

## Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Eau Claire

### Notes

**This report includes Provider Inspection Summaries (Facility Profiles) for Community-Based Residential Facilities in Eau Claire County.**

**The report includes only facilities located within the City of EAU CLAIRE. Reports for facilities located in other communities are listed separately on the DQA Facility Profile webpage.**

**The report is a PDF (Adobe Acrobat) document and includes a total of 68.00 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 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS AA (AMBULATORY)

#### Facility Information

**Facility Name:** AFFINITY HOUSE (510031)

**Address:** 3042 KILBOURNE AVENUE, EAU CLAIRE, WI 54703

**License Status:** REGULAR

**Licensed/Certified/Registered** 08/01/1988 12:00:00AM

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

#### Survey History

**Survey ID:** 0148341    **End Date:** 10/29/2024    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #5Y2K13    Served 12/17/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.37(1)(e)	MEDICATION REGIMEN, ADMINISTRATION REVIEW		

**Survey ID:** 0146257    **End Date:** 04/10/2024    **Type:** OTHER    **Purpose:** COMPLAINT/VV

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #5Y2K12    Served 04/26/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	10/29/24	Yes
83.37(1)(e)	MEDICATION REGIMEN, ADMINISTRATION REVIEW	10/29/24	No

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**Provider Inspection Summary**

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS AA (AMBULATORY)

**Survey ID: 0143842    End Date: 07/21/2023    Type: ABBREVIATED    Purpose: SURVEY**

**Results: ENFORCEMENT ACTION**

**Statement of Deficiency: #5Y2K11    Served 08/04/2023**

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.17(1)	LICENSEE CONDUCT CAREGIVER BACKGROUND CHECK	4/10/24	Yes
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	4/10/24	No
83.37(1)(e)	MEDICATION REGIMEN, ADMINISTRATION REVIEW	4/10/24	No

**Enforcement History (AFFINITY HOUSE--510031)**

**Date: 12/17/2024    SOD #5Y2K13    Appealed:    Decision: PENDING**

Sanctions

ORDER TO COMPLY  
 FORFEITURE---83.37(1)(e)

**Date: 04/26/2024    SOD #5Y2K12    Appealed: No**

Sanctions

ORDER TO COMPLY  
 FORFEITURE---83.20(2)(a)-(d)  
 FORFEITURE---83.37(1)(e)

**Date: 08/03/2023    SOD #5Y2K11    Appealed:**

Sanctions

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

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### Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS AA (AMBULATORY)

#### Complaint History (AFFINITY HOUSE--510031)

**Date Complaint Received: 01/08/2024**

**Date Investigation Completed: 04/10/2024**

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

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### Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS AA (AMBULATORY)

#### Facility Information

**Facility Name:** APPLE TREE COTTAGE CBRF (0013306)

**Address:** 1306 KEITH ST, EAU CLAIRE, WI 54701

**License Status:** REGULAR

**Licensed/Certified/Registered** 06/01/2011 12:00:00AM

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

#### Survey History

**Survey ID:** 0146120    **End Date:** 04/10/2024    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0143108    **End Date:** 05/16/2023    **Type:** OTHER    **Purpose:** COMPLAINT/VV

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0142123    **End Date:** 10/28/2022    **Type:** OTHER    **Purpose:** COMPLAINT/VV

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #4ODY16    Served 02/10/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.35(1)(a)	PRE-ADMISSION AND ONGOING ASSESSMENTS	5/16/23	Yes
83.45(3)	TOXIC SUBSTANCES	5/16/23	Yes

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## Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS AA (AMBULATORY)

Survey ID: 0140374 End Date: 05/03/2022 Type: STANDARD Purpose: SURVEY/SELF REPORT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #4ODY15 Served 08/04/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.26(1)	DOCUMENTATION OF REQUIRED EMPLOYEE TRAINING	10/14/22	Yes
83.35(1)(a)	PRE-ADMISSION AND ONGOING ASSESSMENTS	10/28/22	No
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN	10/28/22	Yes
83.37(3)(c)	MEDICATION STORAGE: LOCKED CABINET	10/28/22	Yes
83.41(3)(b)	FOOD SAFETY	10/28/22	Yes
83.45(3)	TOXIC SUBSTANCES	10/28/22	No
83.55(6)(b)	BATH AND TOILET AREAS: WATER TEMPERATURE	10/28/22	Yes
83.59(1)(a)	CLASS AS, ANA, CS, CNA 2 GRADE LEVEL EXITS	10/28/22	Yes

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### Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS AA (AMBULATORY)

#### Enforcement History (APPLE TREE COTTAGE CBRF--0013306)

**Date:** 02/10/2023      **SOD #**4ODY16      **Appealed:** Yes      **Decision:** DISMISSED

Sanctions

ORDER TO COMPLY  
FORFEITURE---83.35(1)(a)  
FORFEITURE---83.45(3)

**Date:** 08/04/2022      **SOD #**4ODY15      **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY  
FORFEITURE---83.35(1)(a)  
FORFEITURE---83.37(3)(c)  
FORFEITURE---83.41(3)(b)  
FORFEITURE---83.59(1)(a)

#### Complaint History (APPLE TREE COTTAGE CBRF--0013306)

**Date Complaint Received:** 01/09/2024

**Date Investigation Completed:** 04/10/2024

Subject Area(s)  
RESIDENT RIGHTS

Result      SOD #  
NOT SUBSTANTIATED

**Date Complaint Received:** 12/29/2022

**Date Investigation Completed:** 05/16/2023

Subject Area(s)  
PROGRAM SERVICES

Result      SOD #  
NOT SUBSTANTIATED

**Date Complaint Received:** 05/16/2022

**Date Investigation Completed:** 10/28/2022

Subject Area(s)  
PROGRAM SERVICES

Result      SOD #  
NOT SUBSTANTIATED

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## Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** AZURA MEMORY CARE OF EAU CLAIRE 2 LLC (0017542)

**Address:** 4811 BULLIS FARM RD, EAU CLAIRE, WI 54701

**License Status:** REGULAR

**Licensed/Certified/Registered** 05/24/2019 12:00:00AM

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

### Survey History

**Survey ID:** 0143989    **End Date:** 08/18/2023    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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### Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

#### Facility Information

**Facility Name:** AZURA MEMORY CARE OF EAU CLAIRE 3 LLC (0017543)

**Address:** 4803 BULLIS FARM RD, EAU CLAIRE, WI 54701

**License Status:** REGULAR

**Licensed/Certified/Registered** 05/10/2019 12:00:00AM

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

#### Survey History

**Survey ID:** 0143990    **End Date:** 08/18/2023    **Type:** ABBREVIATED    **Purpose:** SURVEY/COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

#### Complaint History (AZURA MEMORY CARE OF EAU CLAIRE 3 LLC--0017543)

**Date Complaint Received:** 07/25/2023

**Date Investigation Completed:** 08/18/2023

Subject Area(s)  
PROGRAM SERVICES

Result  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received:** 04/28/2023

**Date Investigation Completed:** 08/18/2023

Subject Area(s)  
PROGRAM SERVICES

Result  
NOT SUBSTANTIATED

SOD #

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## Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** Beehive Homes of Eau Claire (0020288)

**Address:** 5075 Stonewood Dr, Eau Claire, WI 54703

**License Status:** REGULAR

**Licensed/Certified/Registered** 03/15/2024 12:00:00AM

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

### Survey History

**Survey ID:** 0147758      **End Date:** 09/24/2024      **Type:** STANDARD      **Purpose:** SURVEY

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

**Survey ID:** 0145892      **End Date:** 03/14/2024      **Type:** INITIAL      **Purpose:** SURVEY

**Results:** PROBATIONARY LICENSE ISSUED

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### Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

#### Facility Information

**Facility Name:** Beehive Homes of Eau Claire (0020289)

**Address:** 5059 Stonewood Dr, Eau Claire, WI 54703

**License Status:** REGULAR

**Licensed/Certified/Registered** 03/15/2024 12:00:00AM

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

#### Survey History

**Survey ID:** 0147725    **End Date:** 09/24/2024    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

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

**Survey ID:** 0145890    **End Date:** 03/14/2024    **Type:** INITIAL    **Purpose:** SURVEY

**Results:** PROBATIONARY LICENSE ISSUED

#### Complaint History (Beehive Homes of Eau Claire--0020289)

**Date Complaint Received:** 08/13/2024

**Date Investigation Completed:** 09/24/2024

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

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**Provider Inspection Summary**

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Facility Information**

**Facility Name:** CAMBRIDGE SENIOR LIVING (0019249)

**Address:** 3172 OLD TOWN RD, EAU CLAIRE, WI 54701

**License Status:** REGULAR

**Licensed/Certified/Registered** 11/28/2022 12:00:00AM

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

**Survey History**

**Survey ID:** 0146739    **End Date:** 04/12/2024    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #FILS11    Served 06/19/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.09(1)(f)	PRIVACY		
83.12(2)(a)	CAREGIVER: INVESTIGATING ABUSE AND NEGLECT		
83.32(3)(d)	RIGHTS OF RESIDENTS: FREE OF MISTREATMENT		
83.32(3)(l)	RIGHTS OF RESIDENTS: LEAST RESTRICTIVE		
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN		
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES		
83.38(1)(g)	HEALTH MONITORING		

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### Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Survey ID: 0145519**    **End Date: 12/05/2023**    **Type: OTHER**    **Purpose: COMPLAINT/VV**

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #OEMO12    Served 02/07/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(3)(c)	IMPLEMENT, FOLLOW THE INDIVIDUAL SERVICE PLAN		
83.38(1)(f)	COMMUNICATION SKILLS		

**Survey ID: 0143575**    **End Date: 06/16/2023**    **Type: OTHER**    **Purpose: COMPLAINT**

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #OEMO11    Served 07/05/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN	12/5/23	Yes
83.35(3)(b)	SERVICE PLAN DEVELOPMENT: PARTIES INVOLVED	12/5/23	No

**Survey ID: 0141537**    **End Date: 11/22/2022**    **Type: INITIAL**    **Purpose: SURVEY**

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

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### Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

#### Enforcement History (CAMBRIDGE SENIOR LIVING--0019249)

**Date:** 06/19/2024      **SOD #**FILS11      **Appealed:**      **Decision:** PENDING

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY  
FORFEITURE---83.12(2)(a)  
FORFEITURE---83.32(3)(d)  
FORFEITURE---83.35(3)(a)  
FORFEITURE---83.38(1)(g)

**Date:** 02/07/2024      **SOD #**OEMO12      **Appealed:** No

Sanctions

ORDER TO COMPLY

**Date:** 07/05/2023      **SOD #**OEMO11      **Appealed:** No

Sanctions

ORDER TO COMPLY

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## Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Complaint History (CAMBRIDGE SENIOR LIVING--0019249)

**Date Complaint Received: 03/12/2024**

**Date Investigation Completed: 04/12/2024**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

FILS11

**Date Complaint Received: 01/16/2024**

**Date Investigation Completed: 04/12/2024**

Subject Area(s)

Result

SOD #

ADMINISTRATION

SUBSTANTIATED

FILS11

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

SUBSTANTIATED

FILS11

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

FILS11

**Date Complaint Received: 12/28/2023**

**Date Investigation Completed: 04/12/2024**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

**Date Complaint Received: 12/20/2023**

**Date Investigation Completed: 04/12/2024**

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

**Date Complaint Received: 11/27/2023**

**Date Investigation Completed: 04/12/2024**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

**Date Complaint Received: 10/25/2023**

**Date Investigation Completed: 12/05/2023**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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## Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Date Complaint Received: 10/02/2023**

**Date Investigation Completed: 12/05/2023**

Subject Area(s)  
PROGRAM SERVICES

Result  
SUBSTANTIATED

SOD #  
OEMO12

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**Date Complaint Received: 08/15/2023**

**Date Investigation Completed: 12/05/2023**

Subject Area(s)  
ADMINISTRATION  
PROGRAM SERVICES

Result  
NOT SUBSTANTIATED  
SUBSTANTIATED

SOD #  
OEMO12

---

**Date Complaint Received: 02/19/2023**

**Date Investigation Completed: 06/16/2023**

Subject Area(s)  
PROGRAM SERVICES

Result  
NOT SUBSTANTIATED

SOD #

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## Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** CARE PARTNERS ASSISTED LIVING EAU CLAIRE EAST II (0015196)

**Address:** 3337 BIRCH STREET, EAU CLAIRE, WI 54703

**License Status:** REGULAR

**Licensed/Certified/Registered** 08/25/2014 12:00:00AM

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

### Survey History

**Survey ID:** 0148254    **End Date:** 12/02/2024    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0144947    **End Date:** 11/29/2023    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0143556    **End Date:** 06/29/2023    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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**Provider Inspection Summary**

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Survey ID: 0141812    End Date: 12/01/2022    Type: ABBREVIATED    Purpose: SURVEY/COMPLAINT/SELF REPORT**

**Results: ENFORCEMENT ACTION**

**Statement of Deficiency: #671911    Served 01/11/2023**

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)(l)	RIGHTS OF RESIDENTS: LEAST RESTRICTIVE	6/29/23	Yes
83.35(1)(c)	LISTED AREAS FOR ASSESSMENTS	6/29/23	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	6/29/23	Yes
83.35(5)(b)	ANNUAL EVALUATION OF EVACUATION LIMITS	6/29/23	Yes

**Enforcement History (CARE PARTNERS ASSISTED LIVING EAU CLAIRE EAST II--0015196)**

**Date: 01/11/2023    SOD #671911    Appealed: No**

Sanctions

ORDER TO COMPLY

**Complaint History (CARE PARTNERS ASSISTED LIVING EAU CLAIRE EAST II--0015196)**

**Date Complaint Received: 11/11/2024    Date Investigation Completed: 12/02/2024**

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

**Date Complaint Received: 10/09/2023    Date Investigation Completed: 11/29/2023**

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

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### Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

#### Facility Information

**Facility Name:** CARE PARTNERS ASSISTED LIVING EAU CLAIRE EAST (0014922)

**Address:** 3325 BIRCH STREET, EAU CLAIRE, WI 54703

**License Status:** REGULAR

**Licensed/Certified/Registered** 12/20/2013 12:00:00AM

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

#### Survey History

**Survey ID:** 0148560    **End Date:** 11/27/2024    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #3AX111    Served 01/23/2025

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

**Survey ID:** 0144945    **End Date:** 11/29/2023    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0144001    **End Date:** 07/14/2023    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #3WKU13    Served 08/22/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.45(4)	PEST CONTROL	11/29/23	Yes

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### Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0142284    End Date: 02/17/2023    Type: OTHER    Purpose: COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #3WKU12    Served 02/23/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.45(4)	PEST CONTROL	7/14/23	No

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**Provider Inspection Summary**

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Survey ID: 0141628    End Date: 09/07/2022    Type: STANDARD    Purpose: SURVEY/COMPLAINT**

**Results: ENFORCEMENT ACTION**

**Statement of Deficiency: #3WKU11    Served 12/15/2022**

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.09(1)(e)	TREATMENT	2/17/23	Yes
83.12(2)(a)	CAREGIVER: INVESTIGATING ABUSE AND NEGLECT	2/17/23	Yes
83.12(3)(a)	INVESTIGATE INJURIES OF UNKNOWN SOURCE	2/17/23	Yes
83.12(4)(b)	REPORTING WHEN LAW ENFORCEMENT IS CALLED	2/17/23	Yes
83.12(4)(c)	REPORTING INCIDENTS WITH SERIOUS INJURY	2/17/23	Yes
83.12(5)(a)	NOTIFICATION: INCIDENT, INJURY, CHANGES	2/17/23	Yes
83.15(3)(a)	ADMINISTRATOR SHALL SUPERVISE DAILY OPERATION	2/17/23	Yes
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	2/17/23	Yes
83.35(3)(c)	IMPLEMENT, FOLLOW THE INDIVIDUAL SERVICE PLAN	2/17/23	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	2/17/23	Yes
83.35(5)(b)	ANNUAL EVALUATION OF EVACUATION LIMITS	2/17/23	Yes
83.36(1)(a)	ADEQUATE STAFF TO MEET RESIDENT NEEDS	2/17/23	Yes
83.37(1)(a)	WRITTEN ORDER FOR MEDICATIONS, SUPPLEMENTS	2/17/23	Yes
83.37(1)(e)	MEDICATION REGIMEN, ADMINISTRATION REVIEW	2/17/23	Yes
83.37(2)(e)	OTHER ADMINISTRATION GIVEN OR DELEGATED BY RN	2/17/23	Yes

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## Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

83.37(3)(a)	MEDICATION STORAGE: ORIGINAL CONTAINERS	2/17/23	Yes
83.37(3)(c)	MEDICATION STORAGE: LOCKED CABINET	2/17/23	Yes
83.38(1)(c)	LEISURE TIME ACTIVITIES	2/17/23	Yes
83.38(1)(g)	HEALTH MONITORING	2/17/23	Yes
83.38(1)(h)	MEDICATION ADMINISTRATION	2/17/23	Yes
83.39(1)	INFECTION CONTROL PROGRAM	2/17/23	Yes
83.41(2)(a)	NUTRITION: DIET	2/17/23	Yes
83.41(2)(c)	NUTRITION: MENUS	2/17/23	Yes
83.45(3)	TOXIC SUBSTANCES	2/17/23	Yes
83.47(2)(d)	FIRE DRILLS	2/17/23	Yes

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## Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Enforcement History (CARE PARTNERS ASSISTED LIVING EAU CLAIRE EAST--0014922)

**Date:** 08/22/2023      **SOD #**3WKU13      **Appealed:** No

Sanctions

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

**Date:** 02/23/2023      **SOD #**3WKU12      **Appealed:** No

Sanctions

ORDER TO COMPLY

**Date:** 12/15/2022      **SOD #**3WKU11      **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
NO NEW ADMISSIONS  
ORDER TO COMPLY  
FORFEITURE---50.09(1)(e)  
FORFEITURE---83.12(2)(a)  
FORFEITURE---83.12(3)(a)  
FORFEITURE---83.12(4)(c)  
FORFEITURE---83.12(5)(a)  
FORFEITURE---83.15(3)(a)  
FORFEITURE---83.17(1)(e)  
FORFEITURE---83.32(332)(3)(h)  
FORFEITURE---83.35(3)(c)  
FORFEITURE---83.35(3)(d)  
FORFEITURE---83.35(5)(b)  
FORFEITURE---83.36(1)(a)  
FORFEITURE---83.37(2)(e)  
FORFEITURE---83.37(3)(a)  
FORFEITURE---83.38(1)(c)  
FORFEITURE---83.38(1)(g)  
FORFEITURE---83.38(1)(h)

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## Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

FORFEITURE---83.39(1)  
FORFEITURE---83.41(2)(a)  
FORFEITURE---83.47(2)(d)

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**Provider Inspection Summary**

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Complaint History (CARE PARTNERS ASSISTED LIVING EAU CLAIRE EAST--0014922)**

<b>Date Complaint Received:</b>	<b>Date Investigation Completed:</b>	
<b>10/21/2024</b>	<b>11/27/2024</b>	
<u>Subject Area(s)</u> ADMINISTRATION	<u>Result</u> NOT SUBSTANTIATED	<u>SOD #</u>
<b>07/18/2024</b>	<b>11/27/2024</b>	
<u>Subject Area(s)</u> PROGRAM SERVICES	<u>Result</u> SUBSTANTIATED	<u>SOD #</u> 3AX111
<b>02/06/2023</b>	<b>02/17/2023</b>	
<u>Subject Area(s)</u> PHYSICAL ENVIRONMENT/SAFETY	<u>Result</u> SUBSTANTIATED	<u>SOD #</u> 3WKU12
<b>07/12/2022</b>	<b>09/07/2022</b>	
<u>Subject Area(s)</u> PROGRAM SERVICES	<u>Result</u> SUBSTANTIATED	<u>SOD #</u> 3WKU11
<b>04/06/2022</b>	<b>09/07/2022</b>	
<u>Subject Area(s)</u> PROGRAM SERVICES STAFF TRAINING AND PROFICIENCY PHYSICAL ENVIRONMENT/SAFETY PROGRAM SERVICES	<u>Result</u> SUBSTANTIATED SUBSTANTIATED NOT SUBSTANTIATED SUBSTANTIATED	<u>SOD #</u> 3WKU11 3WKU11  3WKU11
<b>03/23/2022</b>	<b>09/07/2022</b>	
<u>Subject Area(s)</u> PHYSICAL ENVIRONMENT/SAFETY PROGRAM SERVICES STAFF TRAINING AND PROFICIENCY	<u>Result</u> NOT SUBSTANTIATED SUBSTANTIATED SUBSTANTIATED	<u>SOD #</u>  3WKU11 3WKU11

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## Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Date Complaint Received: 03/04/2022**

**Date Investigation Completed: 09/07/2022**

Subject Area(s)  
PROGRAM SERVICES

<u>Result</u>	<u>SOD #</u>
SUBSTANTIATED	3WKU11

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### Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

#### Facility Information

**Facility Name:** CARE PARTNERS EAU CLAIRE WEST (0017206)

**Address:** 5110 STONEWOOD DR, EAU CLAIRE, WI 54703

**License Status:** REGULAR

**Licensed/Certified/Registered** 08/27/2018 12:00:00AM

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

#### Survey History

**Survey ID:** 0146748    **End Date:** 06/14/2024    **Type:** OTHER    **Purpose:** COMPLAINT/VV

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0144792    **End Date:** 11/06/2023    **Type:** OTHER    **Purpose:** COMPLAINT/VV

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #861K14    Served 11/10/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(3)(b)	SERVICE PLAN DEVELOPMENT: PARTIES INVOLVED	6/14/24	Yes

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### Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Survey ID: 0143382**    **End Date: 04/26/2023**    **Type: STANDARD**    **Purpose: SURVEY/COMPLAINT/VV**

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #861K13    Served 06/16/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(2)(h)	POSTING: LICENSE, DEFICIENCIES, REVOCATIONS	11/6/23	Yes
83.25	CONTINUING EDUCATION	11/6/23	Yes
83.34(2)(b)	ACCOUNTING METHOD FOR TRACKING RESIDENT CASH	11/6/23	Yes
83.35(2)	TEMPORARY SERVICE PLAN	11/6/23	Yes
83.35(3)(c)	IMPLEMENT, FOLLOW THE INDIVIDUAL SERVICE PLAN	11/6/23	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	11/6/23	Yes
83.37(1)(a)	WRITTEN ORDER FOR MEDICATIONS, SUPPLEMENTS	11/6/23	Yes
83.40	OXYGEN STORAGE	11/6/23	Yes

**Survey ID: 0141200**    **End Date: 10/24/2022**    **Type: OTHER**    **Purpose: COMPLAINT/SELF REPORT**

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #PBZQ11    Served 11/01/2022

<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	4/26/23	Yes

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**Provider Inspection Summary**

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Survey ID: 0140001 End Date: 04/26/2022 Type: OTHER Purpose: COMPLAINT/VV**

**Results: ENFORCEMENT ACTION**

**Statement of Deficiency: #861K12 Served 07/01/2022**

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS	4/26/23	Yes
83.14(2)(e)	NOTIFY WITHIN 7 DAYS OF ADMINISTRATOR CHANGE	4/26/23	Yes
83.15(3)(a)	ADMINISTRATOR SHALL SUPERVISE DAILY OPERATION	4/26/23	Yes
83.16(2)	RESIDENT CARE STAFF AT LEAST 18 YEARS OLD	4/26/23	Yes
83.19	ORIENTATION	4/26/23	Yes
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	4/26/23	Yes
83.23	EMPLOYEE SUPERVISION	4/26/23	Yes
83.32(3)(i)	RIGHTS OF RESIDENTS: PROMPT AND ADEQUATE TREATMENT	4/26/23	Yes
83.34(2)(b)	ACCOUNTING METHOD FOR TRACKING RESIDENT CASH	4/26/23	No
83.35(1)(b)	SOURCES USED FOR ASSESSMENT INFORMATION	4/26/23	Yes
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN	4/26/23	Yes
83.35(3)(c)	IMPLEMENT, FOLLOW THE INDIVIDUAL SERVICE PLAN	4/26/23	No
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	4/26/23	No
83.36(2)	MAINTAIN CURRENT WRITTEN STAFFING SCHEDULE	4/26/23	Yes
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	4/26/23	Yes
83.37(3)(c)	MEDICATION STORAGE: LOCKED CABINET	4/26/23	Yes

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## Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

83.38(1)(b)	SUPERVISION	4/26/23	Yes
83.38(1)(g)	HEALTH MONITORING	4/26/23	Yes
83.38(1)(i)	BEHAVIOR MANAGEMENT	4/26/23	Yes
83.39(1)	INFECTION CONTROL PROGRAM	4/26/23	Yes
83.39(3)	HAND WASHING	4/26/23	Yes
83.40	OXYGEN STORAGE	4/26/23	No
83.42(2)	RESIDENT RECORDS SAFEGUARDED	4/26/23	Yes

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### Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

#### Enforcement History (CARE PARTNERS EAU CLAIRE WEST--0017206)

**Date:** 11/10/2023      **SOD #**861K14      **Appealed:** No

Sanctions  
ORDER TO COMPLY

**Date:** 06/16/2023      **SOD #**861K13      **Appealed:**

Sanctions  
ORDER TO COMPLY  
FORFEITURE---83.25  
FORFEITURE---83.34(2)(b)  
FORFEITURE---83.35(3)(c)  
FORFEITURE---83.35(3)(d)

**Date:** 11/01/2022      **SOD #**PBZQ11      **Appealed:** No

Sanctions  
ORDER TO COMPLY

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## Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Date:** 06/30/2022

**SOD #**861K12

**Appealed:** Yes

**Decision:** STIPULATION

### Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

REVOKE LICENSE

NO NEW ADMISSIONS

FORFEITURE---83.14(2)(a)

FORFEITURE---83.15(3)(a)

FORFEITURE---83.16(2)

FORFEITURE---83.19

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

FORFEITURE---83.23

FORFEITURE---83.32(3)(i)

FORFEITURE---83.34(2)(b)

FORFEITURE---83.35(1)(b)

FORFEITURE---83.35(3)(a)

FORFEITURE---83.35(3)(c)

FORFEITURE---83.35(3)(d)

FORFEITURE---83.37(2)(d)

FORFEITURE---83.37(3)(c)

FORFEITURE---83.38(1)(b)

FORFEITURE---83.38(1)(g)

FORFEITURE---83.38(1)(i)

FORFEITURE---83.39(1)

FORFEITURE---83.39(3)

FORFEITURE---83.40

FORFEITURE---83.42(2)

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## Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Complaint History (CARE PARTNERS EAU CLAIRE WEST--0017206)

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

**Date Investigation Completed: 06/14/2024**

Subject Area(s)  
PROGRAM SERVICES

Result SOD #  
NOT SUBSTANTIATED

**Date Complaint Received: 03/20/2024**

**Date Investigation Completed: 06/14/2024**

Subject Area(s)  
RESIDENT RIGHTS

Result SOD #  
NOT SUBSTANTIATED

**Date Complaint Received: 10/24/2023**

**Date Investigation Completed: 11/06/2023**

Subject Area(s)  
RESIDENT RIGHTS

Result SOD #  
NOT SUBSTANTIATED

**Date Complaint Received: 09/25/2023**

**Date Investigation Completed: 11/06/2023**

Subject Area(s)  
ADMINISTRATION  
PROGRAM SERVICES  
PROGRAM SERVICES

Result SOD #  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

**Date Complaint Received: 09/21/2023**

**Date Investigation Completed: 11/06/2023**

Subject Area(s)  
ADMINISTRATION

Result SOD #  
NOT SUBSTANTIATED

**Date Complaint Received: 07/19/2023**

**Date Investigation Completed: 11/06/2023**

Subject Area(s)  
ADMINISTRATION  
PHYSICAL ENVIRONMENT/SAFETY

Result SOD #  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

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## Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Date Complaint Received: 01/11/2023**

**Date Investigation Completed: 04/26/2023**

Subject Area(s)  
ADMINISTRATION  
PROGRAM SERVICES  
STAFF TRAINING AND PROFICIENCY

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

**Date Complaint Received: 07/05/2022**

**Date Investigation Completed: 10/24/2022**

Subject Area(s)  
PHYSICAL ENVIRONMENT/SAFETY  
PROGRAM SERVICES

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

**Date Complaint Received: 06/29/2022**

**Date Investigation Completed: 10/24/2022**

Subject Area(s)  
RESIDENT RIGHTS

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

**Date Complaint Received: 04/12/2022**

**Date Investigation Completed: 04/26/2022**

Subject Area(s)  
PHYSICAL ENVIRONMENT/SAFETY  
PROGRAM SERVICES

<u>Result</u>	<u>SOD #</u>
NOT SUBSTANTIATED	
SUBSTANTIATED	861K12

**Date Complaint Received: 03/28/2022**

**Date Investigation Completed: 04/26/2022**

Subject Area(s)  
RESIDENT RIGHTS  
PHYSICAL ENVIRONMENT/SAFETY  
PROGRAM SERVICES  
ADMINISTRATION

<u>Result</u>	<u>SOD #</u>
SUBSTANTIATED	861K12
NOT SUBSTANTIATED	
NOT SUBSTANTIATED	
SUBSTANTIATED	861K12

**Date Complaint Received: 03/25/2022**

**Date Investigation Completed: 04/26/2022**

Subject Area(s)  
ADMINISTRATION  
PROGRAM SERVICES

<u>Result</u>	<u>SOD #</u>
NOT SUBSTANTIATED	
SUBSTANTIATED	861K12

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## Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Date Complaint Received: 03/18/2022**

**Date Investigation Completed: 04/26/2022**

Subject Area(s)  
ADMINISTRATION  
PROGRAM SERVICES

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

**Date Complaint Received: 02/01/2022**

**Date Investigation Completed: 04/26/2022**

Subject Area(s)  
ADMINISTRATION  
PROGRAM SERVICES

<u>Result</u>	<u>SOD #</u>
SUBSTANTIATED	861K12
SUBSTANTIATED	861K12

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## Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** CARETTA SENIOR LIVING EAU CLAIRE CBRF (0020231)

**Address:** 4650 KEYSTONE CROSSING, EAU CLAIRE, WI 54701

**License Status:** PROBATIONARY

**Licensed/Certified/Registered** 06/26/2024 12:00:00AM

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

### Survey History

**Survey ID:** 0146797      **End Date:** 06/25/2024      **Type:** INITIAL      **Purpose:** SURVEY

**Results:** PROBATIONARY LICENSE ISSUED

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## Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** Dove Healthcare Orchard Hills Assisted Living (0020064)

**Address:** 1403 Truax Blvd, Eau Claire, WI 54703

**License Status:** PROBATIONARY

**Licensed/Certified/Registered** 11/21/2024 12:00:00AM

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

### Survey History

**Survey ID:** 0148180    **End Date:** 11/27/2024    **Type:** INITIAL    **Purpose:** SURVEY

**Results:** PROBATIONARY LICENSE ISSUED

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**Provider Inspection Summary**

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS AA (AMBULATORY)

**Facility Information**

**Facility Name:** FAHRMAN CENTER (510019)

**Address:** 3136 CRAIG ROAD, EAU CLAIRE, WI 54701

**License Status:** REGULAR

**Licensed/Certified/Registered** 01/01/1988 12:00:00AM

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

**Survey History**

**Survey ID:** 0147044    **End Date:** 07/18/2024    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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### Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

#### Facility Information

**Facility Name:** FAMILY TREE (510296)

**Address:** 2005 AGNES STREET, EAU CLAIRE, WI 54701

**License Status:** REGULAR

**Licensed/Certified/Registered** 12/01/1996 12:00:00AM

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

#### Survey History

**Survey ID:** 0144952    **End Date:** 11/29/2023    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0142132    **End Date:** 02/10/2023    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

#### Complaint History (FAMILY TREE--510296)

**Date Complaint Received:** 10/06/2023

**Date Investigation Completed:** 11/29/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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## Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** HEATHERWOOD CBRF (0016083)

**Address:** 4510 GATEWAY DR, EAU CLAIRE, WI 54701

**License Status:** REGULAR

**Licensed/Certified/Registered** 04/01/2017 12:00:00AM

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

### Survey History

**Survey ID:** 0147606    **End Date:** 07/24/2024    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT/VV

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #CG1Q12    Served 09/18/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(4m)(c)	COMPLETE BACKGROUND INFORMATION DISCLOSURE FORM		
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS		
83.17(1)	LICENSEE CONDUCT CAREGIVER BACKGROUND CHECK		
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE		
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE ORIENTATION, CONTINUING EDUCATION DOCUMENTED		
83.26(2)			
83.28(4)(a)	RESIDENT HEALTH SCREENING AND DOCUMENTATION		
83.35(4)	RESIDENT SATISFACTION EVALUATION		

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### Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

83.35(5)(a) INITIAL EVALUATION OF EVACUATION  
LIMITATIONS  
83.35(5)(b) ANNUAL EVALUATION OF EVACUATION  
LIMITS  
83.38(1)(k) TRANSPORTATION  
83.47(2)(d) FIRE DRILLS

---

**Survey ID: 0145423    End Date: 01/25/2024    Type: OTHER    Purpose: COMPLAINT**

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #CG1Q11    Served 01/29/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.12(2)(a)	CAREGIVER: INVESTIGATING ABUSE AND NEGLECT	7/24/24	Yes
83.26(2)	ORIENTATION, CONTINUING EDUCATION DOCUMENTED	7/24/24	No
83.35(2)	TEMPORARY SERVICE PLAN	7/24/24	Yes

---

**Survey ID: 0144638    End Date: 10/17/2023    Type: OTHER    Purpose: COMPLAINT**

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

---

**Survey ID: 0143964    End Date: 08/16/2023    Type: OTHER    Purpose: VERIFICATION VISIT**

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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### Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Survey ID: 0142853**    **End Date: 04/24/2023**    **Type: OTHER**    **Purpose: COMPLAINT/VV**

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #F5LS12    Served 04/20/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.36(1)(b)	QUALIFIED STAFF IN CHARGE, ON DUTY AND AWAKE	8/16/23	Yes

---

**Survey ID: 0140329**    **End Date: 07/22/2022**    **Type: OTHER**    **Purpose: COMPLAINT**

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #F5LS11    Served 08/01/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.36(1)(b)	QUALIFIED STAFF IN CHARGE, ON DUTY AND AWAKE	1/24/23	No

---

**Survey ID: 0139143**    **End Date: 03/31/2022**    **Type: STANDARD**    **Purpose: SURVEY**

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Enforcement History (HEATHERWOOD CBRF--0016083)

**Date:** 09/18/2024      **SOD #**CG1Q12      **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY  
FORFEITURE---83.14(2)(a)  
FORFEITURE---83.17(1)  
FORFEITURE---83.20(2)(a)-(d)  
FORFEITURE---83.26(2)  
FORFEITURE---83.38(1)(k)  
FORFEITURE---83.47(2)(d)

**Date:** 01/29/2024      **SOD #**CG1Q11      **Appealed:** No

Sanctions

ORDER TO COMPLY

**Date:** 04/20/2023      **SOD #**F5LS12      **Appealed:** No

Sanctions

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

**Date:** 08/01/2022      **SOD #**F5LS11      **Appealed:** No

Sanctions

ORDER TO COMPLY

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## Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Complaint History (HEATHERWOOD CBRF--0016083)

**Date Complaint Received: 05/14/2024**

**Date Investigation Completed: 07/24/2024**

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
ADMINISTRATION	SUBSTANTIATED	CG1Q12
PROGRAM SERVICES	NOT SUBSTANTIATED	
STAFF TRAINING AND PROFICIENCY	SUBSTANTIATED	CG1Q12

**Date Complaint Received: 04/29/2024**

**Date Investigation Completed: 07/24/2024**

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
ADMINISTRATION	SUBSTANTIATED	CG1Q12
PHYSICAL ENVIRONMENT/SAFETY	NOT SUBSTANTIATED	
STAFF TRAINING AND PROFICIENCY	SUBSTANTIATED	CG1Q12

**Date Complaint Received: 11/28/2023**

**Date Investigation Completed: 01/25/2024**

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PROGRAM SERVICES	SUBSTANTIATED	CG1Q11

**Date Complaint Received: 09/22/2023**

**Date Investigation Completed: 10/17/2023**

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

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

**Date Investigation Completed: 01/24/2023**

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
STAFF TRAINING AND PROFICIENCY	SUBSTANTIATED	F5LS12
STAFF TRAINING AND PROFICIENCY	SUBSTANTIATED	F5LS12

**Date Complaint Received: 04/28/2022**

**Date Investigation Completed: 07/22/2022**

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PROGRAM SERVICES	SUBSTANTIATED	F5LS11
STAFF TRAINING AND PROFICIENCY	SUBSTANTIATED	F5LS11

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### Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

#### Facility Information

**Facility Name:** HERITAGE COURT (0011976)

**Address:** 3515 E HAMILTON AVENUE, EAU CLAIRE, WI 54701

**License Status:** REGULAR

**Licensed/Certified/Registered** 06/01/2008 12:00:00AM

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

#### Survey History

**Survey ID:** 0144636    **End Date:** 10/17/2023    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #JSR211    Served 10/26/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.37(3)(c)	MEDICATION STORAGE: LOCKED CABINET	1/3/24	

**Survey ID:** 0142636    **End Date:** 03/31/2023    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0141824    **End Date:** 01/04/2023    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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### Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Survey ID:** 0141625    **End Date:** 11/30/2022    **Type:** ABBREVIATED    **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #2GYJ11    Served 12/16/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	3/31/23	Yes

#### Enforcement History (HERITAGE COURT--0011976)

**Date:** 12/16/2022    **SOD #**2GYJ11    **Appealed:**

Sanctions

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

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## Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Complaint History (HERITAGE COURT--0011976)

**Date Complaint Received: 08/28/2023**

**Date Investigation Completed: 10/17/2023**

Subject Area(s)  
ADMINISTRATION  
PROGRAM SERVICES

Result  
NOT SUBSTANTIATED  
SUBSTANTIATED

SOD #  
  
JSR211

**Date Complaint Received: 12/19/2022**

**Date Investigation Completed: 01/04/2023**

Subject Area(s)  
ADMINISTRATION  
PROGRAM SERVICES

Result  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 10/12/2022**

**Date Investigation Completed: 11/30/2022**

Subject Area(s)  
PROGRAM SERVICES

Result  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 08/26/2022**

**Date Investigation Completed: 11/30/2022**

Subject Area(s)  
PROGRAM SERVICES  
STAFF TRAINING AND PROFICIENCY

Result  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

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### Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS AA (AMBULATORY)

#### Facility Information

**Facility Name:** LIBERTY VIEW (510042)

**Address:** 611 MAIN ST, EAU CLAIRE, WI 54701

**License Status:** REGULAR

**Licensed/Certified/Registered** 01/01/1985 12:00:00AM

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

#### Survey History

**Survey ID:** 0148162    **End Date:** 10/11/2024    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #DYM214    Served 11/26/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.44(2)(c)	INTERIOR FLOORS, WALLS AND CEILINGS		

**Survey ID:** 0146243    **End Date:** 04/10/2024    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #DYM213    Served 04/25/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.44(2)(c)	INTERIOR FLOORS, WALLS AND CEILINGS	10/11/24	No

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### Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS AA (AMBULATORY)

**Survey ID: 0144305    End Date: 08/15/2023    Type: OTHER    Purpose: VERIFICATION VISIT**

**Results: ENFORCEMENT ACTION**

**Statement of Deficiency: #DYM212    Served 09/25/2023**

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.44(2)(c)	INTERIOR FLOORS, WALLS AND CEILINGS	4/10/24	No

**Survey ID: 0142748    End Date: 04/04/2023    Type: ABBREVIATED    Purpose: SURVEY/SELF REPORT**

**Results: ENFORCEMENT ACTION**

**Statement of Deficiency: #DYM211    Served 04/11/2023**

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN	8/15/23	Yes
83.37(1)(i)	PRN PSYCHOTROPIC MEDICATION	8/15/23	Yes
83.44(2)(c)	INTERIOR FLOORS, WALLS AND CEILINGS	8/15/23	No
83.47(3)	FIRE INSPECTION	8/15/23	Yes

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### Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS AA (AMBULATORY)

#### Enforcement History (LIBERTY VIEW--510042)

**Date:** 11/26/2024      **SOD #DYM214**      **Appealed:**      **Decision:** PENDING

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY  
FORFEITURE---83.44(2)(c)

**Date:** 04/25/2024      **SOD #DYM213**      **Appealed:** No

Sanctions

ORDER TO COMPLY  
FORFEITURE---83.44(2)(c)

**Date:** 09/21/2023      **SOD #DYM212**      **Appealed:**

Sanctions

ORDER TO COMPLY  
FORFEITURE---83.44(2)(c)

**Date:** 04/11/2023      **SOD #DYM211**      **Appealed:** No

Sanctions

ORDER TO COMPLY

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### Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS AA (AMBULATORY)

#### Facility Information

**Facility Name:** MARSTON GROUP HOME (0008905)

**Address:** 403 MARSTON STREET, EAU CLAIRE, WI 54701

**License Status:** REGULAR

**Licensed/Certified/Registered** 03/01/2001 12:00:00AM

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

#### Survey History

**Survey ID:** 0142364    **End Date:** 03/02/2023    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0141293    **End Date:** 08/10/2022    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #RZIZ12    Served 11/08/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.37(1)(e)	MEDICATION REGIMEN, ADMINISTRATION REVIEW	3/2/23	Yes
83.45(3)	TOXIC SUBSTANCES	3/2/23	Yes

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**Provider Inspection Summary**

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS AA (AMBULATORY)

**Survey ID: 0139161    End Date: 03/21/2022    Type: STANDARD    Purpose: SURVEY**

**Results: ENFORCEMENT ACTION**

**Statement of Deficiency: #RZIZ11    Served 04/05/2022**

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(2)	TEMPORARY SERVICE PLAN	8/10/22	Yes
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN	8/10/22	Yes
83.37(1)(e)	MEDICATION REGIMEN, ADMINISTRATION REVIEW	8/10/22	No
83.45(3)	TOXIC SUBSTANCES	8/10/22	No

**Enforcement History (MARSTON GROUP HOME--0008905)**

**Date: 11/08/2022    SOD #RZIZ12    Appealed:**

Sanctions

ORDER TO COMPLY  
 FORFEITURE---83.37(1)(e)  
 FORFEITURE---83.45(3)

**Date: 04/05/2022    SOD #RZIZ11    Appealed: No**

Sanctions

ORDER TO COMPLY

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## Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS AA (AMBULATORY)

### Facility Information

**Facility Name:** MCCORMICK FAMILY CIRCLE (0010592)

**Address:** 1018 GRAHAM AVE, EAU CLAIRE, WI 54701

**License Status:** REGULAR

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

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

### Survey History

**Survey ID:** 0144997    **End Date:** 12/05/2023    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0143572    **End Date:** 06/29/2023    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #PS5311    Served 07/05/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.37(1)(e)	MEDICATION REGIMEN, ADMINISTRATION REVIEW	12/5/23	Yes
83.39(5)	PETS VACCINATED	12/5/23	Yes
83.47(3)	FIRE INSPECTION	12/5/23	Yes

### Enforcement History (MCCORMICK FAMILY CIRCLE--0010592)

**Date:** 07/05/2023    **SOD #**PS5311    **Appealed:** No

Sanctions

ORDER TO COMPLY

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### Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

#### Facility Information

**Facility Name:** MILESTONE SENIOR LIVING RENEE (0017057)

**Address:** 5510 RENEE DR, EAU CLAIRE, WI 54703

**License Status:** REGULAR

**Licensed/Certified/Registered** 05/18/2018 12:00:00AM

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

#### Survey History

**Survey ID:** 0148190    **End Date:** 09/19/2024    **Type:** OTHER    **Purpose:** COMPLAINT/VV

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #TLWS13    Served 12/02/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	1/29/25	Yes
83.41(3)(b)	FOOD SAFETY	1/29/25	Yes

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## Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0146094 End Date: 03/26/2024 Type: OTHER Purpose: COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #TLWS12 Served 04/10/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.19	ORIENTATION	9/19/24	Yes
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	9/19/24	Yes
83.35(3)(c)	IMPLEMENT, FOLLOW THE INDIVIDUAL SERVICE PLAN	9/19/24	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	9/19/24	No
83.36(1)(a)	ADEQUATE STAFF TO MEET RESIDENT NEEDS	9/19/24	Yes

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**Provider Inspection Summary**

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Survey ID: 0144757    End Date: 09/05/2023    Type: STANDARD    Purpose: SURVEY/COMPLAINT**

**Results: ENFORCEMENT ACTION**

**Statement of Deficiency: #TLWS11    Served 11/08/2023**

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(bm)	OUT OF STATE BACKGROUND CHECKS	3/26/24	Yes
50.07	PROHIBITED ACTS	3/26/24	Yes
83.13(2)(d)	DATED MENUS RETAINED FOR 60 DAYS	3/26/24	Yes
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS	3/26/24	Yes
83.17(1)	LICENSEE CONDUCT CAREGIVER BACKGROUND CHECK	3/26/24	Yes
83.19	ORIENTATION	3/26/24	No
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	3/26/24	No
83.21(1)-(3)	ALL EMPLOYEE TRAINING	3/26/24	Yes
83.28(4)(a)	RESIDENT HEALTH SCREENING AND DOCUMENTATION	3/26/24	Yes
83.35(3)(c)	IMPLEMENT, FOLLOW THE INDIVIDUAL SERVICE PLAN	3/26/24	No
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	3/26/24	No
83.35(4)	RESIDENT SATISFACTION EVALUATION	3/26/24	Yes
83.36(1)(a)	ADEQUATE STAFF TO MEET RESIDENT NEEDS	3/26/24	No
83.36(2)	MAINTAIN CURRENT WRITTEN STAFFING SCHEDULE	3/26/24	Yes
83.41(2)(c)	NUTRITION: MENUS	3/26/24	Yes
83.41(3)(b)	FOOD SAFETY	3/26/24	Yes
83.47(2)(d)	FIRE DRILLS	3/26/24	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	3/26/24	Yes

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## Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Enforcement History (MILESTONE SENIOR LIVING RENEE--0017057)

**Date:** 12/02/2024      **SOD #**TLWS13      **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY  
FORFEITURE---83.35(3)(d)  
FORFEITURE---83.41(3)(b)

**Date:** 04/09/2024      **SOD #**TLWS12      **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY  
FORFEITURE---83.19  
FORFEITURE---83.20(2)(a)-(d)  
FORFEITURE---83.35(3)(c)  
FORFEITURE---83.35(3)(d)  
FORFEITURE---83.36(1)(a)

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## Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Date: 11/08/2023**

**SOD #TLWS11**

**Appealed: No**

### Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

ORDER TO COMPLY

FORFEITURE---50.07

FORFEITURE---8.20(2)(a)-(d)

FORFEITURE---83.14(2)(a)

FORFEITURE---83.17(1)

FORFEITURE---83.19

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

FORFEITURE---83.35(3)(c)

FORFEITURE---83.35(3)(d)

FORFEITURE---83.36(1)(a)

FORFEITURE---83.36(2)

FORFEITURE---83.41(3)(b)

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## Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Complaint History (MILESTONE SENIOR LIVING RENEE--0017057)

**Date Complaint Received: 09/04/2024**

**Date Investigation Completed: 09/19/2024**

Subject Area(s)  
PROGRAM SERVICES

Result  
NOT SUBSTANTIATED

SOD #

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

**Date Investigation Completed: 09/19/2024**

Subject Area(s)  
PROGRAM SERVICES

Result  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 03/11/2024**

**Date Investigation Completed: 03/26/2024**

Subject Area(s)  
RESIDENT RIGHTS

Result  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 01/29/2024**

**Date Investigation Completed: 03/26/2024**

Subject Area(s)  
PROGRAM SERVICES  
STAFF TRAINING AND PROFICIENCY

Result  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 12/26/2023**

**Date Investigation Completed: 03/26/2024**

Subject Area(s)  
STAFF TRAINING AND PROFICIENCY

Result  
SUBSTANTIATED

SOD #  
TLWS12

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

**Date Investigation Completed: 09/05/2023**

Subject Area(s)  
RESIDENT RIGHTS

Result  
NOT SUBSTANTIATED

SOD #

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## Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Date Complaint Received: 07/19/2023**

**Date Investigation Completed: 09/05/2023**

Subject Area(s)  
ADMINISTRATION  
PROGRAM SERVICES

<u>Result</u>	<u>SOD #</u>
NOT SUBSTANTIATED	
SUBSTANTIATED	TLWS11

**Date Complaint Received: 07/06/2023**

**Date Investigation Completed: 09/05/2023**

Subject Area(s)  
PROGRAM SERVICES

<u>Result</u>	<u>SOD #</u>
SUBSTANTIATED	TLWS11

**Date Complaint Received: 06/19/2023**

**Date Investigation Completed: 09/05/2023**

Subject Area(s)  
PROGRAM SERVICES

<u>Result</u>	<u>SOD #</u>
SUBSTANTIATED	TLWS11

**Date Complaint Received: 06/07/2023**

**Date Investigation Completed: 09/05/2023**

Subject Area(s)  
ADMINISTRATION  
PHYSICAL ENVIRONMENT/SAFETY  
PROGRAM SERVICES

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

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### Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

#### Facility Information

**Facility Name:** OUR HOUSE EAU CLAIRE MEMORY CARE (0013430)

**Address:** 733 W HAMILTON AVE, EAU CLAIRE, WI 54701

**License Status:** REGULAR

**Licensed/Certified/Registered** 08/15/2011 12:00:00AM

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

#### Survey History

**Survey ID:** 0148195    **End Date:** 10/03/2024    **Type:** OTHER    **Purpose:** COMPLAINT/VV

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #G47612    Served 12/02/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.55(6)(b)	BATH AND TOILET AREAS: WATER TEMPERATURE		

**Survey ID:** 0145811    **End Date:** 02/21/2024    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #G47611    Served 03/06/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.28(4)(a)	RESIDENT HEALTH SCREENING AND DOCUMENTATION	10/3/24	Yes
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN	10/3/24	Yes
83.46(1)(f)	COMBUSTIBLES	10/3/24	Yes

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### Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

83.55(6)(b) BATH AND TOILET AREAS: WATER TEMPERATURE 10/3/24 No

#### Enforcement History (OUR HOUSE EAU CLAIRE MEMORY CARE--0013430)

**Date:** 12/02/2024 **SOD #**G47612 **Appealed:** **Decision:** PENDING

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY  
FORFEITURE---83.55(6)(b)

**Date:** 03/06/2024 **SOD #**G47611 **Appealed:** No

Sanctions

ORDER TO COMPLY

#### Complaint History (OUR HOUSE EAU CLAIRE MEMORY CARE--0013430)

**Date Complaint Received:** 05/30/2024 **Date Investigation Completed:** 10/03/2024

Subject Area(s) Result SOD #  
RESIDENT RIGHTS NOT SUBSTANTIATED

**Date Complaint Received:** 01/31/2024 **Date Investigation Completed:** 02/21/2024

Subject Area(s) Result SOD #  
RESIDENT RIGHTS NOT SUBSTANTIATED

**Date Complaint Received:** 12/28/2023 **Date Investigation Completed:** 02/21/2024

Subject Area(s) Result SOD #  
RESIDENT RIGHTS NOT SUBSTANTIATED

**Date Complaint Received:** 07/19/2023 **Date Investigation Completed:** 02/21/2024

Subject Area(s) Result SOD #  
PROGRAM SERVICES SUBSTANTIATED G47611

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### Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS AA (AMBULATORY)

#### Facility Information

**Facility Name:** PRAIRIE VIEW (510043)

**Address:** 6808 W CAMERON ST, EAU CLAIRE, WI 54703

**License Status:** REGULAR

**Licensed/Certified/Registered** 05/27/1983 12:00:00AM

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

#### Survey History

**Survey ID:** 0145775    **End Date:** 01/23/2024    **Type:** OTHER    **Purpose:** SELF REPORT/VV

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #40I412    Served 02/29/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE		
83.45(1)(a)	EXTERIOR AREAS		

**Survey ID:** 0144067    **End Date:** 08/29/2023    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #40I411    Served 08/30/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.41(3)(b)	FOOD SAFETY	1/23/24	Yes
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	1/23/24	No
83.45(1)(a)	EXTERIOR AREAS	1/23/24	No

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### Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS AA (AMBULATORY)

#### Enforcement History (PRAIRIE VIEW--510043)

**Date:** 02/29/2024      **SOD #**4OI412      **Appealed:** No

Sanctions

ORDER TO COMPLY  
FORFEITURE---83.43(1)  
FORFEITURE---83.45(1)(a)

**Date:** 08/30/2023      **SOD #**4OI411      **Appealed:** No

Sanctions

ORDER TO COMPLY

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### Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

#### Facility Information

**Facility Name:** ROSE VIEW (510209)

**Address:** 2710 NORTH TOWN HALL ROAD, EAU CLAIRE, WI 54703

**License Status:** REGULAR

**Licensed/Certified/Registered** 10/14/1992 12:00:00AM

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

#### Survey History

**Survey ID:** 0141836    **End Date:** 01/11/2023    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0141177    **End Date:** 07/27/2022    **Type:** OTHER    **Purpose:** SELF REPORT/VV

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #9KUL12    Served 10/28/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	1/11/23	Yes

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### Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

#### Enforcement History (ROSE VIEW--510209)

**Date:** 10/28/2022      **SOD #**9KUL12      **Appealed:** No

Sanctions  
ORDER TO COMPLY

**Date:** 03/31/2022      **SOD #**9KUL11      **Appealed:**

Sanctions  
ORDER TO COMPLY  
FORFEITURE---83.55(6)(b)

#### Complaint History (ROSE VIEW--510209)

**Date Complaint Received:** 12/02/2024      **Date Investigation Completed:** 02/04/2025

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PHYSICAL ENVIRONMENT/SAFETY	SUBSTANTIATED	L5FL11

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## Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS AA (AMBULATORY)

### Facility Information

**Facility Name:** TIMBER VIEW (510256)

**Address:** S8560 BALSAM ROAD, EAU CLAIRE, WI 54701

**License Status:** REGULAR

**Licensed/Certified/Registered** 12/13/1994 12:00:00AM

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

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## Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS AA (AMBULATORY)

### Facility Information

**Facility Name:** VALLEY VIEW (510064)

**Address:** 2720 NORTH TOWNHALL RD, EAU CLAIRE, WI 54703

**License Status:** REGULAR

**Licensed/Certified/Registered** 07/31/1986 12:00:00AM

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

### Survey History

**Survey ID:** 0147605    **End Date:** 09/11/2024    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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