

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 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 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 01/21/2022 to 01/20/2025

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

Survey ID: 0148422 **End Date:** 12/23/2024 **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: 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

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 129 (0011314)

Address: 1801 MILWAUKEE AVENUE, WAUSAU, WI 54403

License Status: REGULAR

Licensed/Certified/Registered 02/15/2006 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: BIRCHWOOD (0011888)

Address: 1811 MILWAUKEE AVENUE, WAUSAU, WI 54403

License Status: REGULAR

Licensed/Certified/Registered 05/10/2007 12:00:00AM

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

Survey History

Survey ID: 0139164 **End Date:** 04/04/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (BIRCHWOOD--0011888)

Date: 02/03/2022 **SOD #:** NIHI11 **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: 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: 0147579 **End Date:** 09/11/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0145812 **End Date:** 03/05/2024 **Type:** STANDARD **Purpose:** SURVEY/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0143585 **End Date:** 05/03/2023 **Type:** OTHER **Purpose:** SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #YGTK11 Served 07/06/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(f)	CONDITION WHICH REPRESENTS RISK OR HARM	3/5/24	Yes
88.07(4)(e)	SPECIAL DIETS	3/5/24	Yes

Survey ID: 0139162 **End Date:** 04/04/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

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

Enforcement History (CHERISH--0012111)

Date: 07/06/2023 **SOD #** YGTK11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 02/01/2022 **SOD #** HKC111 **Appealed:** No

Sanctions

ORDER TO COMPLY

Complaint History (CHERISH--0012111)

Date Complaint Received: 08/08/2024

Date Investigation Completed: 09/11/2024

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: DANE GREAT LLC (0018266)

Address: 7020 COUNTY ROAD K, WAUSAU, WI 54401

License Status: REGULAR

Licensed/Certified/Registered 01/01/2021 12:00:00AM

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

Survey History

Survey ID: 0145360 **End Date:** 01/22/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0143128 **End Date:** 03/28/2023 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #Z33T11 Served 05/22/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(h)	COMPLY WITH OSHA	1/22/24	Yes
88.05(3)(d)	ANNUAL WELL WATER INSPECTIONS	1/22/24	Yes
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT	1/22/24	Yes

Survey ID: 0138560 **End Date:** 01/30/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

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

Enforcement History (DANE GREAT LLC--0018266)

Date: 05/22/2023 **SOD #**Z33T11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Complaint History (DANE GREAT LLC--0018266)

Date Complaint Received: 02/08/2023

Date Investigation Completed: 03/28/2023

Subject Area(s)
PROGRAM SERVICES

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: EAGLES VIEW (0012338)

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

License Status: REGULAR

Licensed/Certified/Registered 07/24/2008 12:00:00AM

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

Survey History

Survey ID: 0140116 **End Date:** 07/11/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (EAGLES VIEW--0012338)

Date Complaint Received: 04/07/2022

Date Investigation Completed: 07/11/2022

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 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: EMBERS (0012339)

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

License Status: REGULAR

Licensed/Certified/Registered 07/24/2008 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: NATURES WALK (0012370)

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

License Status: REGULAR

Licensed/Certified/Registered 07/24/2008 12:00:00AM

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

Survey History

Survey ID: 0142761 **End Date:** 04/11/2023 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (NATURES WALK--0012370)

Date Complaint Received: 02/20/2023

Date Investigation Completed: 04/11/2023

Subject Area(s)
PROGRAM SERVICES

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: NEW BEGINNINGS ADULT FAMILY HOME (0009118)

Address: 702 PLUMER STREET, WAUSAU, WI 54403

License Status: REGULAR

Licensed/Certified/Registered 09/01/2000 12:00:00AM

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

Survey History

Survey ID: 0145362 **End Date:** 01/22/2024 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0145125 **End Date:** 12/26/2023 **Type:** OTHER **Purpose:** DESK REVIEW

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: PROMISE HOME REM WISCONSIN III INC (0016838)

Address: 2105 2107 NORTHWESTERN AVE, WAUSAU, WI 54403

License Status: REGULAR

Licensed/Certified/Registered 05/01/2018 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: PROSPECT PLACE (0010153)

Address: 412 PROSPECT AVENUE, WAUSAU, WI 54403

License Status: REGULAR

Licensed/Certified/Registered 10/01/2003 12:00:00AM

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

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: REM NORTHWESTERN (0012897)

Address: 1909 NORTHWESTERN AVENUE, WAUSAU, WI 544039321

License Status: REGULAR

Licensed/Certified/Registered 08/03/2009 12:00:00AM

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

Survey History

Survey ID: 0145355 **End Date:** 01/22/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0143425 **End Date:** 05/11/2023 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #41CT11 Served 06/20/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE	1/22/24	Yes
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT	1/22/24	Yes

Enforcement History (REM NORTHWESTERN--0012897)

Date: 06/20/2023 **SOD #**41CT11 **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: REYNOLDS PLACE (0014480)

Address: 527 HAMILTON ST, WAUSAU, WI 54403

License Status: REGULAR

Licensed/Certified/Registered 01/04/2013 12:00:00AM

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

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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 I (0013700)

Address: 2013 NORTHWESTERN AVE, WAUSAU, WI 54403

License Status: REGULAR

Licensed/Certified/Registered 04/21/2011 12:00:00AM

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

Survey History

Survey ID: 0146960 **End Date:** 07/15/2024 **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 II (0011937)

Address: 2011 NORTHWESTERN AVENUE, WAUSAU, WI 54403

License Status: REGULAR

Licensed/Certified/Registered 07/02/2007 12:00:00AM

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

Survey History

Survey ID: 0147166 **End Date:** 07/15/2024 **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: THARENS PLACE (0011887)

Address: 1813 MILWAUKEE AVENUE, WAUSAU, WI 54403

License Status: REGULAR

Licensed/Certified/Registered 05/16/2007 12:00:00AM

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

Survey History

Survey ID: 0145003 **End Date:** 12/07/2023 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (THARENS PLACE--0011887)

Date Complaint Received: 09/28/2023

Date Investigation Completed: 12/07/2023

Subject Area(s)

Result

SOD #

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: 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: 0147816 **End Date:** 09/11/2024 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #KZEG11 Served 10/14/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(a)	RESPONSIBILITIES	1/22/25	Yes

Survey ID: 0139005 **End Date:** 03/17/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (UNITY--0012110)

Date: 10/14/2024 **SOD #**KZEG11 **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 (UNITY--0012110)

Date Complaint Received: 08/08/2024

Date Investigation Completed: 09/11/2024

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

KZEG11

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: WILLOWS WAY (0012336)

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

License Status: REGULAR

Licensed/Certified/Registered 07/24/2008 12:00:00AM

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

Survey History

Survey ID: 0142762 **End Date:** 04/11/2023 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141010 **End Date:** 10/05/2022 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

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

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.07(4)(c)	FOOD PREPARED AND STORED SANITARY WAY	4/11/23	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 01/21/2022 to 01/20/2025

Adult Family Home

Complaint History (WILLOWS WAY--0012336)

Date Complaint Received: 02/20/2023

Date Investigation Completed: 04/11/2023

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 08/01/2022

Date Investigation Completed: 10/05/2022

Subject Area(s)
ADMINISTRATION
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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