

Provider Inspection Summary

For the period 2/13/2016 to 2/12/2019

Notes

This report includes Provider Inspection Summaries (Facility Profiles) for Community Based Residential Facilities in Lacrosse County.

The report is a PDF (Adobe Acrobat) document and includes a total of 20.00 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 2/13/2016 to 2/12/2019

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: RBI CARING HEARTS A LLC (0016005)

Address: 1612 HENRY JOHNS BLVD, BANGOR, WI 54614

License Status: REGULAR

Licensed/Certified/Registered 4/1/2016 12:00:00AM

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

Survey History

Survey ID: 0129071 **End Date:** 11/21/2018 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #I59U11 Served 1/31/2019

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(b)intro	ENTITY BACKGROUND CHECK REQUIREMENTS		
83.19	ORIENTATION		
83.21(1)	TRAINING IN RESIDENT RIGHTS		
83.21(2)(a)	TRAINING IN CLIENT GROUPS		
83.21(3)	TRAINING IN CHALLENGING BEHAVIORS		
83.38(1)(c)	LEISURE TIME ACTIVITIES		
83.38(1)(d)	COMMUNITY ACTIVITIES		
83.38(1)(h)	MEDICATION ADMINISTRATION		

Survey ID: 0122598 **End Date:** 2/23/2017 **Type:** STANDARD **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 2/13/2016 to 2/12/2019

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0120123 End Date: 3/25/2016 Type: INITIAL Purpose: SURVEY

Results: PROBATIONARY LICENSE ISSUED

Enforcement History (RBI CARING HEARTS A LLC--0016005)

Date: 1/24/2019 SOD #I59U11 Appealed: Decision: PENDING

Sanctions

FORFEITURE---50.065(2)(b)
FORFEITURE---83.19
FORFEITURE---83.21(1)
FORFEITURE---83.21(2)(a)
FORFEITURE---83.21(3)
FORFEITURE---83.38(1)(c)

Complaint History (RBI CARING HEARTS A LLC--0016005)

Date Complaint Received: 10/31/2018 Date Investigation Completed: 11/1/2018

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
ADMINISTRATION	SUBSTANTIATED	I59U11

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Provider Inspection Summary

For the period 2/13/2016 to 2/12/2019

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: RBI CARING HEARTS B LLC (0016004)

Address: 1614 HENRY JOHNS BLVD, BANGOR, WI 54614

License Status: REGULAR

Licensed/Certified/Registered 5/1/2016 12:00:00AM

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

Survey History

Survey ID: 0129095 **End Date:** 11/7/2018 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #OFKT11 Served 2/2/2019

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(b)intro	ENTITY BACKGROUND CHECK REQUIREMENTS		
83.19	ORIENTATION		
83.21(1)	TRAINING IN RESIDENT RIGHTS		
83.21(2)(a)	TRAINING IN CLIENT GROUPS		
83.21(3)	TRAINING IN CHALLENGING BEHAVIORS		
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION		
83.32(3)(k)	RIGHTS OF RESIDENTS: SELF-DETERMINATION		
83.38(1)(c)	LEISURE TIME ACTIVITIES		
83.38(1)(d)	COMMUNITY ACTIVITIES		

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Provider Inspection Summary

For the period 2/13/2016 to 2/12/2019

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0125331 **End Date: 12/6/2017** **Type: OTHER** **Purpose: VERIFICATION VISIT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0124874 **End Date: 8/14/2017** **Type: OTHER** **Purpose: SELF REPORT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #3W9211 Served 10/31/2017

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN	12/6/17	Yes
83.38(1)(b)	SUPERVISION	12/6/17	Yes

Survey ID: 0123452 **End Date: 6/13/2017** **Type: OTHER** **Purpose: COMPLAINT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0123353 **End Date: 6/2/2017** **Type: OTHER** **Purpose: DESK REVIEW**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0123336 **End Date: 5/16/2017** **Type: OTHER** **Purpose: COMPLAINT**

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #IEWP11

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.36(1)(b)	QUALIFIED STAFF IN CHARGE, ON DUTY AND AWAKE		No

Survey ID: 0122599 **End Date: 2/23/2017** **Type: STANDARD** **Purpose: SURVEY**

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 2/13/2016 to 2/12/2019

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0122248 **End Date: 1/4/2017** **Type: OTHER** **Purpose: COMPLAINT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0120844 **End Date: 7/19/2016** **Type: OTHER** **Purpose: COMPLAINT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0120094 **End Date: 5/1/2016** **Type: INITIAL** **Purpose: SURVEY**

Results: PROBATIONARY LICENSE ISSUED

Enforcement History (RBI CARING HEARTS B LLC--0016004)

Date: 1/29/2019 **SOD #OFKT11** **Appealed:** **Decision: PENDING**

Sanctions

FORFEITURE---50.065(2)(b)
FORFEITURE---83.19
FORFEITURE---83.21(1)
FORFEITURE---83.21(2)(a)
FORFEITURE---83.21(3)
FORFEITURE---83.38(1)(c)

Date: 10/27/2017 **SOD #3W9211** **Appealed:**

Sanctions

FORFEITURE---83.35(3)(a)
FORFEITURE---83.38(1)(b)

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Provider Inspection Summary

For the period 2/13/2016 to 2/12/2019

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (RBI CARING HEARTS B LLC--0016004)

Date Complaint Received: 10/31/2018

Date Investigation Completed: 11/1/2018

Subject Area(s)
ADMINISTRATION

Result
SUBSTANTIATED

SOD #
OFKT11

Date Complaint Received: 6/6/2017

Date Investigation Completed: 6/13/2017

Subject Area(s)
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 5/4/2017

Date Investigation Completed: 5/26/2017

Subject Area(s)
PROGRAM SERVICES

Result
SUBSTANTIATED

SOD #
IEWP11

Date Complaint Received: 12/20/2016

Date Investigation Completed: 1/4/2017

Subject Area(s)
ADMINISTRATION

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 6/20/2016

Date Investigation Completed: 7/19/2016

Subject Area(s)
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 2/13/2016 to 2/12/2019

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: BETHANY HEARTEN HOUSE III (510260)
Address: 101 JUNIPER LANE, HOLMEN, WI 54636
License Status: REGULAR
Licensed/Certified/Registered 12/8/1994 12:00:00AM
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0125066 **End Date:** 11/8/2017 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0119799 **End Date:** 2/22/2016 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 2/13/2016 to 2/12/2019

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: BLUFFVIEW MEMORY CARE (0014267)
Address: 2101 BLUFFVIEW CT, HOLMEN, WI 54636
License Status: REGULAR
Licensed/Certified/Registered 8/1/2013 12:00:00AM
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0127597	End Date: 7/24/2018	Type: OTHER	Purpose: COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED			
Survey ID: 0126383	End Date: 3/29/2018	Type: OTHER	Purpose: VERIFICATION VISIT
Results: NO STATEMENT OF DEFICIENCY ISSUED			
Survey ID: 0125448	End Date: 12/18/2017	Type: OTHER	Purpose: COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED			
Survey ID: 0125090	End Date: 10/31/2017	Type: OTHER	Purpose: ADDITIONAL VV EVENT
Results: NO STATEMENT OF DEFICIENCY ISSUED			
	83.35(3)(c)	IMPLEMENT, FOLLOW THE INDIVIDUAL SERVICE PLAN	3/29/18 Yes

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Provider Inspection Summary

For the period 2/13/2016 to 2/12/2019

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0123443 **End Date: 3/29/2017** **Type: OTHER** **Purpose: COMPLAINT/SELF REPORT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #4UXQ11 Served 6/16/2017

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.33(1)(c)	GRIEVANCE PROCEDURE: COERCION PROHIBITED	10/31/17	Yes

Survey ID: 0122821 **End Date: 3/1/2017** **Type: OTHER** **Purpose: COMPLAINT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #VM0412 Served 3/30/2017

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(3)(c)	IMPLEMENT, FOLLOW THE INDIVIDUAL SERVICE PLAN	10/31/17	Yes
83.36(1)(a)	ADEQUATE STAFF TO MEET RESIDENT NEEDS	10/31/17	Yes
83.36(2)	MAINTAIN CURRENT WRITTEN STAFFING SCHEDULE	10/31/17	Yes
83.41(3)(b)	FOOD SAFETY	10/31/17	Yes
83.42(2)	RESIDENT RECORDS SAFEGUARDED	10/31/17	Yes
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	10/31/17	Yes

Survey ID: 0120501 **End Date: 6/13/2016** **Type: OTHER** **Purpose: COMPLAINT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 2/13/2016 to 2/12/2019

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (BLUFFVIEW MEMORY CARE--0014267)

Date: 12/27/2017 **SOD #**VM0413 **Appealed:**

Sanctions

FORFEITURE---83.35(3)(c)

Date: 6/16/2017 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
FORFEITURE---83.33(1)(c)

Date: 3/30/2017 **SOD #**VM0412 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
OTHER SANCTION
FORFEITURE---83.35(3)(c)
FORFEITURE---83.36(1)(a)
FORFEITURE---83.36(2)
FORFEITURE---83.41(3)(b)
FORFEITURE---83.42(2)

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Provider Inspection Summary

For the period 2/13/2016 to 2/12/2019

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (BLUFFVIEW MEMORY CARE--0014267)

Date Complaint Received: 7/13/2018

Date Investigation Completed: 7/24/2018

Subject Area(s)
STAFF TRAINING AND PROFICIENCY

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 11/27/2017

Date Investigation Completed: 12/18/2017

Subject Area(s)
PROGRAM SERVICES
STAFF TRAINING AND PROFICIENCY

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 10/20/2017

Date Investigation Completed: 10/31/2017

Subject Area(s)
ADMINISTRATION
STAFF TRAINING AND PROFICIENCY

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 3/13/2017

Date Investigation Completed: 3/29/2017

Subject Area(s)
ADMINISTRATION
PHYSICAL ENVIRONMENT/SAFETY
STAFF TRAINING AND PROFICIENCY

Result
SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #
4UXQ11

Date Complaint Received: 2/8/2017

Date Investigation Completed: 3/1/2017

Subject Area(s)
ADMINISTRATION
PROGRAM SERVICES
STAFF TRAINING AND PROFICIENCY

Result
NOT SUBSTANTIATED
SUBSTANTIATED
SUBSTANTIATED

SOD #

VM0412
VM0412

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Provider Inspection Summary

For the period 2/13/2016 to 2/12/2019

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date Complaint Received: 1/4/2017

Date Investigation Completed: 3/1/2017

Subject Area(s)

Result

SOD #

ADMINISTRATION
PROGRAM SERVICES
STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED
SUBSTANTIATED
SUBSTANTIATED

VM0412
VM0412
VM0412

Date Complaint Received: 6/7/2016

Date Investigation Completed: 6/13/2016

Subject Area(s)

Result

SOD #

PROGRAM SERVICES
RESIDENT RIGHTS

NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 5/31/2016

Date Investigation Completed: 6/13/2016

Subject Area(s)

Result

SOD #

PROGRAM SERVICES
RESIDENT RIGHTS

NOT SUBSTANTIATED
NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 2/13/2016 to 2/12/2019

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: BROOKDALE ONALASKA (510379)
Address: 949 10TH AVENUE NORTH, ONALASKA, WI 54650
License Status: REGULAR
Licensed/Certified/Registered 6/1/1998 12:00:00AM
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0121071 **End Date:** 6/23/2016 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0120337 **End Date:** 5/19/2016 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #2T4O11 Served 6/1/2016

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.20(2)(c)	TRAINING IN FIRST AID AND CHOKING	7/1/16	Yes
83.46(1)(c)	HEATING SYSTEM MAINTENANCE	7/1/16	Yes

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Provider Inspection Summary

For the period 2/13/2016 to 2/12/2019

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: EAGLE CREST MEMORY CARE (0012129)
Address: 351 MASON STREET, ONALASKA, WI 54650
License Status: REGULAR
Licensed/Certified/Registered 1/4/2008 12:00:00AM
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0125276 **End Date:** 12/7/2017 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0125181 **End Date:** 11/22/2017 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #ODSS11 Served 11/30/2017

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.20(2)(b)	TRAINING IN FIRE SAFETY	12/7/17	Yes
83.20(2)(c)	TRAINING IN FIRST AID AND CHOKING	12/7/17	Yes

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Provider Inspection Summary

For the period 2/13/2016 to 2/12/2019

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: MEADOWS AT SPRINGBROOK (THE) (0013768)

Address: 861 CRITTER CT, ONALASKA, WI 54650

License Status: REGULAR

Licensed/Certified/Registered 11/1/2012 12:00:00AM

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

Survey History

Survey ID: 0127968 **End Date:** 8/31/2018 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0127804 **End Date:** 8/14/2018 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #23SI11 Served 8/20/2018

<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	8/31/18	Yes
83.38(1)(g)	HEALTH MONITORING	8/31/18	Yes

Survey ID: 0122852 **End Date:** 3/13/2017 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 2/13/2016 to 2/12/2019

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (MEADOWS AT SPRINGBROOK (THE)--0013768)

Date Complaint Received: 2/20/2017

Date Investigation Completed: 3/13/2017

Subject Area(s)
ADMINISTRATION
PROGRAM SERVICES

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 2/13/2016 to 2/12/2019

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: MAPLEWOOD CBRF (0016342)

Address: 994 E GARLAND ST, WEST SALEM, WI 54669

License Status: REGULAR

Licensed/Certified/Registered 10/18/2016 12:00:00AM

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

Survey History

Survey ID: 0128690 **End Date:** 11/27/2018 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0121458 **End Date:** 10/18/2016 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 2/13/2016 to 2/12/2019

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: MONARCH MANOR (0015070)

Address: 848 EAST GARLAND STREET, WEST SALEM, WI 54669

License Status: REGULAR

Licensed/Certified/Registered 6/16/2014 12:00:00AM

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

Survey History

Survey ID: 0122314 **End Date:** 1/18/2017 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0121147 **End Date:** 8/24/2016 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (MONARCH MANOR--0015070)

Date Complaint Received: 12/16/2016

Date Investigation Completed: 1/18/2017

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 2/13/2016 to 2/12/2019

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: NESHONOC MANOR CBRF (0016314)

Address: 998 E GARLAND STREET, WEST SALEM, WI 54669

License Status: REGULAR

Licensed/Certified/Registered 10/18/2016 12:00:00AM

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

Survey History

Survey ID: 0128689 **End Date:** 11/27/2018 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0121459 **End Date:** 10/18/2016 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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