

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 is a PDF (Adobe Acrobat) document and includes a total of 13.00 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 CNA (NONAMBULATORY)

Facility Information

Facility Name: CARE PARTNERS ASSISTED LIVING ALTOONA I (0016157)

Address: 887 BRIAR LANE, ALTOONA, WI 54720

License Status: REGULAR

Licensed/Certified/Registered 06/20/2016 12:00:00AM

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

Survey History

Survey ID: 0145049 **End Date:** 12/12/2023 **Type:** STANDARD **Purpose:** SURVEY/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (CARE PARTNERS ASSISTED LIVING ALTOONA I--0016157)

Date: 02/16/2022 **SOD #**QBSA11 **Appealed:**

Sanctions

ORDER TO COMPLY

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)

Facility Information

Facility Name: CARE PARTNERS ASSISTED LIVING ALTOONA II (0016158)

Address: 893 BRIAR LANE, ALTOONA, WI 54720

License Status: REGULAR

Licensed/Certified/Registered 06/20/2016 12:00:00AM

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

Survey History

Survey ID: 0148389 **End Date:** 12/18/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0145050 **End Date:** 12/12/2023 **Type:** STANDARD **Purpose:** SURVEY/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139847 **End Date:** 03/31/2022 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #R5P512 Served 06/16/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
50.09(1)(e)	TREATMENT	12/12/23	Yes
83.12(2)(a)	CAREGIVER: INVESTIGATING ABUSE AND NEGLECT	12/12/23	Yes
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN	12/12/23	Yes
83.39(3)	HAND WASHING	12/12/23	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 ALTOONA II--0016158)

Date: 06/14/2022 **SOD #**R5P512 **Appealed:**

Sanctions

ORDER TO COMPLY

FORFEITURE---83.35(3)(a)

FORFEITURE---83.39(3)

Complaint History (CARE PARTNERS ASSISTED LIVING ALTOONA II--0016158)

Date Complaint Received: 09/28/2024

Date Investigation Completed: 12/18/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 02/18/2022

Date Investigation Completed: 03/31/2022

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES

NOT SUBSTANTIATED
SUBSTANTIATED

R5P512

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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: CLASSIC AT HILLCREST GREENS MEMORY CARE (THE) (0015613)

Address: 2455 SAWGRASS PLACE, ALTOONA, WI 54720

License Status: REGULAR

Licensed/Certified/Registered 07/01/2015 12:00:00AM

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

Survey History

Survey ID: 0144999 **End Date:** 12/05/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0144542 **End Date:** 10/12/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (CLASSIC AT HILLCREST GREENS MEMORY CARE (THE)--0015613)

Date Complaint Received: 10/13/2023

Date Investigation Completed: 12/05/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 08/09/2023

Date Investigation Completed: 10/12/2023

Subject Area(s)

Result

SOD #

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: GRACE EDGEWOOD (510138)

Address: 2512 SPOONER AVE, ALTOONA, WI 54720

License Status: REGULAR

Licensed/Certified/Registered 08/14/1986 12:00:00AM

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

Survey History

Survey ID: 0147253 **End Date:** 07/29/2024 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #UM6G11 Served 08/07/2024

Deficiencies Cited

83.17(2)(a)

Subject Area

EMPLOYEES SCREENED FOR COMMUNICABLE
DISEASE

Compliance

Verified

9/21/24

Corrected

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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: MORNING VIEW II (510164)

Address: 440 SUNDAY DRIVE, ALTOONA, WI 54720

License Status: REGULAR

Licensed/Certified/Registered 06/09/1989 12:00:00AM

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

Survey History

No survey activity during the period 1/21/22 to 1/20/25

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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: Prairie Pointe Assisted Living and Memory Care (0018831)

Address: 286 N Willson Dr, Altoona, WI 54720

License Status: REGULAR

Licensed/Certified/Registered 12/03/2022 12:00:00AM

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

Survey History

Survey ID: 0146817 **End Date:** 05/16/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #ROHN11 Served 06/28/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.19	ORIENTATION		
83.32(3)(i)	RIGHTS OF RESIDENTS: PROMPT AND ADEQUATE TREATMENT		
83.37(1)(k)	MEDICATION ERROR OR ADVERSE REACTION		

Survey ID: 0145371 **End Date:** 11/30/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #L9PS11 Served 01/24/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.36(1)(a)	ADEQUATE STAFF TO MEET RESIDENT NEEDS		
83.39(1)	INFECTION CONTROL PROGRAM		

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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: 0143350 **End Date:** 06/13/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141485 **End Date:** 12/02/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

Enforcement History (Prairie Pointe Assisted Living and Memory Care--0018831)

Date: 06/28/2024 **SOD #**ROHN11 **Appealed:** No

Sanctions

ORDER TO COMPLY
FORFEITURE---83.19
FORFEITURE---83.32(3)(i)
FORFEITURE---83.37(1)(k)

Date: 01/24/2024 **SOD #**L9PS11 **Appealed:** Yes **Decision:** PENDING

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
ORDER TO COMPLY
FORFEITURE---83.36(1)(a)
FORFEITURE---83.39(1)

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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 (Prairie Pointe Assisted Living and Memory Care--0018831)

Date Complaint Received: 04/01/2024

Date Investigation Completed: 05/16/2024

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 02/05/2024

Date Investigation Completed: 05/16/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 01/19/2024

Date Investigation Completed: 05/16/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

ROHN11

Date Complaint Received: 01/11/2024

Date Investigation Completed: 05/16/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

ROHN11

Date Complaint Received: 01/04/2024

Date Investigation Completed: 05/16/2024

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 09/07/2023

Date Investigation Completed: 11/30/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

L9PS11

Date Complaint Received: 03/20/2023

Date Investigation Completed: 06/13/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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: SILVERLEAF OF AUGUSTA (0015922)

Address: 909 BRIDGE CREEK LN, AUGUSTA, WI 54722

License Status: REGULAR

Licensed/Certified/Registered 03/01/2017 12:00:00AM

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

Survey History

Survey ID: 0139533 **End Date:** 05/11/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (SILVERLEAF OF AUGUSTA--0015922)

Date: 01/26/2022 **SOD #**0LDU11 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.25

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

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: OAK VIEW II (510040)

Address: S10580 CO HWY B PO BOX 115, ELEVA, WI 54738

License Status: REGULAR

Licensed/Certified/Registered 11/08/1984 12:00:00AM

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

Survey History

Survey ID: 0139945 **End Date:** 06/20/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0138993 **End Date:** 03/04/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #IYY811 Served 03/17/2022

<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	6/20/22	Yes
83.36(1)(b)	QUALIFIED STAFF IN CHARGE, ON DUTY AND AWAKE	6/20/22	Yes
83.37(3)(c)	MEDICATION STORAGE: LOCKED CABINET	6/20/22	Yes
83.38(1)(c)	LEISURE TIME ACTIVITIES	6/20/22	Yes
83.41(3)(b)	FOOD SAFETY	6/20/22	Yes
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	6/20/22	Yes
83.47(3)	FIRE INSPECTION	6/20/22	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 (OAK VIEW II--510040)

Date: 03/17/2022 **SOD #IYY811** **Appealed:** No

Sanctions

ORDER TO COMPLY

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