

Provider Inspection Summary

For the period 08/24/2018 to 08/23/2021

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 63.00 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 08/24/2018 to 08/23/2021

Adult Family Home

Facility Information

Facility Name: ABOVE AND BEYOND ELDERLYCARE (0014513)

Address: N8653 COUNTY RD J, BOYCEVILLE, WI 54725

License Status: REGULAR

Licensed/Certified/Registered 02/27/2013 12:00:00AM

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

Survey History

No survey activity during the period 8/24/18 to 8/23/21

This is Page 2 of 63 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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Provider Inspection Summary

For the period 08/24/2018 to 08/23/2021

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: 0133708 **End Date:** 05/11/2020 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 08/24/2018 to 08/23/2021

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: 0136836 **End Date:** 07/19/2021 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #Q7IN11 Served 07/27/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u> <u>Verified</u>	<u>Corrected</u>
88.10(3)(1)	SAFE PHYSICAL ENVIRONMENT	9/10/21	

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Provider Inspection Summary

For the period 08/24/2018 to 08/23/2021

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

Survey ID: 0135487 **End Date:** 12/21/2020 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 08/24/2018 to 08/23/2021

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: 0128432 **End Date:** 10/18/2018 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 08/24/2018 to 08/23/2021

Adult Family Home

Facility Information

Facility Name: LAMBS CREEK WEST ADULT FAMILY HOME (0012895)

Address: N8855 - 464TH ST, BOYCEVILLE, WI 54725

License Status: REGULAR

Licensed/Certified/Registered 09/16/2009 12:00:00AM

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

Survey History

Survey ID: 0136156 **End Date:** 04/21/2021 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0135665 **End Date:** 02/09/2021 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #VDEY11 Served 03/01/2021

<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	4/21/21	Yes

Enforcement History (LAMBS CREEK WEST ADULT FAMILY HOME--0012895)

Date: 02/23/2021 **SOD #**VDEY11 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 08/24/2018 to 08/23/2021

Adult Family Home

Complaint History (LAMBS CREEK WEST ADULT FAMILY HOME--0012895)

Date Complaint Received: 04/14/2021

Date Investigation Completed: 04/21/2021

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 05/05/2020

Date Investigation Completed: 02/09/2021

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 03/30/2020

Date Investigation Completed: 02/09/2021

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 08/24/2018 to 08/23/2021

Adult Family Home

Facility Information

Facility Name: TAINTER 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: 0131185 **End Date:** 08/13/2019 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0130994 **End Date:** 04/10/2019 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #8TK411 Served 08/01/2019

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION	8/13/19	Yes

Enforcement History (TAINTER ADULT FAMILY HOME--0011757)

Date: 07/31/2019 **SOD #**8TK411 **Appealed:** No

Sanctions

OTHER SANCTION

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Provider Inspection Summary

For the period 08/24/2018 to 08/23/2021

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

Survey ID: 0137066 **End Date:** 08/12/2021 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #KBMO11 Served 08/23/2021

Deficiencies Cited
88.05(3)(a)

Subject Area
HOME ENVIRONMENT

Compliance
Verified

Corrected

Survey ID: 0136257 **End Date:** 05/17/2021 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (HALBERG HOUSE--0015975)

Date: 08/23/2021 **SOD #**KBMO11 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 08/24/2018 to 08/23/2021

Adult Family Home

Complaint History (HALBERG HOUSE--0015975)

Date Complaint Received: 07/19/2021

Date Investigation Completed: 08/12/2021

Subject Area(s)
PROGRAM SERVICES
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 08/24/2018 to 08/23/2021

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

No survey activity during the period 8/24/18 to 8/23/21

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Provider Inspection Summary

For the period 08/24/2018 to 08/23/2021

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

Survey ID: 0132118 **End Date:** 12/02/2019 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (AGAPE ADULT FAMILY HOME--0010112)

Date Complaint Received: 10/28/2019

Date Investigation Completed: 12/02/2019

Subject Area(s)
ADMINISTRATION

Result
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 08/24/2018 to 08/23/2021

Adult Family Home

Facility Information

Facility Name: ARC OF DUNN COUNTY INC HOUSE 106 (0015911)

Address: E4045 550TH AVENUE, MENOMONIE, WI 54751

License Status: REGULAR

Licensed/Certified/Registered 02/23/2016 12:00:00AM

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

Survey History

Survey ID: 0132138 **End Date:** 11/29/2019 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (ARC OF DUNN COUNTY INC HOUSE 106--0015911)

Date Complaint Received: 10/10/2019

Date Investigation Completed: 11/26/2019

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 08/24/2018 to 08/23/2021

Adult Family Home

Facility Information

Facility Name: AURORA RESIDENTIAL ALTERNATIVES INC 007 (0012327)

Address: 221-24TH AVE W, MENOMONIE, WI 54751

License Status: REGULAR

Licensed/Certified/Registered 03/17/2008 12:00:00AM

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

Survey History

Survey ID: 0132817 **End Date:** 02/24/2020 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 08/24/2018 to 08/23/2021

Adult Family Home

Facility Information

Facility Name: BROADWAY HOME (590125)

Address: 2411 SOUTH BROADWAY, MENOMONIE, WI 54751

License Status: REGULAR

Licensed/Certified/Registered 12/17/1996 12:00:00AM

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

Survey History

No survey activity during the period 8/24/18 to 8/23/21

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Provider Inspection Summary

For the period 08/24/2018 to 08/23/2021

Adult Family Home

Facility Information

Facility Name: DEERFIELD ADULT FAMILY HOME (0013638)

Address: E5556 700TH AVENUE, MENOMONIE, WI 54751

License Status: REGULAR

Licensed/Certified/Registered 02/23/2011 12:00:00AM

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

Survey History

Survey ID: 0132283 **End Date:** 01/03/2020 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0132201 **End Date:** 12/02/2019 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #DLKN11 Served 12/18/2019

<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	1/3/20	Yes

Survey ID: 0130998 **End Date:** 07/17/2019 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 08/24/2018 to 08/23/2021

Adult Family Home

Complaint History (DEERFIELD ADULT FAMILY HOME--0013638)

Date Complaint Received: 12/02/2019

Date Investigation Completed: 12/02/2019

Subject Area(s)
ADMINISTRATION

Result
SUBSTANTIATED

SOD #
DLKN11

Date Complaint Received: 07/01/2019

Date Investigation Completed: 07/01/2019

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 08/24/2018 to 08/23/2021

Adult Family Home

Facility Information

Facility Name: GRATUS AT SOUTHRIDGE 1872 SUITES 1 & 2 (0017687)

Address: 1872 SOUTHRIDGE AVE STE 1 & 2, MENOMONIE, WI 54751

License Status: REGULAR

Licensed/Certified/Registered 10/01/2019 12:00:00AM

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

Survey History

Survey ID: 0135920 **End Date:** 03/02/2021 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0132602 **End Date:** 01/28/2020 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0131586 **End Date:** 10/01/2019 **Type:** ABBREVIATED **Purpose:** CHOW--DESK REVIEW

Results: LICENSE/CERT/REGISTRATION ISSUED

Complaint History (GRATUS AT SOUTHRIDGE 1872 SUITES 1 & 2--0017687)

Date Complaint Received: 06/11/2020 **Date Investigation Completed:** 03/02/2021

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
RESIDENT RIGHTS	NOT SUBSTANTIATED	

Date Complaint Received: 01/15/2020 **Date Investigation Completed:** 01/28/2020

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
ADMINISTRATION	NOT SUBSTANTIATED	

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Provider Inspection Summary

For the period 08/24/2018 to 08/23/2021

Adult Family Home

Facility Information

Facility Name: GRATUS AT SOUTHRIDGE 1872 SUITES 3 & 4 (0017688)

Address: 1872 SOUTHRIDGE AVE STE 3 & 4, MENOMONIE, WI 54751

License Status: REGULAR

Licensed/Certified/Registered 10/01/2019 12:00:00AM

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

Survey History

Survey ID: 0135506 **End Date:** 01/22/2021 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0131583 **End Date:** 10/01/2019 **Type:** ABBREVIATED **Purpose:** CHOW--DESK REVIEW

Results: LICENSE/CERT/REGISTRATION ISSUED

Complaint History (GRATUS AT SOUTHRIDGE 1872 SUITES 3 & 4--0017688)

Date Complaint Received: 12/11/2020

Date Investigation Completed: 01/22/2021

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 08/24/2018 to 08/23/2021

Adult Family Home

Facility Information

Facility Name: GRATUS AT SOUTHRIDGE 1902 SUITES 1 & 2 (0017685)

Address: 1902 SOUTHRIDGE AVE STE 1 & 2, MENOMONIE, WI 54751

License Status: REGULAR

Licensed/Certified/Registered 10/01/2019 12:00:00AM

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

Survey History

Survey ID: 0131588 **End Date:** 10/01/2019 **Type:** ABBREVIATED **Purpose:** CHOW--DESK REVIEW

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 08/24/2018 to 08/23/2021

Adult Family Home

Facility Information

Facility Name: GRATUS AT SOUTHRIDGE 1902 SUITES 3 & 4 (0017686)

Address: 1902 SOUTHRIDGE AVE STE 3 & 4, MENOMONIE, WI 54751

License Status: REGULAR

Licensed/Certified/Registered 10/01/2019 12:00:00AM

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

Survey History

Survey ID: 0132596 **End Date:** 01/28/2020 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0131593 **End Date:** 10/01/2019 **Type:** ABBREVIATED **Purpose:** CHOW--DESK REVIEW

Results: LICENSE/CERT/REGISTRATION ISSUED

Complaint History (GRATUS AT SOUTHRIDGE 1902 SUITES 3 & 4--0017686)

Date Complaint Received: 01/07/2020

Date Investigation Completed: 01/28/2020

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 08/24/2018 to 08/23/2021

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: 0128496 **End Date:** 11/06/2018 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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

Date Complaint Received: 10/05/2018

Date Investigation Completed: 11/06/2018

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 08/24/2018 to 08/23/2021

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: 0132818 **End Date:** 02/24/2020 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 08/24/2018 to 08/23/2021

Adult Family Home

Facility Information

Facility Name: HERITAGE HOME MENOMONIE (0017864)

Address: 2407 4TH AVE, 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: 0132243 **End Date:** 12/19/2019 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 08/24/2018 to 08/23/2021

Adult Family Home

Facility Information

Facility Name: LINDEN HOUSE 2 (0016074)

Address: E5532 700TH AVE, MENOMONIE, WI 54751

License Status: REGULAR

Licensed/Certified/Registered 07/23/2016 12:00:00AM

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

Survey History

Survey ID: 0137270 **End Date:** 07/14/2021 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #P27H13

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(g)2	COMMUNICABLE DISEASE		

Survey ID: 0136275 **End Date:** 05/06/2021 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #P27H12 Served 05/20/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(g)2	COMMUNICABLE DISEASE	7/14/21	No
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT	7/14/21	Yes

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Provider Inspection Summary

For the period 08/24/2018 to 08/23/2021

Adult Family Home

Survey ID: 0135744 **End Date: 02/15/2021** **Type: STANDARD** **Purpose: SURVEY/COMPLAINT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #P27H11 Served 03/09/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
88.04(2)(g)2	COMMUNICABLE DISEASE	5/6/21	No
88.07(3)(a)	PRESCRIPTION MEDICATIONS	5/6/21	Yes
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT	5/6/21	No

Survey ID: 0132499 **End Date: 01/23/2020** **Type: OTHER** **Purpose: COMPLAINT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0131452 **End Date: 09/11/2019** **Type: OTHER** **Purpose: VERIFICATION VISIT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0130659 **End Date: 06/19/2019** **Type: OTHER** **Purpose: COMPLAINT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0130584 **End Date: 03/22/2019** **Type: STANDARD** **Purpose: SURVEY/COMPLAINT/SELF REPORT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #T83311 Served 06/19/2019

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
88.04(2)(g)1	HEALTH SCREENING FOR STAFF	9/11/19	Yes
88.05(3)(d)	ANNUAL WELL WATER INSPECTIONS	9/11/19	Yes
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE	9/11/19	Yes
88.05(4)(d)2.a	FIRE SAFETY EVACUATION PLAN REVIEW	9/11/19	Yes
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION	9/11/19	Yes

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Provider Inspection Summary

For the period 08/24/2018 to 08/23/2021

Adult Family Home

Survey ID: 0128519 **End Date:** 11/07/2018 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0128069 **End Date:** 09/13/2018 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (LINDEN HOUSE 2--0016074)

Date: 05/20/2021 **SOD #**P27H12 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 03/09/2021 **SOD #**P27H11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 06/18/2019 **SOD #**T83311 **Appealed:** No

Sanctions

OTHER SANCTION

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Provider Inspection Summary

For the period 08/24/2018 to 08/23/2021

Adult Family Home

Complaint History (LINDEN HOUSE 2--0016074)

Date Complaint Received: 07/14/2020

Date Investigation Completed: 02/15/2021

Subject Area(s)
ADMINISTRATION

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 05/15/2020

Date Investigation Completed: 02/15/2021

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 01/06/2020

Date Investigation Completed: 01/23/2020

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 06/10/2019

Date Investigation Completed: 06/19/2019

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 03/11/2019

Date Investigation Completed: 03/22/2019

Subject Area(s)
PROGRAM SERVICES
STAFF TRAINING AND PROFICIENCY

Result
NOT SUBSTANTIATED
SUBSTANTIATED

SOD #

T83311

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Provider Inspection Summary

For the period 08/24/2018 to 08/23/2021

Adult Family Home

Facility Information

Facility Name: LINDEN HOUSE 3 (0016663)

Address: E5528 700TH AVE, MENOMONIE, WI 54751

License Status: REGULAR

Licensed/Certified/Registered 04/18/2017 12:00:00AM

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

Survey History

Survey ID: 0136265 **End Date:** 05/17/2021 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0135849 **End Date:** 02/25/2021 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #PE0Z11 Served 03/23/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(am)	CRIMINAL HISTORY/PATIENT ABUSE RECORD SEARCH	5/17/21	Yes
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS	5/17/21	Yes

Survey ID: 0133181 **End Date:** 04/13/2020 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 08/24/2018 to 08/23/2021

Adult Family Home

Survey ID: 0133046 **End Date: 03/10/2020** **Type: OTHER** **Purpose: COMPLAINT**

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #GENS11 Served 03/26/2020

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
50.065(2)(bb)	DETERMINE FINAL DISPOSITION OF CHARGE	4/14/20	Yes
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION	4/14/20	Yes

Survey ID: 0129929 **End Date: 04/18/2019** **Type: OTHER** **Purpose: DESK REVIEW**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0129770 **End Date: 03/22/2019** **Type: STANDARD** **Purpose: SURVEY**

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #RSJX11 Served 04/06/2019

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
50.065(2)(bm)	OUT OF STATE BACKGROUND CHECKS	4/18/19	Yes
88.05(3)(d)	ANNUAL WELL WATER INSPECTIONS	4/18/19	Yes
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE	4/18/19	Yes
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION	4/18/19	Yes

Survey ID: 0128515 **End Date: 11/07/2018** **Type: OTHER** **Purpose: VERIFICATION VISIT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 08/24/2018 to 08/23/2021

Adult Family Home

Enforcement History (LINDEN HOUSE 3--0016663)

Date: 03/23/2021 **SOD #**PE0Z11 **Appealed:** No

Sanctions

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

Complaint History (LINDEN HOUSE 3--0016663)

Date Complaint Received: 05/15/2020

Date Investigation Completed: 02/25/2021

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 03/02/2020

Date Investigation Completed: 03/10/2020

Subject Area(s)
STAFF TRAINING AND PROFICIENCY

Result
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 08/24/2018 to 08/23/2021

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: 0136645 **End Date:** 06/10/2021 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0132735 **End Date:** 01/23/2020 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #5WEY11 Served 02/21/2020

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(6)(am)	FOUR YEAR CAREGIVER BACKGROUND REQUIREMENT	6/10/21	Yes
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY	6/10/21	Yes
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION	6/10/21	Yes

Enforcement History (SOLOMON HILL RESIDENTIAL CARE--0014996)

Date: 02/20/2020 **SOD #**5WEY11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

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Provider Inspection Summary

For the period 08/24/2018 to 08/23/2021

Adult Family Home

Complaint History (SOLOMON HILL RESIDENTIAL CARE--0014996)

Date Complaint Received: 12/12/2019

Date Investigation Completed: 01/23/2020

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

5WEY11

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Provider Inspection Summary

For the period 08/24/2018 to 08/23/2021

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: 0133893 **End Date:** 06/08/2020 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0129732 **End Date:** 04/01/2019 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: HCBS COMPLIANCE REPORT

Complaint History (SAFE HAVEN ADULT ASSISTED LIVING LLC--0015032)

Date Complaint Received: 05/31/2020

Date Investigation Completed: 06/08/2020

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 03/22/2019

Date Investigation Completed: 04/01/2019

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 08/24/2018 to 08/23/2021

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: RIDGE CREST MANOR (0014630)

Address: 110 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: 0127966 **End Date:** 08/31/2018 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey History

No survey activity during the period 8/24/18 to 8/23/21

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Provider Inspection Summary

For the period 08/24/2018 to 08/23/2021

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: TARA PLACE (510292)

Address: N5160 97OTH 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: 0131132 **End Date:** 08/07/2019 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 08/24/2018 to 08/23/2021

Community Based Residential Facility--CLASS ANA (NONAMBULATORY)

Facility Information

Facility Name: ARBOR PLACE INC (0015712)

Address: 4076 KOTHLOW AVENUE, MENOMONIE, WI 54751

License Status: REGULAR

Licensed/Certified/Registered 06/18/2015 12:00:00AM

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

Survey History

No survey activity during the period 8/24/18 to 8/23/21

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Provider Inspection Summary

For the period 08/24/2018 to 08/23/2021

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: ARC OF DUNN COUNTY INC HOUSE 105 (0015912)

Address: 538 WOODRIDGE COURT, MENOMONIE, WI 54751

License Status: REGULAR

Licensed/Certified/Registered 06/01/2017 12:00:00AM

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

Survey History

Survey ID: 0130873 **End Date:** 07/17/2019 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0130271 **End Date:** 02/27/2019 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #IUF511 Served 05/21/2019

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(4)(f)	REPORTING EVACUATIONS, RELOCATED RESIDENTS	7/17/19	Yes
83.13(3)(b)	POST HOUSE RULES, RESIDENT RIGHTS, GRIEVANCES	7/17/19	Yes
83.13(3)(d)	POSTING ACTIVITY SCHEDULE	7/17/19	Yes
83.14(2)(e)	NOTIFY WITHIN 7 DAYS OF ADMINISTRATOR CHANGE	7/17/19	Yes
83.35(2)	TEMPORARY SERVICE PLAN	7/17/19	Yes
83.37(1)(i)	PRN PSYCHOTROPIC MEDICATION	7/17/19	Yes
83.37(2)(e)	OTHER ADMINISTRATION GIVEN OR DELEGATED BY RN	7/17/19	Yes
83.45(1)(e)	ELECTRICAL, MECHANICAL, WATER SUPPLY	7/17/19	Yes

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Provider Inspection Summary

For the period 08/24/2018 to 08/23/2021

Community Based Residential Facility--CLASS AA (AMBULATORY)

83.45(3)	TOXIC SUBSTANCES	7/17/19	Yes
83.47(2)(d)	FIRE DRILLS	7/17/19	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	7/17/19	Yes

Enforcement History (ARC OF DUNN COUNTY INC HOUSE 105--0015912)

Date: 05/20/2019 **SOD #** IUF511 **Appealed:**

Sanctions

FORFEITURE---83.35(2)
FORFEITURE---83.45(3)

Complaint History (ARC OF DUNN COUNTY INC HOUSE 105--0015912)

Date Complaint Received: 02/08/2019 **Date Investigation Completed:** 02/27/2019

Subject Area(s)
PROGRAM SERVICES
RESIDENT RIGHTS

<u>Result</u>	<u>SOD #</u>
SUBSTANTIATED	IUF511
NOT SUBSTANTIATED	

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Provider Inspection Summary

For the period 08/24/2018 to 08/23/2021

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: AURORA RES ALTERNATIVES INC 011 (0009573)

Address: 1306 12TH AVENUE SE, 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: 0128333 **End Date:** 10/09/2018 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (AURORA RES ALTERNATIVES INC 011--0009573)

Date Complaint Received: 09/26/2018

Date Investigation Completed: 10/09/2018

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 08/24/2018 to 08/23/2021

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: AURORA RESIDENTIAL ALT INC 010 (0011477)

Address: 2412 THIRD ST E, MENOMONIE, WI 54751

License Status: REGULAR

Licensed/Certified/Registered 01/01/2007 12:00:00AM

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

Survey History

No survey activity during the period 8/24/18 to 8/23/21

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Provider Inspection Summary

For the period 08/24/2018 to 08/23/2021

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: CARE PARTNERS MENOMONIE (0009882)

Address: 1902 TALEN ST, MENOMONIE, WI 54751

License Status: REGULAR

Licensed/Certified/Registered 05/01/2003 12:00:00AM

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

Survey History

Survey ID: 0136306 **End Date:** 05/13/2021 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #S14S11 Served 05/25/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.12(4)(c)	REPORTING INCIDENTS WITH SERIOUS INJURY	8/24/21	Yes
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	8/24/21	Yes
83.45(3)	TOXIC SUBSTANCES	8/24/21	Yes
83.46(1)(f)	COMBUSTIBLES	8/24/21	Yes

Survey ID: 0132773 **End Date:** 02/17/2020 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0132533 **End Date:** 01/31/2020 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 08/24/2018 to 08/23/2021

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0132483 **End Date: 01/09/2020** **Type: OTHER** **Purpose: COMPLAINT**

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #PI6U11 Served 01/27/2020

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(2)(j)	NOT PERMIT A CONDITION OF SUBSTANTIAL RISK	1/31/20	Yes
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	1/31/20	Yes

Survey ID: 0130132 **End Date: 05/01/2019** **Type: OTHER** **Purpose: VERIFICATION VISIT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0129508 **End Date: 03/08/2019** **Type: OTHER** **Purpose: COMPLAINT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0129635 **End Date: 01/23/2019** **Type: OTHER** **Purpose: COMPLAINT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #NQFB11 Served 03/27/2019

<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	5/1/19	Yes
83.38(1)(g)	HEALTH MONITORING	5/1/19	Yes
83.38(1)(i)	BEHAVIOR MANAGEMENT	5/1/19	Yes

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Provider Inspection Summary

For the period 08/24/2018 to 08/23/2021

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (CARE PARTNERS MENOMONIE--0009882)

Date: 05/24/2021 **SOD #**S14S11 **Appealed:** No

Sanctions
ORDER TO COMPLY

Date: 03/27/2019 **SOD #**NQFB11 **Appealed:**

Sanctions
FORFEITURE---83.35(3)(d)
FORFEITURE---83.38(1)(g)
FORFEITURE---83.38(1)(i)

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Provider Inspection Summary

For the period 08/24/2018 to 08/23/2021

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (CARE PARTNERS MENOMONIE--0009882)

Date Complaint Received: 06/28/2021

Date Investigation Completed: 09/08/2021

Subject Area(s)
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 04/15/2021

Date Investigation Completed: 05/13/2021

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 02/13/2020

Date Investigation Completed: 02/17/2020

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 11/20/2019

Date Investigation Completed: 01/09/2020

Subject Area(s)
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 02/26/2019

Date Investigation Completed: 03/08/2019

Subject Area(s)
OTHER

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 01/07/2019

Date Investigation Completed: 01/23/2019

Subject Area(s)
PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES

Result
NOT SUBSTANTIATED
SUBSTANTIATED

SOD #

NQFB11

Date Complaint Received: 12/21/2018

Date Investigation Completed: 01/23/2019

Subject Area(s)
PROGRAM SERVICES

Result
SUBSTANTIATED

SOD #
NQFB11

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Provider Inspection Summary

For the period 08/24/2018 to 08/23/2021

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: 0135966 **End Date:** 04/02/2021 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0135384 **End Date:** 12/04/2020 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #D7F011 Served 01/07/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	4/2/21	Yes

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

Date: 01/07/2021 **SOD #**D7F011 **Appealed:**

Sanctions

ORDER TO COMPLY

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

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Provider Inspection Summary

For the period 08/24/2018 to 08/23/2021

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

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

Date Complaint Received: 11/19/2020

Date Investigation Completed: 12/04/2020

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 08/24/2018 to 08/23/2021

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: COUNTRY TERRACE MENOMONIE (0009880)

Address: 1916 TALEN ST, MENOMONIE, WI 54751

License Status: REGULAR

Licensed/Certified/Registered 02/01/2004 12:00:00AM

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

Survey History

Survey ID: 0134481 **End Date:** 08/07/2020 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0132776 **End Date:** 02/17/2020 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0132685 **End Date:** 02/14/2020 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0132609 **End Date:** 01/09/2020 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #2BPM11 Served 02/10/2020

Deficiencies Cited

83.14(2)(j)

Subject Area

NOT PERMIT A CONDITION OF SUBSTANTIAL
RISK

Compliance

Verified

2/14/20

Corrected

Yes

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Provider Inspection Summary

For the period 08/24/2018 to 08/23/2021

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0130139 End Date: 05/01/2019 Type: OTHER Purpose: VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0129369 End Date: 01/15/2019 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #EWCZ12 Served 02/22/2019

<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	5/1/19	Yes

Survey ID: 0128647 End Date: 09/26/2018 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #EWCZ11 Served 11/29/2018

<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	1/15/19	Yes

Enforcement History (COUNTRY TERRACE MENOMONIE--0009880)

Date: 02/22/2019 SOD #EWCZ12 Appealed:

Sanctions

FORFEITURE---83.35(3)(d)

Date: 11/29/2018 SOD #EWCZ11 Appealed:

Sanctions

FORFEITURE---83.35(3)(d)

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Provider Inspection Summary

For the period 08/24/2018 to 08/23/2021

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (COUNTRY TERRACE MENOMONIE--0009880)

Date Complaint Received: 06/28/2021	Date Investigation Completed: 09/09/2021	
<u>Subject Area(s)</u> RESIDENT RIGHTS	<u>Result</u> NOT SUBSTANTIATED	<u>SOD #</u>
Date Complaint Received: 06/24/2020	Date Investigation Completed: 08/07/2020	
<u>Subject Area(s)</u> PROGRAM SERVICES	<u>Result</u> NOT SUBSTANTIATED	<u>SOD #</u>
Date Complaint Received: 02/06/2020	Date Investigation Completed: 02/17/2020	
<u>Subject Area(s)</u> RESIDENT RIGHTS	<u>Result</u> NOT SUBSTANTIATED	<u>SOD #</u>
Date Complaint Received: 12/19/2019	Date Investigation Completed: 01/09/2020	
<u>Subject Area(s)</u> PROGRAM SERVICES	<u>Result</u> SUBSTANTIATED	<u>SOD #</u> 2BPM11
Date Complaint Received: 11/27/2019	Date Investigation Completed: 01/09/2020	
<u>Subject Area(s)</u> RESIDENT RIGHTS	<u>Result</u> NOT SUBSTANTIATED	<u>SOD #</u>
Date Complaint Received: 01/07/2019	Date Investigation Completed: 01/15/2019	
<u>Subject Area(s)</u> PROGRAM SERVICES	<u>Result</u> NOT SUBSTANTIATED	<u>SOD #</u>
Date Complaint Received: 09/18/2018	Date Investigation Completed: 09/26/2018	
<u>Subject Area(s)</u> PROGRAM SERVICES	<u>Result</u> SUBSTANTIATED	<u>SOD #</u> EWCZ11

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Provider Inspection Summary

For the period 08/24/2018 to 08/23/2021

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: GRATUS AT RIDGEWOOD (0017682)

Address: 2379 RIDGEWOOD ST, MENOMONIE, WI 54751

License Status: REGULAR

Licensed/Certified/Registered 10/01/2019 12:00:00AM

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

Survey History

Survey ID: 0134831 **End Date:** 09/16/2020 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0134744 **End Date:** 09/03/2020 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #QGSS11 Served 09/09/2020

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.39(5)	PETS VACCINATED	9/16/20	Yes

Survey ID: 0132598 **End Date:** 01/28/2020 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0131577 **End Date:** 10/01/2019 **Type:** ABBREVIATED **Purpose:** CHOW--DESK REVIEW

Results: PROBATIONARY LICENSE ISSUED

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Provider Inspection Summary

For the period 08/24/2018 to 08/23/2021

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (GRATUS AT RIDGEWOOD--0017682)

Date Complaint Received: 01/15/2020

Date Investigation Completed: 01/28/2020

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 08/24/2018 to 08/23/2021

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

Facility Information

Facility Name: NOREEN FAMILY HOME (0010740)

Address: 2913 INGALLS RD, MENOMONIE, WI 54751

License Status: REGULAR

Licensed/Certified/Registered 12/06/2004 12:00:00AM

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

Survey History

Survey ID: 0127972 **End Date:** 08/31/2018 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey History

No survey activity during the period 8/24/18 to 8/23/21

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Provider Inspection Summary

For the period 08/24/2018 to 08/23/2021

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: 0136204 **End Date:** 04/30/2021 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0135612 **End Date:** 01/28/2021 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #I2FU11 Served 02/12/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.47(4)(a)	FIRE EXTINGUISHERS: TYPE AND INSPECTION	3/30/21	
83.59(7)(b)	REQUIRED EXIT SIGNS LIGHTED	3/30/21	

Survey ID: 0132443 **End Date:** 01/15/2020 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 08/24/2018 to 08/23/2021

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0131491 **End Date: 08/14/2019** **Type: OTHER** **Purpose: COMPLAINT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #XI5011 Served 09/17/2019

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(5)(a)	NOTIFICATION: INCIDENT, INJURY, CHANGES	1/15/20	Yes
83.42(1)	RESIDENT RECORD MAINTAINED	1/15/20	Yes

Survey ID: 0128468 **End Date: 10/31/2018** **Type: OTHER** **Purpose: COMPLAINT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0127947 **End Date: 08/29/2018** **Type: OTHER** **Purpose: DESK REVIEW**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (OUR HOUSE MENOMONIE MEMORY CARE--0013428)

Date: 09/17/2019 **SOD #XI5011** **Appealed:**

Sanctions

FORFEITURE---83.12(5)(a)

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Provider Inspection Summary

For the period 08/24/2018 to 08/23/2021

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

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

Date Complaint Received: 04/23/2021

Date Investigation Completed: 04/30/2021

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 01/08/2021

Date Investigation Completed: 01/28/2021

Subject Area(s)
PHYSICAL ENVIRONMENT/SAFETY

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 12/19/2019

Date Investigation Completed: 01/15/2020

Subject Area(s)
STAFF TRAINING AND PROFICIENCY

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 07/31/2019

Date Investigation Completed: 08/14/2019

Subject Area(s)
PROGRAM SERVICES

Result
SUBSTANTIATED

SOD #
XI5011

Date Complaint Received: 10/18/2018

Date Investigation Completed: 10/31/2018

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 08/24/2018 to 08/23/2021

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: 0131457 **End Date:** 09/11/2019 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0131180 **End Date:** 08/14/2019 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0128098 **End Date:** 09/12/2018 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 08/24/2018 to 08/23/2021

Community Based Residential Facility--CLASS AS (SEMIAMBULATORY)

Complaint History (POTTERS COUNTRY HOME--0010954)

Date Complaint Received: 08/26/2019

Date Investigation Completed: 09/11/2019

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 08/07/2019

Date Investigation Completed: 08/14/2019

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 08/24/2018 to 08/23/2021
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

No survey activity during the period 8/24/18 to 8/23/21

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Provider Inspection Summary

For the period 08/24/2018 to 08/23/2021
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: 0135516 **End Date:** 01/28/2021 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0132431 **End Date:** 01/15/2020 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (AUTUMN VILLAGE--0013043)

Date Complaint Received: 05/21/2020

Date Investigation Completed: 01/28/2021

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY
STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 11/25/2019

Date Investigation Completed: 01/15/2020

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 08/24/2018 to 08/23/2021
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: 0135950 **End Date:** 04/07/2021 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0135640 **End Date:** 02/04/2021 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #2T3911 Served 02/17/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
89.23(4)(d)1	SERVICES	4/7/21	Yes

Survey ID: 0130434 **End Date:** 05/29/2019 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0128480 **End Date:** 10/31/2018 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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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 08/24/2018 to 08/23/2021
Residential Care Apartment Complex (CERTIFIED)

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

Date: 02/17/2021 **SOD #**2T3911 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---89.23(4)(d)1

Date: 08/30/2018 **SOD #**XCZH11 **Appealed:** No

Sanctions

OTHER SANCTION

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

Date Complaint Received: 01/27/2021

Date Investigation Completed: 02/04/2021

Subject Area(s)

PHYSICAL ENVIRONMENT/SAFETY

Result

NOT SUBSTANTIATED

SOD #

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