

Provider Inspection Summary

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

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 41.00 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

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 2/1/2017 12:00:00AM

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

Survey History

Survey ID: 0139159 **End Date:** 3/29/2022 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0137486 **End Date:** 10/13/2021 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0137200 **End Date:** 9/9/2021 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0136480 **End Date:** 5/27/2021 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #Y0HS11 Served 6/15/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(5)(a)	NOTIFICATION: INCIDENT, INJURY, CHANGES	9/9/21	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	9/9/21	Yes
83.47(3)	FIRE INSPECTION	9/9/21	Yes

This is Page 2 of 41 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 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0135478 **End Date:** 1/21/2021 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0134878 **End Date:** 9/24/2020 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0134853 **End Date:** 9/14/2020 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #BIH711 Served 9/21/2020

Deficiencies Cited
83.32(3)(h)

Subject Area
RIGHTS OF RESIDENTS: TO RECEIVE
MEDICATION

Compliance
Verified
9/24/20

Corrected
Yes

Enforcement History (WATERFORD AT COLBY (THE)--0015955)

Date: 6/15/2021 **SOD #**Y0HS11 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.12(5)(a)
FORFEITURE---83.35(3)(d)

This is Page 3 of 41 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 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

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

Date Complaint Received: 2/15/2022

Date Investigation Completed: 3/29/2022

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 1/18/2022

Date Investigation Completed: 3/29/2022

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 9/27/2021

Date Investigation Completed: 10/13/2021

Subject Area(s)
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 8/6/2021

Date Investigation Completed: 9/9/2021

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 5/21/2021

Date Investigation Completed: 5/27/2021

Subject Area(s)
ADMINISTRATION
PROGRAM SERVICES
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED
SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Y0HS11

Date Complaint Received: 5/7/2021

Date Investigation Completed: 5/27/2021

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

This is Page 4 of 41 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 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date Complaint Received: 12/30/2020

Subject Area(s)

OTHER

Date Investigation Completed: 1/21/2021

Result

NOT SUBSTANTIATED

SOD #

Date Complaint Received: 6/11/2020

Subject Area(s)

PROGRAM SERVICES

Date Investigation Completed: 9/14/2020

Result

SUBSTANTIATED

SOD #

BIH711

This is Page 5 of 41 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 5/15/2020 to 5/15/2023

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 6/9/2021 12:00:00AM

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

Survey History

Survey ID: 0140436 **End Date:** 7/25/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0138880 **End Date:** 3/3/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

Survey ID: 0136446 **End Date:** 6/9/2021 **Type:** INITIAL **Purpose:** CHOW--DESK REVIEW

Results: PROBATIONARY LICENSE ISSUED

Complaint History (EVERGREEN PARK ASSISTED LIVING--0018525)

Date Complaint Received: 5/5/2022

Date Investigation Completed: 7/25/2022

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

This is Page 6 of 41 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 5/15/2020 to 5/15/2023

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 6/9/2021 12:00:00AM

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

Survey History

Survey ID: 0138878 **End Date:** 3/3/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

Survey ID: 0136447 **End Date:** 6/9/2021 **Type:** INITIAL **Purpose:** CHOW--DESK REVIEW

Results: LICENSE/CERT/REGISTRATION ISSUED

This is Page 7 of 41 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 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: COPPERLEAF ASSISTED LIVING OF MARATHON (0015799)

Address: 663 MARATECH AVENUE, MARATHON CITY, WI 54448

License Status: REGULAR

Licensed/Certified/Registered 9/1/2015 12:00:00AM

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

Survey History

Survey ID: 0139509 **End Date:** 5/9/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0136206 **End Date:** 5/11/2021 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (COPPERLEAF ASSISTED LIVING OF MARATHON--0015799)

Date Complaint Received: 3/9/2022

Date Investigation Completed: 5/9/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

This is Page 8 of 41 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 5/15/2020 to 5/15/2023

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 3/1/2022 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:** 6/29/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

Survey ID: 0139090 **End Date:** 3/29/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: PROBATIONARY LICENSE ISSUED

Complaint History (CLARITY CARE FERN--0018940)

Date Complaint Received: 8/30/2022

Date Investigation Completed: 10/13/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

This is Page 9 of 41 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 5/15/2020 to 5/15/2023

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 2/17/2021 12:00:00AM

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

Survey History

Survey ID: 0142145 **End Date:** 2/8/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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

Deficiencies Cited
83.12(4)(b)

Subject Area
REPORTING WHEN LAW ENFORCEMENT IS
CALLED

Compliance
Verified
12/10/22

Corrected

Survey ID: 0140744 **End Date:** 8/29/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #G3XO11 Served 9/13/2022

Deficiencies Cited
83.38(1)(h)

Subject Area
MEDICATION ADMINISTRATION

Compliance
Verified
2/8/23

Corrected
Yes

This is Page 10 of 41 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 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0137538 **End Date: 9/23/2021** **Type: STANDARD** **Purpose: SURVEY**

Results: LICENSE/CERT/REGISTRATION ISSUED

Survey ID: 0135710 **End Date: 2/18/2021** **Type: INITIAL** **Purpose: SURVEY**

Results: PROBATIONARY LICENSE ISSUED

Enforcement History (CLARITY CARE VILLA--0018276)

Date: 9/13/2022 **SOD #G3XO11** **Appealed: No**

Sanctions

ORDER TO COMPLY

Complaint History (CLARITY CARE VILLA--0018276)

Date Complaint Received: 9/20/2022

Date Investigation Completed: 10/17/2022

Subject Area(s)
ADMINISTRATION
RESIDENT RIGHTS

Result
SUBSTANTIATED
NOT SUBSTANTIATED

SOD #
T9Q311

Date Complaint Received: 6/6/2022

Date Investigation Completed: 8/29/2022

Subject Area(s)
RESIDENT RIGHTS

Result
SUBSTANTIATED

SOD #
G3XO11

This is Page 11 of 41 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 5/15/2020 to 5/15/2023

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 8/1/1998 12:00:00AM

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

Survey History

Survey ID: 0137257 **End Date:** 9/15/2021 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0136623 **End Date:** 5/27/2021 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #I3RX12 Served 6/29/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	9/15/21	Yes
83.37(1)(b)	MEDICATION LABEL PERMANENTLY ATTACHED	9/15/21	Yes
83.45(3)	TOXIC SUBSTANCES	9/15/21	Yes

This is Page 12 of 41 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 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (CEDAR CREEK MANOR I--611026)

Date: 6/29/2021 **SOD #**I3RX12 **Appealed:**

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

Date: 6/8/2020 **SOD #**I3RX11 **Appealed:** No

Sanctions
OTHER SANCTION

Complaint History (CEDAR CREEK MANOR I--611026)

Date Complaint Received: 1/4/2021 **Date Investigation Completed:** 5/27/2021

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

This is Page 13 of 41 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 5/15/2020 to 5/15/2023

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 3/1/2001 12:00:00AM

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

Survey History

Survey ID: 0137260 **End Date:** 9/15/2021 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0136622 **End Date:** 5/27/2021 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #FOC711 Served 6/29/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	9/15/21	Yes

Survey ID: 0135738 **End Date:** 2/22/2021 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #EP5T11 Served 3/8/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)(b)	RIGHTS OF RESIDENTS: CONFIDENTIALITY	4/22/21	

This is Page 14 of 41 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 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (CEDAR CREEK MANOR II--0009074)

Date: 6/29/2021

SOD #FOC711

Appealed:

Sanctions

ORDER TO COMPLY

FORFEITURE---83.20(2)(a)-(d)

This is Page 15 of 41 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 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: Cedar Ridge Elder Service IV (0019329)

Address: 385 Orbiting Dr, Mosinee, WI 54455

License Status: PROBATIONARY

Licensed/Certified/Registered 4/4/2023 12:00:00AM

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

Survey History

Survey ID: 0142673 **End Date:** 4/4/2023 **Type:** INITIAL **Purpose:** CHOW--DESK REVIEW

Results: PROBATIONARY LICENSE ISSUED

This is Page 16 of 41 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 5/15/2020 to 5/15/2023

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 2/1/2011 12:00:00AM

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

Survey History

Survey ID: 0138869 **End Date:** 3/2/2022 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (WILLOW HAVEN CBRF LLC--0012930)

Date Complaint Received: 11/24/2021

Date Investigation Completed: 3/2/2022

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES
RESIDENT RIGHTS

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

This is Page 17 of 41 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 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: Cedar Ridge Elder Service I (0019326)

Address: 4930 Alderson St, Schofield, WI 54476

License Status: PROBATIONARY

Licensed/Certified/Registered 4/4/2023 12:00:00AM

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

Survey History

Survey ID: 0142666 **End Date:** 4/4/2023 **Type:** INITIAL **Purpose:** SURVEY

Results: PROBATIONARY LICENSE ISSUED

Complaint History (Cedar Ridge Elder Service I--0019326)

Date Complaint Received: 4/18/2023

Date Investigation Completed: 6/1/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

This is Page 18 of 41 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 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: Cedar Ridge Elder Service II (0019328)

Address: 4932 Alderson St, Schofield, WI 54476

License Status: PROBATIONARY

Licensed/Certified/Registered 4/4/2023 12:00:00AM

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

Survey History

Survey ID: 0142670 **End Date:** 4/4/2023 **Type:** INITIAL **Purpose:** CHOW--DESK REVIEW

Results: PROBATIONARY LICENSE ISSUED

This is Page 19 of 41 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 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: Cedar Ridge Elder Service III (0019331)

Address: 2309 Ross Avenue, Schofield, WI 54476

License Status: PROBATIONARY

Licensed/Certified/Registered 4/4/2023 12:00:00AM

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

Survey History

Survey ID: 0142671 **End Date:** 4/4/2023 **Type:** INITIAL **Purpose:** CHOW--DESK REVIEW

Results: PROBATIONARY LICENSE ISSUED

This is Page 20 of 41 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 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: CHADWICK STREET COMMUNITY RESIDENCE (610254)

Address: 5006 CHADWICK STREET, SCHOFIELD, WI 54476

License Status: REGULAR

Licensed/Certified/Registered 10/12/1995 12:00:00AM

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

Survey History

Survey ID: 0137156 **End Date:** 8/30/2021 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 21 of 41 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 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: COPPERLEAF ASSISTED LIVING OF SCHOFIELD (0015800)

Address: 1408 LILI LANE, SCHOFIELD, WI 54476

License Status: REGULAR

Licensed/Certified/Registered 9/1/2015 12:00:00AM

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

Survey History

Survey ID: 0142402 **End Date:** 3/6/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141739 **End Date:** 12/28/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140503 **End Date:** 8/11/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0138155 **End Date:** 1/4/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 22 of 41 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 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (COPPERLEAF ASSISTED LIVING OF SCHOFIELD--0015800)

Date Complaint Received: 2/23/2023

Date Investigation Completed: 3/6/2023

Subject Area(s)

Result

SOD #

ADMINISTRATION
RESIDENT RIGHTS

NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 12/19/2022

Date Investigation Completed: 3/6/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 10/19/2022

Date Investigation Completed: 12/28/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 6/22/2022

Date Investigation Completed: 8/11/2022

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES

NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 10/14/2021

Date Investigation Completed: 1/4/2022

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES
STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

This is Page 23 of 41 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 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: COPPERLEAF MEMORY CARE OF SCHOFIELD (0015798)

Address: 1404 LILI LANE, SCHOFIELD, WI 54476

License Status: REGULAR

Licensed/Certified/Registered 9/1/2015 12:00:00AM

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

Survey History

Survey ID: 0142406 **End Date:** 3/2/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141353 **End Date:** 11/10/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139165 **End Date:** 4/4/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0138125 **End Date:** 12/21/2021 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #WHOP11 Served 1/4/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.41(3)(b)	FOOD SAFETY	4/4/22	Yes
83.46(1)(f)	COMBUSTIBLES	4/4/22	Yes
83.55(6)(b)	BATH AND TOILET AREAS: WATER TEMPERATURE	4/4/22	Yes

This is Page 24 of 41 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 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0135393 **End Date:** 1/6/2021 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0135037 **End Date:** 10/14/2020 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #VL9U11 Served 11/9/2020

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.17(2)(c)	STAFF WITH COMMUNICABLE DISEASE NOT TO WORK	1/6/21	Yes
83.36(1)(b)	QUALIFIED STAFF IN CHARGE, ON DUTY AND AWAKE	1/6/21	Yes
83.60(1)	TOTAL/OPENABLE WINDOW AREA	1/6/21	Yes

Enforcement History (COPPERLEAF MEMORY CARE OF SCHOFIELD--0015798)

Date: 1/4/2022 **SOD #**WHOP11 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 10/28/2020 **SOD #**VL9U11 **Appealed:**

Sanctions

COMPLY WITH REQUIREMENT

FORFEITURE---83.17(2)(c)

FORFEITURE---83.36(1)(b)

This is Page 25 of 41 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 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (COPPERLEAF MEMORY CARE OF SCHOFIELD--0015798)

Date Complaint Received: 2/21/2023

Date Investigation Completed: 3/2/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 1/3/2023

Date Investigation Completed: 3/2/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 12/29/2022

Date Investigation Completed: 3/2/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 10/31/2022

Date Investigation Completed: 11/10/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 11/22/2021

Date Investigation Completed: 12/21/2021

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES

NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 10/8/2020

Date Investigation Completed: 10/14/2020

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

VL9U11

This is Page 26 of 41 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 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: HEATHER STREET COMMUNITY RESIDENCE (610246)

Address: 5010 HEATHER STREET, SCHOFIELD, WI 54476

License Status: REGULAR

Licensed/Certified/Registered 9/12/1995 12:00:00AM

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

Survey History

Survey ID: 0143059 **End Date:** 5/11/2023 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0142668 **End Date:** 1/10/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #TCL911 Served 4/5/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.19	ORIENTATION		
83.38(1)(g)	HEALTH MONITORING		
83.42(1)	RESIDENT RECORD MAINTAINED		

Enforcement History (HEATHER STREET COMMUNITY RESIDENCE--610246)

Date: 4/5/2023 **SOD #**TCL911 **Appealed:** **Decision:** PENDING

Sanctions

ORDER TO COMPLY

FORFEITURE---83.19

FORFEITURE---83.38(1)(g)

This is Page 27 of 41 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 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (HEATHER STREET COMMUNITY RESIDENCE--610246)

Date Complaint Received: 5/3/2023

Date Investigation Completed: 5/11/2023

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 4/17/2023

Date Investigation Completed: 5/11/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 12/1/2022

Date Investigation Completed: 1/10/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

TCL911

This is Page 28 of 41 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 5/15/2020 to 5/15/2023

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 8/1/2007 12:00:00AM

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

Survey History

Survey ID: 0135965 **End Date:** 4/1/2021 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 29 of 41 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 5/15/2020 to 5/15/2023

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 3/1/2023 12:00:00AM

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

Survey History

Survey ID: 0142173 **End Date:** 2/13/2023 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: LICENSE/CERT/REGISTRATION ISSUED

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

Survey ID: 0138069 **End Date:** 12/8/2021 **Type:** INITIAL **Purpose:** CHOW--DESK REVIEW

Results: PROBATIONARY LICENSE ISSUED

This is Page 30 of 41 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 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

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

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: 1/10/2023

Date Investigation Completed: 2/13/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

This is Page 31 of 41 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 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: ANDREA STREET COMMUNITY RESIDENCE (0016537)

Address: 9205 ANDREA STREET, WESTON, WI 54476

License Status: REGULAR

Licensed/Certified/Registered 6/1/2017 12:00:00AM

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

Survey History

Survey ID: 0142502 **End Date:** 3/13/2023 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #0URT11 Served 3/17/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.37(1)(i)	PRN PSYCHOTROPIC MEDICATION	5/22/23	Yes

Enforcement History (ANDREA STREET COMMUNITY RESIDENCE--0016537)

Date: 3/17/2023 **SOD #**0URT11 **Appealed:** No

Sanctions

ORDER TO COMPLY

This is Page 32 of 41 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 5/15/2020 to 5/15/2023

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:** 8/2/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0136485 **End Date:** 6/14/2021 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0136009 **End Date:** 3/30/2021 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #RPWS11 Served 4/19/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.25	CONTINUING EDUCATION	6/14/21	Yes
83.47(2)(d)	FIRE DRILLS	6/14/21	Yes

Enforcement History (CARE PARTNERS ASSISTED LIVING WESTON II--0013949)

Date: 4/19/2021 **SOD #**RPWS11 **Appealed:**

Sanctions

ORDER TO COMPLY

FORFEITURE---83.25

This is Page 33 of 41 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 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

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

Date Complaint Received: 6/12/2022

Date Investigation Completed: 8/2/2022

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

Date Complaint Received: 3/1/2021

Date Investigation Completed: 3/30/2021

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

This is Page 34 of 41 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 5/15/2020 to 5/15/2023

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 9/1/2006 12:00:00AM

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

Survey History

Survey ID: 0142185 **End Date:** 2/8/2023 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT/VV

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #TVDR12 Served 2/16/2023

<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:** 4/21/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #TVDR11 Served 6/24/2022

<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

Survey ID: 0138058 **End Date:** 12/20/2021 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 35 of 41 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 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0137150 **End Date:** 8/24/2021 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0136194 **End Date:** 4/28/2021 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #RZ4411 Served 5/11/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.21(1)-(3)	ALL EMPLOYEE TRAINING	8/24/21	Yes
83.25	CONTINUING EDUCATION	8/24/21	Yes
83.44(2)(b)	TOILET AND BATHING AREA	8/24/21	Yes
83.47(2)(d)	FIRE DRILLS	8/24/21	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	8/24/21	Yes
83.47(3)	FIRE INSPECTION	8/24/21	Yes
83.55(6)(b)	BATH AND TOILET AREAS: WATER TEMPERATURE	8/24/21	Yes

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

Date: 6/24/2022 **SOD #**TVDR11 **Appealed:**

Sanctions

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

Date: 5/11/2021 **SOD #**RZ4411 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.21(1)-(3)
FORFEITURE---83.25
FORFEITURE---83.47(2)(e)

This is Page 36 of 41 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 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

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

Date Complaint Received: 2/28/2022

Date Investigation Completed: 4/21/2022

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

TVDR11

Date Complaint Received: 7/21/2021

Date Investigation Completed: 12/20/2021

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 9/28/2020

Date Investigation Completed: 4/28/2021

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 7/20/2020

Date Investigation Completed: 4/28/2021

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

This is Page 37 of 41 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 5/15/2020 to 5/15/2023

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 3/15/2013 12:00:00AM

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

Survey History

Survey ID: 0137871 **End Date:** 11/30/2021 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 38 of 41 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 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (PRIDE TLC THERAPY AND LIVING CAMPUS--0014504)

Date Complaint Received: 11/3/2021

Date Investigation Completed: 11/30/2021

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY
STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 10/4/2021

Date Investigation Completed: 11/30/2021

Subject Area(s)

Result

SOD #

PROGRAM SERVICES
RESIDENT RIGHTS
STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 8/21/2021

Date Investigation Completed: 11/30/2021

Subject Area(s)

Result

SOD #

PROGRAM SERVICES
RESIDENT RIGHTS
STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

This is Page 39 of 41 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 5/15/2020 to 5/15/2023

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: 0143136 **End Date:** 4/19/2023 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #8S3V13 Served 5/22/2023

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

Survey ID: 0141305 **End Date:** 8/31/2022 **Type:** OTHER **Purpose:** SELF REPORT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #8S3V12 Served 11/9/2022

<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 40 of 41 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 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0138039 **End Date:** 9/13/2021 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #8S3V11 Served 12/21/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
50.09(1)(f)	PRIVACY	8/31/22	No
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	8/31/22	Yes
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	8/31/22	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	8/31/22	Yes

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

Date: 11/9/2022 **SOD #**8S3V12 **Appealed:**

Sanctions

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

Date: 12/20/2021 **SOD #**8S3V11 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.20(2)(a)-(d)
FORFEITURE---83.35(3)(d)

Complaint History (PRIMROSE MEMORY CARE OF WAUSAU--0016736)

Date Complaint Received: 7/27/2021 **Date Investigation Completed:** 9/13/2021

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
RESIDENT RIGHTS	SUBSTANTIATED	8S3V11

This is Page 41 of 41 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.