

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 Clark County.

The report is a PDF (Adobe Acrobat) document and includes a total of 52.00 pages. If you wish to read the profile for a particular facility without scrolling through the rest of the document, use the Search feature in the Acrobat Reader to specify part of the name of the facility you wish to review.

If you wish to print the profile for a particular facility, be sure to send only the desired pages to your computer printer. Otherwise you will be printing all pages in the document.

Provider Inspection Summary

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

Adult Day Care Center

Facility Information

Facility Name: WILLOW RIDGE ADULT DAY CARE SITE III (0016581)

Address: 237 W 6TH ST APT 1, NEILLSVILLE, WI 54456

License Status: REGULAR

Licensed/Certified/Registered 07/31/2017 12:00:00AM

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

Survey History

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

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Provider Inspection Summary

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

Adult Day Care Center

Facility Information

Facility Name: WILLOW RIDGE ADULT DAY CARE I (500004)

Address: W4266 COUNTY ROAD X, OWEN, WI 54460

License Status: REGULAR

Licensed/Certified/Registered 12/21/1989 12:00:00AM

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

Survey History

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

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Provider Inspection Summary

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

Adult Day Care Center

Facility Information

Facility Name: WILLOW RIDGE ADULT DAY CENTER II (500011)

Address: W4266 COUNTY ROAD X, OWEN, WI 54460

License Status: REGULAR

Licensed/Certified/Registered 01/01/1998 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: OHANA HAVEN AFH (0016488)

Address: 502 W ADAMS ST, COLBY, WI 54421

License Status: REGULAR

Licensed/Certified/Registered 01/25/2017 12:00:00AM

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

Survey History

Survey ID: 0145295 **End Date:** 01/11/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0143758 **End Date:** 06/16/2023 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #JGP712 Served 07/26/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.07(3)(a)	PRESCRIPTION MEDICATIONS	1/11/24	Yes
88.07(4)(c)	FOOD PREPARED AND STORED SANITARY WAY	1/11/24	Yes

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Provider Inspection Summary

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

Adult Family Home

Survey ID: 0141839 **End Date:** 01/11/2023 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #JGP711 Served 01/13/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
88.05(3)(b)	FREE OF HAZARDS	6/16/23	Yes
88.07(3)(a)	PRESCRIPTION MEDICATIONS	6/16/23	No
88.07(4)(c)	FOOD PREPARED AND STORED SANITARY WAY	6/16/23	No
88.09(1)(a)	RESIDENT RECORDS	6/16/23	Yes

Enforcement History (OHANA HAVEN AFH--0016488)

Date: 07/26/2023 **SOD #**JGP712 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 01/13/2023 **SOD #**JGP711 **Appealed:** No

Sanctions

ORDER TO COMPLY

Complaint History (OHANA HAVEN AFH--0016488)

Date Complaint Received: 04/19/2023 **Date Investigation Completed:** 06/16/2023

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

Date Complaint Received: 11/08/2022 **Date Investigation Completed:** 01/11/2023

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

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: KOURTLAND 2 (0014362)

Address: 308 S EATON AVE, GREENWOOD, WI 54437

License Status: REGULAR

Licensed/Certified/Registered 11/06/2012 12:00:00AM

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

Survey History

Survey ID: 0141955 **End Date:** 01/24/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140211 **End Date:** 07/21/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139035 **End Date:** 03/08/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #UHAJ11 Served 03/22/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u> <u>Verified</u>	<u>Corrected</u>
88.05(3)(b)	FREE OF HAZARDS	7/14/22	Yes
88.06(1)(e)	INFORMATION TO DETERMINE SERVICES	7/14/22	Yes
88.09(2)(a)7	JOB DESCRIPTION	7/14/22	Yes

Enforcement History (KOURTLAND 2--0014362)

Date: 03/22/2022 **SOD #UHAJ11** **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

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

Adult Family Home

Complaint History (KOURTLAND 2--0014362)

Date Complaint Received: 10/26/2022

Date Investigation Completed: 01/24/2023

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: KOURTLAND HOUSE (0011255)

Address: 308 S EATON AVE, GREENWOOD, WI 54437

License Status: REGULAR

Licensed/Certified/Registered 03/08/2006 12:00:00AM

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

Survey History

Survey ID: 0147811 **End Date:** 10/07/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0143491 **End Date:** 01/20/2023 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141312 **End Date:** 08/03/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #8HHR12 Served 11/10/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
50.03	LICENSING, POWERS AND DUTIES	1/20/23	Yes
88.05(3)(o)	HOME NOT BE USED FOR OTHER BUSINESS	1/20/23	Yes
88.05(4)(d)2.a	FIRE SAFETY EVACUATION PLAN REVIEW	1/20/23	Yes
88.06(1)(e)	INFORMATION TO DETERMINE SERVICES	1/20/23	Yes
88.06(2)(a)	ADMISSION-HEALTH EXAM	1/20/23	Yes
88.06(2)(b)	SERVICE AGREEMENT EXCEPT RESPITE	1/20/23	Yes

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Provider Inspection Summary

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

Adult Family Home

Survey ID: 0139022 **End Date:** 03/08/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #8HHR11 Served 03/22/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
88.06(1)(e)	INFORMATION TO DETERMINE SERVICES	8/3/22	No
88.07(4)(c)	FOOD PREPARED AND STORED SANITARY WAY	8/3/22	Yes
88.09(2)(a)7	JOB DESCRIPTION	8/3/22	Yes

Enforcement History (KOURTLAND HOUSE--0011255)

Date: 11/10/2022 **SOD #**8HHR12 **Appealed:** No

Sanctions

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

Date: 03/22/2022 **SOD #**8HHR11 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

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

Adult Family Home

Complaint History (KOURTLAND HOUSE--0011255)

Date Complaint Received: 07/16/2024

Date Investigation Completed: 10/07/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 10/26/2022

Date Investigation Completed: 01/20/2023

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: NOAHS ADULT RESIDENTIAL KARE INC 2 (0014728)

Address: 307 S EATON AVENUE, GREENWOOD, WI 54437

License Status: REGULAR

Licensed/Certified/Registered 07/19/2013 12:00:00AM

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

Survey History

Survey ID: 0143498 **End Date:** 06/23/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0142623 **End Date:** 01/24/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #T6CY12 Served 03/31/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION	6/23/23	Yes

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Provider Inspection Summary

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

Adult Family Home

Survey ID: 0141175 End Date: 07/19/2022 Type: STANDARD Purpose: SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #T6CY11 Served 10/28/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
88.03(5)(e)2	DEATH DUE TO INCIDENT OR ACCIDENT	1/24/23	Yes
88.04(2)(a)	RESPONSIBILITIES	1/24/23	Yes
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY	1/24/23	Yes
88.05(3)(b)	FREE OF HAZARDS	1/24/23	Yes
88.05(4)(d)2.a	FIRE SAFETY EVACUATION PLAN REVIEW	1/24/23	Yes
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION	1/24/23	No
88.06(1)(e)	INFORMATION TO DETERMINE SERVICES	1/24/23	Yes
88.06(2)(a)	ADMISSION-HEALTH EXAM	1/24/23	Yes
88.06(2)(b)	SERVICE AGREEMENT EXCEPT RESPITE	1/24/23	Yes
88.07(3)(a)	PRESCRIPTION MEDICATIONS	1/24/23	Yes
88.07(3)(d)	MEDICATION- WRITTEN ORDER	1/24/23	Yes
88.09(1)(a)	RESIDENT RECORDS	1/24/23	Yes

Enforcement History (NOAHS ADULT RESIDENTIAL KARE INC 2--0014728)

Date: 03/31/2023 SOD #T6CY12 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 10/28/2022 SOD #T6CY11 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
NO NEW ADMISSIONS
ORDER TO COMPLY

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Provider Inspection Summary

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

Adult Family Home

Complaint History (NOAHS ADULT RESIDENTIAL KARE INC 2--0014728)

Date Complaint Received: 04/19/2022

Date Investigation Completed: 07/16/2022

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES

SUBSTANTIATED
SUBSTANTIATED

T6CY11
T6CY11

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: WHISPERING PINES MANOR (0009462)

Address: 920 W 5TH ST, NEILLSVILLE, WI 54456

License Status: REGULAR

Licensed/Certified/Registered 12/07/2001 12:00:00AM

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

Survey History

Survey ID: 0144039 **End Date:** 08/18/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0143111 **End Date:** 03/21/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #EE8V14 Served 05/19/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.03	LICENSING, POWERS AND DUTIES	8/18/23	Yes
88.04(2)(a)	RESPONSIBILITIES	8/18/23	Yes

Survey ID: 0142237 **End Date:** 02/17/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Adult Family Home

Survey ID: 0141642 End Date: 09/16/2022 Type: OTHER Purpose: VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #EE8V13 Served 12/19/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
50.03	LICENSING, POWERS AND DUTIES	3/21/23	No
88.04(2)(a)	RESPONSIBILITIES	3/21/23	No
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT	3/21/23	Yes

Survey ID: 0140011 End Date: 04/18/2022 Type: OTHER Purpose: VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #EE8V12 Served 07/01/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
50.03	LICENSING, POWERS AND DUTIES	9/16/22	Yes
88.05(3)(b)	FREE OF HAZARDS	9/16/22	Yes
88.07(3)(a)	PRESCRIPTION MEDICATIONS	9/16/22	Yes
88.09(1)(a)	RESIDENT RECORDS	9/16/22	Yes
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT	9/16/22	Yes

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Provider Inspection Summary

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

Adult Family Home

Enforcement History (WHISPERING PINES MANOR--0009462)

Date: 05/19/2023 **SOD #**EE8V14 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
NNAO EXTENDED
ORDER TO COMPLY

Date: 12/19/2022 **SOD #**EE8V13 **Appealed:** No

Sanctions

COMPLY WITH REQUIREMENT
NO NEW ADMISSIONS
ORDER TO COMPLY

Date: 07/01/2022 **SOD #**EE8V12 **Appealed:** No

Sanctions

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

Date: 02/01/2022 **SOD #**EE8V11 **Appealed:** No

Sanctions

ORDER TO COMPLY

Complaint History (WHISPERING PINES MANOR--0009462)

Date Complaint Received: 11/09/2022 **Date Investigation Completed:** 02/17/2023

Subject Area(s)

PROGRAM SERVICES

Result

NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: CLIENTS CHOICE (0016658)

Address: W11749 COUNTY LINE ROAD, STANLEY, WI 54768

License Status: REGULAR

Licensed/Certified/Registered 04/28/2017 12:00:00AM

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

Survey History

Survey ID: 0147189 **End Date:** 07/31/2024 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #TCKZ11 Served 08/02/2024

Deficiencies Cited
88.05(3)(d)

Subject Area
ANNUAL WELL WATER INSPECTIONS

Compliance
Verified
9/16/24

Corrected

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: AURORA RESIDENTIAL ALTERNATIVES INC 025 (590164)

Address: 208 E KRYCH STREET, THORP, WI 54771

License Status: REGULAR

Licensed/Certified/Registered 02/09/1998 12:00:00AM

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

Survey History

Survey ID: 0138577 **End Date:** 02/01/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey History

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

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: Deepening Roots LLC (0019818)

Address: 405 W Prospect St, Thorp, WI 54771

License Status: REGULAR

Licensed/Certified/Registered 01/10/2024 12:00:00AM

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

Survey History

Survey ID: 0147390 **End Date:** 08/15/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0145257 **End Date:** 01/10/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

Complaint History (Deepening Roots LLC--0019818)

Date Complaint Received: 05/10/2024

Date Investigation Completed: 08/15/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: Deepening Roots (0019651)

Address: 411 W Prospect St, Thorp, WI 54771

License Status: REGULAR

Licensed/Certified/Registered 09/28/2023 12:00:00AM

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

Survey History

Survey ID: 0147391 **End Date:** 08/15/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0144410 **End Date:** 09/28/2023 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

Complaint History (Deepening Roots--0019651)

Date Complaint Received: 05/10/2024

Date Investigation Completed: 08/15/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: K&Ds COUNTRY LIVING (0018798)

Address: W9498 KINGTON RD, THORP, WI 54771

License Status: REGULAR

Licensed/Certified/Registered 02/04/2022 12:00:00AM

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

Survey History

Survey ID: 0138600 **End Date:** 02/04/2022 **Type:** INITIAL **Purpose:** CHOW--DESK REVIEW

Results: LICENSE/CERT/REGISTRATION ISSUED

Survey History

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

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: Sterling Adult Family Home Hillside (0019716)

Address: 101 E Maple St, Thorp, WI 54771

License Status: REGULAR

Licensed/Certified/Registered 09/04/2024 12:00:00AM

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

Survey History

Survey ID: 0147543 **End Date:** 09/04/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: STERLING ADULT FAMILY HOME (0011795)

Address: 100 N WILSON ST, THORP, WI 54771

License Status: REGULAR

Licensed/Certified/Registered 02/01/2007 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: Western Wisconsin Compassionate Care (0019350)

Address: 406 S Washington Street, Thorp, WI 54771

License Status: REGULAR

Licensed/Certified/Registered 01/06/2023 12:00:00AM

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

Survey History

Survey ID: 0145151 **End Date:** 12/20/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141770 **End Date:** 01/06/2023 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

Complaint History (Western Wisconsin Compassionate Care--0019350)

Date Complaint Received: 10/24/2023

Date Investigation Completed: 12/20/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: VITACARE LIVING - ABBOTSFORD I (0018759)

Address: 100 S 4TH AVE, ABBOTSFORD, WI 544059728

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: 0146724 **End Date:** 05/28/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #G7KO11 Served 06/17/2024

Deficiencies Cited

83.20(2)(a)-(d)

83.36(1)(b)

Subject Area

DEPARTMENT-APPROVED TRAINING COURSE
QUALIFIED STAFF IN CHARGE, ON DUTY AND
AWAKE

Compliance
Verified

Corrected

Survey ID: 0142053 **End Date:** 01/25/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0141458 **End Date:** 11/16/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #EHFE11 Served 11/30/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	1/25/23	Yes
83.32(2)(a)	EXPLANATION OF RIGHTS, GRIEVANCE PROCEDURE	1/25/23	Yes
83.37(3)(g)	MEDICATION STORAGE: CONTROLLED SUBSTANCES	1/25/23	Yes
83.41(3)(b)	FOOD SAFETY	1/25/23	Yes
83.42(2)	RESIDENT RECORDS SAFEGUARDED	1/25/23	Yes
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	1/25/23	Yes
83.45(3)	TOXIC SUBSTANCES	1/25/23	Yes

Enforcement History (VITACARE LIVING - ABBOTSFORD I--0018759)

Date: 06/17/2024 **SOD #**G7KO11 **Appealed:** **Decision:** PENDING

Sanctions

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

Date: 11/30/2022 **SOD #**EHFE11 **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 (VITACARE LIVING - ABBOTSFORD I--0018759)

Date Complaint Received: 01/09/2024

Date Investigation Completed: 05/28/2024

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

G7KO11

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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 DORCHESTER LLC CBRF (0013040)
Address: 155 N 3RD ST, DORCHESTER, WI 54425
License Status: REGULAR
Licensed/Certified/Registered 05/07/2010 12:00:00AM
Regional Office: NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0148174 **End Date:** 11/07/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0145860 **End Date:** 01/26/2024 **Type:** OTHER **Purpose:** COMPLAINT/VV
Results: ENFORCEMENT ACTION

Statement of Deficiency: #702S12 Served 03/13/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN	11/7/24	Yes
83.38(1)(h)	MEDICATION ADMINISTRATION	11/7/24	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0144496 **End Date:** 10/09/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #VGC511 Served 10/11/2023

<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	1/26/24	Yes
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN	1/26/24	No

Survey ID: 0143873 **End Date:** 06/07/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #702S11 Served 08/08/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.35(5)(b)	ANNUAL EVALUATION OF EVACUATION LIMITS	1/26/24	Yes
83.37(1)(h)	SCHEDULED PSYCHOTROPIC MEDICATIONS	1/26/24	Yes
83.37(3)(f)	MEDICATION STORAGE: INTERNALS AND EXTERNALS	1/26/24	Yes
83.38(1)(b)	SUPERVISION	1/26/24	Yes
83.38(1)(h)	MEDICATION ADMINISTRATION	1/26/24	No
83.41(3)(b)	FOOD SAFETY	1/26/24	Yes
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	1/26/24	Yes
83.45(3)	TOXIC SUBSTANCES	1/26/24	Yes
83.47(2)(d)	FIRE DRILLS	1/26/24	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	1/26/24	Yes
83.47(4)(a)	FIRE EXTINGUISHERS: TYPE AND INSPECTION	1/26/24	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0140571 **End Date:** 08/23/2022 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139528 **End Date:** 02/17/2022 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #M2MC13 Served 05/11/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.12(5)(a)	NOTIFICATION: INCIDENT, INJURY, CHANGES	8/2/22	Yes
83.12(6)	DOCUMENTATION REQUIREMENTS FOR WRITTEN REPORT	8/2/22	Yes
83.32(3)(i)	RIGHTS OF RESIDENTS: PROMPT AND ADEQUATE TREATMENT	8/2/22	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (HOMEPLACE OF DORCHESTER LLC CBRF--0013040)

Date: 03/12/2024 **SOD #**702S12 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

ORDER TO COMPLY

FORFEITURE---83.35(3)(a)

FORFEITURE---83.38(1)(h)

Date: 10/11/2023 **SOD #**VGC511 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 08/08/2023 **SOD #**702S11 **Appealed:** No

Sanctions

ORDER TO COMPLY

FORFEITURE---83.38(1)(b)

Date: 05/11/2022 **SOD #**M2MC13 **Appealed:**

Sanctions

ORDER TO COMPLY

FORFEITURE---83.32(3)(i)

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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 DORCHESTER LLC CBRF--0013040)

Date Complaint Received: 10/30/2023

Date Investigation Completed: 01/26/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 07/26/2023

Date Investigation Completed: 10/09/2023

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES

NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 03/06/2023

Date Investigation Completed: 06/07/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES
STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED
702S11
SUBSTANTIATED
702S11

Date Complaint Received: 06/22/2022

Date Investigation Completed: 08/23/2022

Subject Area(s)

Result

SOD #

ADMINISTRATION
PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES
RESIDENT RIGHTS

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 05/04/2022

Date Investigation Completed: 08/23/2022

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: PABICHS RESIDENTIAL FACILITY INC (510067)

Address: 311 W HUNT ST, GREENWOOD, WI 54437

License Status: REGULAR

Licensed/Certified/Registered 03/01/1981 12:00:00AM

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

Survey History

Survey ID: 0143501 **End Date:** 06/23/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0142486 **End Date:** 03/15/2023 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0142038 **End Date:** 01/27/2023 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #CL0D11 Served 02/03/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.32(2)(a)	EXPLANATION OF RIGHTS, GRIEVANCE PROCEDURE	6/23/23	Yes
83.33(4)	POSTING OF LONG TERM CARE OMBUDSMAN PROGRAM	6/23/23	Yes
83.37(1)(e)	MEDICATION REGIMEN, ADMINISTRATION REVIEW	6/23/23	Yes
83.45(3)	TOXIC SUBSTANCES	6/23/23	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS AA (AMBULATORY)

83.55(6)(b)

BATH AND TOILET AREAS: WATER
TEMPERATURE

6/23/23

Yes

Enforcement History (PABICHS RESIDENTIAL FACILITY INC--510067)

Date: 02/03/2023

SOD #CL0D11

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 AA (AMBULATORY)

Facility Information

Facility Name: LSS Deep River (0020028)

Address: 16 Boon Blvd, Neillsville, WI 54456

License Status: REGULAR

Licensed/Certified/Registered 01/03/2024 12:00:00AM

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

Survey History

Survey ID: 0147960 **End Date:** 01/03/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: MEADOW VIEW MANOR (0018636)

Address: 920 WEST 5TH STREET, NEILLSVILLE, WI 54456

License Status: REGULAR

Licensed/Certified/Registered 04/18/2023 12:00:00AM

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

Survey History

Survey ID: 0148345 **End Date:** 12/12/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #TMIL11 Served 12/18/2024

Deficiencies Cited
83.32(3)(k)

Subject Area
RIGHTS OF RESIDENTS:
SELF-DETERMINATION

Compliance
Verified

Corrected

Survey ID: 0148079 **End Date:** 09/25/2024 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #CPWC12 Served 11/12/2024

Deficiencies Cited
83.12(4)(a)

Subject Area
REPORTING WHEN RESIDENT'S
WHEREABOUTS UNKNOWN

83.12(5)(a)

NOTIFICATION: INCIDENT, INJURY, CHANGES
NOTIFY WITHIN 7 DAYS OF ADMINISTRATOR
CHANGE

83.14(2)(e)

Compliance
Verified

Corrected

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES
83.36(1)(b)	QUALIFIED STAFF IN CHARGE, ON DUTY AND AWAKE
83.38(1)(b)	SUPERVISION

Survey ID: 0145094 **End Date:** 10/13/2023 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #CPWC11 Served 12/21/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)(d)	RIGHTS OF RESIDENTS: FREE OF MISTREATMENT	9/25/24	Yes
83.32(3)(n)	RIGHTS OF RESIDENTS: SAFE ENVIRONMENT	9/25/24	Yes

Survey ID: 0141964 **End Date:** 01/18/2023 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #OJL911 Served 01/30/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.37(3)(c)	MEDICATION STORAGE: LOCKED CABINET	3/16/23	
83.39(5)	PETS VACCINATED	3/16/23	
83.41(3)(b)	FOOD SAFETY	3/16/23	
83.45(3)	TOXIC SUBSTANCES	3/16/23	

Survey ID: 0139696 **End Date:** 05/26/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: PROBATIONARY LICENSE ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (MEADOW VIEW MANOR--0018636)

Date: 12/18/2024 **SOD #**TMIL11 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 11/12/2024 **SOD #**CPWC12 **Appealed:** **Decision:** PENDING

Sanctions

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

Date: 12/21/2023 **SOD #**CPWC11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.32(3)(d)

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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 (MEADOW VIEW MANOR--0018636)

Date Complaint Received: 10/15/2024

Date Investigation Completed: 12/10/2024

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

RESIDENT RIGHTS

SUBSTANTIATED

TMIL11

Date Complaint Received: 06/27/2024

Date Investigation Completed: 09/25/2024

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

SUBSTANTIATED

CPWC12

PROGRAM SERVICES

SUBSTANTIATED

CPWC12

Date Complaint Received: 04/22/2024

Date Investigation Completed: 09/25/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

CPWC12

Date Complaint Received: 08/30/2023

Date Investigation Completed: 10/13/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

CPWC11

RESIDENT RIGHTS

SUBSTANTIATED

CPWC11

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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: RIVERSIDE ASSISTED LIVING (0016757)

Address: 1210 W 4TH ST, NEILLSVILLE, WI 54456

License Status: REGULAR

Licensed/Certified/Registered 07/01/2018 12:00:00AM

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

Survey History

Survey ID: 0148353 **End Date:** 10/29/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #WB4211 Served 12/18/2024

Deficiencies Cited
83.38(1)(b)

Subject Area
SUPERVISION

Compliance
Verified

Corrected

Survey ID: 0142496 **End Date:** 03/16/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0142239 **End Date:** 02/17/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0141843 **End Date:** 09/16/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #V0W012 Served 01/13/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS	3/16/23	Yes
83.56	DAY CARE IN SAME BUILDING	3/16/23	Yes

Survey ID: 0140073 **End Date:** 05/30/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #V0W011 Served 07/08/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.32(2)(b)	POST RESIDENT RIGHTS, GRIEVANCE PROCEDURE	9/16/22	Yes
83.36(1)(a)	ADEQUATE STAFF TO MEET RESIDENT NEEDS	9/16/22	Yes
83.37(3)(a)	MEDICATION STORAGE: ORIGINAL CONTAINERS	9/16/22	Yes
83.39(3)	HAND WASHING	9/16/22	Yes
83.45(3)	TOXIC SUBSTANCES	9/16/22	Yes
83.46(1)(f)	COMBUSTIBLES	9/16/22	Yes
83.56	DAY CARE IN SAME BUILDING	9/16/22	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (RIVERSIDE ASSISTED LIVING--0016757)

Date: 12/18/2024 **SOD #**WB4211 **Appealed:** **Decision:** PENDING

Sanctions

ORDER TO COMPLY
FORFEITURE---83.38(1)(b)

Date: 01/13/2023 **SOD #**V0W012 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 07/08/2022 **SOD #**V0W011 **Appealed:** No

Sanctions

ORDER TO COMPLY

Complaint History (RIVERSIDE ASSISTED LIVING--0016757)

Date Complaint Received: 10/14/2024 **Date Investigation Completed:** 10/29/2024

Subject Area(s)

PROGRAM SERVICES

Result

SUBSTANTIATED

SOD #

WB4211

Date Complaint Received: 11/09/2022 **Date Investigation Completed:** 02/17/2023

Subject Area(s)

PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CA (AMBULATORY)

Facility Information

Facility Name: WOODLAND CARE CBRF (0014104)

Address: W4266 COUNTY HIGHWAY X, OWEN, WI 54460

License Status: REGULAR

Licensed/Certified/Registered 06/01/2013 12:00:00AM

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

Survey History

Survey ID: 0148649 **End Date:** 01/27/2025 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0147743 **End Date:** 09/30/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0144790 **End Date:** 11/08/2023 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CA (AMBULATORY)

Complaint History (WOODLAND CARE CBRF--0014104)

Date Complaint Received: 12/30/2024

Subject Area(s)
PROGRAM SERVICES

Date Investigation Completed: 01/27/2025

Result SOD #
NOT SUBSTANTIATED

Date Complaint Received: 12/19/2024

Subject Area(s)
PHYSICAL ENVIRONMENT/SAFETY

Date Investigation Completed: 01/27/2025

Result SOD #
NOT SUBSTANTIATED

Date Complaint Received: 06/18/2024

Subject Area(s)
PROGRAM SERVICES

Date Investigation Completed: 09/30/2024

Result SOD #
NOT SUBSTANTIATED

Date Complaint Received: 07/31/2023

Subject Area(s)
RESIDENT RIGHTS

Date Investigation Completed: 11/08/2023

Result SOD #
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: TURNER INTEGRITY CARE LLC (0017493)

Address: 104 SODERBERG DR, THORP, WI 54771

License Status: REGULAR

Licensed/Certified/Registered 07/10/2019 12:00:00AM

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

Survey History

Survey ID: 0148104 **End Date:** 11/13/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141704 **End Date:** 12/20/2022 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140216 **End Date:** 06/02/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #CMWK11 Served 07/25/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.12(3)(a)	INVESTIGATE INJURIES OF UNKNOWN SOURCE	12/20/22	Yes
83.12(4)(c)	REPORTING INCIDENTS WITH SERIOUS INJURY	12/20/22	Yes
83.12(5)(a)	NOTIFICATION: INCIDENT, INJURY, CHANGES	12/20/22	Yes
83.37(1)(e)	MEDICATION REGIMEN, ADMINISTRATION REVIEW	12/20/22	Yes
83.38(1)(g)	HEALTH MONITORING	12/20/22	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

83.45(3)	TOXIC SUBSTANCES	12/20/22	Yes
83.47(2)(d)	FIRE DRILLS	12/20/22	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	12/20/22	Yes
83.47(3)	FIRE INSPECTION	12/20/22	Yes
83.48(1)(b)	SMOKE AND HEAT DETECTORS PER NFPA 72	12/20/22	Yes
83.55(6)(b)	BATH AND TOILET AREAS: WATER TEMPERATURE	12/20/22	Yes

Enforcement History (TURNER INTEGRITY CARE LLC--0017493)

Date: 07/25/2022 SOD #CMWK11 Appealed: No

Sanctions

ORDER TO COMPLY

Complaint History (TURNER INTEGRITY CARE LLC--0017493)

Date Complaint Received: 09/18/2024 Date Investigation Completed: 11/13/2024

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

Date Complaint Received: 12/05/2022 Date Investigation Completed: 12/20/2022

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

Date Complaint Received: 09/26/2022 Date Investigation Completed: 12/20/2022

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

Date Complaint Received: 04/20/2022 Date Investigation Completed: 06/02/2022

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PROGRAM SERVICES	SUBSTANTIATED	CMWK11

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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: Colby Senior Care LLC (0018966)
Address: 510 West Wausau Street, Colby, WI 54421
License Status: REGULAR
Licensed/Certified/Registered 06/01/2022 12:00:00AM
Regional Office: NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0146185 **End Date:** 04/16/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139837 **End Date:** 05/27/2022 **Type:** INITIAL **Purpose:** CHOW--DESK REVIEW
Results: LICENSE/CERT/REGISTRATION ISSUED

Complaint History (Colby Senior Care LLC--0018966)

Date Complaint Received: 02/06/2024	Date Investigation Completed: 04/16/2024
<u>Subject Area(s)</u> RESIDENT RIGHTS	<u>Result</u> NOT SUBSTANTIATED
	<u>SOD #</u>

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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: NEILLSVILLE RETIREMENT COMMUNITY (0017129)
Address: 1211 LLOYD ST, NEILLSVILLE, WI 54456
License Status: REGULAR
Licensed/Certified/Registered 05/01/2018 12:00:00AM
Regional Office: NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0147574 **End Date:** 09/04/2024 **Type:** STANDARD **Purpose:** SURVEY/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0146066 **End Date:** 03/06/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #235X11 Served 04/05/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
89.26(4)	ANNUAL REVIEW	9/4/24	Yes
89.28(2)(a)1	RISK AGREEMENT	9/4/24	Yes
89.34(16)	TENANT RIGHTS	9/4/24	Yes

Survey ID: 0145324 **End Date:** 01/19/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0142088 **End Date:** 01/05/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Survey ID: 0140825 **End Date:** 09/09/2022 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #VHGO11 Served 09/22/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u> <u>Verified</u>	<u>Corrected</u>
89.34(17)	TENANT RIGHTS	1/5/23	Yes

Enforcement History (NEILLSVILLE RETIREMENT COMMUNITY--0017129)

Date: 04/05/2024 **SOD #**235X11 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---89.26(4)
FORFEITURE---89.34(16)

Date: 09/22/2022 **SOD #**VHGO11 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

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

Complaint History (NEILLSVILLE RETIREMENT COMMUNITY--0017129)

Date Complaint Received: 11/22/2024

Date Investigation Completed: 02/18/2025

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 02/02/2024

Date Investigation Completed: 03/06/2024

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY
RESIDENT RIGHTS

NOT SUBSTANTIATED
SUBSTANTIATED

235X11

Date Complaint Received: 01/22/2024

Date Investigation Completed: 03/06/2024

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS
RESIDENT RIGHTS

SUBSTANTIATED
NOT SUBSTANTIATED

235X11

Date Complaint Received: 11/28/2023

Date Investigation Completed: 01/19/2024

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES
RESIDENT RIGHTS
STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 04/27/2022

Date Investigation Completed: 09/09/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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Provider Inspection Summary

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

Facility Information

Facility Name: TRADITIONS ASSISTED LIVING (0013002)
Address: 418 E STANLEY STREET, THORP, WI 54771
License Status: REGULAR
Licensed/Certified/Registered 01/20/2010 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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