

## Provider Inspection Summary

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

### Notes

**This report includes Provider Inspection Summaries (Facility Profiles) for Assisted Living Facilities in Jackson County. The report is a PDF (Adobe Acrobat) document and includes a total of 28.00 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 01/30/2022 to 01/29/2025

Adult Day Care Center

### Facility Information

**Facility Name:** Camp Buckaroos (0020040)

**Address:** 1684 S. Church St., Watertown, WI 53094

**License Status:** REGULAR

**Licensed/Certified/Registered** 10/19/2023 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

***This is Page 2 of 28 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Adult Family Home

### Facility Information

**Facility Name:** CCLS INC 1005 SPRUCE (0012265)

**Address:** 1005 SPRUCE ST, BLACK RIVER FALLS, WI 54615

**License Status:** REGULAR

**Licensed/Certified/Registered** 02/01/2008 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

**This is Page 3 of 28 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Adult Family Home

### Facility Information

**Facility Name:** CCLS INC 1007 SPRUCE (0012264)

**Address:** 1007 SPRUCE ST, BLACK RIVER FALLS, WI 54615

**License Status:** REGULAR

**Licensed/Certified/Registered** 02/01/2008 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

**This is Page 4 of 28 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Adult Family Home

### Facility Information

**Facility Name:** CREATIVE COMMUNITY LIVING SERVICES 2ND STREET (0016787)

**Address:** 323 S 2ND STREET, BLACK RIVER FALLS, WI 54615

**License Status:** REGULAR

**Licensed/Certified/Registered** 07/31/2017 12:00:00AM

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

### Survey History

**Survey ID:** 0138728    **End Date:** 02/14/2022    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

### Survey History

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

**This is Page 5 of 28 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

### Provider Inspection Summary

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

Adult Family Home

#### Facility Information

**Facility Name:** CREATIVE COMMUNITY LIVING SERVICES RIVER DRIVE (0016714)

**Address:** 446 RIVER DRIVE, BLACK RIVER FALLS, WI 54619

**License Status:** REGULAR

**Licensed/Certified/Registered** 07/01/2017 12:00:00AM

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

#### Survey History

**Survey ID:** 0147848    **End Date:** 10/14/2024    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0146788    **End Date:** 06/11/2024    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT/VV

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #FWMB12 Served 06/26/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE	10/14/24	Yes
88.06(3)(d)	INDIVIDUAL SERVICE PLAN	10/14/24	Yes
88.07(2)(a)	SERVICES	10/14/24	Yes
88.10(3)(q)	MEDICATIONS	10/14/24	Yes

#### Enforcement History (CREATIVE COMMUNITY LIVING SERVICES RIVER DRIVE--0016714)

**Date:** 06/26/2024    **SOD #**FWMB12    **Appealed:** No

Sanctions

ORDER TO COMPLY

**This is Page 6 of 28 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

### Provider Inspection Summary

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

Adult Family Home

#### Complaint History (CREATIVE COMMUNITY LIVING SERVICES RIVER DRIVE--0016714)

**Date Complaint Received: 04/17/2024**

**Date Investigation Completed: 06/11/2024**

Subject Area(s)  
PROGRAM SERVICES  
RESIDENT RIGHTS

Result  
SUBSTANTIATED  
SUBSTANTIATED

SOD #  
FWMB12  
FWMB12

**This is Page 7 of 28 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Adult Family Home

### Facility Information

**Facility Name:** SAMS HOUSE (590018)

**Address:** 219 S SECOND STREET, BLACK RIVER FALLS, WI 54615

**License Status:** REGULAR

**Licensed/Certified/Registered** 03/01/1991 12:00:00AM

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

### Survey History

**Survey ID:** 0138726    **End Date:** 02/10/2022    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

### Survey History

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

**This is Page 8 of 28 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***



## Provider Inspection Summary

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

Adult Family Home

### Facility Information

**Facility Name:** HANSON HOUSE (0015943)

**Address:** N10599 CTY RD G, OSSEO, WI 54758

**License Status:** REGULAR

**Licensed/Certified/Registered** 07/11/2016 12:00:00AM

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

### Survey History

**Survey ID:** 0147998    **End Date:** 09/25/2024    **Type:** STANDARD    **Purpose:** SURVEY/VV

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #GBER12    Served 11/01/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.03(5)(e)1	SIGNIFICANT CHANGE TO THE RESIDENT		
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS		
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY		
88.05(3)(a)	HOME ENVIRONMENT		
88.05(3)(b)	FREE OF HAZARDS		
88.05(3)(d)	ANNUAL WELL WATER INSPECTIONS		
88.06(3)(d)5	SIGNED STATEMENT OF AGREEMENT		
88.06(3)(f)	REVIEW OF ISP		
88.07(3)(c)	MEDICATION ASSISTANCE		
88.07(3)(d)	MEDICATION- WRITTEN ORDER		
88.07(3)(e)1	MEDICATION- RECORD KEEPING		

**This is Page 9 of 28 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

### Provider Inspection Summary

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

Adult Family Home

**Survey ID:** 0138721    **End Date:** 02/15/2022    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #GBER11    Served 02/16/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(d)	ANNUAL WELL WATER INSPECTIONS	9/25/24	Yes
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT	9/25/24	Yes

#### Enforcement History (HANSON HOUSE--0015943)

**Date:** 09/25/2024    **SOD #**GBER12    **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY

**Date:** 02/16/2022    **SOD #**GBER11    **Appealed:** No

Sanctions

ORDER TO COMPLY

***This is Page 10 of 28 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** COUNTRY TERRACE BLACK RIVER FALLS II (0016076)

**Address:** 642 E 3RD ST, BLACK RIVER FALLS, WI 54615

**License Status:** REGULAR

**Licensed/Certified/Registered** 03/17/2016 12:00:00AM

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

### Survey History

**Survey ID:** 0148278    **End Date:** 10/10/2024    **Type:** OTHER    **Purpose:** COMPLAINT/VV

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #TUWG12 Served 12/10/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.15(3)(a)	ADMINISTRATOR SHALL SUPERVISE DAILY OPERATION		
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION		
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION		
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE		

**Survey ID:** 0146917    **End Date:** 07/11/2024    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

***This is Page 11 of 28 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

**Provider Inspection Summary**

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Survey ID: 0146326 End Date: 03/27/2024 Type: OTHER Purpose: COMPLAINT**

**Results: ENFORCEMENT ACTION**

**Statement of Deficiency: #TUWG11 Served 05/07/2024**

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(2)(a)	CAREGIVER: INVESTIGATING ABUSE AND NEGLECT	10/10/24	Yes
83.12(4)(c)	REPORTING INCIDENTS WITH SERIOUS INJURY	10/10/24	Yes
83.15(3)(a)	ADMINISTRATOR SHALL SUPERVISE DAILY OPERATION	10/10/24	No
83.18(2)	EMPLOYEE RECORDS AVAILABLE UPON REQUEST	10/10/24	Yes
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	10/10/24	Yes
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	10/10/24	No
83.37(1)(k)	MEDICATION ERROR OR ADVERSE REACTION	10/10/24	Yes
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	10/10/24	No
83.38(1)(a)	PERSONAL CARE	10/10/24	No
83.38(1)(g)	HEALTH MONITORING	10/10/24	Yes
83.39(3)	HAND WASHING	10/10/24	Yes
83.41(3)(b)	FOOD SAFETY	10/10/24	Yes
83.42(3)	ACCESS TO RESIDENT RECORDS	10/10/24	Yes
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	10/10/24	No

**Survey ID: 0144706 End Date: 10/31/2023 Type: OTHER Purpose: COMPLAINT/VV**

**Results: NO STATEMENT OF DEFICIENCY ISSUED**

***This is Page 12 of 28 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

### Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Survey ID: 0142470**    **End Date: 03/06/2023**    **Type: OTHER**    **Purpose: COMPLAINT**

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

---

**Survey ID: 0142033**    **End Date: 01/12/2023**    **Type: STANDARD**    **Purpose: SURVEY/COMPLAINT**

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #3TW711    Served 02/03/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.41(2)(c)	NUTRITION: MENUS	3/20/23	
83.47(2)(d)	FIRE DRILLS	3/20/23	
83.47(3)	FIRE INSPECTION	3/20/23	

---

**Survey ID: 0141307**    **End Date: 10/26/2022**    **Type: OTHER**    **Purpose: COMPLAINT**

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #JXG311    Served 11/09/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.44(2)(c)	INTERIOR FLOORS, WALLS AND CEILINGS	1/23/22	

---

**Survey ID: 0141814**    **End Date: 10/13/2022**    **Type: OTHER**    **Purpose: COMPLAINT**

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #S24W11    Served 01/11/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
13.05(3)(a)	ENTITY ALLEGATION REPORTING REQUIREMENTS	10/31/23	Yes
83.32(3)(i)	RIGHTS OF RESIDENTS: PROMPT AND ADEQUATE TREATMENT	10/31/23	Yes

---

***This is Page 13 of 28 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

### Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Survey ID:** 0141174    **End Date:** 07/27/2022    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #4V7911    Served 10/28/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	10/31/23	Yes
83.35(3)(c)	IMPLEMENT, FOLLOW THE INDIVIDUAL SERVICE PLAN	10/31/23	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	10/31/23	Yes
83.37(1)(j)	PROOF-OF-USE RECORD	10/31/23	Yes
83.37(3)(c)	MEDICATION STORAGE: LOCKED CABINET	10/31/23	Yes
83.45(3)	TOXIC SUBSTANCES	10/31/23	Yes

**Survey ID:** 0138913    **End Date:** 02/28/2022    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

***This is Page 14 of 28 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

**Provider Inspection Summary**

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Enforcement History (COUNTRY TERRACE BLACK RIVER FALLS II--0016076)**

**Date: 12/10/2024**      **SOD #TUWG12**      **Appealed:**      **Decision: PENDING**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY  
FORFEITURE---83.15(3)(a)  
FORFEITURE---83.32(3)(h)  
FORFEITURE---83.43(1)

**Date: 05/07/2024**      **SOD #TUWG11**      **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
COMPLY WITH REQUIREMENT  
ORDER TO COMPLY  
FORFEITURE---83.12(2)(a)  
FORFEITURE---83.12(4)(c)  
FORFEITURE---83.15(3)(a)  
FORFEITURE---83.18(2)  
FORFEITURE---83.20(2)(a)-(d)  
FORFEITURE---83.32(3)(h)  
FORFEITURE---83.37(1)(k)  
FORFEITURE---83.38(1)(a)  
FORFEITURE---83.38(1)(g)  
FORFEITURE---83.39(3)  
FORFEITURE---83.42(3)

**Date: 01/11/2023**      **SOD #S24W11**      **Appealed:**

Sanctions

ORDER TO COMPLY  
FORFEITURE---83.32(3)(i)

***This is Page 15 of 28 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Date:** 10/28/2022

**SOD #**4V7911

**Appealed:**

Sanctions

ORDER TO COMPLY

FORFEITURE---83.32(3)(h)

**This is Page 16 of 28 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***



## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Complaint History (COUNTRY TERRACE BLACK RIVER FALLS II--0016076)

**Date Complaint Received: 08/22/2024**

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

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY  
PROGRAM SERVICES

SUBSTANTIATED  
SUBSTANTIATED

TUWG12  
TUWG12

**Date Complaint Received: 05/07/2024**

**Date Investigation Completed: 07/11/2024**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

**Date Complaint Received: 01/10/2024**

**Date Investigation Completed: 03/27/2024**

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY  
PROGRAM SERVICES  
RESIDENT RIGHTS

NOT SUBSTANTIATED  
SUBSTANTIATED  
NOT SUBSTANTIATED

TUWG11

**Date Complaint Received: 12/13/2023**

**Date Investigation Completed: 03/27/2024**

Subject Area(s)

Result

SOD #

ADMINISTRATION  
PROGRAM SERVICES  
RESIDENT RIGHTS  
STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
SUBSTANTIATED

TUWG11

**Date Complaint Received: 12/08/2023**

**Date Investigation Completed: 03/27/2024**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

**Date Complaint Received: 08/14/2023**

**Date Investigation Completed: 10/31/2023**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

***This is Page 17 of 28 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Date Complaint Received: 06/30/2023**

**Date Investigation Completed: 10/31/2023**

Subject Area(s)  
PROGRAM SERVICES

Result SOD #  
NOT SUBSTANTIATED

**Date Complaint Received: 02/15/2023**

**Date Investigation Completed: 03/06/2023**

Subject Area(s)  
PROGRAM SERVICES

Result SOD #  
NOT SUBSTANTIATED

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

**Date Investigation Completed: 03/06/2023**

Subject Area(s)  
PHYSICAL ENVIRONMENT/SAFETY  
PROGRAM SERVICES

Result SOD #  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

**Date Complaint Received: 12/27/2022**

**Date Investigation Completed: 01/12/2023**

Subject Area(s)  
PROGRAM SERVICES

Result SOD #  
NOT SUBSTANTIATED

**Date Complaint Received: 09/15/2022**

**Date Investigation Completed: 10/26/2022**

Subject Area(s)  
PROGRAM SERVICES  
PROGRAM SERVICES

Result SOD #  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

**Date Complaint Received: 08/29/2022**

**Date Investigation Completed: 10/13/2023**

Subject Area(s)  
PROGRAM SERVICES  
PROGRAM SERVICES

Result SOD #  
SUBSTANTIATED  
NOT SUBSTANTIATED  
S24W11

**Date Complaint Received: 07/26/2022**

**Date Investigation Completed: 07/27/2022**

Subject Area(s)  
ADMINISTRATION

Result SOD #  
SUBSTANTIATED  
4V7911

***This is Page 18 of 28 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Date Complaint Received: 07/20/2022**

**Date Investigation Completed: 07/27/2022**

Subject Area(s)  
ADMINISTRATION  
PROGRAM SERVICES

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

**Date Complaint Received: 07/11/2022**

**Date Investigation Completed: 07/27/2022**

Subject Area(s)  
ADMINISTRATION  
RESIDENT RIGHTS

<u>Result</u>	<u>SOD #</u>
NOT SUBSTANTIATED	
SUBSTANTIATED	4V7911

**Date Complaint Received: 05/03/2022**

**Date Investigation Completed: 07/27/2022**

Subject Area(s)  
ADMINISTRATION  
PROGRAM SERVICES

<u>Result</u>	<u>SOD #</u>
NOT SUBSTANTIATED	
SUBSTANTIATED	4V7911

***This is Page 19 of 28 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** COUNTRY TERRACE BLACK RIVER FALLS (0010113)

**Address:** 525 E SECOND ST, BLACK RIVER FALLS, WI 54615

**License Status:** REGULAR

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

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

### Survey History

**Survey ID:** 0138912    **End Date:** 02/23/2022    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

### Survey History

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

**This is Page 20 of 28 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

### Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

#### Facility Information

**Facility Name:** MEADOWBROOK SENIOR LIVING AT BLACK RIVER FALLS (0017941)

**Address:** 109 NORTH 14TH STREET, BLACK RIVER FALLS, WI 54615

**License Status:** REGULAR

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

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

#### Survey History

**Survey ID:** 0148537    **End Date:** 01/14/2025    **Type:** OTHER    **Purpose:** COMPLAINT/VV

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0147571    **End Date:** 08/14/2024    **Type:** OTHER    **Purpose:** COMPLAINT/VV

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #XP5112    Served 09/13/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.44(2)(a)	ROOMS CLEAN AND FREE FROM ODORS	1/14/25	Yes

***This is Page 21 of 28 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

**Provider Inspection Summary**

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Survey ID: 0145866 End Date: 01/29/2024 Type: OTHER Purpose: COMPLAINT**

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #XP5111 Served 03/13/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	8/14/24	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	8/14/24	Yes
83.35(5)(b)	ANNUAL EVALUATION OF EVACUATION LIMITS	8/14/24	Yes
83.37(1)(e)	MEDICATION REGIMEN, ADMINISTRATION REVIEW	8/14/24	Yes
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	8/14/24	Yes
83.37(2)(e)	OTHER ADMINISTRATION GIVEN OR DELEGATED BY RN	8/14/24	Yes
83.44(2)(a)	ROOMS CLEAN AND FREE FROM ODORS	8/14/24	No

**Survey ID: 0144860 End Date: 11/10/2023 Type: STANDARD Purpose: SURVEY/COMPLAINT**

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #PBM11 Served 11/20/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.44(2)(a)	ROOMS CLEAN AND FREE FROM ODORS	1/4/24	
83.47(2)(e)	OTHER EVACUATION DRILLS	1/4/24	

**Survey ID: 0141412 End Date: 11/22/2022 Type: OTHER Purpose: COMPLAINT/VV**

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

***This is Page 22 of 28 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

### Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Survey ID: 0139939**    **End Date: 06/22/2022**    **Type: OTHER**    **Purpose: VERIFICATION VISIT**

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

---

**Survey ID: 0139247**    **End Date: 03/23/2022**    **Type: OTHER**    **Purpose: DESK REVIEW**

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #741P11    Served 04/15/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.09	BIENNIAL REPORT AND FEES	6/22/22	Yes

***This is Page 23 of 28 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Enforcement History (MEADOWBROOK SENIOR LIVING AT BLACK RIVER FALLS--0017941)

**Date:** 09/13/2024      **SOD #**XP5112      **Appealed:**

Sanctions

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

**Date:** 03/13/2024      **SOD #**XP5111      **Appealed:**

Sanctions

ORDER TO COMPLY  
FORFEITURE---83.32(3)(h)  
FORFEITURE---83.35(3)(d)  
FORFEITURE---83.35(5)(b)  
FORFEITURE---83.44(2)(a)

**Date:** 04/15/2022      **SOD #**741P11      **Appealed:**

Sanctions

NO NEW ADMISSIONS  
ORDER TO COMPLY

**Date:** 03/14/2022      **SOD #**8OLE12      **Appealed:**

Sanctions

ORDER TO COMPLY  
FORFEITURE---

**This is Page 24 of 28 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***



## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Complaint History (MEADOWBROOK SENIOR LIVING AT BLACK RIVER FALLS--0017941)

**Date Complaint Received: 11/12/2024**

**Date Investigation Completed: 01/14/2025**

Subject Area(s)  
PROGRAM SERVICES

Result  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 07/18/2024**

**Date Investigation Completed: 08/14/2024**

Subject Area(s)  
PROGRAM SERVICES  
STAFF TRAINING AND PROFICIENCY

Result  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 06/13/2024**

**Date Investigation Completed: 08/14/2024**

Subject Area(s)  
ADMINISTRATION  
STAFF TRAINING AND PROFICIENCY

Result  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 06/06/2024**

**Date Investigation Completed: 08/14/2024**

Subject Area(s)  
PROGRAM SERVICES  
STAFF TRAINING AND PROFICIENCY

Result  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 12/13/2023**

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

Subject Area(s)  
PROGRAM SERVICES

Result  
SUBSTANTIATED

SOD #  
XP5111

**Date Complaint Received: 11/21/2023**

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

Subject Area(s)  
ADMINISTRATION

Result  
SUBSTANTIATED

SOD #  
XP5111

***This is Page 25 of 28 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

### Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Date Complaint Received: 11/17/2023**

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

Subject Area(s)  
PROGRAM SERVICES  
PROGRAM SERVICES  
PROGRAM SERVICES

<u>Result</u>	<u>SOD #</u>
SUBSTANTIATED	XP5111
SUBSTANTIATED	XP5111
SUBSTANTIATED	XP5111

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

**Date Investigation Completed: 11/10/2023**

Subject Area(s)  
RESIDENT RIGHTS

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

**Date Complaint Received: 09/22/2022**

**Date Investigation Completed: 11/22/2022**

Subject Area(s)  
PROGRAM SERVICES  
RESIDENT RIGHTS

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

***This is Page 26 of 28 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

## Provider Inspection Summary

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

Community Based Residential Facility--CLASS AA (AMBULATORY)

### Facility Information

**Facility Name:** RJS CARE HOME LLC (510349)

**Address:** N7525 COUNTY RD A, HIXTON, WI 54635

**License Status:** REGULAR

**Licensed/Certified/Registered** 04/01/1997 12:00:00AM

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

### Survey History

**Survey ID:** 0142087      **End Date:** 01/25/2023      **Type:** ABBREVIATED      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

***This is Page 27 of 28 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

### Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025  
Residential Care Apartment Complex (CERTIFIED)

#### Facility Information

**Facility Name:** PINE VIEW TERRACE (0011906)  
**Address:** 404 COUNTY RD R, BLACK RIVER FALLS, WI 54615  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 03/29/2007 12:00:00AM  
**Regional Office:** NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

#### Survey History

**Survey ID:** 0143200    **End Date:** 05/24/2023    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0139754    **End Date:** 05/26/2022    **Type:** ABBREVIATED    **Purpose:** SURVEY/COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

#### Complaint History (PINE VIEW TERRACE--0011906)

**Date Complaint Received:** 05/16/2023    **Date Investigation Completed:** 05/24/2023

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

**Date Complaint Received:** 05/06/2022    **Date Investigation Completed:** 05/26/2022

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

***This is Page 28 of 28 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***