

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 Lincoln County.

The report is a PDF (Adobe Acrobat) document and includes a total of 24.00 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 Day Care Center

Facility Information

Facility Name: BELIEVE & ACHIEVE LEARNING & RECREATIONAL CENTER (0018159)

Address: 101 EAST FIRST STREET, MERRILL, WI 54452

License Status: REGULAR

Licensed/Certified/Registered 08/13/2020 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 Day Care Center

Facility Information

Facility Name: KINDHEARTED HOME CARE (0016327)

Address: 120 S MILL STREET, MERRILL, WI 54452

License Status: REGULAR

Licensed/Certified/Registered 09/23/2016 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: HIL Forward House (0019893)

Address: 700A Eugene St, Merrill, WI 54452

License Status: REGULAR

Licensed/Certified/Registered 02/05/2024 12:00:00AM

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

Survey History

Survey ID: 0145260 **End Date:** 01/11/2024 **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: HIL Ken Crass Memorial Home (0019894)

Address: 700B Eugene St, Merrill, WI 54452

License Status: REGULAR

Licensed/Certified/Registered 02/05/2024 12:00:00AM

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

Survey History

Survey ID: 0145482 **End Date:** 02/06/2024 **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: BELL TOWER RESIDENCE (0017638)

Address: 1500 ODAY ST, MERRILL, WI 54452

License Status: REGULAR

Licensed/Certified/Registered 07/20/2020 12:00:00AM

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

Survey History

Survey ID: 0146287 **End Date:** 04/30/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0145331 **End Date:** 01/18/2024 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #TR2N11 Served 01/22/2024

Deficiencies Cited
50.09(1)(f)2

Subject Area
PRIVACY: HEALTH CARE

Compliance
Verified
4/30/24

Corrected
Yes

Survey ID: 0142169 **End Date:** 02/14/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141696 **End Date:** 12/06/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

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: 0140625 **End Date:** 06/14/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #ESQB11 Served 08/31/2022

<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	12/6/22	Yes

Enforcement History (BELL TOWER RESIDENCE--0017638)

Date: 01/22/2024 **SOD #**TR2N11 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 08/31/2022 **SOD #**ESQB11 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.35(3)(c)

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (BELL TOWER RESIDENCE--0017638)

Date Complaint Received: 01/22/2025

Date Investigation Completed: 02/06/2025

Subject Area(s)

Result

SOD #

PROGRAM SERVICES
RESIDENT RIGHTS

NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 02/02/2023

Date Investigation Completed: 02/14/2023

Subject Area(s)

Result

SOD #

ADMINISTRATION
RESIDENT RIGHTS

NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 05/23/2022

Date Investigation Completed: 06/14/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 05/11/2022

Date Investigation Completed: 06/14/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS
STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED
NOT SUBSTANTIATED
ESQB11

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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: HILAddies Home (0019892)

Address: 1207 West Taylor Street, Merrill, WI 54452

License Status: REGULAR

Licensed/Certified/Registered 02/05/2024 12:00:00AM

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

Survey History

Survey ID: 0145264 **End Date:** 02/06/2024 **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: HIL Pat Weber (0019823)

Address: 1209 West Taylor St, Merrill, WI 54452

License Status: REGULAR

Licensed/Certified/Registered 02/05/2024 12:00:00AM

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

Survey History

Survey ID: 0145258 **End Date:** 02/06/2024 **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: WOODLAND COURT ELDER SERVICES LLC II (0009754)

Address: 1102 SOUTH CENTER AVENUE #2, MERRILL, WI 54452

License Status: REGULAR

Licensed/Certified/Registered 09/01/2003 12:00:00AM

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

Survey History

Survey ID: 0146932 **End Date:** 07/11/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0143636 **End Date:** 07/13/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140682 **End Date:** 09/06/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0138834 **End Date:** 02/28/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

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)

Complaint History (WOODLAND COURT ELDER SERVICES LLC II--0009754)

Date Complaint Received: 05/13/2024

Date Investigation Completed: 07/11/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 05/12/2023

Date Investigation Completed: 07/13/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 08/01/2022

Date Investigation Completed: 09/06/2022

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

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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: WOODLAND COURT ELDER SERVICES LLC (0008890)

Address: 1102 SOUTH CENTER AVENUE, MERRILL, WI 54452

License Status: REGULAR

Licensed/Certified/Registered 10/01/2000 12:00:00AM

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

Survey History

Survey ID: 0145774 **End Date:** 02/27/2024 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0138830 **End Date:** 02/28/2022 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (WOODLAND COURT ELDER SERVICES LLC--0008890)

Date Complaint Received: 01/31/2022

Date Investigation Completed: 02/28/2022

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: COUNTRY TERRACE TOMAHAWK (0015263)
Address: 300 THEILER STREET, TOMAHAWK, WI 54487
License Status: REGULAR
Licensed/Certified/Registered 10/01/2014 12:00:00AM
Regional Office: NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0147294 **End Date:** 08/07/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #PT3611 Served 08/12/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.41(1)(a)	FOOD SUPPLY		
83.44(2)(a)	ROOMS CLEAN AND FREE FROM ODORS		

Survey ID: 0147103 **End Date:** 06/10/2024 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #5HN212 Served 07/26/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION		
83.35(3)(c)	IMPLEMENT, FOLLOW THE INDIVIDUAL SERVICE PLAN		

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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: 0146112 **End Date:** 03/19/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #5HN211 Served 04/10/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.36(1)(a)	ADEQUATE STAFF TO MEET RESIDENT NEEDS	6/10/24	Yes

Survey ID: 0145676 **End Date:** 02/08/2024 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #ERU212 Served 02/20/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(5)(a)	NOTIFICATION: INCIDENT, INJURY, CHANGES	6/10/24	Yes
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	6/10/24	No

Survey ID: 0144278 **End Date:** 08/23/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #ERU211 Served 09/19/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(2)(a)	CAREGIVER: INVESTIGATING ABUSE AND NEGLECT	2/8/24	Yes
83.12(4)(a)	REPORTING WHEN RESIDENT'S WHEREABOUTS UNKNOWN	2/8/24	Yes
83.35(5)(b)	ANNUAL EVALUATION OF EVACUATION LIMITS	2/8/24	Yes
83.37(1)(h)	SCHEDULED PSYCHOTROPIC MEDICATIONS	2/8/24	Yes
83.37(1)(i)	PRN PSYCHOTROPIC MEDICATION	2/8/24	Yes
83.44(2)(c)	INTERIOR FLOORS, WALLS AND CEILINGS	2/8/24	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (COUNTRY TERRACE TOMAHAWK--0015263)

Date: 08/12/2024 **SOD #PT3611** **Appealed: No**

Sanctions

ORDER TO COMPLY

Date: 07/26/2024 **SOD #5HN212** **Appealed:** **Decision: PENDING**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

ORDER TO COMPLY

FORFEITURE---83.32(3)(h)

FORFEITURE---83.35(3)(c)

Date: 04/10/2024 **SOD #5HN211** **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

ORDER TO COMPLY

FORFEITURE---83.36(1)(a)

Date: 02/20/2024 **SOD #ERU212** **Appealed: No**

Sanctions

ORDER TO COMPLY

Date: 09/19/2023 **SOD #ERU211** **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 CNA (NONAMBULATORY)

Complaint History (COUNTRY TERRACE TOMAHAWK--0015263)

Date Complaint Received: 06/18/2024

Date Investigation Completed: 08/07/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

PT3611

RESIDENT RIGHTS

SUBSTANTIATED

PT3611

Date Complaint Received: 03/28/2024

Date Investigation Completed: 06/10/2024

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PROGRAM SERVICES

SUBSTANTIATED

5HN212

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 02/20/2024

Date Investigation Completed: 03/19/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

5HN211

Date Complaint Received: 01/03/2024

Date Investigation Completed: 02/08/2024

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

PROGRAM SERVICES

SUBSTANTIATED

ERU212

Date Complaint Received: 12/21/2023

Date Investigation Completed: 02/08/2024

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date Complaint Received: 06/15/2023

Date Investigation Completed: 08/23/2023

Subject Area(s)

PROGRAM SERVICES

ADMINISTRATION

PROGRAM SERVICES

RESIDENT RIGHTS

STAFF TRAINING AND PROFICIENCY

Result

SUBSTANTIATED

SUBSTANTIATED

NOT SUBSTANTIATED

SUBSTANTIATED

SUBSTANTIATED

SOD #

ERU211

ERU211

ERU211

ERU211

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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: MILESTONE SENIOR LIVING LINCOLN CBRF (0017059)

Address: 314 E LINCOLN AVE, TOMAHAWK, WI 54487

License Status: REGULAR

Licensed/Certified/Registered 05/18/2018 12:00:00AM

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

Survey History

Survey ID: 0147598 **End Date:** 09/16/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0145863 **End Date:** 02/08/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #KY5J12 Served 03/12/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	9/16/24	Yes

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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: 0145009 **End Date:** 10/11/2023 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #KY5J11 Served 12/08/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.17(1)	LICENSEE CONDUCT CAREGIVER BACKGROUND CHECK	2/8/24	Yes
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	2/8/24	Yes
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	2/8/24	No
83.44(2)(c)	INTERIOR FLOORS, WALLS AND CEILINGS	2/8/24	Yes
83.47(2)(d)	FIRE DRILLS	2/8/24	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	2/8/24	Yes

Enforcement History (MILESTONE SENIOR LIVING LINCOLN CBRF--0017059)

Date: 03/12/2024 **SOD #**KY5J12 **Appealed:** **Decision:** PENDING

Sanctions

ORDER TO COMPLY
FORFEITURE---83.20(2)(a)-(d)

Date: 12/08/2023 **SOD #**KY5J11 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.20(2)(a)-(d)

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (MILESTONE SENIOR LIVING LINCOLN CBRF--0017059)

Date Complaint Received: 10/04/2023

Date Investigation Completed: 10/11/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES
RESIDENT RIGHTS

NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 08/09/2023

Date Investigation Completed: 10/11/2023

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: RESCARE RAILWAY (0016944)

Address: 18 S RAILWAY ST, TOMAHAWK, WI 54487

License Status: REGULAR

Licensed/Certified/Registered 11/01/2017 12:00:00AM

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

Survey History

Survey ID: 0143616 **End Date:** 07/11/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139397 **End Date:** 04/27/2022 **Type:** OTHER **Purpose:** SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #11Y611 Served 04/28/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(5)(a)	NOTIFICATION: INCIDENT, INJURY, CHANGES	6/12/22	

Enforcement History (RESCARE RAILWAY--0016944)

Date: 04/28/2022 **SOD #**11Y611 **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 CNA (NONAMBULATORY)

Complaint History (RESCARE RAILWAY--0016944)

Date Complaint Received: 05/24/2023

Date Investigation Completed: 07/11/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 05/09/2023

Date Investigation Completed: 07/11/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

RESIDENT RIGHTS

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: MILESTONE SENIOR LIVING LINCOLN (0017035)
Address: 314 E LINCOLN AVENUE, TOMAHAWK, WI 54487
License Status: REGULAR
Licensed/Certified/Registered 05/18/2018 12:00:00AM
Regional Office: NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0145438 **End Date:** 01/30/2024 **Type:** ABBREVIATED **Purpose:** SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

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