

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 Douglas County. The report is a PDF (Adobe Acrobat) document and includes a total of 36.00 pages. If you wish to read the profile for a particular facility without scrolling through the rest of the document, use the Search feature in the Acrobat Reader to specify part of the name of the facility you wish to review.

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

Provider Inspection Summary

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

Adult Day Care Center

Facility Information

Facility Name: MEMORY LANE ADULT DAY SERVICES (0014085)

Address: 502 TOWER AVENUE, SUPERIOR, WI 54880

License Status: REGULAR

Licensed/Certified/Registered 03/14/2012 12:00:00AM

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

Survey History

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

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: MISSOURI GARDENS (590181)

Address: 2347 MISSOURI AVENUE, SUPERIOR, WI 54880

License Status: REGULAR

Licensed/Certified/Registered 02/14/1997 12:00:00AM

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

Survey History

Survey ID: 0141698 **End Date:** 12/08/2022 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (MISSOURI GARDENS--590181)

Date Complaint Received: 10/03/2022

Date Investigation Completed: 12/08/2022

Subject Area(s)

Result

SOD #

ADMINISTRATION

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: REM WISCONSIN III INC - 31st Street (0010812)

Address: 1406 NORTH 31ST STREET, SUPERIOR, WI 54880

License Status: REGULAR

Licensed/Certified/Registered 02/01/2005 12:00:00AM

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

Survey History

Survey ID: 0140401 **End Date:** 08/03/2022 **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

Adult Family Home

Facility Information

Facility Name: REM WISCONSIN INC III - LAMBORN (0014438)

Address: 5915 LAMBORN AVENUE, SUPERIOR, WI 54880

License Status: REGULAR

Licensed/Certified/Registered 12/17/2012 12:00:00AM

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

Survey History

Survey ID: 0141020 **End Date:** 10/05/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139386 **End Date:** 04/13/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #DYQ711 Served 04/27/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(b)	AWAKE STAFF FOR CONTINUOUS CARE	10/5/22	Yes
88.05(3)(a)	HOME ENVIRONMENT	10/5/22	Yes
88.05(3)(b)	FREE OF HAZARDS	10/5/22	Yes
88.07(3)(a)	PRESCRIPTION MEDICATIONS	10/5/22	Yes
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT	10/5/22	Yes

Enforcement History (REM WISCONSIN INC III - LAMBORN--0014438)

Date: 04/27/2022 **SOD #DYQ711** **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

STATE OF WISCONSIN

Bureau of Assisted Living

P.O. Box 7940

Madison WI 53707-7940

Facility Information

Facility Name: Stable Living LLP 1916 E 6th St (0020410)

Address: 1916 E 6th St, Superior, WI 54880

License Status: REGULAR

Licensed/Certified/Registered 08/21/2024 12:00:00AM

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

Survey History

Survey ID: 0147452 **End Date:** 08/21/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: Stable Living LLP 1202 Grand Ave (0020319)

Address: 1202 Grand Ave, Superior, WI 54880

License Status: REGULAR

Licensed/Certified/Registered 08/21/2024 12:00:00AM

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

Survey History

Survey ID: 0147454 **End Date:** 08/21/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: Superior Living INC (0018925)

Address: 3625 N 20th Street, Superior, WI 54880

License Status: REGULAR

Licensed/Certified/Registered 12/06/2022 12:00:00AM

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

Survey History

Survey ID: 0142768 **End Date:** 04/12/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141998 **End Date:** 12/05/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

Complaint History (Superior Living INC--0018925)

Date Complaint Received: 02/13/2023

Date Investigation Completed: 04/12/2023

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

Adult Family Home

Facility Information

Facility Name: WOODVIEW (590179)

Address: 6001 E 3RD ST, SUPERIOR, WI 54880

License Status: REGULAR

Licensed/Certified/Registered 04/30/1995 12:00:00AM

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

Survey History

Survey ID: 0146911 **End Date:** 07/02/2024 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #86B111 Served 07/10/2024

Deficiencies Cited

50.06

88.05(3)(a)

Subject Area

CERTAIN ADMISSIONS TO FACILITIES

HOME ENVIRONMENT

Compliance

Verified

Corrected

Enforcement History (WOODVIEW--590179)

Date: 07/10/2024

SOD #86B111

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: CYPRESS HOUSE CBRF (510320)

Address: 1415 CYPRESS AVE, SUPERIOR, WI 54880

License Status: REGULAR

Licensed/Certified/Registered 08/31/1990 12:00:00AM

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

Survey History

Survey ID: 0148348 **End Date:** 12/17/2024 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0146906 **End Date:** 07/03/2024 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #7BTF11 Served 07/10/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.37(3)(c)	MEDICATION STORAGE: LOCKED CABINET	12/17/24	Yes
83.44(2)(c)	INTERIOR FLOORS, WALLS AND CEILINGS	12/17/24	Yes
83.45(1)(d)	HAZARDS	12/17/24	Yes
83.59(6)(c)	MOUNTING HEIGHT OF HANDRAILS ON RAMPS	12/17/24	Yes

Enforcement History (CYPRESS HOUSE CBRF--510320)

Date: 07/10/2024 **SOD #**7BTF11 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025
Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (CYPRESS HOUSE CBRF--510320)

Date Complaint Received: 10/16/2024

Date Investigation Completed: 12/17/2024

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: DEER HAVEN (510005)

Address: 3105 CUMMING AVE, SUPERIOR, WI 54880

License Status: REGULAR

Licensed/Certified/Registered 10/19/1981 12:00:00AM

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

Survey History

Survey ID: 0145654 **End Date:** 02/12/2024 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (DEER HAVEN--510005)

Date Complaint Received: 12/06/2023

Date Investigation Completed: 02/12/2024

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: HARBORVIEW CBRF (510321)

Address: 910 E 5TH ST, SUPERIOR, WI 54880

License Status: REGULAR

Licensed/Certified/Registered 04/30/1990 12:00:00AM

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

Survey History

Survey ID: 0147258 **End Date:** 07/03/2024 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #RHY711 Served 08/08/2024

Deficiencies Cited
83.25

Subject Area
CONTINUING EDUCATION

Compliance
Verified

Corrected

Enforcement History (HARBORVIEW CBRF--510321)

Date: 08/08/2024 **SOD #**RHY711 **Appealed:** No

Sanctions

ORDER TO COMPLY
FORFEITURE---83.25

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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: HARMONY HOUSE II (0016729)

Address: 7613 JOHN AVE, SUPERIOR, WI 54880

License Status: REGULAR

Licensed/Certified/Registered 06/15/2017 12:00:00AM

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

Survey History

Survey ID: 0146758 **End Date:** 06/18/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0145657 **End Date:** 02/13/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (HARMONY HOUSE II--0016729)

Date Complaint Received: 12/05/2023

Date Investigation Completed: 02/13/2024

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: HARMONY HOUSE I (0016728)

Address: 7615 JOHN AVE, SUPERIOR, WI 54880

License Status: REGULAR

Licensed/Certified/Registered 06/15/2017 12:00:00AM

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

Survey History

Survey ID: 0146234 **End Date:** 04/24/2024 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0142641 **End Date:** 03/30/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #94SD11 Served 04/28/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(2)(a)	CAREGIVER: INVESTIGATING ABUSE AND NEGLECT	4/24/24	Yes
83.12(5)(b)	NOTIFICATION: ABUSE AND NEGLECT ALLEGATIONS	4/24/24	Yes

Enforcement History (HARMONY HOUSE I--0016728)

Date: 04/04/2023 **SOD #**94SD11 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025
Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (HARMONY HOUSE I--0016728)

Date Complaint Received: 01/17/2023

Date Investigation Completed: 03/30/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

94SD11

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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: MCKENZIE MANOR (0009412)

Address: 3317 NORTH 21ST STREET, SUPERIOR, WI 54880

License Status: REGULAR

Licensed/Certified/Registered 04/01/2002 12:00:00AM

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

Survey History

Survey ID: 0141012 **End Date:** 10/04/2022 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139787 **End Date:** 05/23/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #OUOE11 Served 06/08/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.45(1)(d)	HAZARDS	10/4/22	Yes
83.45(3)	TOXIC SUBSTANCES	10/4/22	Yes

Enforcement History (MCKENZIE MANOR--0009412)

Date: 06/08/2022 **SOD #OUOE11** **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (MCKENZIE MANOR--0009412)

Date Complaint Received: 08/16/2022

Date Investigation Completed: 10/04/2022

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: MOUNTAIN VIEW HOME (0009539)

Address: 3319 N 16TH STREET, SUPERIOR, WI 54880

License Status: REGULAR

Licensed/Certified/Registered 09/01/2002 12:00:00AM

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

Survey History

Survey ID: 0146766 **End Date:** 06/20/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #VYQE11 Served 06/21/2024

Deficiencies Cited
83.37(3)(c)

Subject Area
MEDICATION STORAGE: LOCKED CABINET

Compliance
Verified
8/26/24

Corrected

Survey ID: 0144163 **End Date:** 09/07/2023 **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: 0141216 End Date: 07/20/2022 Type: STANDARD Purpose: SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #0FJT11 Served 11/02/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.32(3)(b)	RIGHTS OF RESIDENTS: CONFIDENTIALITY	9/7/23	Yes
83.35(2)	TEMPORARY SERVICE PLAN	9/7/23	Yes
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN	9/7/23	Yes
83.35(5)(a)	INITIAL EVALUATION OF EVACUATION LIMITATIONS	9/7/23	Yes
83.37(1)(k)	MEDICATION ERROR OR ADVERSE REACTION	9/7/23	Yes
83.38(1)(g)	HEALTH MONITORING	9/7/23	Yes
83.44(2)(c)	INTERIOR FLOORS, WALLS AND CEILINGS	9/7/23	Yes
83.45(3)	TOXIC SUBSTANCES	9/7/23	Yes
83.45(4)	PEST CONTROL	9/7/23	Yes

Enforcement History (MOUNTAIN VIEW HOME--0009539)

Date: 11/02/2022 SOD #0FJT11 Appealed:

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.38(1)(g)
FORFEITURE---83.45(3)

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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 (MOUNTAIN VIEW HOME--0009539)

Date Complaint Received: 04/29/2024

Date Investigation Completed: 06/20/2024

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 07/05/2022

Date Investigation Completed: 07/20/2022

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

0FJT11

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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: NEW PERSPECTIVE SUPERIOR (0013514)

Address: 1915 N 34TH ST, SUPERIOR, WI 54880

License Status: REGULAR

Licensed/Certified/Registered 10/06/2011 12:00:00AM

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

Survey History

Survey ID: 0148832 **End Date:** 12/17/2024 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #MIBP14 Served 02/24/2025

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(5)(a)	NOTIFICATION: INCIDENT, INJURY, CHANGES		
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE		

Survey ID: 0146860 **End Date:** 06/24/2024 **Type:** OTHER **Purpose:** SELF REPORT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #MIBP13 Served 07/03/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	12/17/24	No

Survey ID: 0145689 **End Date:** 02/20/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0143841 **End Date:** 07/25/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #MIBP12 Served 08/03/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	6/28/24	No
83.44(1)(c)	CLOTHES DRYERS ENCLOSED AND VENTED	6/24/24	Yes
83.55(6)(b)	BATH AND TOILET AREAS: WATER TEMPERATURE	6/24/24	Yes
83.59(7)(a)	EMERGENCY EGRESS LIGHTING PROVIDED	6/28/24	Yes

Survey ID: 0139792 **End Date:** 05/19/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #MIBP11 Served 06/08/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.35(3)(c)	IMPLEMENT, FOLLOW THE INDIVIDUAL SERVICE PLAN	7/25/23	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)

Enforcement History (NEW PERSPECTIVE SUPERIOR--0013514)

Date: 07/03/2024 **SOD #**MIBP13 **Appealed:** No

Sanctions

ORDER TO COMPLY
FORFEITURE---83.20(a)-(d)

Date: 08/03/2023 **SOD #**MIBP12 **Appealed:** No

Sanctions

ORDER TO COMPLY
FORFEITURE---83.20(2)(a)-(d)

Date: 06/02/2022 **SOD #**MIBP11 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (NEW PERSPECTIVE SUPERIOR--0013514)

Date Complaint Received: 11/20/2024

Date Investigation Completed: 12/17/2024

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

MIBP14

Date Complaint Received: 11/27/2023

Date Investigation Completed: 02/20/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 07/07/2023

Date Investigation Completed: 07/25/2023

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 04/15/2022

Date Investigation Completed: 05/19/2022

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

MIBP11

ADMINISTRATION

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: REM WISCONSIN III INC 21ST STREET (0009561)

Address: 3901 N 21ST STREET, SUPERIOR, WI 54880

License Status: REGULAR

Licensed/Certified/Registered 10/01/2002 12:00:00AM

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

Survey History

Survey ID: 0146763 **End Date:** 06/20/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #BBTJ11 Served 06/21/2024

Deficiencies Cited
83.44(2)(a)

Subject Area
ROOMS CLEAN AND FREE FROM ODORS

Compliance
Verified
8/26/24

Corrected

Survey ID: 0144159 **End Date:** 08/30/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0142589 **End Date:** 03/27/2023 **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: 0141198 **End Date:** 08/10/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #4KS211 Served 11/01/2022

Deficiencies Cited
83.39(1)

Subject Area
INFECTION CONTROL PROGRAM

Compliance
Verified
3/27/23

Corrected
Yes

Enforcement History (REM WISCONSIN III INC 21ST STREET--0009561)

Date: 11/01/2022 **SOD #**4KS211 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Complaint History (REM WISCONSIN III INC 21ST STREET--0009561)

Date Complaint Received: 04/03/2024

Date Investigation Completed: 06/20/2024

Subject Area(s)
STAFF TRAINING AND PROFICIENCY

Result
SUBSTANTIATED

SOD #
BBTJ11

Date Complaint Received: 08/11/2023

Date Investigation Completed: 08/30/2023

Subject Area(s)
RESIDENT RIGHTS
STAFF TRAINING AND PROFICIENCY

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: REM WISCONSIN III INC BELKNAP (0009560)

Address: 3706 BELKNAP ST, SUPERIOR, WI 54880

License Status: REGULAR

Licensed/Certified/Registered 10/01/2002 12:00:00AM

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

Survey History

Survey ID: 0146755 **End Date:** 06/17/2024 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0145316 **End Date:** 01/17/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0143327 **End Date:** 04/24/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #E8BX12 Served 06/13/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	1/17/24	Yes
83.37(1)(i)	PRN PSYCHOTROPIC MEDICATION	1/17/24	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: 0141172 End Date: 07/28/2022 Type: STANDARD Purpose: SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #E8BX11 Served 10/28/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.18(1)	EMPLOYEE RECORDS MAINTAINED AND CURRENT	4/24/23	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	4/24/23	Yes
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	4/24/23	Yes
83.44(1)(c)	CLOTHES DRYERS ENCLOSED AND VENTED	4/24/23	Yes
83.44(2)(c)	INTERIOR FLOORS, WALLS AND CEILINGS	4/24/23	Yes
83.45(1)(d)	HAZARDS	4/24/23	Yes
83.45(3)	TOXIC SUBSTANCES	4/24/23	Yes

Enforcement History (REM WISCONSIN III INC BELKNAP--0009560)

Date: 06/13/2023 SOD #E8BX12 Appealed:

Sanctions

ORDER TO COMPLY
FORFEITURE---83.35(3)(d)

Date: 10/28/2022 SOD #E8BX11 Appealed:

Sanctions

ORDER TO COMPLY
FORFEITURE---83.35(3)(d)

Complaint History (REM WISCONSIN III INC BELKNAP--0009560)

Date Complaint Received: 06/17/2022 Date Investigation Completed: 07/28/2022

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: REM WISCONSIN III INC CENTENNIAL (0015614)

Address: 5303 CUMMING AVENUE, SUPERIOR, WI 54880

License Status: REGULAR

Licensed/Certified/Registered 06/01/2016 12:00:00AM

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

Survey History

Survey ID: 0140132 **End Date:** 06/29/2022 **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)

Facility Information

Facility Name: SUNNYSIDE CBRF (0017840)

Address: 7619 JOHN AVE, SUPERIOR, WI 54880

License Status: REGULAR

Licensed/Certified/Registered 11/15/2019 12:00:00AM

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

Survey History

Survey ID: 0146883 **End Date:** 07/02/2024 **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 AA (AMBULATORY)

Facility Information

Facility Name: Superior Living INC (0018926)

Address: 1212 Faxon St, Superior, WI 54880

License Status: REGULAR

Licensed/Certified/Registered 10/12/2022 12:00:00AM

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

Survey History

Survey ID: 0143829 **End Date:** 07/27/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141051 **End Date:** 10/07/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: PROBATIONARY LICENSE ISSUED

Complaint History (Superior Living INC--0018926)

Date Complaint Received: 06/02/2023

Date Investigation Completed: 07/27/2023

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: Superior Living INC (0018927)

Address: 1927 Ohio Ave, Superior, WI 54880

License Status: REGULAR

Licensed/Certified/Registered 10/12/2022 12:00:00AM

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

Survey History

Survey ID: 0143837 **End Date:** 07/27/2023 **Type:** STANDARD **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

Survey ID: 0142774 **End Date:** 04/11/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141050 **End Date:** 10/07/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: PROBATIONARY LICENSE ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS AS (SEMIAMBULATORY)

Facility Information

Facility Name: TRADEWINDS RESIDENCE INC (510325)

Address: 1601 N 16TH ST, SUPERIOR, WI 54880

License Status: REGULAR

Licensed/Certified/Registered 05/13/1995 12:00:00AM

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

Survey History

Survey ID: 0147474 **End Date:** 08/29/2024 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #D2VU11 Served 08/30/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE		
83.19	ORIENTATION		
83.21(1)-(3)	ALL EMPLOYEE TRAINING		
83.22(1)-(4)	TASK SPECIFIC TRAINING		
83.37(1)(e)	MEDICATION REGIMEN, ADMINISTRATION REVIEW		
83.39(5)	PETS VACCINATED		
83.45(1)(e)	ELECTRICAL, MECHANICAL, WATER SUPPLY		
83.47(2)(e)	OTHER EVACUATION DRILLS		

Enforcement History (TRADEWINDS RESIDENCE INC--510325)

Date: 08/30/2024 **SOD #**D2VU11 **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 AS (SEMIAMBULATORY)

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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: NEW PERSPECTIVE SUPERIOR (0013517)
Address: 1915 N 34TH ST, SUPERIOR, WI 54880
License Status: REGULAR
Licensed/Certified/Registered 11/11/2010 12:00:00AM
Regional Office: NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

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

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