Provider Inspection Summary For the period 01/21/2022 to 01/20/2025

Eau Claire

<u>Notes</u>

This report includes Provider Inspection Summaries (Facility Profiles) for Residential Care Apartment Complexes 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.

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

Residential Care Apartment Complex (CERTIFIED)

Bureau of Assisted Living P.O. Box 7940 Madison WI 53707-7940

Facility Information

Facility Name: CLASSIC AT HILLCREST GREENS SENIOR LIVING (THE) (0015612)

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: 0142747	End Date: 04/05/2023	Type: OTHER	Purpose: COMPLAINT		
Results: STATEMENT C	OF DEFICIENCY ISSUE	D			
Statement of Deficiency:	#9XT111 Served 04	/11/2023			
	Deficiencies Cited 89.27(2)(b)2	<u>Subject Area</u> SERVICE AGREEMENT		<u>Compliance</u> <u>Verified</u> 5/26/23	Corrected
Complaint History (CLASSIC AT HILLCREST GREENS SENIOR LIVING (THE)0015612)					
Date Complaint Received: 01/12/2023Date Investigation Completed: 04/05/2023					
Subject Area(s)		Result	<u>SOD #</u>		

ADMINISTRATION

SUBSTANTIATED 9XT111

This is Page 2 of 13 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Residential Care Apartment Complex (REGISTERED)

Bureau of Assisted Living P.O. Box 7940 Madison WI 53707-7940

Facility Information

Facility Name: OAK GARDENS PLACE (0014670)

Address: 342 TWIN OAK DR, ALTOONA, WI 54720

License Status: REGULAR

Licensed/Certified/Registered 07/11/2013 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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For the period 01/21/2022 to 01/20/2025

Residential Care Apartment Complex (REGISTERED)

Bureau of Assisted Living P.O. Box 7940 Madison WI 53707-7940

Facility Information

Facility Name: CARETTA SENIOR LIVING EAU CLAIRE RCAC (0020232)

Address: 4650 KEYSTONE CROSSING, EAU CLAIRE, WI 54701

License Status: REGULAR

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

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

 Survey ID: 0146796
 End Date: 06/25/2024
 Type: INITIAL
 Purpose: SURVEY

 Results:
 LICENSE/CERT/REGISTRATION ISSUED

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

Residential Care Apartment Complex (CERTIFIED)

Bureau of Assisted Living P.O. Box 7940 Madison WI 53707-7940

Facility Information

Facility Name: GRACE WILLOWBROOK (0012799)

Address: 4868 OTTESON LANE, EAU CLAIRE, WI 54701

License Status: REGULAR

Licensed/Certified/Registered 06/01/2009 12:00:00AM

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

 Survey History

 Survey ID: 0147252
 End Date: 07/29/2024
 Type: ABBREVIATED
 Purpose: SURVEY

 Results: NO STATEMENT OF DEFICIENCY ISSUED
 End Date: 07/29/2024
 End Date: 07/29/2024
 End Date: 07/29/2024

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

Residential Care Apartment Complex (CERTIFIED)

Bureau of Assisted Living P.O. Box 7940 Madison WI 53707-7940

Facility Information

Facility Name: HEATHERWOOD (0016084)

Address: 4510 GATEWAY DR, EAU CLAIRE, WI 54701

License Status: REGULAR

Licensed/Certified/Registered 04/11/2016 12:00:00AM

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

Survey History					
Survey ID: 0147599	End Date: 07/24/2024	Type: STANDARD	Purpose: SURVEY/COMPLAINT/VV		
Results: ENFORCEMEN	NT ACTION				
Statement of Deficiency: #5X1P13 Served 09/18/2024 Compliance					
	Deficiencies Cited 89.23(4)(a)1 89.23(4)(a)2 89.23(4)(c) 89.23(4)(d)1 89.28(1) 89.34(16)	Subject Area SERVICES SERVICES SERVICES SERVICES RISK AGREEMENT TENANT RIGHTS	Verified	Corrected	

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STATE OF WISCONSIN Bureau of Assisted Living

Madison WI 53707-7940

P.O. Box 7940

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

Residential Care Apartment Complex (CERTIFIED)

Type: OTHER Purpose: COMPLAINT/VV Survey ID: 0145808 End Date: 01/25/2024 **Results:** ENFORCEMENT ACTION Statement of Deficiency: #5X1P12 Served 03/06/2024 Compliance Verified **Deficiencies** Cited Subject Area Corrected 89.27(4) SERVICE AGREEMENT 7/24/24 Yes 89.28(2)(a)1 RISK AGREEMENT 7/24/24 Yes No 89.34(16) **TENANT RIGHTS** 7/24/24 Survey ID: 0144633 End Date: 10/17/2023 **Type: OTHER Purpose: COMPLAINT Results:** ENFORCEMENT ACTION Statement of Deficiency: #5X1P11 Served 10/26/2023 Compliance Verified **Deficiencies** Cited Subject Area Corrected 89.34(16) TENANT RIGHTS 1/25/24 No **Purpose: COMPLAINT** Survey ID: 0141974 End Date: 01/20/2023 **Type: OTHER Results:** STATEMENT OF DEFICIENCY ISSUED Statement of Deficiency: #71BS11 Served 01/30/2023 Compliance Verified **Deficiencies** Cited Subject Area Corrected 89.23(2)(a)2.c SERVICES 3/16/23 Survey ID: 0140330 End Date: 07/20/2022 **Type: ABBREVIATED Purpose: SURVEY/COMPLAINT Results:** NO STATEMENT OF DEFICIENCY ISSUED End Date: 03/31/2022 **Type: OTHER Purpose: COMPLAINT** Survey ID: 0139156 **Results:** NO STATEMENT OF DEFICIENCY ISSUED

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STATE OF WISCONSIN

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

Residential Care Apartment Complex (CERTIFIED)

Bureau of Assisted Living P.O. Box 7940 Madison WI 53707-7940

Enforcement History (HEATHERWOOD0016084)					
Date: 09/17/2024	SOD #5X1P13	Appealed: No			
Sanctions					
COMPLY WITH DEPAR ORDER TO COMPLY FORFEITURE89.23(4 FORFEITURE89.23(4 FORFEITURE89.34(1)(a)1)(d)1	RECTION			
Date: 03/06/2024	SOD #5X1P12	Appealed: No			
Sanctions					
ORDER TO COMPLY FORFEITURE89.34(1	6)				
Date: 10/26/2023	SOD #5X1P11	Appealed: No			
Sanctions ORDER TO COMPLY					

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

Residential Care Apartment Complex (CERTIFIED)

Bureau of Assisted Living P.O. Box 7940 Madison WI 53707-7940

	Complaint History (HEAT	HERWOOD0016084)			
Date Complaint Received: 05/28/2024	Date Complaint Received:05/28/2024Date Investigation Completed:07/24/2024				
Subject Area(s)	Result	<u>SOD #</u>			
ADMINISTRATION	NOT SUBSTANTIATED				
PHYSICAL ENVIRONMENT/SAFETY	NOT SUBSTANTIATED				
PROGRAM SERVICES	NOT SUBSTANTIATED				
Date Complaint Received: 05/14/2024	Date Investigation Completed: 07/24/2024				
Subject Area(s)	Result	<u>SOD #</u>			
ADMINISTRATION	NOT SUBSTANTIATED				
PROGRAM SERVICES	NOT SUBSTANTIATED				
STAFF TRAINING AND PROFICIENCY	SUBSTANTIATED	5X1P13			
Date Complaint Received: 04/29/2024	: 04/29/2024 Date Investigation Completed: 07/24/2024				
Subject Area(s)	Result	<u>SOD #</u>			
ADMINISTRATION	SUBSTANTIATED	5X1P13			
PHYSICAL ENVIRONMENT/SAFETY	NOT SUBSTANTIATED				
STAFF TRAINING AND PROFICIENCY	SUBSTANTIATED	5X1P13			
Date Complaint Received: 11/28/2023	Date Investigation Completed: 0	1/25/2024			
Subject Area(s)	Result	<u>SOD #</u>			
PROGRAM SERVICES	SUBSTANTIATED	5X1P12			
Date Complaint Received: 10/26/2023	Date Investigation Completed: 0	1/25/2024			
Subject Area(s)	<u>Result</u>	SOD #			
RESIDENT RIGHTS	NOT SUBSTANTIATED				
Date Complaint Received: 09/26/2023	Date Investigation Completed: 10/17/2023				
Subject Area(s)	Result	<u>SOD #</u>			
		5X1P11			

DEPARTMENT OF HEALTH SERVICES
Division of Quality Assurance
Printed 02/19/2025

STATE OF WISCONSIN

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

Residential Care Apartment Complex (CERTIFIED)

Bureau of Assisted Living P.O. Box 7940 Madison WI 53707-7940

Date Complaint Received: 10/17/2022	Date Investigation Completed: 01	Date Investigation Completed: 01/20/2023		
<u>Subject Area(s)</u> STAFF TRAINING AND PROFICIENCY PROGRAM SERVICES	<u>Result</u> SUBSTANTIATED NOT SUBSTANTIATED	<u>SOD #</u> 71BS11		
Date Complaint Received: 04/28/2022	Date Investigation Completed: 07	/20/2022		

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

Residential Care Apartment Complex (CERTIFIED)

Bureau of Assisted Living P.O. Box 7940 Madison WI 53707-7940

Facility Information

Facility Name: HERITAGE OAKWOOD HILLS (0012506)

Address: 3706 DAMON ST, EAU CLAIRE, WI 54701

License Status: REGULAR

Licensed/Certified/Registered 09/01/2008 12:00:00AM

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

Survey History

Survey ID: 0141822 End Date: 01/04/2023 Type: OTHER Purpose: COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141705 End Date: 12/15/2022 Type: ABBREVIATED Purpose: SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (HERITAGE OAKWOOD HILLS0012506)				
Date Complaint Received: 12/19/2022	Date Investigation Completed: 01/04/2023			
<u>Subject Area(s)</u> ADMINISTRATION RESIDENT RIGHTS	<u>Result</u> NOT SUBSTANTIATED NOT SUBSTANTIATED	SOD #		
Date Complaint Received: 09/27/2022	Date Investigation Completed: 12/15/2022			
<u>Subject Area(s)</u> PROGRAM SERVICES	<u>Result</u> NOT SUBSTANTIATED	<u>SOD #</u>		

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

Residential Care Apartment Complex (CERTIFIED)

Bureau of Assisted Living P.O. Box 7940 Madison WI 53707-7940

Facility Information

Facility Name: MILESTONE SENIOR LIVING RENEE (0017050)

Address: 5512 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: 0146096	End Date: 03/26/2024	Type: OTHER	Purpose: COMPLAINT/VV	

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0144751 End Date: 09/05/2023 Type: ABBREVIATED Purpose: SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #1LZ611 Served 11/07/2023

		<u>Compliance</u>	
Deficiencies Cited	Subject Area	Verified	Corrected
50.065(2)(bm)	OUT OF STATE BACKGROUND CHECKS	3/26/24	Yes
89.23(3)(f)	SERVICES	3/26/24	Yes
89.23(4)(c)	SERVICES	3/26/24	Yes
89.23(4)(d)2.c	SERVICES	3/26/24	Yes
89.23(6)	SERVICES	3/26/24	Yes
89.25(1)(c)	SCHEDULE OF FEES FOR SERVICES.	3/26/24	Yes
89.55(1)	MONITORING	3/26/24	Yes

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STATE OF WISCONSIN

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

Residential Care Apartment Complex (CERTIFIED)

Bureau of Assisted Living P.O. Box 7940 Madison WI 53707-7940

Enforcement History (MILESTONE SENIOR LIVING RENEE0017050)							
Date: 11/07/2023	SOD #1LZ611	Appealed:					
COMPLY WITH REQ ORDER TO COMPLY FORFEITURE89.22 FORFEITURE89.22							
		Complaint History (MILESTONE SE	NIOR LIVING RENEE0017050)				
Date Complaint Rece	ived: 12/26/2023	Date Investigation Completed: (3/26/2024				
<u>Subject Area(s)</u> PROGRAM SERVICE STAFF TRAINING A		<u>Result</u> NOT SUBSTANTIATED NOT SUBSTANTIATED	<u>SOD #</u>				
Date Complaint Rece	ived: 06/30/2023	Date Investigation Completed: (9/05/2023				
<u>Subject Area(s)</u> ADMINISTRATION		<u>Result</u> SUBSTANTIATED	<u>SOD #</u> 1LZ611				
Date Complaint Rece	Date Complaint Received: 06/07/2023 Date Investigation Completed: 09/05/2023						
<u>Subject Area(s)</u> ADMINISTRATION PHYSICAL ENVIRO PROGRAM SERVICE		<u>Result</u> SUBSTANTIATED SUBSTANTIATED NOT SUBSTANTIATED	<u>SOD #</u> 1LZ611 1LZ611				

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