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 21.00 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>
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<th>APPLEGATE REFLECTIONS (0016883)</th>
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<tr>
<td>Address</td>
<td>3001 WESTHILL DR, WAUSAU, WI 54401</td>
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<tr>
<td>License Status</td>
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<tr>
<td>Licensed/Certified/Registered</td>
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<td>WESTERN REGION (EAU CLAIRE), (715) 836-4790</td>
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Survey History

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<td>0124575</td>
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Results

- LICENSE/CERT/REGISTRATION ISSUED
- PROBATIONARY LICENSE ISSUED
Provider Inspection Summary
For the period 2/8/2017 to 2/8/2020
Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

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

Survey ID: 0132591 End Date: 2/7/2020 Type: OTHER Purpose: DESK REVIEW
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0132535 End Date: 1/28/2020 Type: STANDARD Purpose: SURVEY
Results: STATEMENT OF DEFICIENCY ISSUED
Statement of Deficiency: #GR9F11 Served 2/3/2020

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance Verified</th>
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<tbody>
<tr>
<td>83.47(2)(e)</td>
<td>OTHER EVACUATION DRILLS</td>
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Survey ID: 0127654 End Date: 6/25/2018 Type: OTHER Purpose: COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0126653 End Date: 5/2/2018 Type: OTHER Purpose: COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 2/8/2017 to 2/8/2020

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

Survey ID: 0124027  End Date: 7/5/2017  Type: OTHER  Purpose: COMPLAINT
Results: ENFORCEMENT ACTION
Statement of Deficiency: #W1ZY11 Served 8/23/2017

<table>
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<td>83.31(3)(a)</td>
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<td>Verified 10/16/17 Corrected Yes</td>
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Enforcement History (ARTISAN WAUSAU (THE)--0014435)

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

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.
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<td>6/11/2018</td>
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<td>8/17/2017</td>
<td>PROGRAM SERVICES, OTHER</td>
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<td>5/8/2017</td>
<td>6/23/2017</td>
<td>PROGRAM SERVICES</td>
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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

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

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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
Facility Information

Facility Name: CADY HOME WEST 1 (0008829)
Address: 1805 NORTH 6TH AVENUE, WAUSAU, WI 54401
License Status: REGULAR
Licensed/Certified/Registered 4/1/2000 12:00:00AM
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0131255 End Date: 8/12/2019 Type: ABBREVIATED Purpose: SURVEY/COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0126747 End Date: 5/4/2018 Type: OTHER Purpose: COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (CADY HOME WEST 1--0008829)

Date Complaint Received: 8/8/2019 Date Investigation Completed: 8/12/2019
Subject Area(s) Result SOD #
STAFF TRAINING AND PROFICIENCY NOT SUBSTANTIATED

Date Complaint Received: 3/19/2018 Date Investigation Completed: 5/4/2018
Subject Area(s) Result SOD #
RESIDENT RIGHTS NOT SUBSTANTIATED
PHYSICAL ENVIRONMENT/SAFETY NOT SUBSTANTIATED
PROGRAM SERVICES NOT SUBSTANTIATED
RESIDENT RIGHTS NOT SUBSTANTIATED

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Facility Information

| Facility Name: CADY HOME WEST 2 (0008811) |
| Address: 1815 NORTH 6TH AVENUE, WAUSAU, WI 54401 |
| License Status: REGULAR |
| Licensed/Certified/Registered 4/1/2000 12:00:00AM |
| Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4790 |

Survey History

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Complaint History (CADY HOME WEST 2--0008811)

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<td>PROGRAM SERVICES</td>
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<td>RESIDENT RIGHTS</td>
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Provider Inspection Summary
For the period 2/8/2017 to 2/8/2020
Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

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

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Facility Information

Facility Name: LAKESIDE RECOVERY (0017181)
Address: 1100 LAKEVIEW DRIVE, WAUSAU, WI 54403
License Status: REGULAR
Licensed/Certified/Registered 7/10/2018 12:00:00AM
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0127436 End Date: 7/9/2018 Type: INITIAL Purpose: SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED

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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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<tr>
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<td>HAND WASHING</td>
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<td>83.47(2)(d)</td>
<td>FIRE DRILLS</td>
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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)

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Provider Inspection Summary
For the period 2/8/2017 to 2/8/2020
Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

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>0122558</td>
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Results:

- NO STATEMENT OF DEFICIENCY ISSUED
- NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (NORTHLAND HOUSE--0015499)

Date Complaint Received: 3/23/2017  
Date Investigation Completed: 5/22/2017

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

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Provider Inspection Summary
For the period 2/8/2017 to 2/8/2020
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: 0128453   End Date: 10/31/2018   Type: OTHER   Purpose: COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0122860   End Date: 3/2/2017   Type: ABBREVIATED   Purpose: SURVEY
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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Provider Inspection Summary

For the period 2/8/2017 to 2/8/2020
Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: OUR HOUSE WAUSAU MEMORY CARE (0013422)
Address: 220 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

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<td>STANDARD</td>
<td>SURVEY</td>
<td>ENFORCEMENT ACTION</td>
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Statement of Deficiency: #FTYN11 Served 4/29/2017

Compliance | Subject Area | Verified | Corrected
--- | ------------ | --- | ---
83.37(3)(c) | MEDICATION STORAGE: LOCKED CABINET | 6/29/17 | Yes

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

Date Complaint Received: 5/14/2018
Date Investigation Completed: 6/18/2018

<table>
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</table>

This is Page 16 of 21 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 2/8/2017 to 2/8/2020
Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: STEVES HOME (610201)
Address: 309 BELLIS STREET, WAUSAU, WI 54403
License Status: REGULAR
Licensed/Certified/Registered 6/9/1994 12:00:00AM
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0130999   End Date: 7/30/2019   Type: ABBREVIATED   Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED
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
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
### 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

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### Complaint History (SYLVAN CROSSINGS ON EVERGREEN--0008655)

<table>
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</tr>
</tbody>
</table>

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 2/8/2017 to 2/8/2020

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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