

## 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 Juneau County.**

**The report is a PDF (Adobe Acrobat) document and includes a total of 29.00 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 Family Home

### Facility Information

**Facility Name:** OAK RIDGE AFH (0016455)

**Address:** W9340 DELANY RD, ELROY, WI 53929

**License Status:** REGULAR

**Licensed/Certified/Registered** 02/07/2017 12:00:00AM

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

### Survey History

**Survey ID:** 0143381      **End Date:** 06/13/2023      **Type:** OTHER      **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0142944      **End Date:** 04/28/2023      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0142751      **End Date:** 02/03/2023      **Type:** OTHER      **Purpose:** VERIFICATION VISIT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #U4UW13      Served 04/12/2023

Deficiencies Cited  
88.10(3)(l)

Subject Area  
SAFE PHYSICAL ENVIRONMENT

Compliance  
Verified  
6/13/23

Corrected  
Yes

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## Provider Inspection Summary

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

Adult Family Home

**Survey ID:** 0141263    **End Date:** 08/12/2022    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #U4UW12    Served 11/07/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u> <u>Verified</u>	<u>Corrected</u>
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT	2/3/23	Yes

**Survey ID:** 0139291    **End Date:** 04/12/2022    **Type:** ABBREVIATED    **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #U4UW11    Served 04/19/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u> <u>Verified</u>	<u>Corrected</u>
88.04(2)(g)1	HEALTH SCREENING FOR STAFF	8/12/22	Yes
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT	8/12/22	Yes

### Enforcement History (OAK RIDGE AFH--0016455)

**Date:** 04/12/2023    **SOD #**U4UW13    **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY

**Date:** 11/07/2022    **SOD #**U4UW12    **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY

**Date:** 04/19/2022    **SOD #**U4UW11    **Appealed:** No

Sanctions

ORDER TO COMPLY

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## Provider Inspection Summary

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

Adult Family Home

### Complaint History (OAK RIDGE AFH--0016455)

**Date Complaint Received: 04/14/2023**

**Date Investigation Completed: 04/28/2023**

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

**Date Complaint Received: 03/23/2022**

**Date Investigation Completed: 04/12/2022**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

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## Provider Inspection Summary

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

Adult Family Home

### Facility Information

**Facility Name:** RANCH HOUSE AFH (0012248)

**Address:** N2743 24TH AVE, LYNDON STATION, WI 53944

**License Status:** REGULAR

**Licensed/Certified/Registered** 01/22/2008 12:00:00AM

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

### Survey History

**Survey ID:** 0146271      **End Date:** 04/25/2024      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0144158      **End Date:** 09/05/2023      **Type:** STANDARD      **Purpose:** SURVEY/COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0142680      **End Date:** 03/31/2023      **Type:** OTHER      **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0141255      **End Date:** 10/28/2022      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #0XCV11      Served 11/04/2022

<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	3/31/23	Yes
88.07(1)(a)	RESIDENT CARE-GENERAL REQUIREMENTS	3/31/23	Yes

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## Provider Inspection Summary

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

Adult Family Home

### Enforcement History (RANCH HOUSE AFH--0012248)

**Date:** 11/04/2022      **SOD #**0XCV11      **Appealed:** No

Sanctions

ORDER TO COMPLY

### Complaint History (RANCH HOUSE AFH--0012248)

**Date Complaint Received:** 04/23/2024

**Date Investigation Completed:** 04/25/2024

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

**Date Complaint Received:** 07/18/2023

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

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

**Date Complaint Received:** 10/21/2022

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

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

SUBSTANTIATED

0XCV11

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## Provider Inspection Summary

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

Adult Family Home

### Facility Information

**Facility Name:** HILLTOP HOUSE AFH (0012252)

**Address:** W3422 55TH STREET, MAUSTON, WI 53948

**License Status:** REGULAR

**Licensed/Certified/Registered** 01/22/2008 12:00:00AM

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

### Survey History

**Survey ID:** 0146617      **End Date:** 05/29/2024      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0139534      **End Date:** 05/10/2022      **Type:** ABBREVIATED      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

### Complaint History (HILLTOP HOUSE AFH--0012252)

**Date Complaint Received:** 05/28/2024

**Date Investigation Completed:** 05/29/2024

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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## Provider Inspection Summary

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

Adult Family Home

### Facility Information

**Facility Name:** RIVERSIDE ADULT FAMILY HOME (0014833)

**Address:** W3629 LEMONWEIR CT, MAUSTON, WI 53948

**License Status:** REGULAR

**Licensed/Certified/Registered** 11/06/2013 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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## Provider Inspection Summary

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

Adult Family Home

### Facility Information

**Facility Name:** VALLEY HOUSE AFH (0012199)

**Address:** W 3504 55TH ST, MAUSTON, WI 53948

**License Status:** REGULAR

**Licensed/Certified/Registered** 11/21/2007 12:00:00AM

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

### Survey History

**Survey ID:** 0147759    **End Date:** 10/02/2024    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0142403    **End Date:** 03/07/2023    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT/VV

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0141558    **End Date:** 11/30/2022    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #U5YH11    Served 12/12/2022

Deficiencies Cited  
88.05(3)(a)

Subject Area  
HOME ENVIRONMENT

Compliance  
Verified  
3/7/23

Corrected  
Yes

**Survey ID:** 0138798    **End Date:** 02/11/2022    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

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

Adult Family Home

### Enforcement History (VALLEY HOUSE AFH--0012199)

**Date:** 12/12/2022      **SOD #**U5YH11      **Appealed:** No

Sanctions

ORDER TO COMPLY

### Complaint History (VALLEY HOUSE AFH--0012199)

**Date Complaint Received:** 09/27/2024

**Date Investigation Completed:** 10/02/2024

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

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

**Date Investigation Completed:** 03/07/2023

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY  
PROGRAM SERVICES

NOT SUBSTANTIATED  
NOT SUBSTANTIATED

**Date Complaint Received:** 11/22/2022

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

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

SUBSTANTIATED

U5YH11

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## Provider Inspection Summary

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

Adult Family Home

### Facility Information

**Facility Name:** COMMUNITY DESTINATIONS ADULT FAMILY CARE (0014304)

**Address:** N11028 17TH AVE, NECEDAH, WI 54646

**License Status:** REGULAR

**Licensed/Certified/Registered** 12/01/2012 12:00:00AM

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

### Survey History

**Survey ID:** 0144203      **End Date:** 09/08/2023      **Type:** OTHER      **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0142896      **End Date:** 04/20/2023      **Type:** ABBREVIATED      **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #AV2M11      Served 04/26/2023

Deficiencies Cited  
88.10(3)(l)

Subject Area  
SAFE PHYSICAL ENVIRONMENT

Compliance  
Verified  
9/8/23

Corrected  
Yes

### Enforcement History (COMMUNITY DESTINATIONS ADULT FAMILY CARE--0014304)

**Date:** 04/26/2023      **SOD #**AV2M11      **Appealed:** No

Sanctions

ORDER TO COMPLY

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## Provider Inspection Summary

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

Adult Family Home

### Facility Information

**Facility Name:** PATH WAYS ADULT FAMILY HOME (0014570)

**Address:** 803 JOHN STREET, NECEDAH, WI 54646

**License Status:** REGULAR

**Licensed/Certified/Registered** 05/01/2013 12:00:00AM

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

### Survey History

**Survey ID:** 0147698      **End Date:** 09/20/2024      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0144009      **End Date:** 08/18/2023      **Type:** ABBREVIATED      **Purpose:** SURVEY/COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

### Complaint History (PATH WAYS ADULT FAMILY HOME--0014570)

**Date Complaint Received:** 09/18/2024

**Date Investigation Completed:** 09/20/2024

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

**Date Complaint Received:** 08/04/2023

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

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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## Provider Inspection Summary

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

Adult Family Home

### Facility Information

**Facility Name:** RANDYS ADULT FAMILY HOME (199039)

**Address:** W5615 HAZELNUT LANE, NECEDAH, WI 54646

**License Status:** REGULAR

**Licensed/Certified/Registered** 04/07/1998 12:00:00AM

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

### Survey History

**Survey ID:** 0142865      **End Date:** 04/14/2023      **Type:** ABBREVIATED      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

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

Adult Family Home

### Facility Information

**Facility Name:** LACEYS AFH (0018306)

**Address:** W1461 DEES ROAD, WISCONSIN DELLS, WI 53965

**License Status:** REGULAR

**Licensed/Certified/Registered** 03/09/2021 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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## Provider Inspection Summary

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

Adult Family Home

### Facility Information

**Facility Name:** Mundth Haven II (0019435)

**Address:** N981 Smith Road, Wisconsin Dells, WI 53965

**License Status:** REGULAR

**Licensed/Certified/Registered** 03/14/2023 12:00:00AM

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

### Survey History

**Survey ID:** 0142461      **End Date:** 03/14/2023      **Type:** INITIAL      **Purpose:** CHOW--DESK REVIEW

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

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## Provider Inspection Summary

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

Adult Family Home

### Facility Information

**Facility Name:** BRIRE HOME (0014270)

**Address:** 208 HAHN ST, WONEWOC, WI 53968

**License Status:** REGULAR

**Licensed/Certified/Registered** 07/24/2012 12:00:00AM

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

### Survey History

**Survey ID:** 0145065      **End Date:** 12/08/2023      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0143261      **End Date:** 06/01/2023      **Type:** ABBREVIATED      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

### Complaint History (BRIRE HOME--0014270)

**Date Complaint Received:** 10/27/2023

**Date Investigation Completed:** 12/08/2023

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 01/30/2022 to 01/29/2025

Adult Family Home

### Facility Information

**Facility Name:** MISLEVECHECK HOME (0011706)

**Address:** W 10142 RICK RD, WONEWOC, WI 53968

**License Status:** REGULAR

**Licensed/Certified/Registered** 12/30/2006 12:00:00AM

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

### Survey History

**Survey ID:** 0142980      **End Date:** 04/27/2023      **Type:** ABBREVIATED      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** COTTAGE CARE CENTER (0010835)

**Address:** 204 HALL STREET, MAUSTON, WI 53948

**License Status:** REGULAR

**Licensed/Certified/Registered** 08/01/2005 12:00:00AM

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

### Survey History

**Survey ID:** 0145224    **End Date:** 01/05/2024    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #LTRS11    Served 01/10/2024

Deficiencies Cited  
83.37(1)(e)

Subject Area  
MEDICATION REGIMEN, ADMINISTRATION  
REVIEW

Compliance  
Verified  
2/24/24

Corrected

**Survey ID:** 0139806    **End Date:** 06/02/2022    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0139104    **End Date:** 03/08/2022    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0138673 End Date: 02/08/2022 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #S5IN11 Served 02/16/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.12(4)(b)	REPORTING WHEN LAW ENFORCEMENT IS CALLED	6/2/22	Yes
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN	6/2/22	Yes

### Enforcement History (COTTAGE CARE CENTER--0010835)

Date: 02/11/2022 SOD #S5IN11 Appealed: No

#### Sanctions

ORDER TO COMPLY

### Complaint History (COTTAGE CARE CENTER--0010835)

Date Complaint Received: 11/21/2023 Date Investigation Completed: 01/05/2024

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PROGRAM SERVICES	SUBSTANTIATED	LTRS11

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** COTTAGE CARE CIRCLE (0013060)

**Address:** 320 ATTEWELL STREET, MAUSTON, WI 53948

**License Status:** REGULAR

**Licensed/Certified/Registered** 12/01/2010 12:00:00AM

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

### Survey History

**Survey ID:** 0138665      **End Date:** 02/03/2022      **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

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

### Facility Information

**Facility Name:** BLUFF SUITES (0017459)

**Address:** 707 SOUTH BLUFF STREET, NECEDAH, WI 54646

**License Status:** REGULAR

**Licensed/Certified/Registered** 03/22/2019 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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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS AA (AMBULATORY)

### Facility Information

**Facility Name:** EVERGREEN MANOR INC (0010512)

**Address:** W5205 BUCKEYE DR, NECEDAH, WI 54646

**License Status:** REGULAR

**Licensed/Certified/Registered** 10/01/2004 12:00:00AM

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

### Survey History

**Survey ID:** 0141973      **End Date:** 01/19/2023      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0138936      **End Date:** 03/08/2022      **Type:** STANDARD      **Purpose:** SURVEY/COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

### Complaint History (EVERGREEN MANOR INC--0010512)

**Date Complaint Received:** 01/17/2023

**Date Investigation Completed:** 01/19/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

9Z5411

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS AS (SEMIAMBULATORY)

### Facility Information

**Facility Name:** OAK RUN CBRF (0014576)

**Address:** N9895 18TH AVE, NECEDAH, WI 54646

**License Status:** REGULAR

**Licensed/Certified/Registered** 05/01/2014 12:00:00AM

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

### Survey History

**Survey ID:** 0139314      **End Date:** 04/15/2022      **Type:** ABBREVIATED      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** CREST VIEW GREAT LAKES (0009594)

**Address:** 612 VIEW ST, NEW LISBON, WI 53950

**License Status:** REGULAR

**Licensed/Certified/Registered** 11/01/2002 12:00:00AM

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

### Survey History

**Survey ID:** 0139120      **End Date:** 03/23/2022      **Type:** ABBREVIATED      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS AA (AMBULATORY)

### Facility Information

**Facility Name:** MONROE MANOR (0017989)

**Address:** 302 S MONROE STREET, NEW LISBON, WI 53950

**License Status:** REGULAR

**Licensed/Certified/Registered** 03/25/2020 12:00:00AM

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

### Survey History

**Survey ID:** 0139306    **End Date:** 04/08/2022    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #ASJN11    Served 04/20/2022

Deficiencies Cited  
83.35(5)(b)

Subject Area  
ANNUAL EVALUATION OF EVACUATION  
LIMITS

Compliance  
Verified  
6/4/22

Corrected

### Enforcement History (MONROE MANOR--0017989)

**Date:** 04/20/2022    **SOD #**ASJN11    **Appealed:** No

Sanctions  
ORDER TO COMPLY

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS AA (AMBULATORY)

### Facility Information

**Facility Name:** Washington House (0018892)

**Address:** 403 North Washington St, New Lisbon, WI 53950

**License Status:** REGULAR

**Licensed/Certified/Registered** 05/06/2022 12:00:00AM

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

### Survey History

**Survey ID:** 0142293      **End Date:** 02/24/2023      **Type:** STANDARD      **Purpose:** SURVEY

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

**Survey ID:** 0139457      **End Date:** 05/03/2022      **Type:** INITIAL      **Purpose:** SURVEY

**Results:** PROBATIONARY LICENSE ISSUED

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** WEBER HAUS (110115)

**Address:** 312 CENTER ST, WONEWOC, WI 53968

**License Status:** REGULAR

**Licensed/Certified/Registered** 10/31/1985 12:00:00AM

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

### Survey History

**Survey ID:** 0142281      **End Date:** 02/17/2023      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

### Complaint History (WEBER HAUS--110115)

**Date Complaint Received:** 01/18/2023

**Date Investigation Completed:** 02/17/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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## Provider Inspection Summary

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

### Facility Information

**Facility Name:** OAK GROVE ASSISTED CARE LLC (0010959)  
**Address:** 200 W 6TH ST, NECEDAH, WI 54646  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 04/01/2005 12:00:00AM  
**Regional Office:** NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

### Survey History

**Survey ID:** 0144754    **End Date:** 11/03/2023    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0144064    **End Date:** 08/23/2023    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0142834    **End Date:** 02/16/2023    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #1SR011    Served 04/19/2023

Deficiencies Cited  
89.34(17)

Subject Area  
TENANT RIGHTS

Compliance  
Verified  
8/23/23

Corrected  
Yes

**Survey ID:** 0140596    **End Date:** 08/10/2022    **Type:** ABBREVIATED    **Purpose:** SURVEY/COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

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

### Enforcement History (OAK GROVE ASSISTED CARE LLC--0010959)

Date: 04/19/2023 SOD #1SR011 Appealed:

Sanctions  
ORDER TO COMPLY  
FORFEITURE---89.34(17)

### Complaint History (OAK GROVE ASSISTED CARE LLC--0010959)

Date Complaint Received: 10/27/2023

Date Investigation Completed: 11/08/2023

Subject Area(s)  
ADMINISTRATION

Result SOD #  
NOT SUBSTANTIATED

Date Complaint Received: 02/16/2023

Date Investigation Completed: 02/16/2023

Subject Area(s)  
PHYSICAL ENVIRONMENT/SAFETY

Result SOD #  
SUBSTANTIATED 1SR011

Date Complaint Received: 08/02/2022

Date Investigation Completed: 08/10/2022

Subject Area(s)  
PHYSICAL ENVIRONMENT/SAFETY

Result SOD #  
NOT SUBSTANTIATED

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