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

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

<u>Notes</u>

This report includes Provider Inspection Summaries (Facility Profiles) for Assisted Living Facilities in Forest County. The report is a PDF (Adobe Acrobat) document and includes a total of 9.00 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 01/30/2022 to 01/29/2025 Adult Day Care Center Bureau of Assisted Living P.O. Box 7940 Madison WI 53707-7940

Facility Information

Facility Name: Alicia's Place (0020610)

Address: 605 S. Forest Ave., Crandon, WI 54520

License Status: REGULAR

Licensed/Certified/Registered 06/21/2024 12:00:00AM

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

Survey History

No survey activity during the period 1/30/22 to 1/29/25

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

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

Facility Information

Facility Name: MAPLEWOOD VILLA LLC CBRF (0014330)

Address: 9343 STATE HWY 101, ARMSTRONG CREEK, WI 54103

License Status: REGULAR

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

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

			Survey History		
Survey ID: 0148501	End Date: 11/07/2024	4 Type: OTHER	Purpose: COMPLAINT/VV		
Results: ENFORCEMEN	T ACTION				
Statement of Deficiency:	#SCFR14 Served 0	1/14/2025			
	Deficiencies Cited 83.45(1)(e)	<u>Subject Area</u> ELECTRICAL, MECHA	NICAL, WATER SUPPLY	<u>Compliance</u> <u>Verified</u>	Corrected
Survey ID: 0146150	End Date: 04/15/202	4 Type: STANDARD	Purpose: SURVEY/COMP	PLAINT/VV	
Results: ENFORCEMEN	T ACTION				
Statement of Deficiency:	#SCFR13 Served 0	4/17/2024		Compliance_	
	Deficiencies Cited 83.17(1)	<u>Subject Area</u> LICENSEE CONDUCT BACKGROUND CHEC		<u>Verified</u> 11/7/24	Corrected Yes
Survey ID: 0145110	End Date: 12/21/202	3 Type: OTHER	Purpose: DESK REVIEW		
Results: NO STATEMEN	T OF DEFICIENCY IS	SUED			

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STATE OF WISCONSIN Bureau of Assisted Living

Madison WI 53707-7940

P.O. Box 7940

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

		Community Based Resid	ential FacilityCLASS CNA (NONAMBUL/	ATORY)		
Survey ID: 0143249	End Date: 06/01/2023	Type: OTHER	Purpose: COMPLAINT			
Results: NO STATEMEN	T OF DEFICIENCY ISS	UED				
Survey ID: 0142604	End Date: 03/14/2023	Type: OTHER	Purpose: VERIFICATION VISIT			
Results: ENFORCEMEN	T ACTION					
Statement of Deficiency:	#SCFR12 Served 03/	/30/2023				
	Deficiencies Cited 83.43(1)	<u>Subject Area</u> ENVIRONMENT SAFE, COMFORTABLE	CLEAN, AND	Compliance <u>Verified</u> 4/15/24	Corrected Yes	
Survey ID: 0141508	End Date: 11/21/2022	Type: OTHER	Purpose: COMPLAINT/SELF RE	EPORT		
Results: ENFORCEMEN	T ACTION					
Statement of Deficiency:	#SCFR11 Served 12	/06/2022		Compliance		
	Deficiencies Cited 83.38(1)(b) 83.43(1)	<u>Subject Area</u> SUPERVISION ENVIRONMENT SAFE, COMFORTABLE	CLEAN, AND	Verified 3/14/23 3/14/23	<u>Corrected</u> Yes No	

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83.38(1)(b)

Provider Inspection Summary

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

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0141026	End Date: 09/21/2022	Type: OTHER Purpose: (COMPLAINT		
Results: ENFORCEME	NT ACTION				
Statement of Deficiency:	: #82FT11 Served 10	/13/2022			
			Comp	liance	
	Deficiencies Cited	Subject Area	Ver	ified <u>Ca</u>	orrected
	83.12(4)(b)	REPORTING WHEN LAW ENFORCE	EMENT IS 3/1	4/23	Yes
		CALLED			
	83.41(2)(a)	NUTRITION: DIET	3/1	4/23	Yes
	83.43(1)	ENVIRONMENT SAFE, CLEAN, AN	D 3/1	4/23	Yes
		COMFORTABLE			
Survey ID: 0140617	End Date: 06/01/2022	Type: OTHER Purpose:	COMPLAINT/SELF REPORT/	VV	
Results: ENFORCEME	NT ACTION				
Statement of Deficiency:	#WKNO12 Served 09	/09/2022			
•			Comp	liance	
	Deficiencies Cited	Subject Area	*		orrected
	83.25	CONTINUING EDUCATION	3/1	4/23	Yes

3/14/23

Yes

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SUPERVISION

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

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

		Enforcement History (MAP	LEWOOD VILLA LLC CBRF0014330)	
Date: 01/14/2025 <u>Sanctions</u> COMPLY WITH DEPAI ORDER TO COMPLY	SOD #SCFR14	Appealed: No RECTION		
Date: 04/17/2024 Sanctions ORDER TO COMPLY	SOD #SCFR13	Appealed: No		
Date: 03/30/2023 Sanctions ORDER TO COMPLY FORFEITURE83.43(1	SOD #SCFR12	Appealed:		
Date: 12/06/2022 Sanctions ORDER TO COMPLY	SOD #SCFR11	Appealed: No		
Date: 10/13/2022 Sanctions ORDER TO COMPLY	SOD #82FT11	Appealed: No		
Date: 09/09/2022 Sanctions ORDER TO COMPLY FORFEITURE83.25 FORFEITURE83.38(1	SOD #WKNO12	Appealed:		

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DEPARTMENT OF HEALTH SERVICES Division of Quality Assurance Printed 02/28/2025

Provider Inspection Summary

STATE OF WISCONSIN

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

Community Based Residential Facility -- CLASS CNA (NONAMBULATORY)

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

Date: 03/22/2022

SOD #WKNO11

Appealed:

Sanctions ORDER TO COMPLY FORFEITURE---83.25

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

STATE OF WISCONSIN Bureau of Assisted Living

P.O. Box 7940 Madison WI 53707-7940

	Complaint History (MAPLEWOC	
Date Complaint Received: 10/10/2024	Date Investigation Completed:	01/14/2025
Subject Area(s)	<u>Result</u>	<u>SOD #</u>
PHYSICAL ENVIRONMENT/SAFETY	SUBSTANTIATED	SCFR14
RESIDENT RIGHTS	SUBSTANTIATED	SCFR14
Date Complaint Received: 03/25/2024	Date Investigation Completed:	04/15/2024
Subject Area(s)	Result	<u>SOD #</u>
RESIDENT RIGHTS	NOT SUBSTANTIATED	
Date Complaint Received: 05/17/2023	Date Investigation Completed:	06/01/2023
Subject Area(s)	Result	<u>SOD #</u>
ADMINISTRATION	NOT SUBSTANTIATED	
PROGRAM SERVICES	NOT SUBSTANTIATED	
OTHER	NOT SUBSTANTIATED	
Date Complaint Received: 09/27/2022	Date Investigation Completed:	11/21/2022
Subject Area(s)	Result	<u>SOD #</u>
PROGRAM SERVICES	SUBSTANTIATED	SCFR11
RESIDENT RIGHTS	SUBSTANTIATED	SCFR11
PROGRAM SERVICES	SUBSTANTIATED	SCFR11
Date Complaint Received: 08/24/2022	Date Investigation Completed:	09/21/2022
Subject Area(s)	Result	<u>SOD #</u>
RESIDENT RIGHTS	SUBSTANTIATED	82FT11
Date Complaint Received: 07/01/2022	Date Investigation Completed:	09/21/2022
Subject Area(s)	Result	<u>SOD #</u>
ADMINISTRATION	SUBSTANTIATED	82FT11
RESIDENT RIGHTS	SUBSTANTIATED	82FT11
This is Page 8 of 9 total pages. If printi	ng this report ensure that your printer	is set to print only the desired pages.

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DEPARTMENT OF HEALTH SERVICES Division of Quality Assurance Printed 02/28/2025

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

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

Date Complaint Received: 05/17/2022	Date Investigation Completed: 0	6/01/2022
Subject Area(s)	Result	<u>SOD #</u>
PHYSICAL ENVIRONMENT/SAFETY	NOT SUBSTANTIATED	
PROGRAM SERVICES	SUBSTANTIATED	WKNO12
PROGRAM SERVICES	SUBSTANTIATED	WKNO12
Data Communicat Descined: 02/14/2022		6/01/2022
Date Complaint Received: 02/14/2022	Date Investigation Completed: 0	0/01/2022
Subject Area(s)	Result	<u>SOD #</u>
•	с г	
Subject Area(s)	Result	
<u>Subject Area(s)</u> PHYSICAL ENVIRONMENT/SAFETY	<u>Result</u> NOT SUBSTANTIATED	
<u>Subject Area(s)</u> PHYSICAL ENVIRONMENT/SAFETY PROGRAM SERVICES	<u>Result</u> NOT SUBSTANTIATED NOT SUBSTANTIATED	

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