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 33.00 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 2/8/2017 to 2/8/2020
Adult Day Care Facility

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 7/31/2017 12:00:00AM
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0130979 End Date: 7/30/2019 Type: OTHER Purpose: DESK REVIEW
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0130822 End Date: 7/11/2019 Type: STANDARD Purpose: SURVEY
Results: STATEMENT OF DEFICIENCY ISSUED
Statement of Deficiency: #9UMD11 Served 7/17/2019

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance Verified</th>
<th>Corrected</th>
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</thead>
<tbody>
<tr>
<td>III.c.(2)</td>
<td>FIRE EXTINGUISHER</td>
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Survey ID: 0123737 End Date: 7/18/2017 Type: INITIAL Purpose: SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.
Provider Inspection Summary
For the period 2/8/2017 to 2/8/2020
Adult Day Care Facility

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: WESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0122626 End Date: 3/2/2017 Type: ABBREVIATED Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED
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 1/1/1998 12:00:00AM
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0122628   End Date: 3/2/2017   Type: ABBREVIATED   Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED
Provider Inspection Summary
For the period 2/8/2017 to 2/8/2020
Adult Family Home

Facility Information

Facility Name: AUBERG ACRES (0016288)
Address: N14062 DOE AVENUE, COLBY, WI 54421
License Status: REGULAR
Licensed/Certified/Registered 12/15/2016 12:00:00AM
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0128791 End Date: 12/17/2018 Type: OTHER Purpose: OTHER
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0128682 End Date: 12/3/2018 Type: STANDARD Purpose: SURVEY
Results: STATEMENT OF DEFICIENCY ISSUED
Statement of Deficiency: #F9SP11 Served 12/10/2018

<table>
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<th>Subject Area</th>
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<tr>
<td>88.05(4)(d)2.a</td>
<td>FIRE SAFETY EVACUATION PLAN REVIEW</td>
<td>12/17/18</td>
<td>Yes</td>
</tr>
</tbody>
</table>

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Provider Inspection Summary
For the period 2/8/2017 to 2/8/2020
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 1/25/2017 12:00:00AM
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0129795 End Date: 4/4/2019 Type: STANDARD Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0127321 End Date: 6/21/2018 Type: OTHER Purpose: COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (OHANA HAVEN AFH--0016488)

Date Complaint Received: 6/19/2018 Date Investigation Completed: 6/21/2018
Subject Area(s) Result SOD #
ADMINISTRATION NOT SUBSTANTIATED

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## Facility Information

- **Facility Name:** TRANSITION HOUSE (0017119)
- **Address:** 300 W ADAMS ST, COLBY, WI 54421
- **License Status:** REGULAR
- **Licensed/Certified/Registered:** 10/1/2018 12:00:00AM
- **Regional Office:** WESTERN REGION (EAU CLAIRE), (715) 836-4790

## Survey History

- **Survey ID:** 0128094
- **End Date:** 10/1/2018
- **Type:** INITIAL
- **Purpose:** SURVEY
- **Results:** LICENSE/CERT/REGISTRATION ISSUED
Facility Information

Facility Name: KOURTLAND 2 (0014362)
Address: 308 S EATON AVE, GREENWOOD, WI 54437
License Status: REGULAR
Licensed/Certified/Registered 11/6/2012 12:00:00AM
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0125837  End Date: 2/5/2018  Type: OTHER  Purpose: DESK REVIEW
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0125654  End Date: 1/2/2018  Type: ABBREVIATED  Purpose: SURVEY
Results: STATEMENT OF DEFICIENCY ISSUED
Statement of Deficiency: #FHB511  Served 1/18/2018

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<td>Corrected</td>
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</table>

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**Provider Inspection Summary**

For the period 2/8/2017 to 2/8/2020

Adult Family Home

### Facility Information

- **Facility Name:** KOURTLAND HOUSE (0011255)
- **Address:** 308 S EATON AVE, GREENWOOD, WI 54437
- **License Status:** REGULAR
- **Licensed/Certified/Registered:** 3/8/2006  12:00:00AM
- **Regional Office:** WESTERN REGION (EAU CLAIRE), (715) 836-4790

### Survey History

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**Statement of Deficiency:** #FUWC11  Served 1/18/2018

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<td>Yes</td>
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**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 7/19/2013 12:00:00AM
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4790

**Survey History**

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<td>9/17/2018</td>
<td>OTHER</td>
<td>DESK REVIEW</td>
<td>NO STATEMENT OF DEFICIENCY ISSUED</td>
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<td>0127962</td>
<td>8/29/2018</td>
<td>ABBREVIATED</td>
<td>SURVEY</td>
<td>STATEMENT OF DEFICIENCY ISSUED</td>
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**Statement of Deficiency:** #SMZ11 Served 9/4/2018

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<tr>
<td>88.05(4)(d)2.b</td>
<td>FIRE EVACUATION ANNUAL EVALUATION</td>
<td>Verified</td>
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<tr>
<td></td>
<td></td>
<td>9/17/18</td>
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<td>88.06(3)(f)</td>
<td>REVIEW OF ISP</td>
<td>Corrected</td>
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<td>Yes</td>
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</table>

This is Page 10 of 33 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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Facility Information

Facility Name: MALMHUSS ADULT FAMILY LIVING LLC (0012231)
Address: 300 W SPRING ST, LOYAL, WI 54446
License Status: REGULAR
Licensed/Certified/Registered 3/7/2008 12:00:00AM
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0131774 End Date: 10/14/2019 Type: OTHER Purpose: VERIFICATION VISIT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0131248 End Date: 6/10/2019 Type: ABBREVIATED Purpose: SURVEY
Results: ENFORCEMENT ACTION
Statement of Deficiency: #ECJT11 Served 9/3/2019

<table>
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<th>Subject Area</th>
<th>Compliance Verified</th>
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<tbody>
<tr>
<td>88.03(3)(b)</td>
<td>CRIMINAL RECORDS CHECK</td>
<td>10/14/19</td>
<td>Yes</td>
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<tr>
<td>88.03(5)(b)</td>
<td>CHANGE IN HOUSEHOLD MEMBERS</td>
<td>10/14/19</td>
<td>Yes</td>
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<td>88.04(2)(g)1</td>
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<td>10/14/19</td>
<td>Yes</td>
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<tr>
<td>88.04(5)(a)</td>
<td>TRAINING-15 HOURS WITHIN 6 MONTHS</td>
<td>10/14/19</td>
<td>Yes</td>
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<tr>
<td>88.05(3)(m)</td>
<td>2 EXITS TO GRADE-BEDROOMS IN BASEMENT</td>
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<td>88.05(4)(d)2.c</td>
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<td>10/14/19</td>
<td>Yes</td>
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<td>88.09(2)(a)</td>
<td>SERVICE PROVIDER RECORD</td>
<td>10/14/19</td>
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</table>

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### Enforcement History (MALMHUS ADULT FAMILY LIVING LLC--0012231)

<table>
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<tr>
<th>Date</th>
<th>SOD #</th>
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<tr>
<td>8/21/2019</td>
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<td>COMPLY WITH REQUIREMENT</td>
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</tbody>
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*This is Page 12 of 33 total pages. If printing this report ensure that your printer is set to print only the desired pages.*

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Facility Name: GRAND CHALET HOME (THE) (0014235)
Address: 8 GRAND AVE, NEILLSVILLE, WI 54456
License Status: REGULAR
Licensed/Certified/Registered 8/22/2012 12:00:00AM
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0127973     End Date: 8/31/2018     Type: OTHER     Purpose: DESK REVIEW
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0127580     End Date: 7/19/2018     Type: ABBREVIATED     Purpose: SURVEY
Results: STATEMENT OF DEFICIENCY ISSUED
Statement of Deficiency: #N8K311     Served 7/28/2018

<table>
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<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance Verified</th>
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</thead>
<tbody>
<tr>
<td>88.04(2)(g)1</td>
<td>HEALTH SCREENING FOR STAFF</td>
<td>8/31/18</td>
<td>Yes</td>
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<tr>
<td>88.06(2)(a)</td>
<td>ADMISSION-HEALTH EXAM</td>
<td>8/31/18</td>
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<td>88.07(3)(d)</td>
<td>MEDICATION- WRITTEN ORDER</td>
<td>8/31/18</td>
<td>Yes</td>
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</table>

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Provider Inspection Summary
For the period 2/8/2017 to 2/8/2020
Adult Family Home

Facility Information

Facility Name: WHISPERING PINES MANOR II (0014481)
Address: 920 WEST 5TH ST, NEILLSVILLE, WI 54456
License Status: REGULAR
Licensed/Certified/Registered 5/13/2013 12:00:00AM
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0126038 End Date: 2/23/2018 Type: OTHER Purpose: DESK REVIEW
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0125555 End Date: 12/11/2017 Type: ABBREVIATED Purpose: SURVEY
Results: STATEMENT OF DEFICIENCY ISSUED
Statement of Deficiency: #QKTU11 Served 1/4/2018

<table>
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<th>Compliance</th>
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<td>Verified 2/23/18</td>
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<tr>
<td>88.04(5)(a)</td>
<td>TRAINING-15 HOURS WITHIN 6 MONTHS</td>
<td>Corrected Yes</td>
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</table>

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Provider Inspection Summary
For the period 2/8/2017 to 2/8/2020
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 12/7/2001 12:00:00AM
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0126036  End Date: 2/23/2018  Type: OTHER  Purpose: DESK REVIEW
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0125553  End Date: 12/11/2017  Type: ABBREVIATED  Purpose: SURVEY
Results: STATEMENT OF DEFICIENCY ISSUED
Statement of Deficiency: #N92X11  Served 1/4/2018

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<td>TRAINING-15 HOURS WITHIN 6 MONTHS</td>
<td>Corrected</td>
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### Facility Information

Facility Name: WILKE NEW BEGINNINGS LLC (0016980)
Address: 29 HEWETT ST, NEILLSVILLE, WI 54456
License Status: REGULAR
Licensed/Certified/Registered 5/1/2018 12:00:00AM
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4790

### Survey History

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<td>0126411</td>
<td>3/29/2018</td>
<td>INITIAL</td>
<td>SURVEY</td>
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#### Results

- Statement of Deficiency: #O7SW11 Served 2/12/2020
  - 88.07(3)(d) MEDICATION- WRITTEN ORDER 2/14/20
  - 88.08 TERMINATION OF PLACEMENT 2/14/20

#### Survey ID: 0132656
- End Date: 2/5/2020
- Type: STANDARD
- Purpose: SURVEY/COMPLAINT
- Results: STATEMENT OF DEFICIENCY ISSUED

#### Survey ID: 0126411
- End Date: 3/29/2018
- Type: INITIAL
- Purpose: SURVEY
- Results: LICENSE/CERT/REGISTRATION ISSUED

### Complaint History (WILKE NEW BEGINNINGS LLC--0016980)

- Date Complaint Received: 1/22/2020
- Date Investigation Completed: 2/5/2020

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<td>RESIDENT RIGHTS</td>
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Facility Information

Facility Name: CLIENTS CHOICE (0016658)
Address: W11749 COUNTY LINE ROAD, STANLEY, WI 54768
License Status: REGULAR
Licensed/Certified/Registered 4/28/2017 12:00:00AM
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0129525   End Date: 3/12/2019   Type: STANDARD   Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0123173   End Date: 4/28/2017   Type: INITIAL   Purpose: SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary
For the period 2/8/2017 to 2/8/2020
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 2/9/1998 12:00:00AM
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0124940 End Date: 10/30/2017 Type: ABBREVIATED Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 18 of 33 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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Provider Inspection Summary
For the period 2/8/2017 to 2/8/2020
Adult Family Home

Facility Information

Facility Name:  K&D COUNTRY LIVING HOME (0010202)
Address:  W9498 KINGTON ROAD, THORP, WI 54771
License Status:  REGULAR
Licensed/Certified/Registered 10/20/2003  12:00:00AM
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0127383  End Date: 7/9/2018  Type: OTHER  Purpose: DESK REVIEW
Results:  NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0127286  End Date: 6/25/2018  Type: ABBREVIATED  Purpose: SURVEY
Results:  STATEMENT OF DEFICIENCY ISSUED
Statement of Deficiency:  #G7TL11  Served 7/3/2018

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<th>Subject Area</th>
<th>Compliance Verified</th>
<th>Corrected</th>
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<tr>
<td>88.05(4)(d)2.b</td>
<td>FIRE EVACUATION ANNUAL EVALUATION</td>
<td>7/9/18</td>
<td>Yes</td>
</tr>
<tr>
<td>88.06(3)(f)</td>
<td>REVIEW OF ISP</td>
<td>7/9/18</td>
<td>Yes</td>
</tr>
</tbody>
</table>

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Facility Information

Facility Name:  STERLING ADULT FAMILY HOME (0011795)
Address:  100 N WILSON ST, THORP, WI 54771
License Status:  REGULAR
Licensed/Certified/Registered 2/1/2007  12:00:00AM
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID:  0127376   End Date:  7/6/2018   Type:  OTHER   Purpose:  DESK REVIEW
Results:  NO STATEMENT OF DEFICIENCY ISSUED

Survey ID:  0127216   End Date:  6/21/2018   Type:  ABBREVIATED   Purpose:  SURVEY
Results:  STATEMENT OF DEFICIENCY ISSUED
Statement of Deficiency:  #3P3611   Served 6/26/2018

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance Verified</th>
<th>Corrected</th>
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<tbody>
<tr>
<td>50.065(2)(b)intro</td>
<td>ENTITY BACKGROUND CHECK REQUIREMENTS</td>
<td>7/6/18</td>
<td>Yes</td>
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</table>

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Facility Information

Facility Name: COUNTRY TERRACE ABBOTSFORD (0014129)
Address: 100 S 4TH AVE, ABBOTSFORD, WI 54405
License Status: REGULAR
Licensed/Certified/Registered 4/18/2012 12:00:00AM
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0130750  End Date: 7/2/2019  Type: ABBREVIATED  Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED
Facility Name: HOMEPLACE OF DORCHESTER LLC CBRF (0013040)
Address: 155 N 3RD ST, DORCHESTER, WI 54425
License Status: REGULAR
Licensed/Certified/Registered 5/7/2010 12:00:00AM
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0130634   End Date: 6/20/2019   Type: OTHER   Purpose: COMPLAINT/SELF REPORT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0128402   End Date: 10/24/2018   Type: OTHER   Purpose: VERIFICATION VISIT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0128197   End Date: 8/13/2018   Type: OTHER   Purpose: COMPLAINT/SELF REPORT
Results: ENFORCEMENT ACTION
Statement of Deficiency: #A5RK11 Served 10/2/2018

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance Verified</th>
<th>Corrected</th>
</tr>
</thead>
<tbody>
<tr>
<td>83.36(1)(b)</td>
<td>QUALIFIED STAFF IN CHARGE, ON DUTY AND AWAKE</td>
<td>10/24/18</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Survey ID: 0127238   End Date: 6/21/2018   Type: STANDARD   Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 22 of 33 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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**Provider Inspection Summary**

For the period 2/8/2017 to 2/8/2020

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

<table>
<thead>
<tr>
<th>Survey ID</th>
<th>End Date</th>
<th>Type</th>
<th>Purpose</th>
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<tbody>
<tr>
<td>0124189</td>
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<td>COMPLAINT</td>
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<td>Results:</td>
<td>NO STATEMENT OF DEFICIENCY ISSUED</td>
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</tr>
</tbody>
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<table>
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<th>Survey ID</th>
<th>End Date</th>
<th>Type</th>
<th>Purpose</th>
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<tr>
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<td>COMPLAINT</td>
</tr>
<tr>
<td>Results:</td>
<td>NO STATEMENT OF DEFICIENCY ISSUED</td>
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</tr>
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**Enforcement History (HOMEPLACE OF DORCHESTER LLC CBRF--0013040)**

<table>
<thead>
<tr>
<th>Date</th>
<th>SOD #</th>
<th>Sanctions</th>
<th>Appealed:</th>
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<tbody>
<tr>
<td>10/2/2018</td>
<td>A5RK11</td>
<td>FORFEITURE---83.36(1)(b)</td>
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</tbody>
</table>

**Complaint History (HOMEPLACE OF DORCHESTER LLC CBRF--0013040)**

<table>
<thead>
<tr>
<th>Date Complaint Received</th>
<th>Date Investigation Completed</th>
<th>Subject Area(s)</th>
<th>Result</th>
<th>SOD #</th>
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</thead>
<tbody>
<tr>
<td>6/12/2019</td>
<td>6/20/2019</td>
<td>PHYSICAL ENVIRONMENT/SAFETY</td>
<td>NOT SUBSTANTIATED</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>ADMINISTRATION</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>SUBSTANTIATED</td>
<td></td>
<td>A5RK11</td>
</tr>
<tr>
<td>7/10/2018</td>
<td>8/13/2018</td>
<td>PROGRAM SERVICES</td>
<td>NOT SUBSTANTIATED</td>
<td></td>
</tr>
<tr>
<td>8/9/2017</td>
<td>9/5/2017</td>
<td>PROGRAM SERVICES</td>
<td>NOT SUBSTANTIATED</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>STAFF TRAINING AND PROFICIENCY</td>
<td>NOT SUBSTANTIATED</td>
<td></td>
</tr>
<tr>
<td>4/14/2017</td>
<td>5/2/2017</td>
<td>PHYSICAL ENVIRONMENT/SAFETY</td>
<td>NOT SUBSTANTIATED</td>
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<tr>
<td></td>
<td></td>
<td>PROGRAM SERVICES</td>
<td>NOT SUBSTANTIATED</td>
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<tr>
<td></td>
<td></td>
<td>RESIDENT RIGHTS</td>
<td>NOT SUBSTANTIATED</td>
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<tr>
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<td></td>
<td>STAFF TRAINING AND PROFICIENCY</td>
<td>NOT SUBSTANTIATED</td>
<td></td>
</tr>
</tbody>
</table>

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Facility Information

Facility Name: PABICHS RESIDENTIAL FACILITY INC (510067)
Address: 311 W HUNT ST, GREENWOOD, WI 54437
License Status: REGULAR
Licensed/Certified/Registered 3/1/1981 12:00:00AM
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0128684 End Date: 12/3/2018 Type: ABBREVIATED Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED
Provider Inspection Summary

For the period 2/8/2017 to 2/8/2020

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

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Facility Information

Facility Name: MEMORIAL MEDICAL CENTER SUNSET GARDENS (0013488)
Address: 216 SUNSET PLACE, NEILLSVILLE, WI 54456
License Status: REGULAR
Licensed/Certified/Registered 10/1/2011 12:00:00AM
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4790

---

Survey History

Survey ID: 0127418  End Date: 7/3/2018  Type: ABBREVIATED  Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED
Provider Inspection Summary

For the period 2/8/2017 to 2/8/2020

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

<table>
<thead>
<tr>
<th>Facility Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility Name: RIVERSIDE ASSISTED LIVING (0016757)</td>
</tr>
<tr>
<td>Address: 1214 W 4TH ST, NEILLSVILLE, WI 54456</td>
</tr>
<tr>
<td>License Status: REGULAR</td>
</tr>
<tr>
<td>Licensed/Certified/Registered 7/1/2018 12:00:00AM</td>
</tr>
<tr>
<td>Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4790</td>
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</table>

<table>
<thead>
<tr>
<th>Survey History</th>
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</thead>
<tbody>
<tr>
<td>Survey ID: 0127023 End Date: 6/6/2018 Type: STANDARD Purpose: SURVEY Results: NO STATEMENT OF DEFICIENCY ISSUED</td>
</tr>
<tr>
<td>Survey ID: 0123512 End Date: 6/14/2017 Type: INITIAL Purpose: SURVEY Results: PROBATIONARY LICENSE ISSUED</td>
</tr>
</tbody>
</table>

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Provider Inspection Summary
For the period 2/8/2017 to 2/8/2020
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 6/1/2013 12:00:00AM
- Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

- Type: OTHER            Purpose: COMPLAINT
  - Survey ID: 0129809 End Date: 4/4/2019
  - Results: NO STATEMENT OF DEFICIENCY ISSUED

- Type: ABBREVIATED            Purpose: SURVEY
  - Survey ID: 0123239 End Date: 5/8/2017
  - Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (WOODLAND CARE CBRF--0014104)

- Date Complaint Received: 3/28/2019
- Date Investigation Completed: 4/4/2019
- Subject Area(s)
  - RESIDENT RIGHTS
  - Result: NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 2/8/2017 to 2/8/2020

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

<table>
<thead>
<tr>
<th>Facility Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility Name: TURNER INTEGRITY CARE LLC (0017493)</td>
</tr>
<tr>
<td>Address: 104 SODERBERG DR, THORP, WI 54771</td>
</tr>
<tr>
<td>License Status: PROBATIONARY</td>
</tr>
<tr>
<td>Licensed/Certified/Registered: 7/10/2019 12:00:00AM</td>
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<tr>
<td>Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4790</td>
</tr>
</tbody>
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<tr>
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<tbody>
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<td>Survey ID: 0130823 End Date: 7/10/2019 Type: INITIAL Purpose: SURVEY</td>
</tr>
<tr>
<td>Results: PROBATIONARY LICENSE ISSUED</td>
</tr>
</tbody>
</table>

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**Facility Information**

Facility Name: COLBY RETIREMENT COMMUNITY (0017403)
Address: 510 W WAUSAU STREET, COLBY, WI 54421
License Status: REGULAR
Licensed/Certified/Registered 4/1/2019 12:00:00AM
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4790

**Survey History**

<table>
<thead>
<tr>
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<th>Type</th>
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<tbody>
<tr>
<td>0131769</td>
<td>10/14/2019</td>
<td>OTHER</td>
<td>VERIFICATION VISIT</td>
<td>NO STATEMENT OF DEFICIENCY ISSUED</td>
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<tr>
<td>0131405</td>
<td>7/16/2019</td>
<td>OTHER</td>
<td>COMPLAINT</td>
<td>ENFORCEMENT ACTION</td>
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</table>

**Statement of Deficiency:** #4UJZ1 served 9/10/2019

<table>
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<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance</th>
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</thead>
<tbody>
<tr>
<td>50.065(2)(bb)</td>
<td>DETERMINE FINAL DISPOSITION OF CHARGE</td>
<td>10/14/19</td>
</tr>
<tr>
<td>89.23(2)(a)2.c</td>
<td>SERVICES</td>
<td>10/14/19</td>
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<tr>
<td>89.23(4)(a)2</td>
<td>SERVICES</td>
<td>10/14/19</td>
</tr>
<tr>
<td>89.23(4)(d)1</td>
<td>SERVICES</td>
<td>10/14/19</td>
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<tr>
<td>89.23(4)(d)2.a</td>
<td>SERVICES</td>
<td>10/14/19</td>
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<tr>
<td>89.23(4)(d)2.b</td>
<td>SERVICES</td>
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<td>89.23(4)(d)2.c</td>
<td>SERVICES</td>
<td>10/14/19</td>
</tr>
<tr>
<td>89.28(1)</td>
<td>RISK AGREEMENT</td>
<td>10/14/19</td>
</tr>
</tbody>
</table>

**Survey ID:** 0129806  End Date: 4/1/2019  Type: ABBREVIATED  Purpose: CHOW--DESK REVIEW

Results: LICENSE/CERT/REGISTRATION ISSUED

---

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Provider Inspection Summary
For the period 2/8/2017 to 2/8/2020
Residential Care Apartment Complex (CERTIFIED)

Enforcement History (COLBY RETIREMENT COMMUNITY--0017403)

Date: 9/10/2019  SOD #4UJZ11  Appealed:

Sanctions
COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
FORFEITURE---89.23(4)(d)1
FORFEITURE---89.23(4)(d)2a
FORFEITURE---89.23(4)(d)2b
FORFEITURE---89.23(4)(d)2c
FORFEITURE---89.28(1)

Complaint History (COLBY RETIREMENT COMMUNITY--0017403)

Date Complaint Received:  7/8/2019  Date Investigation Completed:  7/16/2019

<table>
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<th>Subject Area(s)</th>
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<th>SOD #</th>
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</thead>
<tbody>
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<td>PROGRAM SERVICES</td>
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<td>4UJZ11</td>
</tr>
<tr>
<td>STAFF TRAINING AND PROFICIENCY</td>
<td>SUBSTANTIATED</td>
<td>4UJZ11</td>
</tr>
<tr>
<td>PROGRAM SERVICES</td>
<td>SUBSTANTIATED</td>
<td>4UJZ11</td>
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<tr>
<td>RESIDENT RIGHTS</td>
<td>SUBSTANTIATED</td>
<td>4UJZ11</td>
</tr>
<tr>
<td>STAFF TRAINING AND PROFICIENCY</td>
<td>SUBSTANTIATED</td>
<td>4UJZ11</td>
</tr>
</tbody>
</table>

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Facility Information

Facility Name: NEILLSVILLE RETIREMENT COMMUNITY (0017129)
Address: 1211 LLOYD ST, NEILLSVILLE, WI 54456
License Status: REGULAR
Licensed/Certified/Registered 5/1/2018 12:00:00AM
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

<table>
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<tr>
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</thead>
<tbody>
<tr>
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<td>1/13/2020</td>
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<td>COMPLAINT</td>
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<tr>
<td>0132221</td>
<td>12/19/2019</td>
<td>OTHER</td>
<td>DESK REVIEW</td>
<td>NO STATEMENT OF DEFICIENCY ISSUED</td>
</tr>
<tr>
<td>0132166</td>
<td>12/9/2019</td>
<td>OTHER</td>
<td>COMPLAINT</td>
<td>STATEMENT OF DEFICIENCY ISSUED</td>
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<td>0130817</td>
<td>7/11/2019</td>
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<td>COMPLAINT</td>
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Statement of Deficiency: #4JCP11 Served 12/12/2019

<table>
<thead>
<tr>
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<th>Deficiencies Cited</th>
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<tbody>
<tr>
<td>ANNUAL REVIEW</td>
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<tr>
<td>RISK AGREEMENT</td>
<td>89.28(6)</td>
<td>12/19/19</td>
<td>Yes</td>
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</tr>
</tbody>
</table>

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Provider Inspection Summary

For the period 2/8/2017 to 2/8/2020

Residential Care Apartment Complex (CERTIFIED)

Survey ID: 0128222   End Date: 10/2/2018   Type: OTHER   Purpose: COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0126474   End Date: 4/16/2018   Type: INITIAL   Purpose: DESK REVIEW

Results: LICENSE/CERT/REGISTRATION ISSUED

Complaint History (NEILLSVILLE RETIREMENT COMMUNITY--0017129)

<table>
<thead>
<tr>
<th>Date Complaint Received:</th>
<th>Date Investigation Completed:</th>
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</thead>
<tbody>
<tr>
<td>12/18/2019</td>
<td>1/13/2020</td>
</tr>
</tbody>
</table>

Subject Area(s) | Result                | SOD # |
----------------|-----------------------|-------|
PROGRAM SERVICES | NOT SUBSTANTIATED     |       |

Date Complaint Received: 11/22/2019

Subject Area(s) | Result                |
----------------|-----------------------|
RESIDENT RIGHTS | NOT SUBSTANTIATED     |

Date Complaint Received: 7/8/2019

Subject Area(s) | Result                |
----------------|-----------------------|
PHYSICAL ENVIRONMENT/SAFETY | NOT SUBSTANTIATED |
RESIDENT RIGHTS | NOT SUBSTANTIATED     |

Date Complaint Received: 9/11/2018

Subject Area(s) | Result                |
----------------|-----------------------|
ADMINISTRATION  | NOT SUBSTANTIATED     |
PROGRAM SERVICES | NOT SUBSTANTIATED     |
ADMINISTRATION  | NOT SUBSTANTIATED     |
PHYSICAL ENVIRONMENT/SAFETY | NOT SUBSTANTIATED |
PROGRAM SERVICES | NOT SUBSTANTIATED     |
STAFF TRAINING AND PROFICIENCY | NOT SUBSTANTIATED |

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Provider Inspection Summary
For the period 2/8/2017 to 2/8/2020
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 1/20/2010 12:00:00AM
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

No survey activity during the period 2/8/17 to 2/8/20