Notes

This report includes Provider Inspection Summaries (Facility Profiles) for Community-Based Residential Facilities in Marathon County.
The report includes only facilities located within the City of WAUSAU. Reports for facilities located in other communities are listed separately on the DQA Facility Profile webpage.
The report is a PDF (Adobe Acrobat) document and includes a total of 20.00 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.
Facility Information

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<tr>
<th>Facility Name:</th>
<th>APPLEGATE REFLECTIONS (0016883)</th>
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<tbody>
<tr>
<td>Address:</td>
<td>3001 WESTHILL DR, WAUSAU, WI 54401</td>
</tr>
<tr>
<td>License Status:</td>
<td>REGULAR</td>
</tr>
<tr>
<td>Licensed/Certified/Registered</td>
<td>10/1/2017 12:00:00AM</td>
</tr>
<tr>
<td>Regional Office:</td>
<td>WESTERN REGION (EAU CLAIRE), (715) 836-4790</td>
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Survey History

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<th>8/9/2018</th>
<th>Type:</th>
<th>STANDARD</th>
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<th>SURVEY</th>
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<th>Type:</th>
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## Facility Information

Facility Name: ARTISAN WAUSAU (THE) (0014435)
Address: 111 NORTH BELLIS STREET, WAUSAU, WI 54403
License Status: REGULAR
Licensed/Certified/Registered 11/18/2013 12:00:00AM
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4790

## Survey History

<table>
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<td>0132591</td>
<td>2/7/2020</td>
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<td>0132535</td>
<td>1/28/2020</td>
<td>STANDARD</td>
<td>SURVEY</td>
<td>STATEMENT OF DEFICIENCY ISSUED</td>
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<td>0127654</td>
<td>6/25/2018</td>
<td>OTHER</td>
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<td>0126653</td>
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**Statement of Deficiency:** #GR9F11 Served 2/3/2020

**Deficiencies Cited**
83.47(2)(e) OTHER EVACUATION DRILLS

**Compliance**
- Verified: 2/7/20
- Corrected: Yes
Provider Inspection Summary

For the period 8/11/2017 to 8/10/2020

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0125097   End Date: 11/10/2017   Type: OTHER   Purpose: COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0124765   End Date: 10/16/2017   Type: STANDARD   Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0124052   End Date: 8/17/2017   Type: OTHER   Purpose: COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (ARTISAN WAUSAU (THE)--0014435)

Date: 8/23/2017   SOD #W1ZY11   Appealed: No
Sanctions
OTHER SANCTION

Complaint History (ARTISAN WAUSAU (THE)--0014435)

Date Complaint Received: 6/11/2018   Date Investigation Completed: 6/25/2018
Subject Area(s)   Result   SOD #
PROGRAM SERVICES   NOT SUBSTANTIATED
RESIDENT RIGHTS   NOT SUBSTANTIATED

Date Complaint Received: 4/10/2018   Date Investigation Completed: 5/2/2018
Subject Area(s)   Result   SOD #
ADMINISTRATION   NOT SUBSTANTIATED
PHYSICAL ENVIRONMENT/SAFETY   NOT SUBSTANTIATED
PROGRAM SERVICES   NOT SUBSTANTIATED

Date Complaint Received: 10/31/2017   Date Investigation Completed: 11/10/2017
Subject Area(s)   Result   SOD #
PHYSICAL ENVIRONMENT/SAFETY   NOT SUBSTANTIATED

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Facility Information

Facility Name: AZURA MEMORY CARE OF WAUSAU (0013419)
Address: 3704 HUMMINGBIRD RD, WAUSAU, WI 54401
License Status: REGULAR
Licensed/Certified/Registered 8/1/2011 12:00:00AM
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0127866 End Date: 8/7/2018 Type: OTHER Purpose: COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (AZURA MEMORY CARE OF WAUSAU--0013419)

Date Complaint Received: 7/11/2018 Date Investigation Completed: 8/22/2018
Subject Area(s) Result SOD #
PROGRAM SERVICES NOT SUBSTANTIATED

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Facility Information

Facility Name: BISSELL STREET COMMUNITY RESIDENCE (610159)
Address: 1408 BISSELL STREET, WAUSAU, WI 54401
License Status: REGULAR
Licensed/Certified/Registered 11/12/1992 12:00:00AM
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0128021 End Date: 8/28/2018 Type: ABBREVIATED Purpose: SURVEY/SELF REPORT
Results: NO STATEMENT OF DEFICIENCY ISSUED
Provider Inspection Summary

For the period 8/11/2017 to 8/10/2020

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: CADY HOME WEST #1 (0017995)
Address: 1805 NORTH 6TH AVENUE, WAUSAU, WI 54401
License Status: REGULAR
Licensed/Certified/Registered 3/6/2020 12:00:00AM
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0132914 End Date: 3/6/2020 Type: ABBREVIATED Purpose: CHOW--DESK REVIEW
Results: LICENSE/CERT/REGISTRATION ISSUED

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## Facility Information

- **Facility Name:** Cady Home West #2 (0017996)
- **Address:** 1815 North 6th Avenue, Wausau, WI 54401
- **License Status:** REGULAR
- **Licensed/Certified/Registered:** 3/6/2020 12:00:00AM
- **Regional Office:** Western Region (Eau Claire), (715) 836-4790

## Survey History

- **Survey ID:** 0132916
- **End Date:** 3/6/2020
- **Type:** ABBREVIATED
- **Purpose:** CHOW--DESK REVIEW
- **Results:** LICENSE/CERT/REGISTRATION ISSUED

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Facility Information

Facility Name: CRISIS CBRF (0012660)
Address: 1100 LAKE VIEW DRIVE, WAUSAU, WI 54403
License Status: REGULAR
Licensed/Certified/Registered 8/7/2009 12:00:00AM
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0125060 End Date: 11/6/2017 Type: ABBREVIATED Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED
Provider Inspection Summary

For the period 8/11/2017 to 8/10/2020

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: MOUNTAIN TERRACE SENIOR LIVING CBRF (0015628)
Address: 3402 TERRACE COURT, WAUSAU, WI 54401
License Status: REGULAR
Licensed/Certified/Registered 8/1/2016 12:00:00AM
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0128203 End Date: 9/28/2018 Type: OTHER Purpose: VERIFICATION VISIT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0128047 End Date: 7/27/2018 Type: STANDARD Purpose: SURVEY
Results: ENFORCEMENT ACTION

Statement of Deficiency: #5VJ411 Served 9/12/2018

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<th>Subject Area</th>
<th>Verified</th>
<th>Corrected</th>
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<tbody>
<tr>
<td>83.39(3)</td>
<td>HAND WASHING</td>
<td>9/28/18</td>
<td>Yes</td>
</tr>
<tr>
<td>83.47(2)(d)</td>
<td>FIRE DRILLS</td>
<td>9/28/18</td>
<td>Yes</td>
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<tr>
<td>83.47(2)(e)</td>
<td>OTHER EVACUATION DRILLS</td>
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<td>Yes</td>
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</tbody>
</table>

Enforcement History (MOUNTAIN TERRACE SENIOR LIVING CBRF--0015628)

Date: 9/12/2018 SOD #5VJ411 Appealed:
Sanctions
FORFEITURE---83.47(2)(d)
FORFEITURE---83.47(2)(e)

This is Page 10 of 20 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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Facility Information

Facility Name: NORTH CENTRAL HEALTH CARE (0017915)
Address: 1100 LAKEVIEW DRIVE, WAUSAU, WI 54403
License Status: REGULAR
Licensed/Certified/Registered 1/2/2020 12:00:00AM
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0132303 End Date: 1/2/2020 Type: INITIAL Purpose: SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED

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# Facility Information

Facility Name: NORTHLAND HOUSE (0015499)  
Address: 325 N 1ST AVE, WAUSAU, WI 54401  
License Status: REGULAR  
Licensed/Certified/Registered 3/27/2015 12:00:00AM  
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4790

## Survey History

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<td>0132929</td>
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**Statement of Deficiency:**  #Z1Y111  Served 3/13/2020

<table>
<thead>
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<th>Verified</th>
<th>Corrected</th>
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<td>83.25</td>
<td>CONTINUING EDUCATION</td>
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<td>FIRE DRILLS</td>
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<td>3/17/20</td>
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</table>
Provider Inspection Summary

For the period 8/11/2017 to 8/10/2020

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: OUR HOUSE WAUSAU ASSISTED CARE (0013424)
Address: 210 W CAMPUS DR, WAUSAU, WI 54401
License Status: REGULAR
Licensed/Certified/Registered 10/1/2011 12:00:00AM
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0132898  End Date: 3/9/2020  Type: OTHER  Purpose: DESK REVIEW
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0132857  End Date: 2/27/2020  Type: ABBREVIATED  Purpose: SURVEY
Results: STATEMENT OF DEFICIENCY ISSUED
Statement of Deficiency: #X5XG11  Served 3/3/2020

Survey ID: 0128453  End Date: 10/31/2018  Type: OTHER  Purpose: COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (OUR HOUSE WAUSAU ASSISTED CARE--0013424)

Date Complaint Received: 10/29/2018  Date Investigation Completed: 10/31/2018
Subject Area(s)  Result  SOD #
PHYSICAL ENVIRONMENT/SAFETY  NOT SUBSTANTIATED

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**Facility Information**

<table>
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<th>Facility Name:</th>
<th>OUR HOUSE WAUSAU MEMORY CARE (0013422)</th>
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<tbody>
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<td>Address:</td>
<td>220 W CAMPUS DR, WAUSAU, WI 54401</td>
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**Survey History**

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<th>Compliance</th>
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<tr>
<td>83.12(2)(a)</td>
<td>CAREGIVER: INVESTIGATING ABUSE AND NEGLECT</td>
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<td>83.35(3)(d)</td>
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<td>83.38(1)(h)</td>
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<td>83.39(1)</td>
<td>INFECTION CONTROL PROGRAM</td>
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<tr>
<td>83.47(2)(e)</td>
<td>OTHER EVACUATION DRILLS</td>
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<th>6/18/2018</th>
<th>Type: OTHER</th>
<th>Purpose: COMPLAINT</th>
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<tbody>
<tr>
<td>Results:</td>
<td>NO STATEMENT OF DEFICIENCY ISSUED</td>
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## Provider Inspection Summary

For the period 8/11/2017 to 8/10/2020

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Enforcement History (OUR HOUSE WAUSAU MEMORY CARE--0013422)

<table>
<thead>
<tr>
<th>Date: 5/12/2020</th>
<th>SOD #WCRF11</th>
<th>Appealed:</th>
<th>Decision: PENDING</th>
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**Sanctions**
- FORFEITURE---83.12(2)(a)
- FORFEITURE---83.35(3)(d)

### Complaint History (OUR HOUSE WAUSAU MEMORY CARE--0013422)

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<tr>
<td>RESIDENT RIGHTS</td>
<td>SUBSTANTIATED</td>
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<th>Date Complaint Received: 5/14/2018</th>
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<tr>
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<td><strong>Result</strong></td>
</tr>
<tr>
<td>PROGRAM SERVICES</td>
<td>NOT SUBSTANTIATED</td>
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</tbody>
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### Facility Information

<table>
<thead>
<tr>
<th>Facility Name:</th>
<th>STEVES HOME (610201)</th>
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<tbody>
<tr>
<td>Address:</td>
<td>309 BELLIS STREET, WAUSAU, WI 54403</td>
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<tr>
<td>License Status:</td>
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<td>Licensed/Certified/Registered</td>
<td>6/9/1994 12:00:00AM</td>
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<tr>
<td>Regional Office:</td>
<td>WESTERN REGION (EAU CLAIRE), (715) 836-4790</td>
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### Survey History

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<td>Type:</td>
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<td>Purpose:</td>
<td>SURVEY</td>
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</tbody>
</table>

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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### Facility Information

- **Facility Name:** STONE CREST RESIDENCE (0009226)
- **Address:** 805 PARCHER STREET, WAUSAU, WI 54403
- **License Status:** REGULAR
- **Licensed/Certified/Registered:** 9/1/2001 12:00:00AM
- **Regional Office:** WESTERN REGION (EAU CLAIRE), (715) 836-4790

### Survey History

- **Survey ID:** 0131002
- **End Date:** 7/30/2019
- **Type:** ABBREVIATED
- **Purpose:** SURVEY
- **Results:** NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary
For the period 8/11/2017 to 8/10/2020
Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: SUNSHINE HOME OF WAUSAU (0013924)
Address: 719 WASHINGTON ST, WAUSAU, WI 54403
License Status: REGULAR
Licensed/Certified/Registered 2/1/2013 12:00:00AM
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0131640       End Date: 9/18/2019       Type: ABBREVIATED       Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary
For the period 8/11/2017 to 8/10/2020
Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information
Facility Name: SYLVAN CROSSINGS ON EVERGREEN (0008655)
Address: 1605 EVERGREEN ROAD, WAUSAU, WI 54403
License Status: REGULAR
Licensed/Certified/Registered 1/1/2000 12:00:00AM
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History
Survey ID: 0130699 End Date: 6/26/2019 Type: ABBREVIATED Purpose: SURVEY/COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0124387 End Date: 9/19/2017 Type: OTHER Purpose: COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (SYLVAN CROSSINGS ON EVERGREEN--0008655)
Date Complaint Received: 6/20/2019 Date Investigation Completed: 6/26/2019
Subject Area(s) Result SOD #
PROGRAM SERVICES NOT SUBSTANTIATED
RESIDENT RIGHTS NOT SUBSTANTIATED

Date Complaint Received: 9/4/2017 Date Investigation Completed: 9/19/2017
Subject Area(s) Result SOD #
PROGRAM SERVICES NOT SUBSTANTIATED

This is Page 19 of 20 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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Provider Inspection Summary
For the period 8/11/2017 to 8/10/2020
Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: WELLINGTON PLACE AT RIB MOUNTAIN (0017435)
Address: 4100 N MOUNTAIN RD, WAUSAU, WI 54401
License Status: REGULAR
Licensed/Certified/Registered 1/14/2020 12:00:00AM
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0132816 End Date: 1/14/2020 Type: ABBREVIATED Purpose: CHOW--DESK REVIEW
Results: LICENSE/CERT/REGISTRATION ISSUED

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