

Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

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 46.00 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 03/28/2021 to 03/27/2024

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 3/28/21 to 3/27/24

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Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

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 3/28/21 to 3/27/24

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Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

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 3/28/21 to 3/27/24

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Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

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 03/28/2021 to 03/27/2024

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 Verified</u>	<u>Corrected</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 03/28/2021 to 03/27/2024

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 03/28/2021 to 03/27/2024

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 03/28/2021 to 03/27/2024

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: 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 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 03/28/2021 to 03/27/2024

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 Verified</u>	<u>Corrected</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

Complaint History (KOURTLAND HOUSE--0011255)

Date Complaint Received: 10/26/2022

Date Investigation Completed: 01/20/2023

Subject Area(s)

Result

SOD #

ADMINISTRATION
 PROGRAM SERVICES
 RESIDENT RIGHTS
 STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED
 NOT SUBSTANTIATED
 NOT SUBSTANTIATED
 NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

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 03/28/2021 to 03/27/2024

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 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 03/28/2021 to 03/27/2024

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 03/28/2021 to 03/27/2024

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 03/28/2021 to 03/27/2024

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 Verified</u>	<u>Corrected</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 Verified</u>	<u>Corrected</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

Survey ID: 0138559 **End Date: 01/16/2022** **Type: ABBREVIATED** **Purpose: SURVEY**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #EE8V11 Served 02/01/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(b)	FREE OF HAZARDS		
88.07(3)(a)	PRESCRIPTION MEDICATIONS		
88.09(1)(a)	RESIDENT RECORDS		
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT		

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Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

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)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

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

No survey activity during the period 3/28/21 to 3/27/24

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Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

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 ID: 0137929 **End Date:** 11/09/2021 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #5IXZ11 Served 12/07/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(b)	FREE OF HAZARDS	2/1/22	Yes
88.10(3)(n)1	FREEDOM FROM SECLUSION AND RESTRAINTS	2/1/22	Yes

Enforcement History (AURORA RESIDENTIAL ALTERNATIVES INC 025--590164)

Date: 12/07/2021 **SOD #**5IXZ11 **Appealed:** No

Sanctions

COMPLY WITH REQUIREMENT
ORDER TO COMPLY

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Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

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

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

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

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

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

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Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

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

Survey History

Survey ID: 0136968 **End Date:** 08/09/2021 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

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 03/28/2021 to 03/27/2024

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

Results: LICENSE/CERT/REGISTRATION ISSUED

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 Verified</u>	<u>Corrected</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

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Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0138068 End Date: 12/08/2021 Type: INITIAL Purpose: CHOW--DESK REVIEW

Results: PROBATIONARY LICENSE ISSUED

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

Date: 11/30/2022 SOD #EHFE11 Appealed: No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

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: 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		
83.38(1)(h)	MEDICATION ADMINISTRATION		

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 Verified</u>	<u>Corrected</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

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Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

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 Verified</u>	<u>Corrected</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

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

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

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 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

Survey ID: 0137888 **End Date: 09/10/2021** **Type: OTHER** **Purpose: SELF REPORT/VV**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #M2MC12 Served 12/03/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.36(1)(a)	ADEQUATE STAFF TO MEET RESIDENT NEEDS	2/17/22	Yes
83.37(1)(e)	MEDICATION REGIMEN, ADMINISTRATION REVIEW	2/17/22	Yes

Survey ID: 0136692 **End Date: 06/29/2021** **Type: STANDARD** **Purpose: SURVEY/COMPLAINT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #M2MC11 Served 07/07/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.36(1)(a)	ADEQUATE STAFF TO MEET RESIDENT NEEDS	9/10/21	No
83.37(1)(e)	MEDICATION REGIMEN, ADMINISTRATION REVIEW	9/10/21	No

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Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

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

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

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)

Date: 12/03/2021 **SOD #**M2MC12 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.36(1)(a)
FORFEITURE---83.37(1)(e)

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Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date: 07/07/2021

SOD #M2MC11

Appealed: No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

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)
PROGRAM SERVICES

Result SOD #
NOT SUBSTANTIATED

Date Complaint Received: 07/26/2023

Date Investigation Completed: 10/09/2023

Subject Area(s)
PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES

Result SOD #
NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 03/06/2023

Date Investigation Completed: 06/07/2023

Subject Area(s)
PROGRAM SERVICES
STAFF TRAINING AND PROFICIENCY

Result SOD #
SUBSTANTIATED 702S11
SUBSTANTIATED 702S11

Date Complaint Received: 06/22/2022

Date Investigation Completed: 08/23/2022

Subject Area(s)
ADMINISTRATION
PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES
RESIDENT RIGHTS

Result SOD #
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 05/04/2022

Date Investigation Completed: 08/23/2022

Subject Area(s)
STAFF TRAINING AND PROFICIENCY

Result SOD #
NOT SUBSTANTIATED

Date Complaint Received: 12/08/2021

Date Investigation Completed: 02/17/2022

Subject Area(s)
PROGRAM SERVICES

Result SOD #
SUBSTANTIATED M2MC13

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Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date Complaint Received: 11/16/2021

Subject Area(s)
ADMINISTRATION
PHYSICAL ENVIRONMENT/SAFETY
RESIDENT RIGHTS

Date Investigation Completed: 02/17/2022

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

Date Complaint Received: 09/15/2021

Subject Area(s)
PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES
RESIDENT RIGHTS

Date Investigation Completed: 02/17/2022

<u>Result</u>	<u>SOD #</u>
NOT SUBSTANTIATED	
SUBSTANTIATED	M2MC13
SUBSTANTIATED	M2MC13

Date Complaint Received: 08/10/2021

Subject Area(s)
PROGRAM SERVICES
RESIDENT RIGHTS

Date Investigation Completed: 02/17/2022

<u>Result</u>	<u>SOD #</u>
SUBSTANTIATED	M2MC13
NOT SUBSTANTIATED	

Date Complaint Received: 06/22/2021

Subject Area(s)
PHYSICAL ENVIRONMENT/SAFETY
STAFF TRAINING AND PROFICIENCY

Date Investigation Completed: 06/29/2021

<u>Result</u>	<u>SOD #</u>
NOT SUBSTANTIATED	
SUBSTANTIATED	M2MC11

Date Complaint Received: 06/10/2021

Subject Area(s)
PHYSICAL ENVIRONMENT/SAFETY
STAFF TRAINING AND PROFICIENCY

Date Investigation Completed: 06/29/2021

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

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Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

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 03/28/2021 to 03/27/2024

Community Based Residential Facility--CLASS AA (AMBULATORY)

83.55(6)(b) BATH AND TOILET AREAS: WATER TEMPERATURE 6/23/23 Yes

Survey ID: 0138297 End Date: 01/12/2022 Type: OTHER Purpose: DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #3PF611 Served 01/13/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS	3/15/23	Yes

Enforcement History (PABICHS RESIDENTIAL FACILITY INC--510067)

Date: 02/03/2023 SOD #CL0D11 Appealed: No

Sanctions
 ORDER TO COMPLY

Date: 01/13/2022 SOD #3PF611 Appealed: No

Sanctions
 ORDER TO COMPLY

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Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

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 05/26/2022 12:00:00AM

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

Survey History

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		
83.32(3)(n)	RIGHTS OF RESIDENTS: SAFE ENVIRONMENT		

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	

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Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

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

Results: PROBATIONARY LICENSE ISSUED

Enforcement History (MEADOW VIEW MANOR--0018636)

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

Sanctions

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

Complaint History (MEADOW VIEW MANOR--0018636)

Date Complaint Received: 08/30/2023

Date Investigation Completed: 10/13/2023

Subject Area(s)

RESIDENT RIGHTS
RESIDENT RIGHTS

Result

SUBSTANTIATED
SUBSTANTIATED

SOD

CPWC11
CPWC11

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Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

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: 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

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>Verified</u>	<u>Corrected</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

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Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

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 Verified</u>	<u>Corrected</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

Enforcement History (RIVERSIDE ASSISTED LIVING--0016757)

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: 11/09/2022 Date Investigation Completed: 02/17/2023

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

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Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

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

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0137566 **End Date:** 10/20/2021 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (WOODLAND CARE CBRF--0014104)

Date Complaint Received: 07/31/2023

Date Investigation Completed: 11/08/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

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: 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 Verified</u>	<u>Corrected</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
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

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Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

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: 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 03/28/2021 to 03/27/2024

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: 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

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024
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: 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		
89.28(2)(a)1	RISK AGREEMENT		
89.34(16)	TENANT RIGHTS		

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 03/28/2021 to 03/27/2024

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 Verified</u>	<u>Corrected</u>
89.34(17)	TENANT RIGHTS	1/5/23	Yes

Enforcement History (NEILLSVILLE RETIREMENT COMMUNITY--0017129)

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

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024
Residential Care Apartment Complex (CERTIFIED)

Complaint History (NEILLSVILLE RETIREMENT COMMUNITY--0017129)

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 03/28/2021 to 03/27/2024
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 3/28/21 to 3/27/24

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