

## Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Marathon

### Notes

**This report includes Provider Inspection Summaries (Facility Profiles) for Adult Family Homes in Marathon County. The report is a PDF (Adobe Acrobat) document and includes a total of 29.00 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 01/21/2022 to 01/20/2025

Adult Family Home

#### Facility Information

**Facility Name:** LAKE AIRE MANOR (0010689)

**Address:** 183459 NORRIE ROAD, BIRNAMWOOD, WI 54414

**License Status:** REGULAR

**Licensed/Certified/Registered** 12/21/2004 12:00:00AM

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

#### Survey History

**Survey ID:** 0145757    **End Date:** 02/27/2024    **Type:** OTHER    **Purpose:** COMPLAINT/VV

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0145066    **End Date:** 10/19/2023    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #K0ZR13    Served 12/19/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(a)	RESPONSIBILITIES	2/27/24	Yes
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY	2/27/24	Yes

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### Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

**Survey ID:** 0143778    **End Date:** 06/05/2023    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #K0ZR12    Served 08/08/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
88.04(2)(a)	RESPONSIBILITIES	10/19/23	No
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY	10/19/23	No
88.05(3)(d)	ANNUAL WELL WATER INSPECTIONS	10/19/23	Yes
88.05(4)(d)2.c	SEMI-ANNUAL FIRE DRILLS	10/19/23	Yes
88.06(3)(f)	REVIEW OF ISP	10/19/23	Yes

**Survey ID:** 0141220    **End Date:** 07/26/2022    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #K0ZR11    Served 11/04/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY	6/5/23	No
88.05(3)(a)	HOME ENVIRONMENT	6/5/23	Yes
88.05(3)(d)	ANNUAL WELL WATER INSPECTIONS	6/5/23	No
88.05(3)(e)2	HEATING SYSTEM INSPECTIONS	6/5/23	Yes
88.05(4)(d)2.c	SEMI-ANNUAL FIRE DRILLS	6/5/23	No
88.06(3)(f)	REVIEW OF ISP	6/5/23	No

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### Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

#### Enforcement History (LAKE AIRE MANOR--0010689)

**Date:** 12/15/2023      **SOD #**K0ZR13      **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
NNAO EXTENDED  
ORDER TO COMPLY

**Date:** 08/08/2023      **SOD #**K0ZR12      **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
NO NEW ADMISSIONS  
ORDER TO COMPLY

**Date:** 11/02/2022      **SOD #**K0ZR11      **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY

#### Complaint History (LAKE AIRE MANOR--0010689)

**Date Complaint Received:** 01/30/2024

**Date Investigation Completed:** 02/27/2024

Subject Area(s)

ADMINISTRATION  
RESIDENT RIGHTS

Result

NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

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## Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

### Facility Information

**Facility Name:** COUNTRY LIFE AFH (0010042)

**Address:** 174295 BOUNDARY ROAD, HATLEY, WI 54440

**License Status:** REGULAR

**Licensed/Certified/Registered** 06/10/2003 12:00:00AM

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

### Survey History

No survey activity during the period 1/21/22 to 1/20/25

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### Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

#### Facility Information

**Facility Name:** KIM TRYBA AFH (0015740)

**Address:** 212772 TRYBA RD, HATLEY, WI 54440

**License Status:** REGULAR

**Licensed/Certified/Registered** 06/29/2015 12:00:00AM

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

#### Survey History

**Survey ID:** 0139312    **End Date:** 04/19/2022    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0139146    **End Date:** 03/31/2022    **Type:** OTHER    **Purpose:** DESK REVIEW

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0138787    **End Date:** 02/09/2022    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #BX6711    Served 02/23/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.10(3)(1)	SAFE PHYSICAL ENVIRONMENT	4/19/22	Yes

#### Enforcement History (KIM TRYBA AFH--0015740)

**Date:** 02/23/2022    **SOD #**BX6711    **Appealed:** No

Sanctions

ORDER TO COMPLY

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### Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

#### Facility Information

**Facility Name:** CARLSONS KINSHIP HOME (0017792)

**Address:** 3100 POPPAVE, MARSHFIELD, WI 54449

**License Status:** REGULAR

**Licensed/Certified/Registered** 09/03/2019 12:00:00AM

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

#### Survey History

**Survey ID:** 0142115    **End Date:** 02/08/2023    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0141113    **End Date:** 08/23/2022    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #U2QJ11    Served 10/25/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY	2/8/23	Yes
88.05(3)(d)	ANNUAL WELL WATER INSPECTIONS	2/10/23	Yes
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION	2/8/23	Yes
88.05(4)(d)2.c	SEMI-ANNUAL FIRE DRILLS	2/8/23	Yes
88.06(3)(f)	REVIEW OF ISP	2/8/23	Yes

#### Enforcement History (CARLSONS KINSHIP HOME--0017792)

**Date:** 10/25/2022    **SOD #**U2QJ11    **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY

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## Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

### Facility Information

**Facility Name:** CEDAR GATE (0012689)

**Address:** S2929 N FREY AVENUE, MARSHFIELD, WI 54449

**License Status:** REGULAR

**Licensed/Certified/Registered** 05/04/2009 12:00:00AM

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

### Survey History

No survey activity during the period 1/21/22 to 1/20/25

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### Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

#### Facility Information

**Facility Name:** KRAMERS KOTTAGE FAMILY HOME (0016894)

**Address:** 203702 N FREY AVE, MARSHFIELD, WI 54449

**License Status:** REGULAR

**Licensed/Certified/Registered** 06/18/2018 12:00:00AM

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

#### Survey History

**Survey ID:** 0145499    **End Date:** 01/04/2024    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #RHIC11    Served 02/07/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(6)(am)	FOUR YEAR CAREGIVER BACKGROUND REQUIREMENT		
88.04(2)(h)	COMPLY WITH OSHA		
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY		
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION		
88.06(2)(c)8	RESIDENT RIGHTS AND GRIEVANCE		
88.07(3)(e)1	MEDICATION- RECORD KEEPING		

#### Enforcement History (KRAMERS KOTTAGE FAMILY HOME--0016894)

**Date:** 02/07/2024    **SOD #**RHIC11    **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY

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### Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

#### Complaint History (KRAMERS KOTTAGE FAMILY HOME--0016894)

**Date Complaint Received: 11/01/2023**

**Date Investigation Completed: 01/04/2024**

Subject Area(s)  
PROGRAM SERVICES  
RESIDENT RIGHTS

Result  
SUBSTANTIATED  
SUBSTANTIATED

SOD #  
RHIC11  
RHIC11

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## Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

### Facility Information

**Facility Name:** RIVER CITY ESTATES CTY RD C M313 (0014552)

**Address:** 112732 CTY RD C, MARSHFIELD, WI 54449

**License Status:** REGULAR

**Licensed/Certified/Registered** 06/23/2011 12:00:00AM

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

### Survey History

**Survey ID:** 0140602    **End Date:** 08/24/2022    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

### Facility Information

**Facility Name:** RIVER CITY ESTATES M311 (0013747)

**Address:** 112730 CTY RD C, MARSHFIELD, WI 54449

**License Status:** REGULAR

**Licensed/Certified/Registered** 06/23/2011 12:00:00AM

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

### Survey History

**Survey ID:** 0140603    **End Date:** 08/24/2022    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

### Facility Information

**Facility Name:** WOLFS DEN FAMILY HOME (0016895)

**Address:** 203700 N FREY AVE, MARSHFIELD, WI 54449

**License Status:** REGULAR

**Licensed/Certified/Registered** 06/18/2018 12:00:00AM

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

### Survey History

No survey activity during the period 1/21/22 to 1/20/25

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## Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

### Facility Information

**Facility Name:** AURORA RESIDENTIAL ALTERNATIVES 124 (0010446)

**Address:** 798 STONE RIDGE DRIVE, MOSINEE, WI 54455

**License Status:** REGULAR

**Licensed/Certified/Registered** 03/11/2004 12:00:00AM

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

### Survey History

**Survey ID:** 0147268    **End Date:** 08/07/2024    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

### Facility Information

**Facility Name:** Azalea Place LLC (0019222)

**Address:** 1116 19th St, Mosinee, WI 54455

**License Status:** REGULAR

**Licensed/Certified/Registered** 02/14/2023 12:00:00AM

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

### Survey History

**Survey ID:** 0146687    **End Date:** 06/11/2024    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0143949    **End Date:** 08/16/2023    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0142195    **End Date:** 02/14/2023    **Type:** INITIAL    **Purpose:** SURVEY

**Results:** LICENSE/CERT/REGISTRATION ISSUED

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### Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

#### Complaint History (Azalea Place LLC--0019222)

**Date Complaint Received: 04/19/2024**

**Date Investigation Completed: 06/11/2024**

Subject Area(s)  
PROGRAM SERVICES

Result  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 07/25/2023**

**Date Investigation Completed: 08/16/2023**

Subject Area(s)  
PHYSICAL ENVIRONMENT/SAFETY  
RESIDENT RIGHTS

Result  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

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## Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

### Facility Information

**Facility Name:** ST RITA LLC ADULT FAMILY HOME 575 (0013441)

**Address:** 212976 Hwy B, MOSINEE, WI 54455

**License Status:** REGULAR

**Licensed/Certified/Registered** 10/13/2010 12:00:00AM

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

### Survey History

**Survey ID:** 0143625    **End Date:** 07/12/2023    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0143384    **End Date:** 06/15/2023    **Type:** OTHER    **Purpose:** DESK REVIEW

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

### Enforcement History (ST RITA LLC ADULT FAMILY HOME 575--0013441)

**Date:** 01/26/2022    **SOD #**FIP311    **Appealed:** No

Sanctions

ORDER TO COMPLY

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### Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

#### Facility Information

**Facility Name:** EVEREST HOUSING LLC 2010 (0015224)

**Address:** 2010 BLOEDEL AVENUE, SCHOFIELD, WI 54476

**License Status:** REGULAR

**Licensed/Certified/Registered** 10/10/2014 12:00:00AM

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

#### Survey History

**Survey ID:** 0140853    **End Date:** 09/26/2022    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

#### Complaint History (EVEREST HOUSING LLC 2010--0015224)

**Date Complaint Received:** 09/01/2022

**Date Investigation Completed:** 09/26/2022

Subject Area(s)  
RESIDENT RIGHTS

Result  
NOT SUBSTANTIATED

SOD #

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### Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

#### Facility Information

**Facility Name:** EVEREST HOUSING LLC 2012 (0015223)

**Address:** 2012 BLOEDEL AVENUE, SCHOFIELD, WI 54476

**License Status:** REGULAR

**Licensed/Certified/Registered** 10/10/2014 12:00:00AM

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

#### Survey History

**Survey ID:** 0146277    **End Date:** 04/30/2024    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0143679    **End Date:** 05/30/2023    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #0F9315    Served 07/19/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.03	LICENSING, POWERS AND DUTIES	4/30/24	Yes
88.04(2)(b)	AWAKE STAFF FOR CONTINUOUS CARE	4/30/24	Yes

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### Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

**Survey ID:** 0142532    **End Date:** 01/03/2023    **Type:** STANDARD    **Purpose:** SURVEY/VV

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #0F9314    Served 03/22/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
50.03	LICENSING, POWERS AND DUTIES	5/30/23	No
88.04(2)(b)	AWAKE STAFF FOR CONTINUOUS CARE	5/30/23	No
88.05(4)(d)2.a	FIRE SAFETY EVACUATION PLAN REVIEW	5/30/23	Yes

**Survey ID:** 0141179    **End Date:** 07/26/2022    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #0F9313    Served 10/31/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
88.04(2)(b)	AWAKE STAFF FOR CONTINUOUS CARE	1/3/23	No

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## Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

### Enforcement History (EVEREST HOUSING LLC 2012--0015223)

**Date:** 07/19/2023      **SOD #**0F9315      **Appealed:** Yes      **Decision:** STIPULATION

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
REVOKE LICENSE  
NNAO EXTENDED  
ORDER TO COMPLY

**Date:** 03/22/2023      **SOD #**0F9314      **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
NNAO EXTENDED  
ORDER TO COMPLY

**Date:** 10/31/2022      **SOD #**0F9313      **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
NO NEW ADMISSIONS  
ORDER TO COMPLY

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### Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

#### Facility Information

**Facility Name:** AURORA RESIDENTIAL ALTERNATIVES INC 128 (0015376)

**Address:** 3308 HORIZON COURT, WESTON, WI 54476

**License Status:** REGULAR

**Licensed/Certified/Registered** 12/15/2014 12:00:00AM

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

#### Survey History

**Survey ID:** 0141789    **End Date:** 01/09/2023    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

#### Complaint History (AURORA RESIDENTIAL ALTERNATIVES INC 128--0015376)

**Date Complaint Received:** 10/26/2022

**Date Investigation Completed:** 01/09/2023

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

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## Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

### Facility Information

**Facility Name:** C OF L HAVEN 1 (0011588)

**Address:** 9207 ANDREA STREET, WESTON, WI 54476

**License Status:** REGULAR

**Licensed/Certified/Registered** 10/20/2006 12:00:00AM

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

### Survey History

**Survey ID:** 0138612    **End Date:** 02/01/2022    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

### Survey History

No survey activity during the period 1/21/22 to 1/20/25

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## Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

### Facility Information

**Facility Name:** GOOD SAMARITAN LIVING HOME (0019071)

**Address:** 6404 Camp Phillips Rd, Weston, WI 54476

**License Status:** REGULAR

**Licensed/Certified/Registered** 12/05/2022 12:00:00AM

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

### Survey History

**Survey ID:** 0141540    **End Date:** 12/05/2022    **Type:** INITIAL    **Purpose:** SURVEY

**Results:** LICENSE/CERT/REGISTRATION ISSUED

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## Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

### Facility Information

**Facility Name:** SEKARA LLC III (0015885)

**Address:** 3305 HORIZON CT, WESTON, WI 54476

**License Status:** REGULAR

**Licensed/Certified/Registered** 12/11/2015 12:00:00AM

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

### Survey History

**Survey ID:** 0140014    **End Date:** 06/29/2022    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

### Facility Information

**Facility Name:** SEKARA LLC IV (0015886)

**Address:** 3303 HORIZON CT, WESTON, WI 54476

**License Status:** REGULAR

**Licensed/Certified/Registered** 12/11/2015 12:00:00AM

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

### Survey History

**Survey ID:** 0140013    **End Date:** 06/29/2022    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

### Facility Information

**Facility Name:** SEKARA LLC V (0016456)

**Address:** 4907 ANNABELLE CT, WESTON, WI 54476

**License Status:** REGULAR

**Licensed/Certified/Registered** 04/22/2017 12:00:00AM

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

### Survey History

**Survey ID:** 0146756    **End Date:** 06/19/2024    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

### Facility Information

**Facility Name:** SEKARA LLC VI (0016514)

**Address:** 4909 ANNABELLE CT, WESTON, WI 54476

**License Status:** REGULAR

**Licensed/Certified/Registered** 04/22/2017 12:00:00AM

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

### Survey History

**Survey ID:** 0146757    **End Date:** 06/19/2024    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

### Facility Information

**Facility Name:** SEKARA LLC VII (0016520)

**Address:** 3302 HORIZON CT, WESTON, WI 54476

**License Status:** REGULAR

**Licensed/Certified/Registered** 10/10/2017 12:00:00AM

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

### Survey History

**Survey ID:** 0146764    **End Date:** 06/20/2024    **Type:** ABBREVIATED    **Purpose:** SURVEY/COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

### Complaint History (SEKARA LLC VII--0016520)

**Date Complaint Received:** 06/06/2024

**Date Investigation Completed:** 06/20/2024

Subject Area(s)  
PROGRAM SERVICES  
RESIDENT RIGHTS

Result  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

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