

## 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 Dunn County.**

**The report is a PDF (Adobe Acrobat) document and includes a total of 64.00 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:** DAKOTAS PLACE LLC (0017969)

**Address:** 1430 ANDERSON HILL LANE, BOYCEVILLE, WI 54725

**License Status:** REGULAR

**Licensed/Certified/Registered** 05/11/2020 12:00:00AM

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

### Survey History

**Survey ID:** 0145293      **End Date:** 01/11/2024      **Type:** OTHER      **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0142542      **End Date:** 03/13/2023      **Type:** STANDARD      **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #XGOT11      Served 03/23/2023

Deficiencies Cited  
88.10(3)(b)

Subject Area  
PRIVACY

Compliance  
Verified  
1/11/24

Corrected  
Yes

### Enforcement History (DAKOTAS PLACE LLC--0017969)

**Date:** 03/23/2023      **SOD #**XGOT11      **Appealed:** No

Sanctions

ORDER TO COMPLY

**This is Page 2 of 64 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Adult Family Home

### Facility Information

**Facility Name:** FIRST STREET (0015394)

**Address:** 1001 FIRST STREET, BOYCEVILLE, WI 54725

**License Status:** REGULAR

**Licensed/Certified/Registered** 04/01/2015 12:00:00AM

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

### Survey History

**Survey ID:** 0142484    **End Date:** 03/13/2023    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0141655    **End Date:** 11/29/2022    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #KFKP11    Served 12/20/2022

Deficiencies Cited  
88.05(3)(l)

Subject Area  
BEDROOMS-PRIVACY

Compliance  
Verified  
3/13/23

Corrected  
Yes

**Survey ID:** 0139334    **End Date:** 04/20/2022    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

### Enforcement History (FIRST STREET--0015394)

**Date:** 12/20/2022    **SOD #**KFKP11    **Appealed:** No

Sanctions

ORDER TO COMPLY

***This is Page 3 of 64 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Adult Family Home

### Complaint History (FIRST STREET--0015394)

**Date Complaint Received: 09/20/2022**

**Date Investigation Completed: 11/29/2022**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

**Date Complaint Received: 03/08/2022**

**Date Investigation Completed: 04/20/2022**

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

**This is Page 4 of 64 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Adult Family Home

### Facility Information

**Facility Name:** HELENS HOME II (0018198)

**Address:** 1263 NELSON DRIVE, BOYCEVILLE, WI 54725

**License Status:** REGULAR

**Licensed/Certified/Registered** 12/21/2020 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

**This is Page 5 of 64 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Adult Family Home

### Facility Information

**Facility Name:** HELENS HOME (0017279)

**Address:** 1265 NELSON DR, BOYCEVILLE, WI 54725

**License Status:** REGULAR

**Licensed/Certified/Registered** 10/19/2018 12:00:00AM

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

### Survey History

**Survey ID:** 0148433    **End Date:** 01/02/2025    **Type:** OTHER    **Purpose:** DESK REVIEW

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #D8H211    Served 01/06/2025

Deficiencies Cited  
88.03(4)(b)

Subject Area  
RENEWAL REQUIREMENTS

Compliance  
Verified

Corrected

**Survey ID:** 0142571    **End Date:** 03/14/2023    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0140765    **End Date:** 06/22/2022    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #L3IU12    Served 09/15/2022

Deficiencies Cited  
88.04(5)(a)

Subject Area  
TRAINING-15 HOURS WITHIN 6 MONTHS

Compliance  
Verified  
3/14/23

Corrected  
Yes

**This is Page 6 of 64 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Adult Family Home

### Enforcement History (HELENS HOME--0017279)

**Date:** 01/06/2025      **SOD #**D8H211      **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
NO NEW ADMISSIONS  
ORDER TO COMPLY

**Date:** 09/15/2022      **SOD #**L3IU12      **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
COMPLY WITH REQUIREMENT  
ORDER TO COMPLY

**Date:** 03/22/2022      **SOD #**L3IU11      **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY

**This is Page 7 of 64 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Adult Family Home

### Facility Information

**Facility Name:** Lambs Creek West AFH LLC (0019169)

**Address:** N8855 464th St, Boyceville, WI 54725

**License Status:** REGULAR

**Licensed/Certified/Registered** 09/26/2022 12:00:00AM

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

### Survey History

**Survey ID:** 0144752    **End Date:** 11/03/2023    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #Q9OQ11    Served 11/07/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.03(5)(e)1	SIGNIFICANT CHANGE TO THE RESIDENT	1/16/24	

**Survey ID:** 0140906    **End Date:** 09/26/2022    **Type:** INITIAL    **Purpose:** SURVEY

**Results:** LICENSE/CERT/REGISTRATION ISSUED

### Complaint History (Lambs Creek West AFH LLC--0019169)

**Date Complaint Received:** 08/17/2023

**Date Investigation Completed:** 11/03/2023

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
ADMINISTRATION	NOT SUBSTANTIATED	
PROGRAM SERVICES	SUBSTANTIATED	Q9OQ11
STAFF TRAINING AND PROFICIENCY	NOT SUBSTANTIATED	

**This is Page 8 of 64 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Adult Family Home

### Facility Information

**Facility Name:** TANTER ADULT FAMILY HOME (0011757)

**Address:** N9637 560TH STREET, COLFAX, WI 54730

**License Status:** REGULAR

**Licensed/Certified/Registered** 02/15/2007 12:00:00AM

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

### Survey History

**Survey ID:** 0140963      **End Date:** 10/06/2022      **Type:** ABBREVIATED      **Purpose:** SURVEY/COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

### Complaint History (TANTER ADULT FAMILY HOME--0011757)

**Date Complaint Received:** 06/16/2022

**Date Investigation Completed:** 10/06/2022

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

**This is Page 9 of 64 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Adult Family Home

### Facility Information

**Facility Name:** HALBERG HOUSE (0015975)

**Address:** E8841 555TH AVE, ELK MOUND, WI 54739

**License Status:** REGULAR

**Licensed/Certified/Registered** 04/05/2016 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

**This is Page 10 of 64 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Adult Family Home

### Facility Information

**Facility Name:** JOURNEY HOME I (0013579)

**Address:** N5668-884 ST, ELK MOUND, WI 54739

**License Status:** REGULAR

**Licensed/Certified/Registered** 03/15/2011 12:00:00AM

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

### Survey History

**Survey ID:** 0148273    **End Date:** 10/14/2024    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #CR4K11    Served 12/09/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.03(3)(b)	CRIMINAL RECORDS CHECK		
88.04(2)(a)	RESPONSIBILITIES		
88.04(2)(g)1	HEALTH SCREENING FOR STAFF		
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS		
88.06(1)(e)	INFORMATION TO DETERMINE SERVICES		
88.06(2)(b)	SERVICE AGREEMENT EXCEPT RESPITE		
88.06(2)(c)8	RESIDENT RIGHTS AND GRIEVANCE		
88.06(3)(a)	INDIVIDUAL SERVICE PLAN & ASSESSMENT		
88.07(3)(a)	PRESCRIPTION MEDICATIONS		
88.07(3)(d)	MEDICATION- WRITTEN ORDER		

**Survey ID:** 0145242    **End Date:** 01/10/2024    **Type:** OTHER    **Purpose:** DESK REVIEW

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

***This is Page 11 of 64 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Adult Family Home

### Enforcement History (JOURNEY HOME I--0013579)

**Date:** 12/09/2024      **SOD #**CR4K11      **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
COMPLY WITH REQUIREMENT  
ORDER TO COMPLY

### Complaint History (JOURNEY HOME I--0013579)

**Date Complaint Received:** 05/24/2024

**Date Investigation Completed:** 10/14/2024

Subject Area(s)

PROGRAM SERVICES

Result

SUBSTANTIATED

SOD #

CR4K11

**This is Page 12 of 64 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Adult Family Home

### Facility Information

**Facility Name:** AGAPE ADULT FAMILY HOME (0010112)

**Address:** E5534 700TH AVE, MENOMONIE, WI 54751

**License Status:** REGULAR

**Licensed/Certified/Registered** 04/11/2003 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

**This is Page 13 of 64 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Adult Family Home

### Facility Information

**Facility Name:** GYPSY HILL COUNTRY HOME AFH (0012989)

**Address:** E2602 470TH AVENUE, MENOMONIE, WI 54751

**License Status:** REGULAR

**Licensed/Certified/Registered** 11/20/2009 12:00:00AM

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

### Survey History

**Survey ID:** 0146086    **End Date:** 03/06/2024    **Type:** OTHER    **Purpose:** COMPLAINT/VV

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #122E12    Served 04/09/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(4)(a)	FIRE SAFETY-FIRE EXTINGUISHERS		
88.07(3)(a)	PRESCRIPTION MEDICATIONS		
88.07(3)(d)	MEDICATION- WRITTEN ORDER		
88.07(3)(e)1	MEDICATION- RECORD KEEPING		

***This is Page 14 of 64 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Adult Family Home

**Survey ID:** 0142678    **End Date:** 03/29/2023    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #122E11    Served 04/05/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
88.04(2)(g)1	HEALTH SCREENING FOR STAFF	3/6/24	Yes
88.05(4)(a)	FIRE SAFETY-FIRE EXTINGUISHERS	3/6/24	Yes
88.07(3)(a)	PRESCRIPTION MEDICATIONS	3/6/24	Yes
88.07(3)(d)	MEDICATION- WRITTEN ORDER	3/6/24	Yes
88.09(1)(a)	RESIDENT RECORDS	3/6/24	Yes
88.09(2)(a)	SERVICE PROVIDER RECORD	3/6/24	Yes

**Survey ID:** 0140481    **End Date:** 08/15/2022    **Type:** OTHER    **Purpose:** DESK REVIEW

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

### Enforcement History (GYPSY HILL COUNTRY HOME AFH--0012989)

**Date:** 04/09/2024    **SOD #**122E12    **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY

**Date:** 04/05/2023    **SOD #**122E11    **Appealed:** No

Sanctions

ORDER TO COMPLY

### Complaint History (GYPSY HILL COUNTRY HOME AFH--0012989)

**Date Complaint Received:** 11/15/2023    **Date Investigation Completed:** 03/06/2024

Subject Area(s)  
ADMINISTRATION

Result  
NOT SUBSTANTIATED

SOD #

**This is Page 15 of 64 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Adult Family Home

### Facility Information

**Facility Name:** Helens Home III (0019291)

**Address:** 1209 17th Ave E, Menomonie, WI 547513518

**License Status:** REGULAR

**Licensed/Certified/Registered** 03/04/2024 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

**This is Page 16 of 64 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Adult Family Home

### Facility Information

**Facility Name:** HELPING HANDS OF DUNN COUNTY (0013191)

**Address:** 1103 EVANS LANE, MENOMONIE, WI 54751

**License Status:** REGULAR

**Licensed/Certified/Registered** 03/17/2010 12:00:00AM

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

### Survey History

**Survey ID:** 0145243      **End Date:** 01/10/2024      **Type:** OTHER      **Purpose:** DESK REVIEW

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**This is Page 17 of 64 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Adult Family Home

### Facility Information

**Facility Name:** HERITAGE HOME MENOMONIE (0017864)

**Address:** 2407 4TH AVE N, MENOMONIE, WI 54751

**License Status:** REGULAR

**Licensed/Certified/Registered** 12/19/2019 12:00:00AM

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

### Survey History

**Survey ID:** 0148347      **End Date:** 12/11/2024      **Type:** STANDARD      **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #R4I411

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(4m)(b)intro	CAREGIVER HIRING AND CONTRACTING PROCESS		
88.07(3)(a)	PRESCRIPTION MEDICATIONS		
88.07(3)(d)	MEDICATION- WRITTEN ORDER		

### Enforcement History (HERITAGE HOME MENOMONIE--0017864)

**Date:** 12/18/2024      **SOD #**R4I411      **Appealed:** No

Sanctions

ORDER TO COMPLY

### Complaint History (HERITAGE HOME MENOMONIE--0017864)

**Date Complaint Received:** 10/04/2024      **Date Investigation Completed:** 12/11/2024

Subject Area(s)

PROGRAM SERVICES

Result

NOT SUBSTANTIATED

SOD #

**This is Page 18 of 64 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Adult Family Home

### Facility Information

**Facility Name:** Honor at 1872 Suites 1 and 2 (0020132)

**Address:** 1872 Southridge Ave Ste 1 and 2, Menomonie, WI 547515017

**License Status:** REGULAR

**Licensed/Certified/Registered** 05/01/2024 12:00:00AM

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

### Survey History

**Survey ID:** 0146373      **End Date:** 04/18/2024      **Type:** INITIAL      **Purpose:** SURVEY

**Results:** LICENSE/CERT/REGISTRATION ISSUED

**This is Page 19 of 64 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Adult Family Home

### Facility Information

**Facility Name:** Honor at 1872 Suites 3 and 4 (0020133)

**Address:** 1872 Southridge Ave Ste 3 and 4, Menomonie, WI 54751

**License Status:** REGULAR

**Licensed/Certified/Registered** 05/01/2024 12:00:00AM

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

### Survey History

**Survey ID:** 0146375      **End Date:** 04/18/2024      **Type:** INITIAL      **Purpose:** SURVEY

**Results:** LICENSE/CERT/REGISTRATION ISSUED

**This is Page 20 of 64 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Adult Family Home

### Facility Information

**Facility Name:** Honor at 1902 Suites 1 and 2 (0020134)

**Address:** 1902 Southridge Ave Ste 1 and 2, Menomonie, WI 54751

**License Status:** REGULAR

**Licensed/Certified/Registered** 05/01/2024 12:00:00AM

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

### Survey History

**Survey ID:** 0146374      **End Date:** 04/18/2024      **Type:** INITIAL      **Purpose:** SURVEY

**Results:** LICENSE/CERT/REGISTRATION ISSUED

**This is Page 21 of 64 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Adult Family Home

### Facility Information

**Facility Name:** Honor at 1902 Suites 3 and 4 (0020135)

**Address:** 1902 Southridge Ave Ste 3 and 4, Menomonie, WI 54751

**License Status:** REGULAR

**Licensed/Certified/Registered** 05/01/2024 12:00:00AM

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

### Survey History

**Survey ID:** 0146376      **End Date:** 04/18/2024      **Type:** INITIAL      **Purpose:** SURVEY

**Results:** LICENSE/CERT/REGISTRATION ISSUED

**This is Page 22 of 64 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Adult Family Home

### Facility Information

**Facility Name:** Linden House 2 (0019000)

**Address:** E5532 700th Avenue, Menomonie, WI 54751

**License Status:** REGULAR

**Licensed/Certified/Registered** 11/01/2022 12:00:00AM

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

### Survey History

**Survey ID:** 0145230    **End Date:** 01/09/2024    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0142637    **End Date:** 03/29/2023    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #4R0111    Served 04/03/2023

Deficiencies Cited

88.04(2)(b)

Subject Area

AWAKE STAFF FOR CONTINUOUS CARE

Compliance

Verified

1/9/24

Corrected

Yes

**Survey ID:** 0141202    **End Date:** 11/01/2022    **Type:** INITIAL    **Purpose:** CHOW--DESK REVIEW

**Results:** LICENSE/CERT/REGISTRATION ISSUED

### Enforcement History (Linden House 2--0019000)

**Date:** 04/03/2023

**SOD #**4R0111

**Appealed:** No

Sanctions

ORDER TO COMPLY

**This is Page 23 of 64 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Adult Family Home

### Complaint History (Linden House 2--0019000)

**Date Complaint Received: 02/01/2023**

**Date Investigation Completed: 03/29/2023**

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

**This is Page 24 of 64 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Adult Family Home

### Facility Information

**Facility Name:** SOLOMON HILL RESIDENTIAL CARE (0014996)

**Address:** N5903 238TH STREET, MENOMONIE, WI 54751

**License Status:** REGULAR

**Licensed/Certified/Registered** 03/24/2014 12:00:00AM

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

### Survey History

**Survey ID:** 0148651      **End Date:** 11/25/2024      **Type:** STANDARD      **Purpose:** SURVEY/VV

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #25DH13      Served 02/03/2025

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(g)1	HEALTH SCREENING FOR STAFF		
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS		
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE		
88.06(2)(a)	ADMISSION-HEALTH EXAM		
88.07(3)(d)	MEDICATION- WRITTEN ORDER		
88.10(3)(n)1	FREEDOM FROM SECLUSION AND RESTRAINTS		

***This is Page 25 of 64 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Adult Family Home

**Survey ID:** 0145387    **End Date:** 01/24/2024    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #25DH12    Served 01/25/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.10(3)(n)1	FREEDOM FROM SECLUSION AND RESTRAINTS	11/25/24	No

**Survey ID:** 0144830    **End Date:** 09/26/2023    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #25DH11    Served 11/17/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(f)	CONDITION WHICH REPRESENTS RISK OR HARM	1/24/24	Yes
88.09(1)(e)	RESIDENT'S RECORD RETENTION	1/24/24	Yes
88.10(3)(e)	SELF-DIRECTION	1/24/24	Yes
88.10(3)(m)	FREEDOM FROM ABUSE	1/24/24	Yes

**Survey ID:** 0143385    **End Date:** 06/15/2023    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0141694    **End Date:** 11/29/2022    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #JMTP11    Served 12/27/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS	6/15/23	Yes
88.07(3)(a)	PRESCRIPTION MEDICATIONS	6/15/23	Yes
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT	6/15/23	Yes

**This is Page 26 of 64 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

**Disclaimer:** This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

## Provider Inspection Summary

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

Adult Family Home

### Enforcement History (SOLOMON HILL RESIDENTIAL CARE--0014996)

**Date:** 01/25/2024      **SOD #**25DH12      **Appealed:** No

Sanctions

ORDER TO COMPLY

**Date:** 11/15/2023      **SOD #**25DH11      **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
COMPLY WITH REQUIREMENT  
NO NEW ADMISSIONS  
ORDER TO COMPLY

**Date:** 12/27/2022      **SOD #**JMTP11      **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY

**This is Page 27 of 64 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Adult Family Home

### Complaint History (SOLOMON HILL RESIDENTIAL CARE--0014996)

**Date Complaint Received: 08/29/2023**

**Date Investigation Completed: 09/26/2023**

Subject Area(s)

Result

SOD #

ADMINISTRATION

SUBSTANTIATED

25DH11

RESIDENT RIGHTS

SUBSTANTIATED

25DH11

**Date Complaint Received: 08/23/2023**

**Date Investigation Completed: 09/26/2023**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

SUBSTANTIATED

25DH11

**Date Complaint Received: 09/19/2022**

**Date Investigation Completed: 11/29/2022**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

**This is Page 28 of 64 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** SAFE HAVEN ADULT ASSISTED LIVING LLC (0015032)

**Address:** 421 MAIN STREET, BOYCEVILLE, WI 54725

**License Status:** REGULAR

**Licensed/Certified/Registered** 06/01/2014 12:00:00AM

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

### Survey History

**Survey ID:** 0145601    **End Date:** 01/11/2024    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #XTL711    Served 02/13/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
50.065(2)(bm)	OUT OF STATE BACKGROUND CHECKS	2/17/25	Yes
83.17(1)	LICENSEE CONDUCT CAREGIVER BACKGROUND CHECK	2/17/25	Yes
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	2/17/25	Yes
83.19	ORIENTATION	2/17/25	Yes
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	2/17/25	Yes
83.26(1)	DOCUMENTATION OF REQUIRED EMPLOYEE TRAINING	2/17/25	Yes
83.26(2)	ORIENTATION, CONTINUING EDUCATION DOCUMENTED	2/17/25	Yes
83.37(3)(g)	MEDICATION STORAGE: CONTROLLED SUBSTANCES	2/17/25	Yes
83.46(1)(f)	COMBUSTIBLES	2/17/25	Yes

**This is Page 29 of 64 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Enforcement History (SAFE HAVEN ADULT ASSISTED LIVING LLC--0015032)

**Date:** 02/13/2024

**SOD #**XTL711

**Appealed:**

#### Sanctions

ORDER TO COMPLY

FORFEITURE---83.19

FORFEITURE---83.20(2)(a)-(d)

**This is Page 30 of 64 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** A Colfax Senior Living LLC (0019926)

**Address:** 110 Park Drive, Colfax, WI 54730

**License Status:** REGULAR

**Licensed/Certified/Registered** 02/22/2024 12:00:00AM

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

### Survey History

**Survey ID:** 0148784    **End Date:** 11/26/2024    **Type:** OTHER    **Purpose:** COMPLAINT/VV

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #DBX312    Served 02/19/2025

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE		
83.38(1)(g)	HEALTH MONITORING		

**Survey ID:** 0147515    **End Date:** 07/22/2024    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #DBX311    Served 09/09/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(3)(a)	INVESTIGATE INJURIES OF UNKNOWN SOURCE	11/26/24	Yes
83.12(5)(a)	NOTIFICATION: INCIDENT, INJURY, CHANGES	11/26/24	Yes
83.14(2)(e)	NOTIFY WITHIN 7 DAYS OF ADMINISTRATOR CHANGE	11/26/24	Yes

**This is Page 31 of 64 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

**Disclaimer:** This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

83.15(3)(a)	ADMINISTRATOR SHALL SUPERVISE DAILY OPERATION	11/26/24	Yes
83.19	ORIENTATION	11/26/24	Yes
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	11/26/24	No
83.21(1)-(3)	ALL EMPLOYEE TRAINING	11/26/24	Yes
83.22(1)-(4)	TASK SPECIFIC TRAINING	11/26/24	Yes
83.32(3)(i)	RIGHTS OF RESIDENTS: PROMPT AND ADEQUATE TREATMENT	11/26/24	Yes
83.35(1)(a)	PRE-ADMISSION AND ONGOING ASSESSMENTS	11/26/24	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	11/26/24	Yes
83.38(1)(g)	HEALTH MONITORING	11/26/24	No

Survey ID: 0145739 End Date: 02/22/2024 Type: INITIAL Purpose: CHOW--LICENSURE

Results: LICENSE/CERT/REGISTRATION ISSUED

### Enforcement History (A Colfax Senior Living LLC--0019926)

Date: 09/06/2024 SOD #DBX311 Appealed:

#### Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY  
FORFEITURE---83.19  
FORFEITURE---83.20(2)(a)-(d)  
FORFEITURE---83.21(1)-(3)  
FORFEITURE---83.22(1)-(4)  
FORFEITURE---83.32(3)(i)  
FORFEITURE---83.35(1)(a)  
FORFEITURE---83.35(3)(d)  
FORFEITURE---83.38(1)(g)

**This is Page 32 of 64 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Complaint History (A Colfax Senior Living LLC--0019926)

**Date Complaint Received: 08/20/2024**

**Date Investigation Completed: 11/26/2024**

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

**Date Complaint Received: 06/25/2024**

**Date Investigation Completed: 07/22/2024**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

DBX311

PROGRAM SERVICES

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

**Date Complaint Received: 06/18/2024**

**Date Investigation Completed: 07/22/2024**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

DBX311

**Date Complaint Received: 05/08/2024**

**Date Investigation Completed: 07/22/2024**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

DBX311

**This is Page 33 of 64 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Community Based Residential Facility--CLASS AA (AMBULATORY)

### Facility Information

**Facility Name:** TARA PLACE (510292)

**Address:** N5160 970TH STREET, ELK MOUND, WI 54739

**License Status:** REGULAR

**Licensed/Certified/Registered** 08/20/1996 12:00:00AM

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

### Survey History

**Survey ID:** 0148177      **End Date:** 11/18/2024      **Type:** ABBREVIATED      **Purpose:** SURVEY/SELF REPORT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #2EPS11      Served 11/27/2024

Deficiencies Cited

83.32(3)(b)

83.43(1)

Subject Area

RIGHTS OF RESIDENTS: CONFIDENTIALITY

ENVIRONMENT SAFE, CLEAN, AND  
COMFORTABLE

Compliance

Verified

Corrected

### Enforcement History (TARA PLACE--510292)

**Date:** 11/27/2024      **SOD #**2EPS11      **Appealed:** No

Sanctions

ORDER TO COMPLY

***This is Page 34 of 64 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** AURORA RESIDENTIAL ALTERNATIVES INC 011 (0009573)

**Address:** 1306 12TH AVENUE E, MENOMONIE, WI 54751

**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:** 0148219    **End Date:** 10/10/2024    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #2BEB13    Served 12/04/2024

Deficiencies Cited  
83.35(3)(d)

Subject Area  
SERVICE PLANS UPDATED ANNUALLY OR ON  
CHANGES

Compliance  
Verified

Corrected

**Survey ID:** 0145741    **End Date:** 01/24/2024    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #2BEB12    Served 02/27/2024

Deficiencies Cited  
83.35(3)(d)

Subject Area  
SERVICE PLANS UPDATED ANNUALLY OR ON  
CHANGES

Compliance  
Verified  
10/10/24

Corrected  
No

**This is Page 35 of 64 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0142987      End Date: 03/14/2023      Type: STANDARD      Purpose: SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #2BEB11      Served 05/08/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.12(4)(a)	REPORTING WHEN RESIDENT'S WHEREABOUTS UNKNOWN	1/24/24	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	1/24/24	No
83.37(1)(g)	DISPOSITION OF MEDICATIONS	1/24/24	Yes
83.37(3)(g)	MEDICATION STORAGE: CONTROLLED SUBSTANCES	1/24/24	Yes
83.38(1)(b)	SUPERVISION	1/24/24	Yes
83.42(1)	RESIDENT RECORD MAINTAINED	1/24/24	Yes
83.45(3)	TOXIC SUBSTANCES	1/24/24	Yes
83.55(6)(b)	BATH AND TOILET AREAS: WATER TEMPERATURE	1/24/24	Yes

**This is Page 36 of 64 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Enforcement History (AURORA RESIDENTIAL ALTERNATIVES INC 011--0009573)

**Date:** 12/04/2024      **SOD #**2BEB13      **Appealed:**      **Decision:** PENDING

Sanctions

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

**Date:** 02/26/2024      **SOD #**2BEB12      **Appealed:** No

Sanctions

ORDER TO COMPLY

**Date:** 05/08/2023      **SOD #**2BEB11      **Appealed:**

Sanctions

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

### Complaint History (AURORA RESIDENTIAL ALTERNATIVES INC 011--0009573)

**Date Complaint Received:** 01/27/2023      **Date Investigation Completed:** 03/14/2023

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PROGRAM SERVICES	SUBSTANTIATED	2BEB11

**This is Page 37 of 64 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** COMFORTS OF HOME MENOMONIE CBRF (0013677)

**Address:** 2211 WHITE PINE LANE, MENOMONIE, WI 54751

**License Status:** REGULAR

**Licensed/Certified/Registered** 04/01/2011 12:00:00AM

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

### Survey History

**Survey ID:** 0148270    **End Date:** 10/10/2024    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #74U312    Served 12/13/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.28(4)(a)	RESIDENT HEALTH SCREENING AND DOCUMENTATION		
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES		
83.39(3)	HAND WASHING		

***This is Page 38 of 64 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Survey ID:** 0144873    **End Date:** 11/09/2023    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #74U311    Served 11/21/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.28(4)(a)	RESIDENT HEALTH SCREENING AND DOCUMENTATION	10/10/24	No
83.32(3)(n)	RIGHTS OF RESIDENTS: SAFE ENVIRONMENT	10/10/24	Yes
83.35(3)(c)	IMPLEMENT, FOLLOW THE INDIVIDUAL SERVICE PLAN	10/10/24	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	10/10/24	No

### Enforcement History (COMFORTS OF HOME MENOMONIE CBRF--0013677)

**Date:** 12/09/2024    **SOD #**74U312    **Appealed:** No

Sanctions

ORDER TO COMPLY  
FORFEITURE---83.28(4)(a)  
FORFEITURE---83.35(3)(d)

**Date:** 11/21/2023    **SOD #**74U311    **Appealed:** No

Sanctions

ORDER TO COMPLY

### Complaint History (COMFORTS OF HOME MENOMONIE CBRF--0013677)

**Date Complaint Received:** 08/29/2023    **Date Investigation Completed:** 11/09/2023

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PHYSICAL ENVIRONMENT/SAFETY	SUBSTANTIATED	74U311
PROGRAM SERVICES	NOT SUBSTANTIATED	

**This is Page 39 of 64 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** OUR HOUSE MENOMONIE MEMORY CARE (0013428)

**Address:** 820 17TH AVENUE, MENOMONIE, WI 54751

**License Status:** REGULAR

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

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

### Survey History

**Survey ID:** 0141251      **End Date:** 11/02/2022      **Type:** ABBREVIATED      **Purpose:** SURVEY/COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

### Complaint History (OUR HOUSE MENOMONIE MEMORY CARE--0013428)

**Date Complaint Received:** 08/09/2022

**Date Investigation Completed:** 11/02/2022

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

**This is Page 40 of 64 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Community Based Residential Facility--CLASS AS (SEMIAMBULATORY)

### Facility Information

**Facility Name:** POTTERS COUNTRY HOME (0010954)

**Address:** N3430 STATE RD 25, MENOMONIE, WI 54751

**License Status:** REGULAR

**Licensed/Certified/Registered** 02/01/2006 12:00:00AM

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

### Survey History

**Survey ID:** 0146477    **End Date:** 04/24/2024    **Type:** ABBREVIATED    **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #6B5N11    Served 05/21/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE		
83.25	CONTINUING EDUCATION		
83.27(2)(a)	ADMISSIONS COMPATIBLE WITH THE LICENSE CLASS		
83.37(3)(a)	MEDICATION STORAGE: ORIGINAL CONTAINERS		
83.45(3)	TOXIC SUBSTANCES		
83.47(4)(b)	FIRE EXTINGUISHERS: LOCATIONS		

### Enforcement History (POTTERS COUNTRY HOME--0010954)

**Date:** 05/21/2024    **SOD #**6B5N11    **Appealed:** No

#### Sanctions

ORDER TO COMPLY  
FORFEITURE---83.25

***This is Page 41 of 64 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Community Based Residential Facility--CLASS AS (SEMIAMBULATORY)

### Complaint History (POTTERS COUNTRY HOME--0010954)

**Date Complaint Received: 02/06/2024**

**Date Investigation Completed: 04/24/2024**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

**This is Page 42 of 64 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** Ridgewood (0020587)

**Address:** 2379 Ridgewood St, Menomonie, WI 54751

**License Status:** REGULAR

**Licensed/Certified/Registered** 07/01/2024 12:00:00AM

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

### Survey History

**Survey ID:** 0146827      **End Date:** 06/30/2024      **Type:** INITIAL      **Purpose:** SURVEY

**Results:** LICENSE/CERT/REGISTRATION ISSUED

**This is Page 43 of 64 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

### Facility Information

**Facility Name:** Sunlight Community Home Ingalls Road (0020552)

**Address:** 2913 Ingalls Rd, Menomonie, WI 54751

**License Status:** REGULAR

**Licensed/Certified/Registered** 02/04/2025 12:00:00AM

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

**This is Page 44 of 64 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** VITACARE LIVING - MENOMONIE I (0018756)

**Address:** 1916 TALEN STREET, MENOMONIE, WI 54751

**License Status:** REGULAR

**Licensed/Certified/Registered** 03/01/2023 12:00:00AM

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

### Survey History

**Survey ID:** 0147888    **End Date:** 09/04/2024    **Type:** STANDARD    **Purpose:** SURVEY/VV

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #O2Q312    Served 10/18/2024

<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		
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE		
83.21(1)-(3)	ALL EMPLOYEE TRAINING		
83.44(2)(c)	INTERIOR FLOORS, WALLS AND CEILINGS		

**Survey ID:** 0144034    **End Date:** 08/21/2023    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

***This is Page 45 of 64 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Survey ID:** 0143687    **End Date:** 05/17/2023    **Type:** OTHER    **Purpose:** COMPLAINT/SELF REPORT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #O2Q311    Served 07/19/2023

<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	9/4/24	Yes
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	9/4/24	Yes
83.32(3)(i)	RIGHTS OF RESIDENTS: PROMPT AND ADEQUATE TREATMENT	9/4/24	Yes
83.35(1)(b)	SOURCES USED FOR ASSESSMENT INFORMATION	9/4/24	Yes
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN	9/4/24	Yes
83.36(1)(a)	ADEQUATE STAFF TO MEET RESIDENT NEEDS	9/4/24	Yes
83.37(3)(c)	MEDICATION STORAGE: LOCKED CABINET	9/4/24	Yes
83.38(1)(b)	SUPERVISION	9/4/24	Yes
83.45(1)(f)	FURNISHINGS CLEAN, SAFE, AND MAINTAINED	9/4/24	Yes

**Survey ID:** 0142158    **End Date:** 02/08/2023    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #EL5R12    Served 02/14/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
50.065(2)(bm)	OUT OF STATE BACKGROUND CHECKS	3/31/23	

***This is Page 46 of 64 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0141746 End Date: 12/20/2022 Type: OTHER Purpose: COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #949Y12 Served 01/05/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u> <u>Verified</u>	<u>Corrected</u>
83.39(1)	INFECTION CONTROL PROGRAM	2/8/23	Yes

---

**This is Page 47 of 64 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0141608 End Date: 11/08/2022 Type: STANDARD Purpose: SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #EL5R11 Served 12/14/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.13(3)(a)	POSTING LICENSE, DEFICIENCIES, REVOCATIONS	2/8/23	Yes
83.15(3)(a)	ADMINISTRATOR SHALL SUPERVISE DAILY OPERATION	2/8/23	Yes
83.17(1)	LICENSEE CONDUCT CAREGIVER BACKGROUND CHECK	2/8/23	Yes
83.19	ORIENTATION	2/8/23	Yes
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	2/8/23	Yes
83.21(1)-(3)	ALL EMPLOYEE TRAINING	2/8/23	Yes
83.22(1)-(4)	TASK SPECIFIC TRAINING	2/8/23	Yes
83.32(3)(b)	RIGHTS OF RESIDENTS: CONFIDENTIALITY	2/8/23	Yes
83.32(3)(d)	RIGHTS OF RESIDENTS: FREE OF MISTREATMENT	2/8/23	Yes
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	2/8/23	Yes
83.37(1)(i)	PRN PSYCHOTROPIC MEDICATION	2/8/23	Yes
83.37(1)(j)	PROOF-OF-USE RECORD	2/8/23	Yes
83.37(3)(c)	MEDICATION STORAGE: LOCKED CABINET	2/8/23	Yes
83.38(1)(b)	SUPERVISION	2/8/23	Yes
83.39(3)	HAND WASHING	2/8/23	Yes
83.45(1)(f)	FURNISHINGS CLEAN, SAFE, AND MAINTAINED	2/8/23	Yes
83.45(3)	TOXIC SUBSTANCES	2/8/23	Yes
83.45(5)	GARBAGE & REFUSE	2/8/23	Yes
83.46(1)(f)	COMBUSTIBLES	2/8/23	Yes
83.48(1)(b)	SMOKE AND HEAT DETECTORS PER NFPA 72	2/8/23	Yes

**This is Page 48 of 64 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0140866 End Date: 06/22/2022 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #949Y11 Served 09/28/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.12(4)(a)	REPORTING WHEN RESIDENT'S WHEREABOUTS UNKNOWN	12/20/22	Yes
83.38(1)(b)	SUPERVISION	12/20/22	Yes

**This is Page 49 of 64 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Enforcement History (VITACARE LIVING - MENOMONIE I--0018756)

**Date:** 10/18/2024      **SOD #**O2Q312      **Appealed:** No

Sanctions

ORDER TO COMPLY

FORFEITURE---83.19

FORFEITURE---83.20(2)(a)-(d)

FORFEITURE---83.21(1)-(3)

**Date:** 07/19/2023      **SOD #**O2Q311      **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

ORDER TO COMPLY

FORFEITURE---83.14(2)(a)

FORFEITURE---83.32(3)(h)

FORFEITURE---83.32(3)(i)

FORFEITURE---83.35(1)(b)

FORFEITURE---83.35(3)(a)

FORFEITURE---83.36(1)(a)

FORFEITURE---83.38(1)(b)

**Date:** 01/05/2023      **SOD #**949Y12      **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

ORDER TO COMPLY

FORFEITURE---83.39(1)

**This is Page 50 of 64 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Date:** 12/14/2022

**SOD #**EL5R11

**Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY

FORFEITURE---83.15(3)(a)

FORFEITURE---83.17(1)

FORFEITURE---83.19

FORFEITURE---83.20(2)(a)-(d)

FORFEITURE---83.21(1)-(3)

FORFEITURE---83.22(1)-(4)

FORFEITURE---83.32(3)(d)

FORFEITURE---83.37(1)(i)

FORFEITURE---83.37(1)(j)

FORFEITURE---83.37(3)(c)

FORFEITURE---83.38(1)(b)

---

**Date:** 09/28/2022

**SOD #**949Y11

**Appealed:**

Sanctions

ORDER TO COMPLY

FORFEITURE---83.38(1)(b)

**This is Page 51 of 64 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Complaint History (VITACARE LIVING - MENOMONIE I--0018756)

**Date Complaint Received: 06/06/2023**

**Date Investigation Completed: 08/21/2023**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS  
ADMINISTRATION

NOT SUBSTANTIATED  
NOT SUBSTANTIATED

**Date Complaint Received: 06/02/2023**

**Date Investigation Completed: 08/21/2023**

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

**Date Complaint Received: 05/03/2023**

**Date Investigation Completed: 05/17/2023**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED  
O2Q311

**Date Complaint Received: 11/21/2022**

**Date Investigation Completed: 12/20/2022**

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY  
PROGRAM SERVICES

NOT SUBSTANTIATED  
NOT SUBSTANTIATED

**Date Complaint Received: 10/05/2022**

**Date Investigation Completed: 11/08/2022**

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY  
PROGRAM SERVICES  
STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED  
SUBSTANTIATED  
SUBSTANTIATED  
EL5R11  
EL5R11  
EL5R11

**Date Complaint Received: 07/25/2022**

**Date Investigation Completed: 11/08/2022**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES  
ADMINISTRATION  
STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED  
SUBSTANTIATED  
NOT SUBSTANTIATED  
EL5R11  
EL5R11

**This is Page 52 of 64 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

**Date Complaint Received: 05/24/2022**

**Date Investigation Completed: 06/22/2022**

Subject Area(s)  
PROGRAM SERVICES

Result  
SUBSTANTIATED

SOD #  
949Y11

**This is Page 53 of 64 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** VITACARE LIVING - MENOMONIE II (0018750)

**Address:** 1902 TALEN STREET, MENOMONIE, WI 54751

**License Status:** REGULAR

**Licensed/Certified/Registered** 03/01/2023 12:00:00AM

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

### Survey History

**Survey ID:** 0148105      **End Date:** 09/05/2024      **Type:** STANDARD      **Purpose:** SURVEY/VV

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #QLT612      Served 11/15/2024

Deficiencies Cited

83.17(2)(a)

83.19

Subject Area

EMPLOYEES SCREENED FOR COMMUNICABLE

DISEASE

ORIENTATION

Compliance  
Verified

Corrected

**This is Page 54 of 64 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Survey ID:** 0143689    **End Date:** 05/17/2023    **Type:** OTHER    **Purpose:** COMPLAINT/SELF REPORT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #QLT611    Served 07/19/2023

<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	9/5/24	Yes
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	9/5/24	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	9/5/24	Yes
83.36(2)	MAINTAIN CURRENT WRITTEN STAFFING SCHEDULE	9/5/24	Yes
83.37(1)(j)	PROOF-OF-USE RECORD	9/5/24	Yes
83.37(1)(k)	MEDICATION ERROR OR ADVERSE REACTION	9/5/24	Yes
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	9/5/24	Yes
83.38(1)(b)	SUPERVISION	9/5/24	Yes
83.38(1)(h)	MEDICATION ADMINISTRATION	9/5/24	Yes

---

**Survey ID:** 0142154    **End Date:** 02/06/2023    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

---

**This is Page 55 of 64 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Survey ID:** 0141631    **End Date:** 11/11/2022    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #CN9L11    Served 12/16/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.17(1)	LICENSEE CONDUCT CAREGIVER BACKGROUND CHECK	2/6/23	Yes
83.32(3)(i)	RIGHTS OF RESIDENTS: PROMPT AND ADEQUATE TREATMENT	2/6/23	Yes
83.35(1)(a)	PRE-ADMISSION AND ONGOING ASSESSMENTS	2/6/23	Yes
83.35(2)	TEMPORARY SERVICE PLAN	2/6/23	Yes
83.39(1)	INFECTION CONTROL PROGRAM	2/6/23	Yes
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	2/6/23	Yes
83.48(7)(a)	EQUIPMENT FOR HEARING OR VISION IMPAIRED	2/6/23	Yes

**This is Page 56 of 64 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Enforcement History (VITACARE LIVING - MENOMONIE II--0018750)

**Date:** 11/15/2024      **SOD #**QLT612      **Appealed:** No

Sanctions

ORDER TO COMPLY  
FORFEITURE---83.19

**Date:** 07/19/2023      **SOD #**QLT611      **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
COMPLY WITH REQUIREMENT  
ORDER TO COMPLY  
FORFEITURE---83.14(2)(a)  
FORFEITURE---83.32(3)(h)  
FORFEITURE---83.35(3)(d)  
FORFEITURE---83.37(1)(k)  
FORFEITURE---83.38(1)(b)  
FORFEITURE---83.38(1)(h)

**Date:** 12/16/2022      **SOD #**CN9L11      **Appealed:** No

Sanctions

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

**This is Page 57 of 64 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Complaint History (VITACARE LIVING - MENOMONIE II--0018750)

**Date Complaint Received: 05/03/2023**

**Date Investigation Completed: 05/17/2023**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

QLT611

RESIDENT RIGHTS

SUBSTANTIATED

QLT611

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

QLT611

**Date Complaint Received: 10/17/2022**

**Date Investigation Completed: 11/11/2022**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

**Date Complaint Received: 08/25/2022**

**Date Investigation Completed: 11/11/2022**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

CN9L11

**This is Page 58 of 64 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025  
Residential Care Apartment Complex (CERTIFIED)

### Facility Information

**Facility Name:** A Colfax Senior Living LLC (0019930)

**Address:** 110 Park Dr, Colfax, WI 54730

**License Status:** REGULAR

**Licensed/Certified/Registered** 02/22/2024 12:00:00AM

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

### Survey History

**Survey ID:** 0145742      **End Date:** 02/22/2024      **Type:** INITIAL      **Purpose:** CHOW--DESK REVIEW

**Results:** LICENSE/CERT/REGISTRATION ISSUED

**This is Page 59 of 64 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025  
Residential Care Apartment Complex (CERTIFIED)

### Facility Information

**Facility Name:** SANDY RIDGE ASSISTED LIVING APARTMENTS (0014703)

**Address:** 108 PARK DRIVE, COLFAX, WI 54730

**License Status:** REGULAR

**Licensed/Certified/Registered** 07/30/2013 12:00:00AM

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

### Survey History

**Survey ID:** 0144058    **End Date:** 08/25/2023    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0141792    **End Date:** 01/05/2023    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #R90G11    Served 01/10/2023

Deficiencies Cited

89.23(4)(a)2

Subject Area

SERVICES

Compliance

Verified

8/25/23

Corrected

Yes

### Enforcement History (SANDY RIDGE ASSISTED LIVING APARTMENTS--0014703)

**Date:** 01/10/2023    **SOD #**R90G11    **Appealed:** No

Sanctions

ORDER TO COMPLY

**This is Page 60 of 64 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025  
Residential Care Apartment Complex (CERTIFIED)

### Facility Information

**Facility Name:** AUTUMN VILLAGE (0013043)  
**Address:** 915 ELM AVENUE E, MENOMONIE, WI 54751  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 11/19/2009 12:00:00AM  
**Regional Office:** NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

### Survey History

**Survey ID:** 0139332      **End Date:** 04/20/2022      **Type:** OTHER      **Purpose:** VERIFICATION VISIT  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**This is Page 61 of 64 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025  
Residential Care Apartment Complex (CERTIFIED)

### Facility Information

**Facility Name:** COMFORTS OF HOME MENOMONIE RCAC (0012102)  
**Address:** 917 22ND AVE NE, MENOMONIE, WI 54751  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 09/24/2007 12:00:00AM  
**Regional Office:** NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

### Survey History

**Survey ID:** 0147834    **End Date:** 10/10/2024    **Type:** OTHER    **Purpose:** COMPLAINT/VV  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0144750    **End Date:** 10/31/2023    **Type:** OTHER    **Purpose:** COMPLAINT  
**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #H2KX11    Served 11/07/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
89.26(4)	ANNUAL REVIEW	10/10/24	Yes
89.27(4)	SERVICE AGREEMENT	10/10/24	Yes
89.28(1)	RISK AGREEMENT	10/10/24	Yes

**Survey ID:** 0143389    **End Date:** 06/15/2023    **Type:** STANDARD    **Purpose:** SURVEY/VV  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**This is Page 62 of 64 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

**Disclaimer:** This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025  
Residential Care Apartment Complex (CERTIFIED)

**Survey ID:** 0140253    **End Date:** 07/20/2022    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #781X11    Served 07/27/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u> <u>Verified</u>	<u>Corrected</u>
89.23(2)(a)2.a	SERVICES	6/15/23	Yes

**Survey ID:** 0139921    **End Date:** 06/21/2022    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0139070    **End Date:** 03/16/2022    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #JX6911    Served 03/28/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u> <u>Verified</u>	<u>Corrected</u>
89.23(4)(a)2	SERVICES	6/1/22	

### Enforcement History (COMFORTS OF HOME MENOMONIE RCAC--0012102)

**Date:** 11/07/2023    **SOD #**H2KX11    **Appealed:** No

Sanctions  
ORDER TO COMPLY

**Date:** 07/27/2022    **SOD #**781X11    **Appealed:** No

Sanctions  
ORDER TO COMPLY

**Date:** 03/28/2022    **SOD #**JX6911    **Appealed:** No

Sanctions  
ORDER TO COMPLY

**This is Page 63 of 64 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025  
Residential Care Apartment Complex (CERTIFIED)

### Complaint History (COMFORTS OF HOME MENOMONIE RCAC--0012102)

**Date Complaint Received: 07/29/2024**

**Date Investigation Completed: 10/10/2024**

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

**Date Complaint Received: 08/14/2023**

**Date Investigation Completed: 10/31/2023**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

**Date Complaint Received: 07/24/2023**

**Date Investigation Completed: 10/31/2023**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

ADMINISTRATION

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

**Date Complaint Received: 07/06/2022**

**Date Investigation Completed: 07/20/2022**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

781X11

**Date Complaint Received: 04/06/2022**

**Date Investigation Completed: 06/21/2022**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

**This is Page 64 of 64 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***