

## 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 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 35.00 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:** APPLGATE REFLECTIONS (0016883)

**Address:** 3001 WESTHILL DR, WAUSAU, WI 54401

**License Status:** REGULAR

**Licensed/Certified/Registered** 10/01/2017 12:00:00AM

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

### Survey History

**Survey ID:** 0143883      **End Date:** 08/08/2023      **Type:** OTHER      **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0142858      **End Date:** 02/16/2023      **Type:** STANDARD      **Purpose:** SURVEY/COMPLAINT/VV

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #060E13      Served 04/20/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.25	CONTINUING EDUCATION	8/8/23	Yes
83.35(4)	RESIDENT SATISFACTION EVALUATION	8/8/23	Yes
83.46(1)(c)	HEATING SYSTEM MAINTENANCE	8/8/23	Yes
83.46(1)(f)	COMBUSTIBLES	8/8/23	Yes
83.47(2)(d)	FIRE DRILLS	8/8/23	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	8/8/23	Yes

**This is Page 2 of 35 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)

**Survey ID:** 0141599    **End Date:** 10/27/2022    **Type:** OTHER    **Purpose:** COMPLAINT/VV

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #060E12    Served 12/13/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	2/16/23	Yes
83.37(1)(k)	MEDICATION ERROR OR ADVERSE REACTION	2/16/23	Yes

**Survey ID:** 0140355    **End Date:** 07/25/2022    **Type:** OTHER    **Purpose:** SELF REPORT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #060E11    Served 08/04/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)(n)	RIGHTS OF RESIDENTS: SAFE ENVIRONMENT	10/27/22	Yes

### Enforcement History (APPLEGATE REFLECTIONS--0016883)

**Date:** 04/20/2023    **SOD #060E13**    **Appealed:**

Sanctions

ORDER TO COMPLY  
FORFEITURE---83.25

**Date:** 12/13/2022    **SOD #060E12**    **Appealed:** No

Sanctions

ORDER TO COMPLY

**Date:** 08/03/2022    **SOD #060E11**    **Appealed:** No

Sanctions

ORDER TO COMPLY

***This is Page 3 of 35 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)

### Complaint History (APPLEGATE REFLECTIONS--0016883)

**Date Complaint Received: 12/05/2022**

**Date Investigation Completed: 02/16/2023**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

**Date Complaint Received: 10/03/2022**

**Date Investigation Completed: 10/27/2022**

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

**This is Page 4 of 35 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)

### Facility Information

**Facility Name:** AZURA MEMORY CARE OF WAUSAU (0013419)

**Address:** 226446 HUMMINGBIRD RD, WAUSAU, WI 54401

**License Status:** REGULAR

**Licensed/Certified/Registered** 08/01/2011 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

**This is Page 5 of 35 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)

### Facility Information

**Facility Name:** CADY HOME WEST 1 (0017995)

**Address:** 1805 NORTH 6TH AVENUE, WAUSAU, WI 54401

**License Status:** REGULAR

**Licensed/Certified/Registered** 03/06/2020 12:00:00AM

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

### Survey History

No survey activity during the period 1/21/22 to 1/20/25

**This is Page 6 of 35 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)

### Facility Information

**Facility Name:** CADY HOME WEST 2 (0017996)

**Address:** 1815 NORTH 6TH AVENUE, WAUSAU, WI 54401

**License Status:** REGULAR

**Licensed/Certified/Registered** 03/06/2020 12:00:00AM

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

### Survey History

No survey activity during the period 1/21/22 to 1/20/25

**This is Page 7 of 35 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)

### Facility Information

**Facility Name:** MOUNTAIN TERRACE SENIOR LIVING CBRF (0015628)

**Address:** 3402 TERRACE COURT, WAUSAU, WI 54401

**License Status:** REGULAR

**Licensed/Certified/Registered** 08/01/2016 12:00:00AM

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

### Survey History

**Survey ID:** 0146910    **End Date:** 07/10/2024    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0145845    **End Date:** 03/11/2024    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0145180    **End Date:** 10/24/2023    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #CTZQ11    Served 01/05/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)(n)	RIGHTS OF RESIDENTS: SAFE ENVIRONMENT	3/11/24	Yes
83.47(2)(d)	FIRE DRILLS	3/11/24	Yes

**Survey ID:** 0140483    **End Date:** 08/09/2022    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

***This is Page 8 of 35 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)

**Survey ID:** 0139166    **End Date:** 03/30/2022    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #5MKL11    Served 04/05/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.12(4)(a)	REPORTING WHEN RESIDENT'S WHEREABOUTS UNKNOWN	8/9/22	Yes
83.16(2)	RESIDENT CARE STAFF AT LEAST 18 YEARS OLD	8/9/22	Yes

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

**Date:** 01/05/2024    **SOD #**CTZQ11    **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
COMPLY WITH REQUIREMENT  
ORDER TO COMPLY  
FORFEITURE---83.32(3)(n)  
FORFEITURE---83.47(2)(d)

**Date:** 04/05/2022    **SOD #**5MKL11    **Appealed:** No

Sanctions

ORDER TO COMPLY

**Date:** 03/16/2022    **SOD #**IVLX12    **Appealed:**

Sanctions

ORDER TO COMPLY  
FORFEITURE---83.20(2a)-(d)  
FORFEITURE---83.36(1)(b)  
FORFEITURE---83.44(2)(b)

**This is Page 9 of 35 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)

### Complaint History (MOUNTAIN TERRACE SENIOR LIVING CBRF--0015628)

**Date Complaint Received: 07/08/2024**

**Date Investigation Completed: 07/10/2024**

Subject Area(s)  
PROGRAM SERVICES

Result  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 05/31/2024**

**Date Investigation Completed: 07/10/2024**

Subject Area(s)  
PROGRAM SERVICES

Result  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 05/09/2024**

**Date Investigation Completed: 07/10/2024**

Subject Area(s)  
ADMINISTRATION  
RESIDENT RIGHTS

Result  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 10/19/2023**

**Date Investigation Completed: 10/24/2023**

Subject Area(s)  
RESIDENT RIGHTS

Result  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 10/11/2023**

**Date Investigation Completed: 10/24/2023**

Subject Area(s)  
PROGRAM SERVICES

Result  
SUBSTANTIATED

SOD #

CTZQ11

**Date Complaint Received: 02/26/2022**

**Date Investigation Completed: 03/30/2022**

Subject Area(s)  
PROGRAM SERVICES  
RESIDENT RIGHTS

Result  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

**This is Page 10 of 35 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 ANA (NONAMBULATORY)

### Facility Information

**Facility Name:** NCHC Adult Crisis Stabilization Facility (0019733)

**Address:** 1150 Lake View Dr, Wausau, WI 54403

**License Status:** REGULAR

**Licensed/Certified/Registered** 10/23/2023 12:00:00AM

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

### Survey History

**Survey ID:** 0147051      **End Date:** 07/22/2024      **Type:** STANDARD      **Purpose:** SURVEY

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

**Survey ID:** 0144607      **End Date:** 10/13/2023      **Type:** INITIAL      **Purpose:** SURVEY

**Results:** PROBATIONARY LICENSE ISSUED

**This is Page 11 of 35 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 AS (SEMIAMBULATORY)

### Facility Information

**Facility Name:** NORTH CENTRAL HEALTH CARE CRISIS CBRF (0018428)

**Address:** 2370 MARSHALL STREET, WAUSAU, WI 54403

**License Status:** REGULAR

**Licensed/Certified/Registered** 05/07/2021 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

**This is Page 12 of 35 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)

### Facility Information

**Facility Name:** OUR HOUSE WAUSAU ASSISTED CARE (0013424)

**Address:** 210 W CAMPUS DR, WAUSAU, WI 54401

**License Status:** REGULAR

**Licensed/Certified/Registered** 10/01/2011 12:00:00AM

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

### Survey History

**Survey ID:** 0148557    **End Date:** 11/26/2024    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #8F3913    Served 01/23/2025

Deficiencies Cited  
83.55(6)(b)

Subject Area  
BATH AND TOILET AREAS: WATER  
TEMPERATURE

Compliance  
Verified

Corrected

**Survey ID:** 0146002    **End Date:** 03/05/2024    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #8F3912    Served 03/26/2024

Deficiencies Cited  
83.55(6)(b)

Subject Area  
BATH AND TOILET AREAS: WATER  
TEMPERATURE

Compliance  
Verified  
11/26/24

Corrected  
No

**Survey ID:** 0145044    **End Date:** 12/11/2023    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**This is Page 13 of 35 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)

**Survey ID:** 0144713    **End Date:** 09/25/2023    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #8F3911    Served 11/03/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.33(4)	POSTING OF LONG TERM CARE OMBUDSMAN PROGRAM	3/5/24	Yes
83.44(1)(c)	CLOTHES DRYERS ENCLOSED AND VENTED	3/5/24	Yes
83.47(2)(d)	FIRE DRILLS	3/5/24	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	3/5/24	Yes
83.55(6)(b)	BATH AND TOILET AREAS: WATER TEMPERATURE	3/5/24	Yes

---

**Survey ID:** 0143197    **End Date:** 05/24/2023    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

---

**Survey ID:** 0140459    **End Date:** 08/15/2022    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

---

**Survey ID:** 0138955    **End Date:** 03/10/2022    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**This is Page 14 of 35 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 (OUR HOUSE WAUSAU ASSISTED CARE--0013424)

**Date:** 03/26/2024      **SOD #**8F3912      **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY  
FORFEITURE---83.55(6)(b)

**Date:** 11/03/2023      **SOD #**8F3911      **Appealed:**

Sanctions

ORDER TO COMPLY  
FORFEITURE---83.47(2)(e)

**This is Page 15 of 35 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)

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

**Date Complaint Received: 10/17/2023**

**Date Investigation Completed: 12/11/2023**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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

**Date Investigation Completed: 12/11/2023**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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

**Date Investigation Completed: 09/25/2023**

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

PROGRAM SERVICES

SUBSTANTIATED

8F3911

RESIDENT RIGHTS

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

**Date Complaint Received: 07/13/2023**

**Date Investigation Completed: 09/25/2023**

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

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

**Date Investigation Completed: 05/24/2023**

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

**This is Page 16 of 35 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)

**Date Complaint Received: 06/05/2022**

Subject Area(s)  
ADMINISTRATION  
PROGRAM SERVICES

**Date Investigation Completed: 08/15/2022**

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

**This is Page 17 of 35 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)

### Facility Information

**Facility Name:** OUR HOUSE WAUSAU MEMORY CARE (0013422)

**Address:** 220 W CAMPUS DR, WAUSAU, WI 54401

**License Status:** REGULAR

**Licensed/Certified/Registered** 10/01/2011 12:00:00AM

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

### Survey History

**Survey ID:** 0148209    **End Date:** 11/26/2024    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0145078    **End Date:** 12/11/2023    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT/VV

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #G3TG12    Served 12/19/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.47(2)(d)	FIRE DRILLS	2/2/24	
83.47(2)(e)	OTHER EVACUATION DRILLS	2/2/24	
83.48(1)(b)	SMOKE AND HEAT DETECTORS PER NFPA 72	2/2/24	

**Survey ID:** 0143198    **End Date:** 05/24/2023    **Type:** OTHER    **Purpose:** COMPLAINT/VV

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

***This is Page 18 of 35 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)

**Survey ID:** 0143058    **End Date:** 03/22/2023    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #G3TG11    Served 05/15/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(1)-(3)	ALL EMPLOYEE TRAINING	12/11/23	Yes

**Survey ID:** 0142622    **End Date:** 01/23/2023    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #R21Q11    Served 03/31/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.39(3)	HAND WASHING	5/24/23	Yes

**Survey ID:** 0138527    **End Date:** 01/27/2022    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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

**Date:** 05/15/2023    **SOD #**G3TG11    **Appealed:**

Sanctions

ORDER TO COMPLY  
FORFEITURE---83.21(1)-(3)

**Date:** 03/31/2023    **SOD #**R21Q11    **Appealed:**

Sanctions

ORDER TO COMPLY  
FORFEITURE---83.39(3)

***This is Page 19 of 35 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)

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

**Date Complaint Received:** 09/29/2024

**Date Investigation Completed:** 11/26/2024

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

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

**Date Investigation Completed:** 12/11/2023

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

RESIDENT RIGHTS

SUBSTANTIATED

G3TG12

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

**Date Complaint Received:** 10/11/2023

**Date Investigation Completed:** 12/11/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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

**Date Investigation Completed:** 05/24/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

ADMINISTRATION

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

**Date Complaint Received:** 03/20/2023

**Date Investigation Completed:** 03/22/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

**This is Page 20 of 35 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)

**Date Complaint Received: 03/13/2023**

Subject Area(s)

ADMINISTRATION  
PHYSICAL ENVIRONMENT/SAFETY  
PROGRAM SERVICES  
RESIDENT RIGHTS  
STAFF TRAINING AND PROFICIENCY

**Date Investigation Completed: 03/22/2023**

Result

NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

G3TG11

**Date Complaint Received: 02/02/2023**

Subject Area(s)

ADMINISTRATION  
PROGRAM SERVICES  
RESIDENT RIGHTS  
STAFF TRAINING AND PROFICIENCY

**Date Investigation Completed: 03/22/2023**

Result

NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
SUBSTANTIATED

SOD #

G3TG11

**Date Complaint Received: 11/29/2022**

Subject Area(s)

PROGRAM SERVICES  
RESIDENT RIGHTS  
STAFF TRAINING AND PROFICIENCY

**Date Investigation Completed: 01/23/2023**

Result

SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

R21Q11

**This is Page 21 of 35 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)

### Facility Information

**Facility Name:** SPRING CREST (0018300)

**Address:** 5601 SHERMAN STREET, WAUSAU, WI 54401

**License Status:** REGULAR

**Licensed/Certified/Registered** 02/11/2021 12:00:00AM

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

### Survey History

**Survey ID:** 0148306      **End Date:** 12/11/2024      **Type:** STANDARD      **Purpose:** SURVEY/COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0135611      **End Date:** 02/11/2023      **Type:** INITIAL      **Purpose:** SURVEY

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

**Survey ID:** 0141203      **End Date:** 10/17/2022      **Type:** STANDARD      **Purpose:** SURVEY/SELF REPORT/COMPLAINT/VV

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #U2D313      Served 11/01/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u> <u>Verified</u>	<u>Corrected</u>
83.46(1)(f)	COMBUSTIBLES	12/16/22	
83.47(4)(a)	FIRE EXTINGUISHERS: TYPE AND INSPECTION	12/16/22	

***This is Page 22 of 35 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)

**Survey ID:** 0140143    **End Date:** 07/12/2022    **Type:** OTHER    **Purpose:** COMPLAINT/VV

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #U2D312    Served 07/15/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.37(1)(e)	MEDICATION REGIMEN, ADMINISTRATION REVIEW	10/17/22	Yes

**Survey ID:** 0139052    **End Date:** 03/21/2022    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #U2D311    Served 03/25/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(2)(a)	CAREGIVER: INVESTIGATING ABUSE AND NEGLECT	7/12/22	Yes
83.12(5)(b)	NOTIFICATION: ABUSE AND NEGLECT ALLEGATIONS	7/12/22	Yes

### Enforcement History (SPRING CREST--0018300)

**Date:** 07/15/2022    **SOD #**U2D312    **Appealed:** No

Sanctions  
ORDER TO COMPLY

**Date:** 03/25/2022    **SOD #**U2D311    **Appealed:** No

Sanctions  
ORDER TO COMPLY

***This is Page 23 of 35 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)

### Complaint History (SPRING CREST--0018300)

**Date Complaint Received: 08/20/2024**

**Date Investigation Completed: 12/11/2024**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

**Date Complaint Received: 08/12/2022**

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

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

**This is Page 24 of 35 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 AA (AMBULATORY)

### Facility Information

**Facility Name:** STEVES HOME (610201)  
**Address:** 309 BELLIS STREET, WAUSAU, WI 54403  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 06/09/1994 12:00:00AM  
**Regional Office:** NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

### Survey History

**Survey ID:** 0146556    **End Date:** 05/28/2024    **Type:** ABBREVIATED    **Purpose:** SURVEY/COMPLAINT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #CDH511    Served 06/03/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.37(1)(e)	MEDICATION REGIMEN, ADMINISTRATION REVIEW	7/18/24	

### Complaint History (STEVES HOME--610201)

**Date Complaint Received:** 04/22/2024    **Date Investigation Completed:** 05/28/2024

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

***This is Page 25 of 35 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)

### Facility Information

**Facility Name:** STONE CREST RESIDENCE (0009226)

**Address:** 805 PARCHER STREET, WAUSAU, WI 54403

**License Status:** REGULAR

**Licensed/Certified/Registered** 09/01/2001 12:00:00AM

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

### Survey History

**Survey ID:** 0148217    **End Date:** 12/03/2024    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0146530    **End Date:** 05/22/2024    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #4BLT11    Served 05/24/2024

Deficiencies Cited

83.35(3)(a)

Subject Area

COMPREHENSIVE INDIVIDUALIZED SERVICE  
PLAN

Compliance

Verified

12/3/24

Corrected

Yes

**Survey ID:** 0142095    **End Date:** 02/02/2023    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

### Enforcement History (STONE CREST RESIDENCE--0009226)

**Date:** 05/24/2024

**SOD** #4BLT11

**Appealed:** No

Sanctions

ORDER TO COMPLY

**This is Page 26 of 35 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)

### Complaint History (STONE CREST RESIDENCE--0009226)

**Date Complaint Received: 04/02/2024**

**Date Investigation Completed: 05/22/2024**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

**Date Complaint Received: 11/29/2022**

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

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

**This is Page 27 of 35 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)

### Facility Information

**Facility Name:** SYLVAN CROSSINGS ON EVERGREEN (0008655)

**Address:** 1605 EVERGREEN ROAD, WAUSAU, WI 54403

**License Status:** REGULAR

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

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

### Survey History

**Survey ID:** 0148426    **End Date:** 01/02/2025    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #RQF811    Served 01/03/2025

Deficiencies Cited

83.47(2)(d)

83.47(2)(e)

Subject Area

FIRE DRILLS

OTHER EVACUATION DRILLS

Compliance

Verified

Corrected

**Survey ID:** 0143885    **End Date:** 08/08/2023    **Type:** OTHER    **Purpose:** COMPLAINT/SELF REPORT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0140443    **End Date:** 08/11/2022    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

***This is Page 28 of 35 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)

**Survey ID:** 0139210    **End Date:** 04/06/2022    **Type:** ABBREVIATED    **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #RD5C11    Served 04/12/2022

Deficiencies Cited  
50.09(1)(f)

Subject Area  
PRIVACY

Compliance  
Verified  
8/11/22

Corrected  
Yes

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

**Date:** 01/03/2025    **SOD #**RQF811    **Appealed:** No

Sanctions  
ORDER TO COMPLY

**Date:** 04/12/2022    **SOD #**RD5C11    **Appealed:** No

Sanctions  
ORDER TO COMPLY

**This is Page 29 of 35 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)

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

**Date Complaint Received: 12/27/2024**

**Date Investigation Completed: 01/02/2025**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

**Date Complaint Received: 09/23/2024**

**Date Investigation Completed: 01/02/2025**

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

**Date Complaint Received: 08/01/2023**

**Date Investigation Completed: 08/08/2023**

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

**Date Complaint Received: 06/21/2023**

**Date Investigation Completed: 08/08/2023**

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

LICENSE CAPACITY OR CLASS

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

**Date Complaint Received: 02/17/2022**

**Date Investigation Completed: 04/06/2022**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

RD5C11

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

RD5C11

**This is Page 30 of 35 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)

### Facility Information

**Facility Name:** WELLINGTON PLACE AT RIB MOUNTAIN (0018302)

**Address:** 149500 COUNTY ROAD NN, WAUSAU, WI 54401

**License Status:** REGULAR

**Licensed/Certified/Registered** 11/18/2020 12:00:00AM

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

### Survey History

**Survey ID:** 0148527    **End Date:** 11/11/2024    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #WUGI12    Served 01/17/2025

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(2)(e)	NOTIFY WITHIN 7 DAYS OF ADMINISTRATOR CHANGE		
83.21(1)-(3)	ALL EMPLOYEE TRAINING		
83.22(1)-(4)	TASK SPECIFIC TRAINING		
83.39(3)	HAND WASHING		
83.44(2)(a)	ROOMS CLEAN AND FREE FROM ODORS		

***This is Page 31 of 35 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)

**Survey ID:** 0145815    **End Date:** 02/29/2024    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #WUGI11    Served 03/07/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	11/11/24	Yes
83.39(3)	HAND WASHING	11/11/24	No

**Survey ID:** 0145740    **End Date:** 01/29/2024    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT/SELF REPORT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #JBS011    Served 02/26/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.21(1)-(3)	ALL EMPLOYEE TRAINING	11/11/24	No
83.22(1)-(4)	TASK SPECIFIC TRAINING	11/11/24	No
83.35(2)	TEMPORARY SERVICE PLAN	11/11/24	Yes
83.35(5)(a)	INITIAL EVALUATION OF EVACUATION LIMITATIONS	11/11/24	Yes
83.35(5)(b)	ANNUAL EVALUATION OF EVACUATION LIMITS	11/11/24	Yes
83.37(3)(c)	MEDICATION STORAGE: LOCKED CABINET	11/11/24	Yes

**Survey ID:** 0142321    **End Date:** 02/23/2023    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0141918    **End Date:** 01/19/2023    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

***This is Page 32 of 35 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)

**Survey ID:** 0140448      **End Date:** 08/05/2022      **Type:** STANDARD      **Purpose:** SURVEY/COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

### Enforcement History (WELLINGTON PLACE AT RIB MOUNTAIN--0018302)

**Date:** 01/17/2025      **SOD #**WUGI12      **Appealed:**      **Decision:** PENDING

Sanctions

ORDER TO COMPLY

FORFEITURE---83.21(1)-(3)

FORFEITURE---83.22(1)-(4)

FORFEITURE---83.39(3)

**Date:** 03/07/2024      **SOD #**WUGI11      **Appealed:** No

Sanctions

ORDER TO COMPLY

**Date:** 02/26/2024      **SOD #**JBS011      **Appealed:**

Sanctions

ORDER TO COMPLY

FORFEITURE---83.21(1)-(3)

FORFEITURE---83.22(1)-(4)

**This is Page 33 of 35 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)

### Complaint History (WELLINGTON PLACE AT RIB MOUNTAIN--0018302)

**Date Complaint Received: 10/09/2024**

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

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY  
PROGRAM SERVICES  
STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

WUGH12

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

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

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

**Date Complaint Received: 08/16/2024**

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

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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

**Date Investigation Completed: 02/29/2024**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

WUGH11

**Date Complaint Received: 01/22/2024**

**Date Investigation Completed: 01/29/2024**

Subject Area(s)

Result

SOD #

ADMINISTRATION  
RESIDENT RIGHTS  
STAFF TRAINING AND PROFICIENCY  
PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

**This is Page 34 of 35 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)

**Date Complaint Received: 01/08/2024**

Subject Area(s)

PHYSICAL ENVIRONMENT/SAFETY  
STAFF TRAINING AND PROFICIENCY  
PHYSICAL ENVIRONMENT/SAFETY  
PROGRAM SERVICES

**Date Investigation Completed: 01/29/2024**

Result

NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 01/02/2024**

Subject Area(s)

PHYSICAL ENVIRONMENT/SAFETY

**Date Investigation Completed: 01/29/2024**

Result

NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 01/31/2023**

Subject Area(s)

PROGRAM SERVICES  
STAFF TRAINING AND PROFICIENCY

**Date Investigation Completed: 02/23/2023**

Result

NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 11/29/2022**

Subject Area(s)

PHYSICAL ENVIRONMENT/SAFETY

**Date Investigation Completed: 01/19/2023**

Result

NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 07/13/2022**

Subject Area(s)

PROGRAM SERVICES

**Date Investigation Completed: 08/05/2022**

Result

NOT SUBSTANTIATED

SOD #

**This is Page 35 of 35 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.***