

## Provider Inspection Summary

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

### Notes

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

**The report is a PDF (Adobe Acrobat) document and includes a total of 17.00 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

Residential Care Apartment Complex (CERTIFIED)

### Facility Information

**Facility Name:** BETHANY HEIGHTS ASSISTED LIVING (0011373)

**Address:** 112 JUNIPER LANE, HOLMEN, WI 54636

**License Status:** REGULAR

**Licensed/Certified/Registered** 6/20/2006 12:00:00AM

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

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## Provider Inspection Summary

For the period 2/13/2016 to 2/12/2019  
Residential Care Apartment Complex (CERTIFIED)

### Facility Information

**Facility Name:** PRAIRIE HOME (0011629)  
**Address:** 620 MALIN COURT, HOLMEN, WI 54636  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 10/1/2006 12:00:00AM  
**Regional Office:** WESTERN REGION (EAU CLAIRE), (715) 836-4790

### Survey History

**Survey ID:** 0120248    **End Date:** 4/29/2016    **Type:** ABBREVIATED    **Purpose:** SURVEY  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

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

Residential Care Apartment Complex (REGISTERED)

### Facility Information

**Facility Name:** BENEDICTINE VILLA ASSISTED LIVING (0010258)

**Address:** 2904 EAST AVENUE SOUTH, LACROSSE, WI 54601

**License Status:** REGULAR

**Licensed/Certified/Registered** 11/24/1998 12:00:00AM

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

### Survey History

No survey activity during the period 2/13/16 to 2/12/19

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## Provider Inspection Summary

For the period 2/13/2016 to 2/12/2019  
Residential Care Apartment Complex (CERTIFIED)

### Facility Information

**Facility Name:** BETHANY ON CASS (0010447)  
**Address:** 1315 CASS STREET, LACROSSE, WI 54601  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 11/4/2003 12:00:00AM  
**Regional Office:** WESTERN REGION (EAU CLAIRE), (715) 836-4790

### Survey History

**Survey ID:** 0128442    **End Date:** 10/29/2018    **Type:** ABBREVIATED    **Purpose:** SURVEY  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 2/13/2016 to 2/12/2019  
Residential Care Apartment Complex (CERTIFIED)

### Facility Information

**Facility Name:** BROOKDALE LACROSSE (0012328)  
**Address:** 3141 EAST AVE S, LACROSSE, WI 54601  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 7/1/2008 12:00:00AM  
**Regional Office:** WESTERN REGION (EAU CLAIRE), (715) 836-4790

### Survey History

<b>Survey ID:</b> 0128000	<b>End Date:</b> 8/29/2018	<b>Type:</b> OTHER	<b>Purpose:</b> COMPLAINT
<b>Results:</b> NO STATEMENT OF DEFICIENCY ISSUED			
<b>Survey ID:</b> 0126501	<b>End Date:</b> 4/11/2018	<b>Type:</b> OTHER	<b>Purpose:</b> COMPLAINT
<b>Results:</b> NO STATEMENT OF DEFICIENCY ISSUED			
<b>Survey ID:</b> 0125054	<b>End Date:</b> 11/1/2017	<b>Type:</b> OTHER	<b>Purpose:</b> COMPLAINT
<b>Results:</b> NO STATEMENT OF DEFICIENCY ISSUED			

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## Provider Inspection Summary

For the period 2/13/2016 to 2/12/2019  
Residential Care Apartment Complex (CERTIFIED)

### Complaint History (BROOKDALE LACROSSE--0012328)

**Date Complaint Received: 7/11/2018**

**Date Investigation Completed: 8/30/2018**

Subject Area(s)  
ADMINISTRATION

Result  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 4/5/2018**

**Date Investigation Completed: 4/11/2018**

Subject Area(s)  
PROGRAM SERVICES

Result  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 10/16/2017**

**Date Investigation Completed: 11/1/2017**

Subject Area(s)  
PROGRAM SERVICES

Result  
NOT SUBSTANTIATED

SOD #

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## Provider Inspection Summary

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

Residential Care Apartment Complex (REGISTERED)

### Facility Information

**Facility Name:** EAGLE CREST SOUTH RCAC (0015684)

**Address:** 622 BENNORA LEE COURT, LACROSSE, WI 54601

**License Status:** REGULAR

**Licensed/Certified/Registered** 6/15/2015 12:00:00AM

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

### Survey History

No survey activity during the period 2/13/16 to 2/12/19

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## Provider Inspection Summary

For the period 2/13/2016 to 2/12/2019  
Residential Care Apartment Complex (CERTIFIED)

### Facility Information

**Facility Name:** HILLVIEW TERRACE (0013997)  
**Address:** 3503 PARK LN, LACROSSE, WI 54601  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 1/5/2012 12:00:00AM  
**Regional Office:** WESTERN REGION (EAU CLAIRE), (715) 836-4790

### Survey History

**Survey ID:** 0121912    **End Date:** 11/29/2016    **Type:** ABBREVIATED    **Purpose:** SURVEY  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 2/13/2016 to 2/12/2019  
Residential Care Apartment Complex (CERTIFIED)

### Facility Information

**Facility Name:** SHELBY TERRACE (0012093)  
**Address:** 2525 SHELBY ROAD, LACROSSE, WI 54601  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 9/10/2007 12:00:00AM  
**Regional Office:** WESTERN REGION (EAU CLAIRE), (715) 836-4790

### Survey History

**Survey ID:** 0124727    **End Date:** 10/10/2017    **Type:** STANDARD    **Purpose:** SURVEY  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

### Complaint History (SHELBY TERRACE--0012093)

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
Date Complaint Received: 1/20/2019	Date Investigation Completed: 2/18/2019	
ADMINISTRATION	NOT SUBSTANTIATED	
PROGRAM SERVICES	NOT SUBSTANTIATED	

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## Provider Inspection Summary

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

Residential Care Apartment Complex (REGISTERED)

### Facility Information

**Facility Name:** WILLOWS (THE) (0010267)

**Address:** 2555 SOUTH 7TH STREET, LACROSSE, WI 54601

**License Status:** REGULAR

**Licensed/Certified/Registered** 12/1/1998 12:00:00AM

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

### Survey History

No survey activity during the period 2/13/16 to 2/12/19

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## Provider Inspection Summary

For the period 2/13/2016 to 2/12/2019  
Residential Care Apartment Complex (CERTIFIED)

### Facility Information

**Facility Name:** EAGLE CREST ASSISTED LIVING (0012206)  
**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:** 0127584    **End Date:** 7/24/2018    **Type:** ABBREVIATED    **Purpose:** SURVEY  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 2/13/2016 to 2/12/2019  
Residential Care Apartment Complex (REGISTERED)

### Facility Information

**Facility Name:** EAGLE CREST SENIOR LIVING COMMUNITY (0012207)

**Address:** 351 MASON ST, ONALASKA, WI 54650

**License Status:** REGULAR

**Licensed/Certified/Registered** 10/25/2007 12:00:00AM

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

### Survey History

No survey activity during the period 2/13/16 to 2/12/19

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## Provider Inspection Summary

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

Residential Care Apartment Complex (REGISTERED)

### Facility Information

**Facility Name:** LAUREL MANOR (0010274)

**Address:** 108 17TH AVENUE SOUTHWEST, ONALASKA, WI 54650

**License Status:** REGULAR

**Licensed/Certified/Registered** 11/1/2002 12:00:00AM

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

### Survey History

No survey activity during the period 2/13/16 to 2/12/19

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### Provider Inspection Summary

For the period 2/13/2016 to 2/12/2019  
Residential Care Apartment Complex (CERTIFIED)

#### Facility Information

**Facility Name:** SPRINGBROOK COMMUNITY ASSISTED LIVING INC (0011819)

**Address:** 861 CRITTER COURT, ONALASKA, WI 54650

**License Status:** REGULAR

**Licensed/Certified/Registered** 6/15/2007 12:00:00AM

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

#### Survey History

**Survey ID:** 0126307    **End Date:** 3/26/2018    **Type:** OTHER    **Purpose:** DESK REVIEW

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0126223    **End Date:** 3/7/2018    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #NMC311    Served 3/17/2018

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
89.26(4)	ANNUAL REVIEW	3/26/18	Yes

**Survey ID:** 0120042    **End Date:** 3/16/2016    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

#### Complaint History (SPRINGBROOK COMMUNITY ASSISTED LIVING INC--0011819)

**Date Complaint Received:** 3/14/2016

**Date Investigation Completed:** 3/16/2016

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

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## Provider Inspection Summary

For the period 2/13/2016 to 2/12/2019  
Residential Care Apartment Complex (CERTIFIED)

### Facility Information

**Facility Name:** MILL STREET MANOR (0013753)  
**Address:** 840 MILL ST, WEST SALEM, WI 54669  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 6/1/2011 12:00:00AM  
**Regional Office:** WESTERN REGION (EAU CLAIRE), (715) 836-4790

### Survey History

**Survey ID:** 0120314    **End Date:** 5/12/2016    **Type:** ABBREVIATED    **Purpose:** SURVEY  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 2/13/2016 to 2/12/2019  
Residential Care Apartment Complex (CERTIFIED)

### Facility Information

**Facility Name:** SALEM TERRACE (0012008)  
**Address:** 104 LEWIS ST, WEST SALEM, WI 54669  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 7/1/2007 12:00:00AM  
**Regional Office:** WESTERN REGION (EAU CLAIRE), (715) 836-4790

### Survey History

**Survey ID:** 0127675    **End Date:** 8/2/2018    **Type:** ABBREVIATED    **Purpose:** SURVEY  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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