

Provider Inspection Summary

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

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 32.00 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

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: 0141220 **End Date:** 7/26/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #K0ZR11 Served 11/4/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY		
88.05(3)(a)	HOME ENVIRONMENT		
88.05(3)(d)	ANNUAL WELL WATER INSPECTIONS		
88.05(3)(e)2	HEATING SYSTEM INSPECTIONS		
88.05(4)(d)2.c	SEMI-ANNUAL FIRE DRILLS		
88.06(3)(f)	REVIEW OF ISP		

Survey ID: 0138312 **End Date:** 1/13/2022 **Type:** OTHER **Purpose:** DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #I40I11 Served 1/28/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(a)	RESPONSIBILITIES		

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Provider Inspection Summary

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

Adult Family Home

Enforcement History (LAKE AIRE MANOR--0010689)

Date: 11/2/2022 **SOD #**K0ZR11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 1/14/2022 **SOD #**I40I11 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

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

Adult Family Home

STATE OF WISCONSIN

Bureau of Assisted Living

P.O. Box 7940

Madison WI 53707-7940

Facility Information

Facility Name: COUNTRY LIFE AFH (0010042)

Address: 174295 BOUNDARY ROAD, HATLEY, WI 54440

License Status: REGULAR

Licensed/Certified/Registered 6/10/2003 12:00:00AM

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

Survey History

Survey ID: 0135760 **End Date:** 3/8/2021 **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

Adult Family Home

Facility Information

Facility Name: KIM TRYBA AFH (0015740)

Address: 212772 TRYBA RD, HATLEY, WI 54440

License Status: REGULAR

Licensed/Certified/Registered 6/29/2015 12:00:00AM

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

Survey History

Survey ID: 0139312 **End Date:** 4/19/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139146 **End Date:** 3/31/2022 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0138787 **End Date:** 2/9/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #BX6711 Served 2/23/2022

Deficiencies Cited
88.10(3)(l)

Subject Area
SAFE PHYSICAL ENVIRONMENT

Compliance
Verified
4/19/22

Corrected
Yes

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Provider Inspection Summary

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

Adult Family Home

Survey ID: 0138307 **End Date:** 1/13/2022 **Type:** OTHER **Purpose:** DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #MYNE11 Served 1/14/2022

Deficiencies Cited

88.04(2)(a)

Subject Area

RESPONSIBILITIES

Compliance

Verified

3/31/22

Corrected

Yes

Enforcement History (KIM TRYBA AFH--0015740)

Date: 2/23/2022 **SOD #**BX6711 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 1/14/2022 **SOD #**MYNE11 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: CARLSONS KINSHIP HOME (0017792)

Address: 3100 POPPAVE, MARSHFIELD, WI 54449

License Status: REGULAR

Licensed/Certified/Registered 9/3/2019 12:00:00AM

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

Survey History

Survey ID: 0142115 **End Date:** 2/8/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141113 **End Date:** 8/23/2022 **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 5/15/2020 to 5/15/2023

Adult Family Home

STATE OF WISCONSIN

Bureau of Assisted Living

P.O. Box 7940

Madison WI 53707-7940

Facility Information

Facility Name: CEDAR GATE (0012689)

Address: S2929 N FREY AVENUE, MARSHFIELD, WI 54449

License Status: REGULAR

Licensed/Certified/Registered 5/4/2009 12:00:00AM

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

Survey History

Survey ID: 0135761 **End Date:** 3/8/2021 **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

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 6/18/2018 12:00:00AM

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

Survey History

Survey ID: 0136436 **End Date:** 6/9/2021 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0135957 **End Date:** 3/29/2021 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #581M11 Served 4/13/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(g)1	HEALTH SCREENING FOR STAFF	6/9/21	Yes
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS	6/9/21	Yes
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY	6/9/21	Yes

Enforcement History (KRAMERS KOTTAGE FAMILY HOME--0016894)

Date: 4/13/2021 **SOD #**581M11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
ORDER TO COMPLY

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Provider Inspection Summary

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

Adult Family Home

Complaint History (KRAMERS KOTTAGE FAMILY HOME--0016894)

Date Complaint Received: 1/22/2021

Date Investigation Completed: 3/29/2021

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

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

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 6/23/2011 12:00:00AM

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

Survey History

Survey ID: 0140602 **End Date:** 8/24/2022 **Type:** STANDARD **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

Adult Family Home

STATE OF WISCONSIN

Bureau of Assisted Living

P.O. Box 7940

Madison WI 53707-7940

Facility Information

Facility Name: RIVER CITY ESTATES M311 (0013747)

Address: 112730 CTY RD C, MARSHFIELD, WI 54449

License Status: REGULAR

Licensed/Certified/Registered 6/23/2011 12:00:00AM

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

Survey History

Survey ID: 0140603 **End Date:** 8/24/2022 **Type:** STANDARD **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

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 6/18/2018 12:00:00AM

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

Survey History

Survey ID: 0136437 **End Date:** 6/9/2021 **Type:** STANDARD **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

Adult Family Home

STATE OF WISCONSIN

Bureau of Assisted Living

P.O. Box 7940

Madison WI 53707-7940

Facility Information

Facility Name: AURORA RESIDENTIAL ALTERNATIVES 124 (0010446)

Address: 798 STONE RIDGE DRIVE, MOSINEE, WI 54455

License Status: REGULAR

Licensed/Certified/Registered 3/11/2004 12:00:00AM

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

Survey History

Survey ID: 0135875 **End Date:** 3/18/2021 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0135465 **End Date:** 12/30/2020 **Type:** OTHER **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #UJ0H11 Served 1/22/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.03(5)(a)	SIGNIFICANT CHANGE IN SERVICES	3/18/21	Yes

Enforcement History (AURORA RESIDENTIAL ALTERNATIVES 124--0010446)

Date: 1/22/2021 **SOD #**UJ0H11 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

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

Adult Family Home

Complaint History (AURORA RESIDENTIAL ALTERNATIVES 124--0010446)

Date Complaint Received: 8/19/2020

Date Investigation Completed: 12/30/2020

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: Azalea Place LLC (0019222)

Address: 1116 19th St, Mosinee, WI 54455

License Status: REGULAR

Licensed/Certified/Registered 2/14/2023 12:00:00AM

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

Survey History

Survey ID: 0142195 **End Date:** 2/14/2023 **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

Adult Family Home

Facility Information

Facility Name: RUSTIC WILLOWS (0011444)

Address: 142943 MOON ROAD, MOSINEE, WI 54455

License Status: REGULAR

Licensed/Certified/Registered 6/1/2006 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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Provider Inspection Summary

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

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: 0138483 **End Date:** 1/13/2022 **Type:** OTHER **Purpose:** DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #FIP311 Served 1/26/2022

Deficiencies Cited
88.04(2)(a)

Subject Area
RESPONSIBILITIES

Compliance
Verified

Corrected

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

Date: 1/26/2022 **SOD #FIP311** **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

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

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:** 9/26/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0136308 **End Date:** 5/13/2021 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0135878 **End Date:** 3/9/2021 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #ZB7Y11 Served 3/26/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.10(3)(a)	FAIR TREATMENT	5/13/21	Yes

Enforcement History (EVEREST HOUSING LLC 2010--0015224)

Date: 3/26/2021 **SOD #**ZB7Y11 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

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

Adult Family Home

Complaint History (EVEREST HOUSING LLC 2010--0015224)

Date Complaint Received: 9/1/2022

Date Investigation Completed: 9/26/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 12/29/2020

Date Investigation Completed: 3/9/2021

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

ZB7Y11

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Provider Inspection Summary

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

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: 0142532 **End Date:** 1/3/2023 **Type:** STANDARD **Purpose:** SURVEY/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #0F9314 Served 3/22/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.03	LICENSING, POWERS AND DUTIES		
88.04(2)(b)	AWAKE STAFF FOR CONTINUOUS CARE		
88.05(4)(d)2.a	FIRE SAFETY EVACUATION PLAN REVIEW		

Survey ID: 0141179 **End Date:** 7/26/2022 **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 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 5/15/2020 to 5/15/2023

Adult Family Home

Survey ID: 0137749 **End Date:** 8/30/2021 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #0F9312 Served 11/11/2021

<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	7/26/22	No

Survey ID: 0136400 **End Date:** 5/27/2021 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #0F9311 Served 6/4/2021

<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	8/30/21	Yes
88.06(3)(a)	INDIVIDUAL SERVICE PLAN & ASSESSMENT	8/30/21	Yes

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Provider Inspection Summary

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

Adult Family Home

Enforcement History (EVEREST HOUSING LLC 2012--0015223)

Date: 3/22/2023 **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

Date: 11/11/2021 **SOD #**0F9312 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 6/3/2021 **SOD #**0F9311 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

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

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:** 1/9/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0138260 **End Date:** 1/11/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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

Date Complaint Received: 10/26/2022

Date Investigation Completed: 1/9/2023

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 5/15/2020 to 5/15/2023

Adult Family Home

STATE OF WISCONSIN

Bureau of Assisted Living

P.O. Box 7940

Madison WI 53707-7940

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:** 2/1/2022 **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

Adult Family Home

STATE OF WISCONSIN

Bureau of Assisted Living

P.O. Box 7940

Madison WI 53707-7940

Facility Information

Facility Name: C OF L HAVEN 2 (0011589)

Address: 9209 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: 0138613 **End Date:** 2/1/2022 **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

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 12/5/2022 12:00:00AM

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

Survey History

Survey ID: 0141540 **End Date:** 12/5/2022 **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

Adult Family Home

STATE OF WISCONSIN

Bureau of Assisted Living

P.O. Box 7940

Madison WI 53707-7940

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:** 6/29/2022 **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

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:** 6/29/2022 **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

Adult Family Home

Facility Information

Facility Name: SEKARA LLC V (0016456)

Address: 4907 ANNABELLE CT, WESTON, WI 54476

License Status: REGULAR

Licensed/Certified/Registered 4/22/2017 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

Adult Family Home

Facility Information

Facility Name: SEKARA LLC VI (0016514)

Address: 4909 ANNABELLE CT, WESTON, WI 54476

License Status: REGULAR

Licensed/Certified/Registered 4/22/2017 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

Adult Family Home

STATE OF WISCONSIN

Bureau of Assisted Living

P.O. Box 7940

Madison WI 53707-7940

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

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

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