DEPARTMENT OF HEALTH SERVICES
Division of Quality Assurance
Printed 6/14/2023

Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

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

Lacrosse

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 21.00 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 5/15/2020 to 5/15/2023

Residential Care Apartment Complex (REGISTERED)

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

Facility Information

Facility Name: CARETTA SENIOR LIVING HOLMEN RCAC (0019254)

Address: 2120 STAPHORST LANE, HOLMEN, WI 54636

License Status: REGULAR

Licensed/Certified/Registered 3/7/2023 12:00:00AM

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

Survey History

Survey ID: 0142398 **End Date: 3/7/2023** **Type: INITIAL** **Purpose: SURVEY**

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Residential Care Apartment Complex (CERTIFIED)

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

Facility Information

Facility Name: HEIGHTS (THE) (0011373)

Address: 112 JUNIPER LANE, HOLMEN, WI 54636

License Status: REGULAR

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

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

Survey History

Survey ID: 0139856 **End Date: 6/15/2022** **Type: ABBREVIATED** **Purpose: SURVEY/COMPLAINT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (HEIGHTS (THE)--0011373)

Date Complaint Received: 5/5/2022 **Date Investigation Completed: 6/15/2022**

Subject Area(s)	Result	SOD #
PROGRAM SERVICES	NOT SUBSTANTIATED	
RESIDENT RIGHTS	NOT SUBSTANTIATED	

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DEPARTMENT OF HEALTH SERVICES
Division of Quality Assurance
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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Residential Care Apartment Complex (CERTIFIED)

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

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

Survey History

No survey activity during the period 5/15/20 to 5/15/23

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DEPARTMENT OF HEALTH SERVICES
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Printed 6/14/2023

Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Residential Care Apartment Complex (CERTIFIED)

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

Facility Information

Facility Name: EAGLE CREST SOUTH ASSISTED LIVING (0018121)

Address: 622 BENNORA LEE COURT, LA CROSSE, WI 54601

License Status: REGULAR

Licensed/Certified/Registered 5/18/2020 12:00:00AM

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

Survey History

Survey ID: 0133769 **End Date: 5/15/2020** **Type: INITIAL** **Purpose: SURVEY**

Results: LICENSE/CERT/REGISTRATION ISSUED

Survey History

No survey activity during the period 5/15/20 to 5/15/23

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DEPARTMENT OF HEALTH SERVICES
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Printed 6/14/2023

Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Residential Care Apartment Complex (REGISTERED)

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

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

Survey History

No survey activity during the period 5/15/20 to 5/15/23

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Residential Care Apartment Complex (CERTIFIED)

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

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

Survey History

Survey ID: 0141344 **End Date: 11/10/2022** **Type: OTHER** **Purpose: COMPLAINT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140668 **End Date: 8/24/2022** **Type: OTHER** **Purpose: VERIFICATION VISIT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139752 **End Date: 5/26/2022** **Type: ABBREVIATED** **Purpose: SURVEY**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #L16G11 Served 6/3/2022

Deficiencies Cited	Subject Area	Compliance Verified	Corrected
89.28(1)	RISK AGREEMENT	8/24/22	Yes

Enforcement History (BROOKDALE LACROSSE--0012328)

Date: 6/3/2022 **SOD #L16G11** **Appealed: No**

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Residential Care Apartment Complex (CERTIFIED)

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

Complaint History (BROOKDALE LACROSSE--0012328)

Date Complaint Received: 11/9/2022 **Date Investigation Completed: 11/10/2022**

Subject Area(s)	Result	SOD #
PROGRAM SERVICES	NOT SUBSTANTIATED	

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Residential Care Apartment Complex (CERTIFIED)

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

Facility Information

Facility Name: CASS STREET (0010447)

Address: 1315 CASS STREET, LACROSSE, WI 54601

License Status: REGULAR

Licensed/Certified/Registered 11/4/2003 12:00:00AM

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

Survey History

Survey ID: 0139922 **End Date: 6/21/2022** **Type: ABBREVIATED** **Purpose: SURVEY**

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Residential Care Apartment Complex (REGISTERED)

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

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

Survey History

No survey activity during the period 5/15/20 to 5/15/23

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Residential Care Apartment Complex (CERTIFIED)

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

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

Survey History

No survey activity during the period 5/15/20 to 5/15/23

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Residential Care Apartment Complex (CERTIFIED)

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

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

Survey History

Survey ID: 0139453 **End Date: 4/29/2022** **Type: ABBREVIATED** **Purpose: SURVEY/COMPLAINT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (SHELBY TERRACE--0012093)

Date Complaint Received: 1/18/2022 **Date Investigation Completed: 4/29/2022**

Subject Area(s)	Result	SOD #
ADMINISTRATION	NOT SUBSTANTIATED	

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Residential Care Apartment Complex (REGISTERED)

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

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

Survey History

No survey activity during the period 5/15/20 to 5/15/23

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Residential Care Apartment Complex (CERTIFIED)

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

Facility Information

Facility Name: EAGLE CREST NORTH ASSISTED LIVING (0012206)

Address: 351 MASON STREET, ONALASKA, WI 54650

License Status: REGULAR

Licensed/Certified/Registered 1/4/2008 12:00:00AM

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

Survey History

Survey ID: 0139333 **End Date: 4/20/2022** **Type: ABBREVIATED** **Purpose: SURVEY**

Results: NO STATEMENT OF DEFICIENCY ISSUED

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DEPARTMENT OF HEALTH SERVICES
Division of Quality Assurance
Printed 6/14/2023

Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Residential Care Apartment Complex (REGISTERED)

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

Facility Information

Facility Name: EAGLE CREST NORTH INDEPENDENT LIVING PLUS (0012207)

Address: 351 MASON ST, ONALASKA, WI 54650

License Status: REGULAR

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

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

Survey History

No survey activity during the period 5/15/20 to 5/15/23

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Residential Care Apartment Complex (REGISTERED)

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

Facility Information

Facility Name: LAUREL MANOR (0010274)

Address: 108 17TH AVENUE SOURTH, ONALASKA, WI 54650

License Status: REGULAR

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

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

Survey History

No survey activity during the period 5/15/20 to 5/15/23

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Residential Care Apartment Complex (REGISTERED)

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

Facility Information

Facility Name: ONALASKA SENIOR LIVING (0017881)

Address: 3770 EMERALD DR EAST, ONALASKA, WI 54650

License Status: REGULAR

Licensed/Certified/Registered 1/3/2020 12:00:00AM

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

Survey History

No survey activity during the period 5/15/20 to 5/15/23

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Residential Care Apartment Complex (CERTIFIED)

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

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

Survey History

Survey ID: 0140954 **End Date: 8/22/2022** **Type: OTHER** **Purpose: VERIFICATION VISIT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139235 **End Date: 3/24/2022** **Type: OTHER** **Purpose: COMPLAINT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #5U7W11 Served 4/14/2022

Deficiencies Cited	Subject Area	Compliance Verified	Corrected
89.34(18)	TENANT RIGHTS	8/22/22	Yes

Survey ID: 0136066 **End Date: 4/9/2021** **Type: STANDARD** **Purpose: SURVEY/COMPLAINT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0134789 **End Date: 9/3/2020** **Type: OTHER** **Purpose: COMPLAINT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Residential Care Apartment Complex (CERTIFIED)

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

Enforcement History (SPRINGBROOK COMMUNITY ASSISTED LIVING INC--0011819)

Date: 4/13/2022 **SOD #5U7W11** **Appealed: No**

Sanctions
ORDER TO COMPLY

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

Date Complaint Received: 9/9/2021 **Date Investigation Completed: 3/24/2022**

Subject Area(s)	Result	SOD #
RESIDENT RIGHTS	SUBSTANTIATED	NOT RECORDED

Date Complaint Received: 8/10/2020 **Date Investigation Completed: 9/3/2020**

Subject Area(s)	Result	SOD #
ADMINISTRATION	NOT SUBSTANTIATED	
PHYSICAL ENVIRONMENT/SAFETY	NOT SUBSTANTIATED	

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Residential Care Apartment Complex (CERTIFIED)

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

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

Survey History

No survey activity during the period 5/15/20 to 5/15/23

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Residential Care Apartment Complex (CERTIFIED)

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

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

Survey History

Survey ID: 0135705 **End Date: 3/2/2021** **Type: OTHER** **Purpose: COMPLAINT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (SALEM TERRACE--0012008)

Date Complaint Received: 10/6/2020 **Date Investigation Completed: 3/2/2021**

Subject Area(s)	Result	SOD #
ADMINISTRATION	NOT SUBSTANTIATED	

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