

## Provider Inspection Summary

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

Marathon

### Notes

**This report includes Provider Inspection Summaries (Facility Profiles) for Community-Based Residential Facilities in Marathon County.**

**The report is a PDF (Adobe Acrobat) document and includes a total of 37.00 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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** WATERFORD AT COLBY (THE) (0015955)

**Address:** 1110 N DIVISION STREET, COLBY, WI 54421

**License Status:** REGULAR

**Licensed/Certified/Registered** 02/01/2017 12:00:00AM

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

### Survey History

**Survey ID:** 0148198    **End Date:** 11/27/2024    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0146015    **End Date:** 03/19/2024    **Type:** OTHER    **Purpose:** COMPLAINT/SELF REPORT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #MPCX11    Served 03/28/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.37(1)(g)	DISPOSITION OF MEDICATIONS	3/28/24	

**Survey ID:** 0143578    **End Date:** 06/27/2023    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT/SELF REPORT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #DZ0011    Served 07/05/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(4)	RESIDENT SATISFACTION EVALUATION	9/7/23	

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Survey ID:** 0139159      **End Date:** 03/29/2022      **Type:** OTHER      **Purpose:** COMPLAINT/SELF REPORT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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**Provider Inspection Summary**

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Complaint History (WATERFORD AT COLBY (THE)--0015955)**

**Date Complaint Received: 10/31/2024**

**Date Investigation Completed: 11/27/2024**

Subject Area(s)

Result

SOD #

ADMINISTRATION  
 PHYSICAL ENVIRONMENT/SAFETY  
 RESIDENT RIGHTS

NOT SUBSTANTIATED  
 NOT SUBSTANTIATED  
 NOT SUBSTANTIATED

**Date Complaint Received: 09/09/2024**

**Date Investigation Completed: 11/27/2024**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

**Date Complaint Received: 08/19/2024**

**Date Investigation Completed: 11/27/2024**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES  
 PHYSICAL ENVIRONMENT/SAFETY  
 PROGRAM SERVICES

NOT SUBSTANTIATED  
 NOT SUBSTANTIATED  
 NOT SUBSTANTIATED

**Date Complaint Received: 02/06/2024**

**Date Investigation Completed: 03/19/2024**

Subject Area(s)

Result

SOD #

ADMINISTRATION  
 PROGRAM SERVICES  
 STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED  
 SUBSTANTIATED  
 NOT SUBSTANTIATED

MPCX11

**Date Complaint Received: 06/05/2023**

**Date Investigation Completed: 06/27/2023**

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY  
 STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED  
 NOT SUBSTANTIATED

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Date Complaint Received: 02/15/2022**

**Date Investigation Completed: 03/29/2022**

Subject Area(s)  
PROGRAM SERVICES

<u>Result</u>	<u>SOD #</u>
NOT SUBSTANTIATED	

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** EVERGREEN PARK ASSISTED LIVING (0018525)

**Address:** 1957 KOWALSKI ROAD, KRONENWETTER, WI 54455

**License Status:** REGULAR

**Licensed/Certified/Registered** 06/09/2021 12:00:00AM

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

### Survey History

**Survey ID:** 0140436    **End Date:** 07/25/2022    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0138880    **End Date:** 03/03/2022    **Type:** STANDARD    **Purpose:** SURVEY

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

### Complaint History (EVERGREEN PARK ASSISTED LIVING--0018525)

**Date Complaint Received:** 05/05/2022

**Date Investigation Completed:** 07/25/2022

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** OAK HEIGHTS ASSISTED LIVING (0018526)

**Address:** 2023 KIMBERLY ROAD, KRONENWETTER, WI 54455

**License Status:** REGULAR

**Licensed/Certified/Registered** 06/09/2021 12:00:00AM

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

### Survey History

**Survey ID:** 0138878    **End Date:** 03/03/2022    **Type:** STANDARD    **Purpose:** SURVEY

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

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** Copperleaf Assisted Living of Marathon (0020363)

**Address:** 663 Maratech Ave, Marathon, WI 54448

**License Status:** REGULAR

**Licensed/Certified/Registered** 06/01/2024 12:00:00AM

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

### Survey History

**Survey ID:** 0148202    **End Date:** 11/27/2024    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0146580    **End Date:** 04/26/2024    **Type:** INITIAL    **Purpose:** SURVEY

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

### Complaint History (Copperleaf Assisted Living of Marathon--0020363)

**Date Complaint Received:** 11/08/2024

**Date Investigation Completed:** 11/27/2024

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** CLARITY CARE FERN (0018940)

**Address:** 3013 MANN STREET, MARSHFIELD, WI 54449

**License Status:** REGULAR

**Licensed/Certified/Registered** 03/01/2022 12:00:00AM

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

### Survey History

**Survey ID:** 0141077    **End Date:** 10/13/2022    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0140016    **End Date:** 06/29/2022    **Type:** STANDARD    **Purpose:** SURVEY

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

**Survey ID:** 0139090    **End Date:** 03/29/2022    **Type:** INITIAL    **Purpose:** SURVEY

**Results:** PROBATIONARY LICENSE ISSUED

### Complaint History (CLARITY CARE FERN--0018940)

**Date Complaint Received:** 08/30/2022

**Date Investigation Completed:** 10/13/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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### Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

#### Facility Information

**Facility Name:** CLARITY CARE VILLA (0018276)

**Address:** 3017 MANN STREET, MARSHFIELD, WI 54449

**License Status:** REGULAR

**Licensed/Certified/Registered** 02/17/2021 12:00:00AM

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

#### Survey History

**Survey ID:** 0147107    **End Date:** 06/17/2024    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #31KJ11    Served 07/26/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)(1)	RIGHTS OF RESIDENTS: LEAST RESTRICTIVE		

**Survey ID:** 0143663    **End Date:** 07/17/2023    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT/VV

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0142145    **End Date:** 02/08/2023    **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Survey ID: 0141145 End Date: 10/17/2022 Type: OTHER Purpose: COMPLAINT**

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #T9Q311 Served 10/26/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(4)(b)	REPORTING WHEN LAW ENFORCEMENT IS CALLED	12/10/22	

**Survey ID: 0140744 End Date: 08/29/2022 Type: OTHER Purpose: COMPLAINT**

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #G3XO11 Served 09/13/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.38(1)(h)	MEDICATION ADMINISTRATION	2/8/23	Yes

**Enforcement History (CLARITY CARE VILLA--0018276)**

**Date: 07/26/2024 SOD #31KJ11 Appealed: Decision: PENDING**

Sanctions  
 ORDER TO COMPLY  
 FORFEITURE---83.32(3)(l)

**Date: 09/13/2022 SOD #G3XO11 Appealed: No**

Sanctions  
 ORDER TO COMPLY

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Complaint History (CLARITY CARE VILLA--0018276)

**Date Complaint Received: 05/08/2024**

**Date Investigation Completed: 06/17/2024**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

31KJ11

**Date Complaint Received: 06/19/2023**

**Date Investigation Completed: 07/17/2023**

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

**Date Complaint Received: 09/20/2022**

**Date Investigation Completed: 10/17/2022**

Subject Area(s)

Result

SOD #

ADMINISTRATION

SUBSTANTIATED

T9Q311

RESIDENT RIGHTS

NOT SUBSTANTIATED

**Date Complaint Received: 06/06/2022**

**Date Investigation Completed: 08/29/2022**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

G3XO11

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### Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

#### Facility Information

**Facility Name:** CEDAR CREEK MANOR I (611026)

**Address:** 2480 TERREBONNE DRIVE, MOSINEE, WI 54455

**License Status:** REGULAR

**Licensed/Certified/Registered** 08/01/1998 12:00:00AM

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

#### Survey History

**Survey ID:** 0145769    **End Date:** 02/27/2024    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0144765    **End Date:** 11/02/2023    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #D3BZ11    Served 11/08/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.17(1)	LICENSEE CONDUCT CAREGIVER BACKGROUND CHECK	2/27/24	Yes
83.37(1)(e)	MEDICATION REGIMEN, ADMINISTRATION REVIEW	2/27/24	Yes
83.37(1)(h)	SCHEDULED PSYCHOTROPIC MEDICATIONS	2/27/24	Yes
83.37(1)(i)	PRN PSYCHOTROPIC MEDICATION	2/27/24	Yes

#### Enforcement History (CEDAR CREEK MANOR I--611026)

**Date:** 11/08/2023    **SOD #**D3BZ11    **Appealed:** No

Sanctions

ORDER TO COMPLY

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### Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

#### Complaint History (CEDAR CREEK MANOR I--611026)

**Date Complaint Received: 08/21/2023**

**Date Investigation Completed: 11/02/2023**

Subject Area(s)  
ADMINISTRATION  
PROGRAM SERVICES  
RESIDENT RIGHTS

<u>Result</u>	<u>SOD #</u>
NOT SUBSTANTIATED	
NOT SUBSTANTIATED	
NOT SUBSTANTIATED	

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### Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

#### Facility Information

**Facility Name:** CEDAR CREEK MANOR II (0009074)

**Address:** 2482 TERREBONNE DRIVE, MOSINEE, WI 54455

**License Status:** REGULAR

**Licensed/Certified/Registered** 03/01/2001 12:00:00AM

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

#### Survey History

**Survey ID:** 0144763    **End Date:** 11/02/2023    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #KWP311    Served 11/08/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.37(1)(e)	MEDICATION REGIMEN, ADMINISTRATION REVIEW	1/17/23	

#### Complaint History (CEDAR CREEK MANOR II--0009074)

**Date Complaint Received:** 08/21/2023

**Date Investigation Completed:** 11/02/2023

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
ADMINISTRATION	NOT SUBSTANTIATED	
PROGRAM SERVICES	NOT SUBSTANTIATED	
RESIDENT RIGHTS	NOT SUBSTANTIATED	

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** PINE MEADOWS 4 (0019329)

**Address:** 385 Orbiting Dr, Mosinee, WI 54455

**License Status:** REGULAR

**Licensed/Certified/Registered** 04/04/2023 12:00:00AM

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

### Survey History

**Survey ID:** 0145738    **End Date:** 02/26/2024    **Type:** OTHER    **Purpose:** COMPLAINT/VV

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0145071    **End Date:** 11/30/2023    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT/VV

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #M3J812    Served 12/15/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(3)(a)	INVESTIGATE INJURIES OF UNKNOWN SOURCE	2/26/24	Yes
83.25	CONTINUING EDUCATION	2/26/24	Yes
83.28(4)(a)	RESIDENT HEALTH SCREENING AND DOCUMENTATION	2/26/24	Yes
83.35(2)	TEMPORARY SERVICE PLAN	2/24/24	Yes
83.35(4)	RESIDENT SATISFACTION EVALUATION	2/24/24	Yes
83.37(1)(e)	MEDICATION REGIMEN, ADMINISTRATION REVIEW	2/24/24	Yes
83.37(1)(h)	SCHEDULED PSYCHOTROPIC MEDICATIONS	2/26/24	Yes
83.39(2)	INFECTION CONTROL PROGRAM POLICIES/TRAINING	2/26/24	Yes

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### Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Survey ID: 0143769    End Date: 06/23/2023    Type: OTHER    Purpose: COMPLAINT**

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #M3J811    Served 07/27/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	11/30/23	Yes
83.37(3)(a)	MEDICATION STORAGE: ORIGINAL CONTAINERS	11/30/23	Yes
83.37(3)(g)	MEDICATION STORAGE: CONTROLLED SUBSTANCES	11/30/23	Yes
83.41(2)(a)	NUTRITION: DIET	11/30/23	Yes

**Survey ID: 0142673    End Date: 04/04/2023    Type: INITIAL    Purpose: CHOW--DESK REVIEW**

**Results:** PROBATIONARY LICENSE ISSUED

#### Enforcement History (PINE MEADOWS 4--0019329)

**Date: 12/15/2023    SOD #M3J812    Appealed: No**

Sanctions  
ORDER TO COMPLY

**Date: 07/26/2023    SOD #M3J811    Appealed:**

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

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**Provider Inspection Summary**

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Complaint History (PINE MEADOWS 4--0019329)**

**Date Complaint Received: 02/07/2024**

**Date Investigation Completed: 02/26/2024**

Subject Area(s)  
 ADMINISTRATION  
 RESIDENT RIGHTS

Result  
 NOT SUBSTANTIATED  
 NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 10/16/2023**

**Date Investigation Completed: 11/30/2023**

Subject Area(s)  
 ADMINISTRATION  
 RESIDENT RIGHTS

Result  
 NOT SUBSTANTIATED  
 SUBSTANTIATED

SOD #  
  
 M3J812

**Date Complaint Received: 08/27/2023**

**Date Investigation Completed: 11/30/2023**

Subject Area(s)  
 PROGRAM SERVICES

Result  
 SUBSTANTIATED

SOD #  
 M3J812

**Date Complaint Received: 06/05/2023**

**Date Investigation Completed: 06/23/2023**

Subject Area(s)  
 ADMINISTRATION  
 PHYSICAL ENVIRONMENT/SAFETY

Result  
 SUBSTANTIATED  
 NOT SUBSTANTIATED

SOD #  
 M3J811

**Date Complaint Received: 05/04/2023**

**Date Investigation Completed: 06/23/2023**

Subject Area(s)  
 ADMINISTRATION  
 RESIDENT RIGHTS  
 STAFF TRAINING AND PROFICIENCY

Result  
 NOT SUBSTANTIATED  
 SUBSTANTIATED  
 NOT SUBSTANTIATED

SOD #  
  
 M3J811

**Date Complaint Received: 04/18/2023**

**Date Investigation Completed: 06/23/2023**

Subject Area(s)  
 STAFF TRAINING AND PROFICIENCY

Result  
 SUBSTANTIATED

SOD #  
 M3J811

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** WILLOW HAVEN CBRF LLC (0012930)

**Address:** 804 12TH STREET, MOSINEE, WI 54455

**License Status:** REGULAR

**Licensed/Certified/Registered** 02/01/2011 12:00:00AM

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

### Survey History

**Survey ID:** 0143413    **End Date:** 06/19/2023    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0138869    **End Date:** 03/02/2022    **Type:** ABBREVIATED    **Purpose:** SURVEY/COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

### Complaint History (WILLOW HAVEN CBRF LLC--0012930)

**Date Complaint Received:** 05/17/2023

**Date Investigation Completed:** 06/19/2023

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PROGRAM SERVICES

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

#### Facility Information

**Facility Name:** Copperleaf Assisted Living of Schofield (0020366)

**Address:** 1408 Lili Lane, Schofield, WI 54476

**License Status:** REGULAR

**Licensed/Certified/Registered** 06/01/2024 12:00:00AM

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

#### Survey History

**Survey ID:** 0148122    **End Date:** 11/13/2024    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0146581    **End Date:** 04/26/2024    **Type:** INITIAL    **Purpose:** SURVEY

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

#### Complaint History (Copperleaf Assisted Living of Schofield--0020366)

**Date Complaint Received:** 10/23/2024

**Date Investigation Completed:** 11/13/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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### Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

#### Facility Information

**Facility Name:** Copperleaf Memory Care of Schofield (0020445)

**Address:** 1404 Lili Lane, Schofield, WI 54476

**License Status:** REGULAR

**Licensed/Certified/Registered** 06/01/2024 12:00:00AM

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

#### Survey History

**Survey ID:** 0148253    **End Date:** 12/04/2024    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0147754    **End Date:** 10/01/2024    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #2GNJ11    Served 10/03/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(4)(c)	REPORTING INCIDENTS WITH SERIOUS INJURY		
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION		

**Survey ID:** 0146582    **End Date:** 04/26/2024    **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

#### Enforcement History (Copperleaf Memory Care of Schofield--0020445)

**Date:** 10/03/2024      **SOD #**2GNJ11      **Appealed:** Yes      **Decision:** DISMISSED

Sanctions

ORDER TO COMPLY

#### Complaint History (Copperleaf Memory Care of Schofield--0020445)

**Date Complaint Received:** 10/28/2024      **Date Investigation Completed:** 12/04/2024

Subject Area(s)      Result      SOD #  
STAFF TRAINING AND PROFICIENCY      NOT SUBSTANTIATED

**Date Complaint Received:** 09/10/2024      **Date Investigation Completed:** 10/01/2024

Subject Area(s)      Result      SOD #  
PROGRAM SERVICES      NOT SUBSTANTIATED

**Date Complaint Received:** 08/07/2024      **Date Investigation Completed:** 10/01/2024

Subject Area(s)      Result      SOD #  
PROGRAM SERVICES      NOT SUBSTANTIATED

**Date Complaint Received:** 08/02/2024      **Date Investigation Completed:** 10/01/2024

Subject Area(s)      Result      SOD #  
PROGRAM SERVICES      SUBSTANTIATED      2GNJ11

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### Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

#### Facility Information

**Facility Name:** PINE MEADOWS 1 (0019326)

**Address:** 4930 Alderson St, Schofield, WI 54476

**License Status:** REGULAR

**Licensed/Certified/Registered** 04/04/2023 12:00:00AM

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

#### Survey History

**Survey ID:** 0145153    **End Date:** 12/21/2023    **Type:** STANDARD    **Purpose:** SURVEY/SELF REPORT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0143252    **End Date:** 06/01/2023    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0142666    **End Date:** 04/04/2023    **Type:** INITIAL    **Purpose:** SURVEY

**Results:** PROBATIONARY LICENSE ISSUED

#### Complaint History (PINE MEADOWS 1--0019326)

**Date Complaint Received:** 04/18/2023

**Date Investigation Completed:** 06/01/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** PINE MEADOWS 2 (0019328)

**Address:** 4932 Alderson St, Schofield, WI 54476

**License Status:** REGULAR

**Licensed/Certified/Registered** 04/04/2023 12:00:00AM

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

### Survey History

**Survey ID:** 0145472    **End Date:** 01/31/2024    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0144935    **End Date:** 11/08/2023    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #CCZ611    Served 12/04/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(1)-(3)	ALL EMPLOYEE TRAINING	1/31/24	Yes
83.22(1)-(4)	TASK SPECIFIC TRAINING	1/31/24	Yes
83.37(1)(h)	SCHEDULED PSYCHOTROPIC MEDICATIONS	1/31/24	Yes
83.37(1)(i)	PRN PSYCHOTROPIC MEDICATION	1/31/24	Yes
83.37(2)(e)	OTHER ADMINISTRATION GIVEN OR DELEGATED BY RN	1/31/24	Yes
83.44(2)(c)	INTERIOR FLOORS, WALLS AND CEILINGS	1/31/24	Yes
83.47(2)(d)	FIRE DRILLS	1/31/24	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	1/31/24	Yes
83.47(3)	FIRE INSPECTION	1/31/24	Yes
83.48(1)(a)	SMOKE DETECTION SYSTEM	1/31/24	Yes

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### Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0142670    End Date: 04/04/2023    Type: INITIAL    Purpose: CHOW--DESK REVIEW

Results: PROBATIONARY LICENSE ISSUED

#### Enforcement History (PINE MEADOWS 2--0019328)

Date: 12/04/2023    SOD #CCZ611    Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
COMPLY WITH REQUIREMENT  
ORDER TO COMPLY  
FORFEITURE---83.21(1-3)  
FORFEITURE---83.22(1-4)

#### Complaint History (PINE MEADOWS 2--0019328)

Date Complaint Received: 10/16/2023

Date Investigation Completed: 11/08/2023

Subject Area(s)  
PROGRAM SERVICES

Result  
SUBSTANTIATED

SOD #  
CCZ611

Date Complaint Received: 10/03/2023

Date Investigation Completed: 11/08/2023

Subject Area(s)  
PHYSICAL ENVIRONMENT/SAFETY  
PROGRAM SERVICES  
RESIDENT RIGHTS  
STAFF TRAINING AND PROFICIENCY

Result  
SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #  
CCZ611

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** PINE MEADOWS 3 (0019331)

**Address:** 2309 Ross Avenue, Schofield, WI 54476

**License Status:** REGULAR

**Licensed/Certified/Registered** 04/04/2023 12:00:00AM

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

### Survey History

**Survey ID:** 0145124    **End Date:** 12/21/2023    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0142671    **End Date:** 04/04/2023    **Type:** INITIAL    **Purpose:** CHOW--DESK REVIEW

**Results:** PROBATIONARY LICENSE ISSUED

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS AS (SEMIAMBULATORY)

### Facility Information

**Facility Name:** BACK COUNTRY MANOR (0011758)

**Address:** 104995 BACK COUNTRY RD, SPENCER, WI 54479

**License Status:** REGULAR

**Licensed/Certified/Registered** 08/01/2007 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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

#### Facility Information

**Facility Name:** VITACARE LIVING - STRATFORD I (0018760)

**Address:** 213721 LEGION ST, STRATFORD, WI 54484

**License Status:** REGULAR

**Licensed/Certified/Registered** 03/01/2023 12:00:00AM

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

#### Survey History

**Survey ID:** 0146638    **End Date:** 06/03/2024    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT/SELF REPORT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #X5MU11    Served 06/05/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.32(3)(n)	RIGHTS OF RESIDENTS: SAFE ENVIRONMENT	1/22/25	Yes
83.35(3)(c)	IMPLEMENT, FOLLOW THE INDIVIDUAL SERVICE PLAN	1/22/25	Yes

**Survey ID:** 0142173    **End Date:** 02/13/2023    **Type:** OTHER    **Purpose:** COMPLAINT/VV

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

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**Provider Inspection Summary**

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Survey ID: 0141633    End Date: 11/11/2022    Type: STANDARD    Purpose: SURVEY**

**Results: ENFORCEMENT ACTION**

**Statement of Deficiency: #CH9U11    Served 12/16/2022**

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	2/13/23	Yes
83.32(3)(g)	RIGHTS OF RESIDENTS: FREE OF PHYSICAL RESTRAINTS	2/13/23	Yes
83.37(1)(h)	SCHEDULED PSYCHOTROPIC MEDICATIONS	2/13/23	Yes

**Enforcement History (VITACARE LIVING - STRATFORD I--0018760)**

**Date: 06/05/2024    SOD #X5MU11    Appealed: No**

Sanctions  
 ORDER TO COMPLY

**Date: 12/16/2022    SOD #CH9U11    Appealed: No**

Sanctions  
 ORDER TO COMPLY  
 FORFEITURE---83.20(1)(a-d)

**Complaint History (VITACARE LIVING - STRATFORD I--0018760)**

**Date Complaint Received: 03/05/2024    Date Investigation Completed: 06/03/2024**

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
ADMINISTRATION	NOT SUBSTANTIATED	
RESIDENT RIGHTS	NOT SUBSTANTIATED	

**Date Complaint Received: 01/10/2023    Date Investigation Completed: 02/13/2023**

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PROGRAM SERVICES	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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** Andrea Street CBRF (0019937)

**Address:** 9205 Andrea St, Weston, WI 54476

**License Status:** REGULAR

**Licensed/Certified/Registered** 11/24/2023 12:00:00AM

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

### Survey History

**Survey ID:** 0147345    **End Date:** 08/15/2024    **Type:** STANDARD    **Purpose:** SURVEY

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

**Survey ID:** 0145449    **End Date:** 10/30/2023    **Type:** INITIAL    **Purpose:** CHOW--DESK REVIEW

**Results:** PROBATIONARY LICENSE ISSUED

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### Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

#### Facility Information

**Facility Name:** CARE PARTNERS ASSISTED LIVING WESTON II (0013949)

**Address:** 5905 DELIKOWSKI ST, WESTON, WI 54476

**License Status:** REGULAR

**Licensed/Certified/Registered** 11/14/2011 12:00:00AM

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

#### Survey History

**Survey ID:** 0140360    **End Date:** 08/02/2022    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

#### Complaint History (CARE PARTNERS ASSISTED LIVING WESTON II--0013949)

**Date Complaint Received:** 06/12/2022

**Date Investigation Completed:** 08/02/2022

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

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### Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

#### Facility Information

**Facility Name:** CARE PARTNERS ASSISTED LIVING WESTON (0011313)

**Address:** 5855 DELIKOWSKI STREET, WESTON, WI 54476

**License Status:** REGULAR

**Licensed/Certified/Registered** 09/01/2006 12:00:00AM

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

#### Survey History

**Survey ID:** 0142185    **End Date:** 02/08/2023    **Type:** STANDARD    **Purpose:** SURVEY/SELF REPORT/VV

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #TVDR12    Served 02/16/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.46(1)(f)	COMBUSTIBLES	4/2/23	

**Survey ID:** 0139956    **End Date:** 04/21/2022    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #TVDR11    Served 06/24/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.39(1)	INFECTION CONTROL PROGRAM	2/8/23	Yes

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### Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

#### Enforcement History (CARE PARTNERS ASSISTED LIVING WESTON--0011313)

**Date:** 06/24/2022      **SOD #**TVDR11      **Appealed:**

Sanctions

COMPLY WITH REQUIREMENT  
ORDER TO COMPLY  
FORFEITURE---83.39(1)

#### Complaint History (CARE PARTNERS ASSISTED LIVING WESTON--0011313)

**Date Complaint Received:** 02/28/2022

**Date Investigation Completed:** 04/21/2022

Subject Area(s)

STAFF TRAINING AND PROFICIENCY

Result

SUBSTANTIATED

SOD #

TVDR11

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** Chadwick St CBRF (0019940)

**Address:** 5006 Chadwick St, Weston, WI 54476

**License Status:** REGULAR

**Licensed/Certified/Registered** 10/24/2024 12:00:00AM

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

### Survey History

**Survey ID:** 0147573    **End Date:** 09/12/2024    **Type:** STANDARD    **Purpose:** SURVEY

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

**Survey ID:** 0145450    **End Date:** 10/30/2023    **Type:** INITIAL    **Purpose:** CHOW--DESK REVIEW

**Results:** PROBATIONARY LICENSE ISSUED

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** PRIDE TLC THERAPY AND LIVING CAMPUS (0014504)

**Address:** 7805 BIRCH ST, WESTON, WI 54476

**License Status:** REGULAR

**Licensed/Certified/Registered** 03/15/2013 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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

#### Facility Information

**Facility Name:** PRIMROSE MEMORY CARE OF WAUSAU (0016736)

**Address:** 7704 FRANCISCAN WAY, WESTON, WI 54476

**License Status:** REGULAR

**Licensed/Certified/Registered** 10/11/2017 12:00:00AM

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

#### Survey History

**Survey ID:** 0144494    **End Date:** 10/10/2023    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0143136    **End Date:** 04/19/2023    **Type:** STANDARD    **Purpose:** SURVEY/SELF REPORT/VV

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #8S3V13    Served 05/22/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(5)(a)	INITIAL EVALUATION OF EVACUATION LIMITATIONS	10/10/23	Yes
83.47(2)(d)	FIRE DRILLS	10/10/23	Yes

**Survey ID:** 0141305    **End Date:** 08/31/2022    **Type:** OTHER    **Purpose:** SELF REPORT/VV

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #8S3V12    Served 11/09/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.09(1)(f)	PRIVACY	4/19/23	Yes

**This is Page 36 of 37 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

**Disclaimer:** This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

### Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

#### Enforcement History (PRIMROSE MEMORY CARE OF WAUSAU--0016736)

**Date:** 05/22/2023      **SOD #**8S3V13      **Appealed:** No

Sanctions  
ORDER TO COMPLY

**Date:** 11/09/2022      **SOD #**8S3V12      **Appealed:**

Sanctions  
ORDER TO COMPLY  
FORFEITURE---50.09(1)(F)

**This is Page 37 of 37 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

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