

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 Columbia County.

The report is a PDF (Adobe Acrobat) document and includes a total of 66.00 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 Family Home

Facility Information

Facility Name: MENDOTA ASSISTED LIVING (0017523)

Address: 115 STRANGWAY AVE, LODI, WI 53555

License Status: REGULAR

Licensed/Certified/Registered 04/16/2019 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0144419 **End Date:** 09/27/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0143703 **End Date:** 07/06/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #Z64514 Served 07/20/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(g)1	HEALTH SCREENING FOR STAFF	9/27/23	Yes
88.05(3)(a)	HOME ENVIRONMENT	9/27/23	Yes

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Provider Inspection Summary

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

Adult Family Home

Survey ID: 0142837 **End Date:** 03/16/2023 **Type:** STANDARD **Purpose:** SURVEY/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #Z64513 Served 04/19/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
88.04(2)(g)1	HEALTH SCREENING FOR STAFF	7/5/23	No
88.05(3)(a)	HOME ENVIRONMENT	7/5/23	Yes
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION	7/5/23	Yes
88.06(2)(a)	ADMISSION-HEALTH EXAM	7/5/23	Yes
88.07(3)(a)	PRESCRIPTION MEDICATIONS	7/5/23	Yes

Survey ID: 0141593 **End Date:** 09/06/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #Z64512 Served 12/13/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
88.05(3)(a)	HOME ENVIRONMENT	3/15/23	Yes

Enforcement History (MENDOTA ASSISTED LIVING--0017523)

Date: 07/20/2023 **SOD #**Z64514 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 04/19/2023 **SOD #**Z64513 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 12/13/2022 **SOD #**Z64512 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

ORDER TO COMPLY

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Provider Inspection Summary

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

Adult Family Home

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: Saber Group Homes Kristen House (0020513)

Address: W7353 Kristen Dr, Pardeeville, WI 53954

License Status: REGULAR

Licensed/Certified/Registered 02/20/2025 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: JACKIES TLC HOME (0012319)

Address: N8813 CTY RD EE, PORTAGE, WI 53901

License Status: REGULAR

Licensed/Certified/Registered 04/18/2008 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0147885 **End Date:** 09/16/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #4DV411

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.03(8)(c)	AGENCY MAY REQUEST OTHER INSPECTIONS		
88.05(3)(a)	HOME ENVIRONMENT		
88.10(3)(e)	SELF-DIRECTION		

Survey ID: 0144209 **End Date:** 09/05/2023 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (JACKIES TLC HOME--0012319)

Date: 10/18/2024 **SOD #**4DV411 **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 (JACKIES TLC HOME--0012319)

Date Complaint Received: 03/14/2024

Date Investigation Completed: 03/20/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

NOT RECORDED

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: REM EPONYMOUS (0009563)

Address: W8137 HWY 33, PORTAGE, WI 53901

License Status: REGULAR

Licensed/Certified/Registered 02/27/2002 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0145852 **End Date:** 03/07/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0144924 **End Date:** 10/26/2023 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #0VIE11 Served 11/30/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(a)	HOME ENVIRONMENT	3/7/24	Yes
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE	3/7/24	Yes
88.05(4)(d)2.c	SEMI-ANNUAL FIRE DRILLS	3/7/24	Yes
88.07(3)(a)	PRESCRIPTION MEDICATIONS	3/7/24	Yes
88.09(1)(a)	RESIDENT RECORDS	3/7/24	Yes

Enforcement History (REM EPONYMOUS--0009563)

Date: 11/30/2023 **SOD #**0VIE11 **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

Facility Information

Facility Name: REM EVERGREEN TRAIL (199036)

Address: 657/659 EVERGREEN TRAIL, PORTAGE, WI 53901

License Status: REGULAR

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

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0146674 **End Date:** 06/06/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0145986 **End Date:** 02/29/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #JUQV12 Served 03/25/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.06(3)(f)	REVIEW OF ISP	6/6/24	Yes
88.09(1)(d)	RESIDENT RECORDS REQUIREMENTS	6/6/24	Yes

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Provider Inspection Summary

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

Adult Family Home

Survey ID: 0144808 **End Date:** 09/05/2023 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #JUQV11 Served 11/17/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
88.04(2)(f)	CONDITION WHICH REPRESENTS RISK OR HARM	2/29/24	Yes
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS	2/29/24	Yes
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY	2/29/24	Yes
88.06(2)(b)	SERVICE AGREEMENT EXCEPT RESPITE	2/29/24	Yes
88.06(3)(f)	REVIEW OF ISP	2/29/24	Yes
88.09(1)(d)	RESIDENT RECORDS REQUIREMENTS	2/29/24	No

Survey ID: 0141260 **End Date:** 10/26/2022 **Type:** OTHER **Purpose:** OTHER

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140524 **End Date:** 08/17/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (REM EVERGREEN TRAIL--199036)

Date: 03/25/2024 **SOD #**JUQV12 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 11/17/2023 **SOD #**JUQV11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: REM MOORELAND CIRCLE (0016060)

Address: 708 MOORELAND CIRCLE DR, PORTAGE, WI 53901

License Status: REGULAR

Licensed/Certified/Registered 06/23/2017 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0146395 **End Date:** 03/28/2024 **Type:** STANDARD **Purpose:** SURVEY/VV

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #376M13 Served 05/13/2024

Deficiencies Cited
88.06(3)(b)

Subject Area
PERSONS INVOLVED WITH ISP & ASSESSMENT

Compliance
Verified
6/27/24

Corrected
Yes

Survey ID: 0139616 **End Date:** 02/24/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/VV

Results: ENFORCEMENT ACTION

Enforcement History (REM MOORELAND CIRCLE--0016060)

Date: 05/13/2024 **SOD #**376M13 **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 (REM MOORELAND CIRCLE--0016060)

Date Complaint Received: 02/11/2022

Date Investigation Completed: 02/23/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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: Saber Group Homes Rehdantz House (0020511)

Address: W9188 Rehdantz Dr, Portage, WI 53901

License Status: REGULAR

Licensed/Certified/Registered 02/20/2025 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: Saber Group Homes Thunderbird House (0020483)

Address: W9141 Thunderbird Rd, Portage, WI 53901

License Status: REGULAR

Licensed/Certified/Registered 02/20/2025 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: REM RONALD LEE CIRCLE (0013852)

Address: 500 / 504 RONALD LEE CIRCLE, RIO, WI 53960

License Status: REGULAR

Licensed/Certified/Registered 11/08/2011 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0145634 **End Date:** 01/24/2024 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #S1L011 Served 02/16/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(b)	FREE OF HAZARDS	1/24/24	Yes
88.07(3)(a)	PRESCRIPTION MEDICATIONS	1/24/24	Yes

Survey ID: 0140835 **End Date:** 09/20/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139986 **End Date:** 03/31/2022 **Type:** OTHER **Purpose:** SELF REPORT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #QGU813 Served 06/29/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.07(2)(b)5	MONITORING HEALTH	9/20/22	Yes
88.10(3)(m)	FREEDOM FROM ABUSE	9/20/22	Yes

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Provider Inspection Summary

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

Adult Family Home

Enforcement History (REM RONALD LEE CIRCLE--0013852)

Date: 02/16/2024 **SOD #**S1L011 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 06/28/2022 **SOD #**QGU813 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 03/25/2022 **SOD #**QGU812 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
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)

Facility Information

Facility Name: AT HOME AGAIN COLUMBUS LLC (0013676)
Address: 110 STUART ST, COLUMBUS, WI 53925
License Status: REGULAR
Licensed/Certified/Registered 05/01/2012 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0145338 **End Date:** 01/17/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0145040 **End Date:** 11/30/2023 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141317 **End Date:** 11/04/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140467 **End Date:** 05/18/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #Y5M811 Served 08/17/2022

Deficiencies Cited
83.32(3)(h)

Subject Area
RIGHTS OF RESIDENTS: TO RECEIVE
MEDICATION

Compliance
Verified
11/4/22

Corrected
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 (AT HOME AGAIN COLUMBUS LLC--0013676)

Date: 08/17/2022 **SOD #**Y5M811 **Appealed:**

Sanctions

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

Complaint History (AT HOME AGAIN COLUMBUS LLC--0013676)

Date Complaint Received: 01/12/2024

Date Investigation Completed: 01/17/2024

Subject Area(s)

Result

SOD #

ADMINISTRATION
PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 04/22/2022

Date Investigation Completed: 05/18/2022

Subject Area(s)

Result

SOD #

ADMINISTRATION
STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED Y5M811
SUBSTANTIATED Y5M811

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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: AT HOME AGAIN COLUMBUS MEMORY CARE (0016591)

Address: 110 STUART STREET, COLUMBUS, WI 53925

License Status: REGULAR

Licensed/Certified/Registered 03/09/2017 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0148046 **End Date:** 10/30/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0147429 **End Date:** 07/18/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #CIDJ11 Served 08/26/2024

Deficiencies Cited

83.35(1)(a)

Subject Area

PRE-ADMISSION AND ONGOING
ASSESSMENTS

Compliance

Verified

10/30/24

Corrected

Yes

Survey ID: 0144938 **End Date:** 10/10/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (AT HOME AGAIN COLUMBUS MEMORY CARE--0016591)

Date: 08/26/2024

SOD #CIDJ11

Appealed:

Sanctions

ORDER TO COMPLY

FORFEITURE---83.35(1)(a)

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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 (AT HOME AGAIN COLUMBUS MEMORY CARE--0016591)

Date Complaint Received: 09/11/2023

Date Investigation Completed: 10/10/2023

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: Larson House South (0019950)

Address: 550 River Rd, Columbus, WI 53925

License Status: REGULAR

Licensed/Certified/Registered 04/01/2025 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0148535 **End Date:** 01/14/2025 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0148113 **End Date:** 10/02/2024 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #GU1N11 Served 11/18/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	1/14/25	Yes
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	1/14/25	Yes

Survey ID: 0146005 **End Date:** 03/26/2024 **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 (Larson House South--0019950)

Date: 11/18/2024 **SOD #**GU1N11 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

ORDER TO COMPLY

FORFEITURE---83.35(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)

Facility Information

Facility Name: Larson House (0019949)

Address: 550 River Road, Columbus, WI 53925

License Status: REGULAR

Licensed/Certified/Registered 03/27/2024 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0148534 **End Date:** 01/14/2025 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0148002 **End Date:** 10/02/2024 **Type:** OTHER **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #Y0FJ11 Served 11/01/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	1/14/25	Yes
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	1/14/25	Yes
83.44(1)(c)	CLOTHES DRYERS ENCLOSED AND VENTED	1/14/25	Yes

Survey ID: 0147040 **End Date:** 06/25/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0146004 **End Date:** 03/26/2024 **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 (Larson House--0019949)

Date: 11/01/2024 **SOD #**Y0FJ11 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.35(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)

Facility Information

Facility Name: MEADOWS OF FALL RIVER CBRF (THE) (0016760)

Address: 101 HOMETOWN AVE, FALL RIVER, WI 53932

License Status: REGULAR

Licensed/Certified/Registered 09/05/2017 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0145717 **End Date:** 02/20/2024 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0142462 **End Date:** 03/07/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141435 **End Date:** 07/20/2022 **Type:** OTHER **Purpose:** SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #S9J511 Served 11/30/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
50.09(1)(e)	TREATMENT	3/7/23	Yes
83.12(2)(a)	CAREGIVER: INVESTIGATING ABUSE AND NEGLECT	3/7/23	Yes
83.32(3)(m)	RIGHTS OF RESIDENTS: RECORDING AND FILMING	3/7/23	Yes

Survey ID: 0139103 **End Date:** 03/16/2022 **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (MEADOWS OF FALL RIVER CBRF (THE)--0016760)

Date: 11/30/2022

SOD #S9J511

Appealed:

Sanctions

ORDER TO COMPLY

FORFEITURE---50.09(1)(c)

FORFEITURE---83.32(3)(m)

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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: OUR HOUSE LODI ASSISTED CARE (0013382)

Address: 121 SECOND STREET, LODI, WI 53555

License Status: REGULAR

Licensed/Certified/Registered 10/01/2011 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0146491 **End Date:** 05/21/2024 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #YJBX11 Served 05/22/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.47(3)	FIRE INSPECTION	7/6/24	Yes

Enforcement History (OUR HOUSE LODI ASSISTED CARE--0013382)

Date: 05/22/2024 **SOD #**YJBX11 **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)

Facility Information

Facility Name: Sienna Crest Lodi (0020508)

Address: 215 Dale Drive, Lodi, WI 53555

License Status: REGULAR

Licensed/Certified/Registered 09/17/2024 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0147625 **End Date:** 09/19/2024 **Type:** INITIAL **Purpose:** CHOW--DESK REVIEW

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: Aspirus Tivoli Community (0013388)

Address: 2805 HUNTERS TRAIL, PORTAGE, WI 53901

License Status: REGULAR

Licensed/Certified/Registered 12/27/2010 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0145532 **End Date:** 01/24/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #G2HE11 Served 02/08/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	3/24/24	Yes
83.45(3)	TOXIC SUBSTANCES	3/24/24	Yes

Survey ID: 0142510 **End Date:** 03/15/2023 **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0141736 **End Date:** 09/29/2022 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #JFHZ12 Served 01/04/2023

<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	3/15/23	Yes
83.32(3)(i)	RIGHTS OF RESIDENTS: PROMPT AND ADEQUATE TREATMENT	3/15/23	Yes
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	3/15/23	Yes

Enforcement History (Aspirus Tivoli Community--0013388)

Date: 02/08/2024 **SOD #G2HE11** **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 01/04/2023 **SOD #JFHZ12** **Appealed:**

Sanctions

ORDER TO COMPLY

FORFEITURE---83.32(3)(h)

FORFEITURE---83.32(3)(i)

FORFEITURE---83.37(2)(d)

Date: 04/25/2022 **SOD #JFHZ11** **Appealed:**

Sanctions

ORDER TO COMPLY

FORFEITURE---83.20(2)(a)-(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 (Aspirus Tivoli Community--0013388)

Date Complaint Received: 01/15/2024

Date Investigation Completed: 01/23/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

G2HE11

Date Complaint Received: 08/16/2022

Date Investigation Completed: 09/29/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

JFHZ12

RESIDENT RIGHTS

SUBSTANTIATED

JFHZ12

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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: HAMILTON PARK PLACE (0015335)

Address: 2525 HAMILTON STREET, PORTAGE, WI 53901

License Status: REGULAR

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

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0148629 **End Date:** 11/06/2024 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #WHTX17 Served 02/10/2025

<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		

Survey ID: 0147424 **End Date:** 07/17/2024 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #WHTX16 Served 08/26/2024

<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	11/6/24	No
83.35(3)(c)	IMPLEMENT, FOLLOW THE INDIVIDUAL SERVICE PLAN	11/6/24	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	11/6/24	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)

83.37(1)(i) PRN PSYCHOTROPIC MEDICATION 11/6/24 Yes

Survey ID: 0146173 **End Date:** 03/21/2024 **Type:** STANDARD **Purpose:** SURVEY/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #WHTX15 Served 04/19/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(bb)	DETERMINE FINAL DISPOSITION OF CHARGE	7/17/24	Yes
83.17(1)	LICENSEE CONDUCT CAREGIVER BACKGROUND CHECK	7/17/24	Yes
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	7/17/24	No
83.37(1)(i)	PRN PSYCHOTROPIC MEDICATION	7/17/24	No
83.44(1)(c)	CLOTHES DRYERS ENCLOSED AND VENTED	7/17/24	Yes

Survey ID: 0144936 **End Date:** 11/29/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0144783 **End Date:** 11/03/2023 **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0144998 **End Date:** 09/27/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #WHTX14 Served 12/11/2023

<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	3/21/24	Yes
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	3/21/24	No
83.37(1)(i)	PRN PSYCHOTROPIC MEDICATION	3/21/24	No
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	3/21/24	Yes

Survey ID: 0143977 **End Date:** 08/03/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0143996 **End Date:** 07/13/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #L5VC11 Served 08/22/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.36(1)(a)	ADEQUATE STAFF TO MEET RESIDENT NEEDS	11/3/23	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: 0143615 **End Date:** 05/09/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #WHTX13 Served 07/13/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	9/27/23	No
83.37(1)(i)	PRN PSYCHOTROPIC MEDICATION	9/27/23	No
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	9/27/23	No

Survey ID: 0143163 **End Date:** 02/15/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0142391 **End Date:** 12/11/2022 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #WHTX12 Served 03/07/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	5/9/23	No
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	5/9/23	No
83.41(2)(c)	NUTRITION: MENUS	5/9/23	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: 0140628 End Date: 05/25/2022 Type: OTHER Purpose: SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #WHTX11 Served 09/01/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(1)-(3)	ALL EMPLOYEE TRAINING	12/12/22	Yes
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	12/12/22	No
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	12/12/22	Yes
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	12/12/22	
83.38(1)(g)	HEALTH MONITORING	12/12/22	Yes
83.47(2)(d)	FIRE DRILLS	12/12/22	No
83.47(2)(e)	OTHER EVACUATION DRILLS	12/12/22	Yes
83.48(4)(f)	SMOKE DETECTOR IN NON-RESIDENT LIVING AREAS	12/12/22	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 (HAMILTON PARK PLACE--0015335)

Date: 08/26/2024 **SOD #**WHTX16 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

ORDER TO COMPLY

FORFEITURE---83.32(3)(h)

FORFEITURE---83.35(3)(c)

FORFEITURE---83.35(3)(d)

FORFEITURE---83.37(1)(i)

Date: 04/19/2024 **SOD #**WHTX15 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

ORDER TO COMPLY

FORFEITURE---83.32(3)(h)

FORFEITURE---83.37(1)(i)

Date: 12/11/2023 **SOD #**WHTX14 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

ORDER TO COMPLY

FORFEITURE---83.12(2)(a)

FORFEITURE---83.32(3)(h)

FORFEITURE---83.37 (2)(d)

FORFEITURE---83.37(1)(i)

Date: 08/22/2023 **SOD #**L5VC11 **Appealed:**

Sanctions

ORDER TO COMPLY

FORFEITURE---83.36(1)(a)

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date: 07/13/2023 **SOD #**WHTX13 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.32(3)(h)
FORFEITURE---83.37(1)(i)

Date: 03/07/2023 **SOD #**WHTX12 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.32(3)(h)
FORFEITURE---83.37(2)(d)

Date: 09/01/2022 **SOD #**WHTX11 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.21 (1)-(3)
FORFEITURE---83.38(1)(g)
FORFEITURE---83.47(2)(d)
FORFEITURE---83.47(2)(e)

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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 (HAMILTON PARK PLACE--0015335)

Date Complaint Received: 10/23/2024

Date Investigation Completed: 11/05/2024

Subject Area(s)

Result

SOD #

ADMINISTRATION
RESIDENT RIGHTS

SUBSTANTIATED
SUBSTANTIATED

WHTX17
WHTX17

Date Complaint Received: 09/22/2024

Date Investigation Completed: 11/05/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES
ADMINISTRATION
PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 06/08/2024

Date Investigation Completed: 06/26/2024

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

WHTX16

Date Complaint Received: 05/08/2024

Date Investigation Completed: 06/26/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 04/25/2024

Date Investigation Completed: 06/26/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

WHTX16

Date Complaint Received: 07/28/2023

Date Investigation Completed: 08/03/2023

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date Complaint Received: 06/21/2023

Subject Area(s)
PROGRAM SERVICES

Date Investigation Completed: 07/12/2023

Result
SUBSTANTIATED

SOD #
L5VC11

Date Complaint Received: 02/10/2023

Subject Area(s)
PROGRAM SERVICES

Date Investigation Completed: 02/15/2023

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 11/01/2022

Subject Area(s)
PROGRAM SERVICES

Date Investigation Completed: 12/01/2022

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 05/03/2022

Subject Area(s)
PROGRAM SERVICES
RESIDENT RIGHTS
STAFF TRAINING AND PROFICIENCY

Date Investigation Completed: 05/25/2022

Result
SUBSTANTIATED
SUBSTANTIATED
SUBSTANTIATED

SOD #
WHTX11
WHTX11
WHTX11

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

Facility Information

Facility Name: LAKE PLACE GROUP HOME (110023)

Address: 105 LAKE RD, PORTAGE, WI 53901

License Status: REGULAR

Licensed/Certified/Registered 07/01/1981 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0142726 **End Date:** 03/21/2023 **Type:** ABBREVIATED **Purpose:** SURVEY

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)

Facility Information

Facility Name: OUR HOUSE PORTAGE ASSISTED CARE (0013665)

Address: 2876 VILLAGE RD, PORTAGE, WI 53901

License Status: REGULAR

Licensed/Certified/Registered 04/01/2012 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0143387 **End Date:** 05/31/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0142255 **End Date:** 02/21/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141688 **End Date:** 11/30/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #PRNC11 Served 12/23/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(2)(a)	CAREGIVER: INVESTIGATING ABUSE AND NEGLECT	1/20/23	Yes
83.12(4)(b)	REPORTING WHEN LAW ENFORCEMENT IS CALLED	1/20/23	Yes

Survey ID: 0142177 **End Date:** 11/11/2022 **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0140975 **End Date:** 10/05/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (OUR HOUSE PORTAGE ASSISTED CARE--0013665)

Date: 12/23/2022 **SOD #**PRNC11 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 03/02/2022 **SOD #**GXQE11 **Appealed:** No

Sanctions

ORDER TO COMPLY

Complaint History (OUR HOUSE PORTAGE ASSISTED CARE--0013665)

Date Complaint Received: 05/15/2023 **Date Investigation Completed:** 05/31/2023

Subject Area(s)
PROGRAM SERVICES

Result SOD #
NOT SUBSTANTIATED

Date Complaint Received: 02/15/2023 **Date Investigation Completed:** 02/21/2023

Subject Area(s)
PROGRAM SERVICES

Result SOD #
NOT SUBSTANTIATED

Date Complaint Received: 11/10/2022 **Date Investigation Completed:** 11/30/2022

Subject Area(s)
PROGRAM SERVICES

Result SOD #
NOT SUBSTANTIATED

Date Complaint Received: 09/16/2022 **Date Investigation Completed:** 10/05/2022

Subject Area(s)
PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES

Result SOD #
NOT SUBSTANTIATED
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: Rivers Baraboo (The) (0019799)

Address: 601 Latton Ln, Portage, WI 53901

License Status: PROBATIONARY

Licensed/Certified/Registered 11/26/2024 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0148160 **End Date:** 11/26/2024 **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)

Facility Information

Facility Name: Rivers Fox (The) (0019800)

Address: 611 E Albert St, Portage, WI 53901

License Status: PROBATIONARY

Licensed/Certified/Registered 11/26/2024 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0148161 **End Date:** 11/26/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: PROBATIONARY LICENSE ISSUED

Complaint History (Rivers Fox (The)--0019800)

Date Complaint Received: 01/11/2025

Date Investigation Completed: 02/17/2025

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: Rivers Wisconsin (The) (0019798)

Address: 621 Latton Ln, Portage, WI 53901

License Status: PROBATIONARY

Licensed/Certified/Registered 11/26/2024 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0148159 **End Date:** 11/26/2024 **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)

Facility Information

Facility Name: ROWAN TRAIL (0015147)

Address: 237 W SEWARD STREET, POYNETTE, WI 53955

License Status: REGULAR

Licensed/Certified/Registered 11/01/2015 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0144295 **End Date:** 09/14/2023 **Type:** STANDARD **Purpose:** SURVEY

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)

Facility Information

Facility Name: AT HOME AGAIN MEMORY CARE RIO (0017005)

Address: 403 LOWVILLE ROAD, RIO, WI 53960

License Status: REGULAR

Licensed/Certified/Registered 06/15/2018 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0146044 **End Date:** 03/29/2024 **Type:** ABBREVIATED **Purpose:** SURVEY

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)

Facility Information

Facility Name: AT HOME AGAIN RIO (0016559)

Address: 405 LOWVILLE RD, RIO, WI 53960

License Status: REGULAR

Licensed/Certified/Registered 03/01/2018 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0145960 **End Date:** 03/07/2024 **Type:** ABBREVIATED **Purpose:** SURVEY

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)

Facility Information

Facility Name: OUR HOUSE WISCONSIN DELLS ASSISTED CARE (0013385)

Address: 1954 STATE RD 23, WISCONSIN DELLS, WI 53965

License Status: REGULAR

Licensed/Certified/Registered 10/01/2011 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0144977 **End Date:** 11/29/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141871 **End Date:** 10/20/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (OUR HOUSE WISCONSIN DELLS ASSISTED CARE--0013385)

Date Complaint Received: 11/21/2023

Date Investigation Completed: 11/29/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 10/19/2022

Date Investigation Completed: 10/20/2022

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: OUR HOUSE WISCONSIN DELLS MEMORY CARE (0013383)

Address: 1950 STATE ROAD 23, WISCONSIN DELLS, WI 53965

License Status: REGULAR

Licensed/Certified/Registered 10/01/2011 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0145839 **End Date:** 02/28/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0145077 **End Date:** 10/04/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #6BGX11 Served 12/20/2023

Deficiencies Cited
83.38(1)(g)

Subject Area
HEALTH MONITORING

Compliance
Verified
2/28/24

Corrected
No

Survey ID: 0143290 **End Date:** 05/30/2023 **Type:** STANDARD **Purpose:** SURVEY/VV

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: 0142271 End Date: 11/08/2022 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #1COL11 Served 02/23/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.12(2)(a)	CAREGIVER: INVESTIGATING ABUSE AND NEGLECT	5/30/23	Yes
83.38(1)(a)	PERSONAL CARE	5/30/23	Yes

Survey ID: 0141863 End Date: 09/12/2022 Type: OTHER Purpose: COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #OF1X13 Served 01/17/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.12(3)(a)	INVESTIGATE INJURIES OF UNKNOWN SOURCE	5/30/23	Yes
83.12(5)(a)	NOTIFICATION: INCIDENT, INJURY, CHANGES	5/30/23	Yes
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	5/30/23	Yes
83.33(1)(a)	GRIEVANCE PROCEDURE: INFORMATION REQUIRED	5/30/23	Yes
83.38(1)(a)	PERSONAL CARE	5/30/23	Yes
83.39(3)	HAND WASHING	5/30/23	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: 0139315 End Date: 02/21/2022 Type: OTHER Purpose: COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #OF1X12 Served 04/21/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.12(2)(a)	CAREGIVER: INVESTIGATING ABUSE AND NEGLECT	9/12/23	Yes
83.32(3)(d)	RIGHTS OF RESIDENTS: FREE OF MISTREATMENT	9/12/22	Yes
83.35(3)(c)	IMPLEMENT, FOLLOW THE INDIVIDUAL SERVICE PLAN	9/12/22	Yes
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	9/12/22	Yes
83.39(1)	INFECTION CONTROL PROGRAM	9/12/22	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 (OUR HOUSE WISCONSIN DELLS MEMORY CARE--0013383)

Date: 12/18/2023 **SOD #**6BGX11 **Appealed:**

Sanctions

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

Date: 02/23/2023 **SOD #**1COL11 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.12(2)(a)

Date: 01/17/2023 **SOD #**OF1X13 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 04/21/2022 **SOD #**OF1X12 **Appealed:** Yes **Decision:** STIPULATION

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
NO NEW ADMISSIONS
ORDER TO COMPLY
FORFEITURE---83.12(2)(a)
FORFEITURE---83.32(3)(d)
FORFEITURE---83.35(3)(c)
FORFEITURE---83.37(2)(d)
FORFEITURE---83.39(1)

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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 (OUR HOUSE WISCONSIN DELLS MEMORY CARE--0013383)

Date Complaint Received: 07/17/2023

Date Investigation Completed: 08/24/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

NOT RECORDED

Date Complaint Received: 06/20/2023

Date Investigation Completed: 08/24/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

6BGX11

Date Complaint Received: 11/07/2022

Date Investigation Completed: 11/08/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

1COL11

Date Complaint Received: 09/08/2022

Date Investigation Completed: 09/12/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

OF1X13

RESIDENT RIGHTS

SUBSTANTIATED

OF1X13

Date Complaint Received: 02/08/2022

Date Investigation Completed: 04/21/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

OF1X12

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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: RIVERWOOD SENIOR LIVING EAGLES NEST (0018398)

Address: 115 BOWMAN ROAD, WISCONSIN DELLS, WI 53965

License Status: REGULAR

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

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0148066 **End Date:** 09/05/2024 **Type:** STANDARD **Purpose:** SURVEY/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #U1IM12 Served 11/11/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(1)-(3)	ALL EMPLOYEE TRAINING		
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES		
83.48(3)(b)	SENSITIVITY TESTING PERFORMED		

Survey ID: 0144056 **End Date:** 06/28/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #U1IM11 Served 08/29/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(1)(a)	PRE-ADMISSION AND ONGOING ASSESSMENTS	9/4/24	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: 0143397 **End Date:** 06/14/2023 **Type:** OTHER **Purpose:** SELF REPORT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0142492 **End Date:** 03/09/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #GWI911 Served 03/17/2023

<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	6/14/23	Yes
83.37(1)(i)	PRN PSYCHOTROPIC MEDICATION	6/14/23	Yes
83.44(1)(c)	CLOTHES DRYERS ENCLOSED AND VENTED	6/14/23	Yes
83.45(3)	TOXIC SUBSTANCES	6/14/23	Yes
83.59(2)(d)	LEVERED DOOR HANDLES PROVIDED	6/14/23	Yes

Survey ID: 0142105 **End Date:** 10/25/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #IXAF11 Served 02/10/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.32(3)(i)	RIGHTS OF RESIDENTS: PROMPT AND ADEQUATE TREATMENT	6/14/23	Yes

Survey ID: 0140727 **End Date:** 08/18/2022 **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)

Enforcement History (RIVERWOOD SENIOR LIVING EAGLES NEST--0018398)

Date: 11/11/2024 **SOD #**U1IM12 **Appealed:** **Decision:** PENDING

Sanctions

ORDER TO COMPLY
FORFEITURE---83.21(1-3)

Date: 08/29/2023 **SOD #**U1IM11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 03/17/2023 **SOD #**GW1911 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 02/09/2023 **SOD #**IXAF11 **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 (RIVERWOOD SENIOR LIVING EAGLES NEST--0018398)

Date Complaint Received: 06/19/2023

Date Investigation Completed: 06/28/2023

Subject Area(s)

Result

SOD #

ADMINISTRATION
RESIDENT RIGHTS

SUBSTANTIATED
NOT SUBSTANTIATED

U1IM11

Date Complaint Received: 01/18/2023

Date Investigation Completed: 03/08/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 09/29/2022

Date Investigation Completed: 10/25/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

IXAF11

Date Complaint Received: 08/11/2022

Date Investigation Completed: 08/18/2022

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 (CERTIFIED)

Facility Information

Facility Name: MEADOWS OF FALL RIVER (THE) (0013097)
Address: 101 HOMETOWN AVE, FALL RIVER, WI 53932
License Status: REGULAR
Licensed/Certified/Registered 01/01/2010 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0145650 **End Date:** 02/14/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0144736 **End Date:** 09/01/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #S7IN11 Served 11/07/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
89.23(3)(f)	SERVICES	2/14/24	Yes
89.29(3)(c)1.a	ADMISSION & RETENTION OF TENANTS	2/14/24	Yes

Survey ID: 0143819 **End Date:** 07/27/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0143371 **End Date:** 06/06/2023 **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
Residential Care Apartment Complex (CERTIFIED)

Survey ID: 0142929 **End Date:** 03/07/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #8GOY11 Served 05/04/2023

Deficiencies Cited
50.065(4m)(b)intro

Subject Area
CAREGIVER HIRING AND CONTRACTING
PROCESS

Compliance
Verified
7/27/23

Corrected
Yes

Survey ID: 0140594 **End Date:** 08/25/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139108 **End Date:** 03/16/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Enforcement History (MEADOWS OF FALL RIVER (THE)--0013097)

Date: 11/07/2023 **SOD #**S7IN11 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---89.23(30(f))

Date: 05/04/2023 **SOD #**8GOY11 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---50.065 (4m)(b)

Date: 03/25/2022 **SOD #**GKXK11 **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 (MEADOWS OF FALL RIVER (THE)--0013097)

Date Complaint Received: 08/14/2023

Date Investigation Completed: 09/01/2023

Subject Area(s)

Result

SOD #

ADMINISTRATION

SUBSTANTIATED

S7IN11

Date Complaint Received: 03/29/2023

Date Investigation Completed: 06/06/2023

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY
RESIDENT RIGHTS

NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 02/01/2023

Date Investigation Completed: 03/07/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

8GOY11

Date Complaint Received: 02/09/2022

Date Investigation Completed: 03/31/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

D3HI11

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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: HERITAGE HOUSE OF PORTAGE (0015503)
Address: 2685 AIRPORT ROAD, PORTAGE, WI 53901
License Status: REGULAR
Licensed/Certified/Registered 04/07/2015 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0147881 **End Date:** 06/10/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0145675 **End Date:** 01/05/2024 **Type:** OTHER **Purpose:** COMPLAINT
Results: ENFORCEMENT ACTION

Statement of Deficiency: #TR4P11 Served 02/21/2024

Deficiencies Cited
89.23(2)(a)2.c

Subject Area
SERVICES

Compliance
Verified
6/10/24

Corrected
Yes

Survey ID: 0144669 **End Date:** 08/10/2023 **Type:** OTHER **Purpose:** COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141073 **End Date:** 10/14/2022 **Type:** ABBREVIATED **Purpose:** SURVEY
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)

Enforcement History (HERITAGE HOUSE OF PORTAGE--0015503)

Date: 02/21/2024 SOD #TR4P11 Appealed:

Sanctions
ORDER TO COMPLY
FORFEITURE---89.23(2)(a)2.c

Complaint History (HERITAGE HOUSE OF PORTAGE--0015503)

Date Complaint Received: 12/27/2023

Date Investigation Completed: 01/05/2024

Subject Area(s)
PROGRAM SERVICES

Result SOD #
NOT SUBSTANTIATED

Date Complaint Received: 12/13/2023

Date Investigation Completed: 01/05/2024

Subject Area(s)
RESIDENT RIGHTS

Result SOD #
NOT SUBSTANTIATED

Date Complaint Received: 12/04/2023

Date Investigation Completed: 01/05/2024

Subject Area(s)
PROGRAM SERVICES

Result SOD #
SUBSTANTIATED TR4P11

Date Complaint Received: 07/28/2023

Date Investigation Completed: 08/10/2023

Subject Area(s)
PROGRAM SERVICES

Result SOD #
NOT SUBSTANTIATED

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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: OUR HOUSE PORTAGE RCAC (0013662)
Address: 215 NORTHRIDGE DR, PORTAGE, WI 53901
License Status: REGULAR
Licensed/Certified/Registered 04/15/2011 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0147178 **End Date:** 07/17/2024 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #4F4I11 Served 08/01/2024

Deficiencies Cited
89.34(17)

Subject Area
TENANT RIGHTS

Compliance
Verified
7/17/24

Corrected
Yes

Survey ID: 0142004 **End Date:** 01/25/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140973 **End Date:** 10/05/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140827 **End Date:** 09/20/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139197 **End Date:** 03/22/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

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)

Enforcement History (OUR HOUSE PORTAGE RCAC--0013662)

Date: 08/01/2024 SOD #4F4I11 Appealed: No

Sanctions
ORDER TO COMPLY

Complaint History (OUR HOUSE PORTAGE RCAC--0013662)

Date Complaint Received: 12/28/2022

Date Investigation Completed: 01/24/2023

Subject Area(s)
PROGRAM SERVICES

Result SOD #
NOT SUBSTANTIATED

Date Complaint Received: 09/14/2022

Date Investigation Completed: 10/05/2022

Subject Area(s)
PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES

Result SOD #
NOT SUBSTANTIATED
NOT SUBSTANTIATED

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