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 19.00 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.
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: 0130143   End Date: 5/1/2019   Type: ABBREVIATED   Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED
Provider Inspection Summary
For the period 2/9/2017 to 2/9/2020
Residential Care Apartment Complex (CERTIFIED)

Facility Information

Facility Name: THE HEIGHTS (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

Survey History

Survey ID: 0129515 End Date: 3/11/2019 Type: ABBREVIATED Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED
Provider Inspection Summary
For the period 2/9/2017 to 2/9/2020
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

Survey ID: 0130219 End Date: 5/13/2019 Type: OTHER Purpose: COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (BENEDICTINE VILLA ASSISTED LIVING--0010258)

Date Complaint Received: 5/6/2019 Date Investigation Completed: 5/13/2019
Subject Area(s) Result SOD #
STAFF TRAINING AND PROFICIENCY SUBSTANTIATED VIOU11

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### 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

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<thead>
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<td>8/29/2018</td>
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<td>COMPLAINT</td>
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<td>OTHER</td>
<td>COMPLAINT</td>
<td>NO STATEMENT OF DEFICIENCY ISSUED</td>
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<td>0125054</td>
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<td>OTHER</td>
<td>COMPLAINT</td>
<td>NO STATEMENT OF DEFICIENCY ISSUED</td>
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</tbody>
</table>

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## Provider Inspection Summary

For the period 2/9/2017 to 2/9/2020
Residential Care Apartment Complex (CERTIFIED)

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

<table>
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<th>Date Complaint Received:</th>
<th>Date Investigation Completed:</th>
<th>Subject Area(s)</th>
<th>Result</th>
<th>SOD #</th>
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<td>11/1/2017</td>
<td>PROGRAM SERVICES</td>
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</table>

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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: 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
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 2/9/17 to 2/9/20
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: 0131631 End Date: 9/26/2019 Type: ABBREVIATED Purpose: SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED
Provider Inspection Summary

For the period 2/9/2017 to 2/9/2020
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: 0129375  End Date: 2/18/2019  Type: OTHER  Purpose: COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

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

Complaint History (SHELBY TERRACE--0012093)

Date Complaint Received: 1/20/2019  Date Investigation Completed: 2/18/2019

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<tr>
<td>PROGRAM SERVICES</td>
<td>NOT SUBSTANTIATED</td>
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Provider Inspection Summary
For the period 2/9/2017 to 2/9/2020
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

Survey ID: 0132103 End Date: 12/2/2019 Type: OTHER Purpose: COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (WILLOWS (THE)--0010267)

Date Complaint Received: 11/20/2019 Date Investigation Completed: 12/2/2019

<table>
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Provider Inspection Summary

For the period 2/9/2017 to 2/9/2020

Residential Care Apartment Complex (CERTIFIED)

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

## Survey History

No survey activity during the period 2/9/17 to 2/9/20
Provider Inspection Summary
For the period 2/9/2017 to 2/9/2020
Residential Care Apartment Complex (REGISTERED)

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

Survey History

No survey activity during the period 2/9/17 to 2/9/20
### 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:** WESTERN REGION (EAU CLAIRE), (715) 836-4790

### Survey History

- **Survey ID:** 0132287
- **End Date:** 1/3/2020
- **Type:** ABBREVIATED
- **Purpose:** DESK REVIEW
- **Results:** LICENSE/CERT/REGISTRATION ISSUED

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## Provider Inspection Summary

For the period 2/9/2017 to 2/9/2020

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

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<td>Statement of Deficiency: #3TMB11</td>
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<td>Served 3/28/2019</td>
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<td>0126307</td>
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</table>

### Deficiencies Cited

- **89.23(2)(c) SERVICES**

### Compliance

- **Verified:** 5/2/19
- **Corrected:** Yes

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**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  

<table>
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<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
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<td>89.26(4)</td>
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</table>

**Enforcement History (SPRINGBROOK COMMUNITY ASSISTED LIVING INC–0011819)**

**Date:** 3/25/2019  
**SOD #3TMB11**  
**Appealed:** No

**Sanctions**
COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
COMPLY WITH REQUIREMENT

**Complaint History (SPRINGBROOK COMMUNITY ASSISTED LIVING INC–0011819)**

**Date Complaint Received:** 1/9/2019  
**Date Investigation Completed:** 1/23/2019

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<td>PROGRAM SERVICES</td>
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<td>3TMB11</td>
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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: 0130311   End Date: 5/21/2019   Type: ABBREVIATED   Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 2/9/2017 to 2/9/2020
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