

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 Douglas County. The report is a PDF (Adobe Acrobat) document and includes a total of 31.00 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: 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 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: 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)
ADMINISTRATION

Result
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

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

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 03/28/2021 to 03/27/2024

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 03/28/2021 to 03/27/2024

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 03/28/2021 to 03/27/2024

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

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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: 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

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

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 03/28/2021 to 03/27/2024

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

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

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

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: 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</u>	
		<u>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

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 03/28/2021 to 03/27/2024

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 03/28/2021 to 03/27/2024

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 03/28/2021 to 03/27/2024

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: 0144163 **End Date:** 09/07/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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 Verified</u>	<u>Corrected</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

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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: 0135962 End Date: 04/07/2021 Type: OTHER Purpose: VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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)

Complaint History (MOUNTAIN VIEW HOME--0009539)

Date Complaint Received: 07/05/2022 Date Investigation Completed: 07/20/2022

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
STAFF TRAINING AND PROFICIENCY	SUBSTANTIATED	0FJT11

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

Results: NO STATEMENT OF DEFICIENCY ISSUED

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 Verified</u>	<u>Corrected</u>
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE		
83.44(1)(c)	CLOTHES DRYERS ENCLOSED AND VENTED		
83.55(6)(b)	BATH AND TOILET AREAS: WATER TEMPERATURE		
83.59(7)(a)	EMERGENCY EGRESS LIGHTING PROVIDED		

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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: 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 Verified</u>	<u>Corrected</u>
83.35(3)(c)	IMPLEMENT, FOLLOW THE INDIVIDUAL SERVICE PLAN	7/25/23	Yes

Survey ID: 0137431 **End Date: 10/05/2021** **Type: OTHER** **Purpose: COMPLAINT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0136361 **End Date: 05/25/2021** **Type: OTHER** **Purpose: VERIFICATION VISIT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (NEW PERSPECTIVE SUPERIOR--0013514)

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 03/28/2021 to 03/27/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (NEW PERSPECTIVE SUPERIOR--0013514)

Date Complaint Received: 11/27/2023

Date Investigation Completed: 02/20/2024

Subject Area(s)
PROGRAM SERVICES

Result SOD #
NOT SUBSTANTIATED

Date Complaint Received: 07/07/2023

Date Investigation Completed: 07/25/2023

Subject Area(s)
ADMINISTRATION
RESIDENT RIGHTS

Result SOD #
NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 04/15/2022

Date Investigation Completed: 05/19/2022

Subject Area(s)
STAFF TRAINING AND PROFICIENCY
ADMINISTRATION

Result SOD #
SUBSTANTIATED MIBP11
NOT SUBSTANTIATED

Date Complaint Received: 09/22/2021

Date Investigation Completed: 10/05/2021

Subject Area(s)
ADMINISTRATION

Result SOD #
NOT SUBSTANTIATED

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

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: 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

Survey ID: 0141198 **End Date:** 08/10/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

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

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.39(1)	INFECTION CONTROL PROGRAM	3/27/23	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

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

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

Date Complaint Received: 08/11/2023

Date Investigation Completed: 08/30/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

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

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

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 Verified</u>	<u>Corrected</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

Survey ID: 0136231 End Date: 05/13/2021 Type: OTHER Purpose: VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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)

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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 (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 03/28/2021 to 03/27/2024

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

Survey ID: 0137817 **End Date:** 10/05/2021 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #7NO313 Served 11/19/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.45(3)	TOXIC SUBSTANCES	6/29/22	Yes

Survey ID: 0136655 **End Date:** 06/17/2021 **Type:** STANDARD **Purpose:** SURVEY/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #7NO312 Served 06/30/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.45(3)	TOXIC SUBSTANCES	10/5/21	No
83.46(1)(c)	HEATING SYSTEM MAINTENANCE	10/5/21	Yes
83.48(8)(b)	SPRINKLER SYSTEM INSTALLATION AND MAINTENANCE	10/5/21	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)

Enforcement History (REM WISCONSIN III INC CENTENNIAL--0015614)

Date: 11/19/2021 **SOD #**7NO313 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.45(3)

Date: 06/30/2021 **SOD #**7NO312 **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: 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

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

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 03/28/2021 to 03/27/2024

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 03/28/2021 to 03/27/2024

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: 0135959 **End Date:** 04/07/2021 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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
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

Survey ID: 0137430 **End Date:** 10/05/2021 **Type:** OTHER **Purpose:** COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

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