NOT SUBSTANTIATED

SOD #

Date Complaint Received: 01/04/2024

Date Investigation Completed: 05/13/2024

Subject Area(s)

PROGRAM SERVICES

Result

SUBSTANTIATED

SOD #

OGP611

Date Complaint Received: 06/20/2023

Date Investigation Completed: 06/29/2023

Subject Area(s)

PHYSICAL ENVIRONMENT/SAFETY

Result

NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: OUR HOUSE CHIPPEWA FALLS MEMORY CARE (0013435)

Address: 105 MARRS ST, CHIPPEWA FALLS, WI 54729

License Status: REGULAR

Licensed/Certified/Registered 05/09/2011 12:00:00AM

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

Survey History

Survey ID: 0142057 **End Date:** 01/25/2023 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (OUR HOUSE CHIPPEWA FALLS MEMORY CARE--0013435)

Date Complaint Received: 11/11/2024

Date Investigation Completed: 01/27/2025

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: RUTLEDGE HOME (0011783)

Address: 300 BRIDGEWATER AVE, CHIPPEWA FALLS, WI 54729

License Status: REGULAR

Licensed/Certified/Registered 04/03/2007 12:00:00AM

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

Survey History

Survey ID: 0145112 **End Date:** 12/20/2023 **Type:** OTHER **Purpose:** SELF REPORT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0144339 **End Date:** 08/17/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #JQVK12 Served 09/26/2023

Deficiencies Cited
83.45(3)

Subject Area
TOXIC SUBSTANCES

Compliance
Verified
12/20/23

Corrected
Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0142478 End Date: 03/13/2023 Type: STANDARD Purpose: SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #JQVK11 Served 03/16/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.37(1)(h)	SCHEDULED PSYCHOTROPIC MEDICATIONS	8/17/23	Yes
83.37(1)(i)	PRN PSYCHOTROPIC MEDICATION	8/17/23	Yes
83.37(3)(c)	MEDICATION STORAGE: LOCKED CABINET	8/17/23	Yes
83.44(1)(c)	CLOTHES DRYERS ENCLOSED AND VENTED	8/17/23	Yes
83.45(3)	TOXIC SUBSTANCES	8/17/23	No
83.47(2)(e)	OTHER EVACUATION DRILLS	8/17/23	Yes

Enforcement History (RUTLEDGE HOME--0011783)

Date: 09/26/2023 SOD #JQVK12 Appealed:

Sanctions

ORDER TO COMPLY
FORFEITURE---83.45(3)

Date: 03/16/2023 SOD #JQVK11 Appealed: No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025
Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (RUTLEDGE HOME--0011783)

Date Complaint Received: 03/01/2023

Subject Area(s)
PROGRAM SERVICES

Date Investigation Completed: 03/13/2023

Result SOD #
NOT SUBSTANTIATED

Date Complaint Received: 01/01/2023

Subject Area(s)
PROGRAM SERVICES
STAFF TRAINING AND PROFICIENCY

Date Investigation Completed: 03/13/2023

Result SOD #
NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 12/21/2022

Subject Area(s)
PROGRAM SERVICES
RESIDENT RIGHTS
PROGRAM SERVICES

Date Investigation Completed: 03/13/2023

Result SOD #
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 12/14/2022

Subject Area(s)
PROGRAM SERVICES
RESIDENT RIGHTS

Date Investigation Completed: 03/13/2023

Result SOD #
NOT SUBSTANTIATED
NOT SUBSTANTIATED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: SCOTT AND ALLIES HOME SWEET HOME LLC (0017646)

Address: 13362 98TH AVE, CHIPPEWA FALLS, WI 54729

License Status: REGULAR

Licensed/Certified/Registered 05/31/2019 12:00:00AM

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

Survey History

Survey ID: 0147736 **End Date:** 10/01/2024 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #1X9P11 Served 10/02/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.48(1)(b)	SMOKE AND HEAT DETECTORS PER NFPA 72		
83.55(6)(b)	BATH AND TOILET AREAS: WATER TEMPERATURE		
83.59(7)(b)	REQUIRED EXIT SIGNS LIGHTED		

Enforcement History (SCOTT AND ALLIES HOME SWEET HOME LLC--0017646)

Date: 10/02/2024 **SOD #**1X9P11 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (SCOTT AND ALLIES HOME SWEET HOME LLC--0017646)

Date Complaint Received: 09/03/2024

Date Investigation Completed: 09/26/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: COUNTRY TERRACE STANLEY (0012898)

Address: 804 PINE ST, STANLEY, WI 54768

License Status: REGULAR

Licensed/Certified/Registered 08/01/2010 12:00:00AM

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

Survey History

Survey ID: 0144774 **End Date:** 11/06/2023 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0143908 **End Date:** 06/27/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #EHTE11 Served 08/11/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	11/6/23	Yes
83.36(1)(a)	ADEQUATE STAFF TO MEET RESIDENT NEEDS	11/6/23	Yes
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	11/6/23	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0142978 **End Date:** 02/28/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #4YN011 Served 05/08/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.18(1)	EMPLOYEE RECORDS MAINTAINED AND CURRENT	11/6/23	Yes
83.21(1)-(3)	ALL EMPLOYEE TRAINING	11/6/23	Yes
83.35(3)(b)	SERVICE PLAN DEVELOPMENT: PARTIES INVOLVED	11/6/23	Yes
83.35(5)(a)	INITIAL EVALUATION OF EVACUATION LIMITATIONS	11/6/23	Yes
83.38(1)(c)	LEISURE TIME ACTIVITIES	11/6/23	Yes
83.39(1)	INFECTION CONTROL PROGRAM	11/6/23	Yes
83.39(3)	HAND WASHING	11/6/23	Yes
83.39(5)	PETS VACCINATED	11/6/23	Yes
83.41(3)(b)	FOOD SAFETY	11/6/23	Yes
83.46(1)(f)	COMBUSTIBLES	11/6/23	Yes
83.47(2)(d)	FIRE DRILLS	11/6/23	Yes

Survey ID: 0141596 **End Date:** 11/11/2022 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #N7P912 Served 12/13/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.12(4)(b)	REPORTING WHEN LAW ENFORCEMENT IS CALLED	1/28/23	

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0139609 **End Date:** 02/14/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #N7P911 Served 05/20/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.09(1)(e)	TREATMENT	11/11/22	Yes
83.12(4)(b)	REPORTING WHEN LAW ENFORCEMENT IS CALLED	11/11/22	Yes

Enforcement History (COUNTRY TERRACE STANLEY--0012898)

Date: 08/11/2023 **SOD #**EHT11 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
ORDER TO COMPLY
FORFEITURE---83.20(2)(a)-(d)
FORFEITURE---83.36(1)(a)

Date: 05/08/2023 **SOD #**4YN011 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.21(1)-(3)
FORFEITURE---83.39(1)

Date: 05/20/2022 **SOD #**N7P911 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---50.09(1)(e)

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (COUNTRY TERRACE STANLEY--0012898)

Date Complaint Received: 07/25/2023

Date Investigation Completed: 11/06/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 05/08/2023

Date Investigation Completed: 06/27/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

EHTE11

Date Complaint Received: 12/14/2022

Date Investigation Completed: 02/28/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

4YN011

Date Complaint Received: 08/24/2022

Date Investigation Completed: 11/11/2022

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: HOMEPLACE (THE) (0012212)

Address: 225 E 4TH AVE, STANLEY, WI 54768

License Status: REGULAR

Licensed/Certified/Registered 05/01/2008 12:00:00AM

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

Survey History

Survey ID: 0148499 **End Date:** 10/25/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #DTGP13 Served 01/14/2025

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.15(3)(a)	ADMINISTRATOR SHALL SUPERVISE DAILY OPERATION		
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE		
83.19	ORIENTATION		
83.21(1)-(3)	ALL EMPLOYEE TRAINING		
83.22(1)-(4)	TASK SPECIFIC TRAINING		
83.25	CONTINUING EDUCATION		
83.28(3)	PROVIDE ADMISSION AGREEMENT AS REQUIRED		
83.28(4)(a)	RESIDENT HEALTH SCREENING AND DOCUMENTATION		
83.32(2)(a)	EXPLANATION OF RIGHTS, GRIEVANCE PROCEDURE		

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION
83.32(3)(i)	RIGHTS OF RESIDENTS: PROMPT AND ADEQUATE TREATMENT
83.35(4)	RESIDENT SATISFACTION EVALUATION
83.35(5)(a)	INITIAL EVALUATION OF EVACUATION LIMITATIONS
83.35(5)(b)	ANNUAL EVALUATION OF EVACUATION LIMITS
83.37(1)(e)	MEDICATION REGIMEN, ADMINISTRATION REVIEW
83.37(1)(h)	SCHEDULED PSYCHOTROPIC MEDICATIONS
83.37(1)(i)	PRN PSYCHOTROPIC MEDICATION
83.41(3)(b)	FOOD SAFETY

Survey ID: 0145859 **End Date:** 02/06/2024 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #DTGP12 Served 03/12/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.12(4)(c)	REPORTING INCIDENTS WITH SERIOUS INJURY	10/25/24	Yes
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	10/25/24	No
83.32(3)(n)	RIGHTS OF RESIDENTS: SAFE ENVIRONMENT	10/25/24	Yes
83.35(1)(d)	RETAIN WRITTEN REPORT OF ASSESSMENT	10/25/24	Yes
83.35(2)	TEMPORARY SERVICE PLAN	10/25/24	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0144257 **End Date:** 07/28/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #DTGP11 Served 09/15/2023

<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	2/6/24	Yes
83.12(4)(a)	REPORTING WHEN RESIDENT'S WHEREABOUTS UNKNOWN	2/6/24	Yes
83.12(4)(c)	REPORTING INCIDENTS WITH SERIOUS INJURY	2/6/24	No
83.32(3)(k)	RIGHTS OF RESIDENTS: SELF-DETERMINATION	2/6/24	Yes
83.37(3)(g)	MEDICATION STORAGE: CONTROLLED SUBSTANCES	2/6/24	Yes
83.38(1)(b)	SUPERVISION	2/6/24	Yes

Survey ID: 0143489 **End Date:** 04/14/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #SY3F11 Served 06/27/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.38(1)(i)	BEHAVIOR MANAGEMENT	2/6/24	Yes

Survey ID: 0141701 **End Date:** 12/12/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0140433 End Date: 05/10/2022 Type: OTHER Purpose: COMPLAINT/SELF REPORT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #S75L13 Served 08/15/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	12/12/22	Yes
83.38(1)(b)	SUPERVISION	12/12/22	Yes
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	12/12/22	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (HOMEPLACE (THE)--0012212)

Date: 01/14/2025 **SOD #DTGP13** **Appealed:** **Decision: PENDING**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
ORDER TO COMPLY
FORFEITURE---83.15(3)(a)
FORFEITURE---83.19
FORFEITURE---83.21(1)-(3)
FORFEITURE---83.22(1)-(4)
FORFEITURE---83.25
FORFEITURE---83.28(3)
FORFEITURE---83.32(3)(h)
FORFEITURE---83.32(3)(i)
FORFEITURE---83.37(1)(e)
FORFEITURE---83.37(1)(h)
FORFEITURE---83.37(1)(i)
FORFEITURE---83.41(3)(b)

Date: 03/12/2024 **SOD #DTGP12** **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.12(4)(c)
FORFEITURE---83.32(3)(h)
FORFEITURE---83.32(3)(n)

Date: 09/15/2023 **SOD #DTGP11** **Appealed:**

Sanctions

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

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date: 06/27/2023 **SOD #**SY3F11 **Appealed:**

Sanctions

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

Date: 08/15/2022 **SOD #**S75L13 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.32(3)(h)
FORFEITURE---83.38(1)(b)
FORFEITURE---83.43(1)

Date: 02/04/2022 **SOD #**S75L12 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.12(5)(a)
FORFEITURE---83.38(1)(g)
FORFEITURE---83.43(1)

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (HOMEPLACE (THE)--0012212)

Date Complaint Received: 09/10/2024

Date Investigation Completed: 10/25/2024

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 09/05/2024

Date Investigation Completed: 10/25/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 06/20/2024

Date Investigation Completed: 10/25/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

DTGP13

Date Complaint Received: 06/11/2024

Date Investigation Completed: 10/25/2024

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY
RESIDENT RIGHTS

NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 05/24/2024

Date Investigation Completed: 10/25/2024

Subject Area(s)

Result

SOD #

ADMINISTRATION
PROGRAM SERVICES

NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 04/24/2024

Date Investigation Completed: 10/25/2024

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date Complaint Received: 01/08/2024

Subject Area(s)

PHYSICAL ENVIRONMENT/SAFETY
STAFF TRAINING AND PROFICIENCY

Date Investigation Completed: 02/06/2024

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 10/30/2023

Subject Area(s)

PROGRAM SERVICES
RESIDENT RIGHTS

Date Investigation Completed: 02/06/2024

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 07/07/2023

Subject Area(s)

PROGRAM SERVICES

Date Investigation Completed: 07/28/2023

Result

SUBSTANTIATED

SOD #

DTGP11

Date Complaint Received: 06/27/2023

Subject Area(s)

PROGRAM SERVICES

Date Investigation Completed: 07/28/2023

Result

SUBSTANTIATED

SOD #

DTGP11

Date Complaint Received: 03/27/2023

Subject Area(s)

RESIDENT RIGHTS

Date Investigation Completed: 04/14/2023

Result

SUBSTANTIATED

SOD #

SY3F11

Date Complaint Received: 10/01/2022

Subject Area(s)

PROGRAM SERVICES
PHYSICAL ENVIRONMENT/SAFETY
PHYSICAL ENVIRONMENT/SAFETY

Date Investigation Completed: 12/12/2022

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025
Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date Complaint Received: 04/11/2022

Date Investigation Completed: 05/10/2022

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

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