

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 includes only facilities located within the City of WAUSAU. Reports for facilities located in other communities are listed separately on the DQA Facility Profile webpage.

The report is a PDF (Adobe Acrobat) document and includes a total of 27.00 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: A NEW VISIONS AF LLC (0015844)

Address: 503 N 4TH AVE, WAUSAU, WI 54401

License Status: REGULAR

Licensed/Certified/Registered 11/11/2015 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

Adult Family Home

STATE OF WISCONSIN

Bureau of Assisted Living

P.O. Box 7940

Madison WI 53707-7940

Facility Information

Facility Name: ASPEN (0018018)

Address: 1807 MILWAUKEE AVENUE, WAUSAU, WI 54403

License Status: REGULAR

Licensed/Certified/Registered 12/22/2020 12:00:00AM

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

Survey History

Survey ID: 0135450 **End Date:** 12/22/2020 **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: AURORA RESIDENTIAL ALTERNATIVES 129 (0011314)

Address: 1801 MILWAUKEE AVENUE, WAUSAU, WI 54403

License Status: REGULAR

Licensed/Certified/Registered 2/15/2006 12:00:00AM

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

Survey History

Survey ID: 0135926 **End Date:** 4/1/2021 **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

STATE OF WISCONSIN

Bureau of Assisted Living

P.O. Box 7940

Madison WI 53707-7940

Facility Information

Facility Name: BIRCHWOOD (0011888)

Address: 1811 MILWAUKEE AVENUE, WAUSAU, WI 54403

License Status: REGULAR

Licensed/Certified/Registered 5/10/2007 12:00:00AM

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

Survey History

Survey ID: 0139164 **End Date:** 4/4/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0138604 **End Date:** 1/18/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #NIHI11 Served 2/4/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(b)	FREE OF HAZARDS	4/4/22	Yes
88.07(3)(a)	PRESCRIPTION MEDICATIONS	4/4/22	Yes
88.09(1)(a)	RESIDENT RECORDS	4/4/22	Yes
88.10(3)(n)1	FREEDOM FROM SECLUSION AND RESTRAINTS	4/4/22	Yes

Enforcement History (BIRCHWOOD--0011888)

Date: 2/3/2022 **SOD #**NIHI11 **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: CHERISH (0012111)

Address: 1610 GINGER LANE, WAUSAU, WI 54403

License Status: REGULAR

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

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

Survey History

Survey ID: 0139162 **End Date:** 4/4/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0138556 **End Date:** 1/18/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #HKC111 Served 2/1/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(b)	FREE OF HAZARDS	4/4/22	Yes
88.07(4)(c)	FOOD PREPARED AND STORED SANITARY WAY	4/4/22	Yes

Enforcement History (CHERISH--0012111)

Date: 2/1/2022 **SOD #**HKC111 **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: DANE GREAT LLC (0018266)

Address: 7020 COUNTY ROAD K, WAUSAU, WI 54401

License Status: REGULAR

Licensed/Certified/Registered 1/1/2021 12:00:00AM

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

Survey History

Survey ID: 0143128 **End Date:** 3/28/2023 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #Z33T11 Served 5/22/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(h)	COMPLY WITH OSHA		
88.05(3)(d)	ANNUAL WELL WATER INSPECTIONS		
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT		

Survey ID: 0138560 **End Date:** 1/30/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0137833 **End Date:** 10/11/2021 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #O17N11 Served 11/23/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.10(3)(a)	FAIR TREATMENT	1/30/22	Yes

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Provider Inspection Summary

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

Adult Family Home

Survey ID: 0136483 **End Date:** 6/10/2021 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0135767 **End Date:** 2/25/2021 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #0WCJ11 Served 3/12/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.10(3)(a)	FAIR TREATMENT	6/10/21	Yes
88.10(3)(n)2	RESTRAINTS IN EMERGENCY	6/10/21	Yes

Survey ID: 0135325 **End Date:** 12/14/2020 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

Enforcement History (DANE GREAT LLC--0018266)

Date: 11/23/2021 **SOD #**O17N11 **Appealed:** No

Sanctions

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

Date: 3/11/2021 **SOD #**0WCJ11 **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 (DANE GREAT LLC--0018266)

Date Complaint Received: 2/8/2023

Subject Area(s)
PROGRAM SERVICES

Date Investigation Completed: 3/28/2023

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 9/28/2021

Subject Area(s)
RESIDENT RIGHTS

Date Investigation Completed: 10/11/2021

Result
SUBSTANTIATED

SOD #
O17N11

Date Complaint Received: 2/5/2021

Subject Area(s)
RESIDENT RIGHTS

Date Investigation Completed: 2/25/2021

Result
SUBSTANTIATED

SOD #
0WCJ11

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: EAGLES VIEW (0012338)

Address: 514 SHERMAN STREET #2, WAUSAU, WI 54401

License Status: REGULAR

Licensed/Certified/Registered 7/24/2008 12:00:00AM

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

Survey History

Survey ID: 0140116 **End Date:** 7/11/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0136380 **End Date:** 6/1/2021 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0135955 **End Date:** 4/7/2021 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #U3C211 Served 4/13/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.07(3)(a)	PRESCRIPTION MEDICATIONS	6/1/21	Yes

Enforcement History (EAGLES VIEW--0012338)

Date: 4/13/2021 **SOD #**U3C211 **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 (EAGLES VIEW--0012338)

Date Complaint Received: 4/7/2022

Date Investigation Completed: 7/11/2022

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

Facility Information

Facility Name: EMBERS (0012339)

Address: 514 SHERMAN STREET #1, WAUSAU, WI 54401

License Status: REGULAR

Licensed/Certified/Registered 7/24/2008 12:00:00AM

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

Survey History

Survey ID: 0135963 **End Date:** 4/12/2021 **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: NATURES WALK (0012370)

Address: 510 SHERMAN STREET #3, WAUSAU, WI 54401

License Status: REGULAR

Licensed/Certified/Registered 7/24/2008 12:00:00AM

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

Survey History

Survey ID: 0142761 **End Date:** 4/11/2023 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (NATURES WALK--0012370)

Date Complaint Received: 2/20/2023

Date Investigation Completed: 4/11/2023

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

Adult Family Home

Facility Information

Facility Name: NEW BEGINNINGS ADULT FAMILY HOME (0009118)

Address: 702 PLUMER STREET, WAUSAU, WI 54403

License Status: REGULAR

Licensed/Certified/Registered 9/1/2000 12:00:00AM

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

Survey History

Survey ID: 0138318 **End Date:** 1/13/2022 **Type:** OTHER **Purpose:** DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #5G1Y11 Served 1/14/2022

Deficiencies Cited
88.04(2)(a)

Subject Area
RESPONSIBILITIES

Compliance
Verified

Corrected

Enforcement History (NEW BEGINNINGS ADULT FAMILY HOME--0009118)

Date: 1/14/2022 **SOD #**5G1Y11 **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: PROMISE HOME REM WISCONSIN III INC (0016838)

Address: 2105 2107 NORTHWESTERN AVE, WAUSAU, WI 54403

License Status: REGULAR

Licensed/Certified/Registered 5/1/2018 12:00:00AM

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

Survey History

Survey ID: 0137266 **End Date:** 9/15/2021 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0136779 **End Date:** 6/30/2021 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #2FTR11 Served 7/21/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
50.065(2)(b)intro	ENTITY BACKGROUND CHECK REQUIREMENTS	9/15/21	Yes
50.065(3)(b)	COMPLETE BACKGROUND CHECK PROCESS	9/15/21	Yes
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS	9/15/21	Yes
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY	9/15/21	Yes
88.05(3)(a)	HOME ENVIRONMENT	9/15/21	Yes
88.05(3)(e)2.b	INSPECTIONS-GAS FURNACE	9/15/21	Yes

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Provider Inspection Summary

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

Adult Family Home

Enforcement History (PROMISE HOME REM WISCONSIN III INC--0016838)

Date: 7/21/2021 **SOD #**2FTR11 **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

Facility Information

Facility Name: PROSPECT PLACE (0010153)

Address: 412 PROSPECT AVENUE, WAUSAU, WI 54403

License Status: REGULAR

Licensed/Certified/Registered 10/1/2003 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: REM NORTHWESTERN (0012897)

Address: 1909 NORTHWESTERN AVENUE, WAUSAU, WI 544039321

License Status: REGULAR

Licensed/Certified/Registered 8/3/2009 12:00:00AM

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

Survey History

Survey ID: 0135380 **End Date:** 12/23/2020 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #I5SC11 Served 1/5/2021

Deficiencies Cited
88.05(3)(l)

Subject Area
BEDROOMS-PRIVACY

Compliance
Verified
2/19/21

Corrected

Enforcement History (REM NORTHWESTERN--0012897)

Date: 1/5/2021 **SOD #**I5SC11 **Appealed:** No

Sanctions

ORDER TO COMPLY

Complaint History (REM NORTHWESTERN--0012897)

Date Complaint Received: 12/11/2020

Date Investigation Completed: 12/23/2020

Subject Area(s)

PHYSICAL ENVIRONMENT/SAFETY

Result

SUBSTANTIATED

SOD #

I5SC11

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: REYNOLDS PLACE (0014480)

Address: 527 HAMILTON ST, WAUSAU, WI 54403

License Status: REGULAR

Licensed/Certified/Registered 1/4/2013 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

This is Page 19 of 27 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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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 I (0013700)

Address: 2013 NORTHWESTERN AVE, WAUSAU, WI 54403

License Status: REGULAR

Licensed/Certified/Registered 4/21/2011 12:00:00AM

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

Survey History

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This is Page 20 of 27 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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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 II (0011937)

Address: 2011 NORTHWESTERN AVENUE, WAUSAU, WI 54403

License Status: REGULAR

Licensed/Certified/Registered 7/2/2007 12:00:00AM

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

Survey History

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: THARENS PLACE (0011887)

Address: 1813 MILWAUKEE AVENUE, WAUSAU, WI 54403

License Status: REGULAR

Licensed/Certified/Registered 5/16/2007 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

Adult Family Home

Facility Information

Facility Name: TRANQUILITY WAY LLC I (0012146)

Address: 1920 MILWAUKEE AVENUE, WAUSAU, WI 54403

License Status: REGULAR

Licensed/Certified/Registered 10/31/2007 12:00:00AM

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

Survey History

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: TRANQUILITY WAY LLC II (0012147)

Address: 1922 MILWAUKEE AVENUE, WAUSAU, WI 54403

License Status: REGULAR

Licensed/Certified/Registered 10/31/2007 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

This is Page 24 of 27 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: UNITY (0012110)

Address: 1710 MILWAUKEE AVENUE, WAUSAU, WI 54403

License Status: REGULAR

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

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

Survey History

Survey ID: 0139005 **End Date:** 3/17/2022 **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: WILLOWS WAY (0012336)

Address: 510 SHERMAN STREET #4, WAUSAU, WI 54401

License Status: REGULAR

Licensed/Certified/Registered 7/24/2008 12:00:00AM

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

Survey History

Survey ID: 0142762 **End Date:** 4/11/2023 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141010 **End Date:** 10/5/2022 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #1M6C11 Served 10/13/2022

Deficiencies Cited

88.07(4)(c)

Subject Area

FOOD PREPARED AND STORED SANITARY
WAY

Compliance

Verified

4/11/23

Corrected

Yes

Enforcement History (WILLOWS WAY--0012336)

Date: 10/12/2022 **SOD #**1M6C11 **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 (WILLOWS WAY--0012336)

Date Complaint Received: 2/20/2023

Date Investigation Completed: 4/11/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 8/1/2022

Date Investigation Completed: 10/5/2022

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

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