

## Provider Inspection Summary

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

Marathon

### Notes

**This report includes Provider Inspection Summaries (Facility Profiles) for Residential Care Apartment Complexes in Marathon County.**

**The report is a PDF (Adobe Acrobat) document and includes a total of 15.00 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  
Residential Care Apartment Complex (CERTIFIED)

### Facility Information

**Facility Name:** ATHENIAN LIVING RCAC (0016638)

**Address:** 716 CAROLINE STREET, ATHENS, WI 54411

**License Status:** REGULAR

**Licensed/Certified/Registered** 05/04/2017 12:00:00AM

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

### Survey History

**Survey ID:** 0143584    **End Date:** 07/06/2023    **Type:** STANDARD    **Purpose:** SURVEY/VV

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0140110    **End Date:** 04/20/2022    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #P04N11    Served 07/12/2022

Deficiencies Cited

89.23(2)(a)2.c

Subject Area

SERVICES

Compliance

Verified

7/6/23

Corrected

Yes

### Enforcement History (ATHENIAN LIVING RCAC--0016638)

**Date:** 07/12/2022    **SOD #**P04N11    **Appealed:** Yes    **Decision:** STIPULATION

Sanctions

ORDER TO COMPLY

FORFEITURE---89.23(2)(a)2.c

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## Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025  
Residential Care Apartment Complex (CERTIFIED)

### Complaint History (ATHENIAN LIVING RCAC--0016638)

**Date Complaint Received: 02/23/2022**

**Date Investigation Completed: 04/20/2022**

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

P04N11

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## Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025  
Residential Care Apartment Complex (CERTIFIED)

### Facility Information

**Facility Name:** Acorn Hill Senior Living Community (0020586)

**Address:** 430 Orbiting Dr, Mosinee, WI 54455

**License Status:** REGULAR

**Licensed/Certified/Registered** 02/17/2025 12:00:00AM

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

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## Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025  
Residential Care Apartment Complex (REGISTERED)

### Facility Information

**Facility Name:** APPLEGATE TERRACE (0016880)

**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:** 0145301      **End Date:** 01/11/2024      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0143998      **End Date:** 08/10/2023      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0142757      **End Date:** 04/11/2023      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0147499      **End Date:** 10/27/2022      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025  
Residential Care Apartment Complex (REGISTERED)

### Complaint History (APPLEGATE TERRACE--0016880)

**Date Complaint Received:** 11/21/2023

Subject Area(s)

RESIDENT RIGHTS  
RESIDENT RIGHTS

**Date Investigation Completed:** 01/11/2024

Result

NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received:** 07/10/2023

Subject Area(s)

ADMINISTRATION  
PROGRAM SERVICES

**Date Investigation Completed:** 08/10/2023

Result

NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received:** 06/28/2023

Subject Area(s)

PROGRAM SERVICES  
PROGRAM SERVICES

**Date Investigation Completed:** 08/10/2023

Result

NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received:** 03/15/2023

Subject Area(s)

ADMINISTRATION

**Date Investigation Completed:** 04/11/2023

Result

NOT SUBSTANTIATED

SOD #

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## Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025  
Residential Care Apartment Complex (CERTIFIED)

### Facility Information

**Facility Name:** GARDENS APARTMENTS (THE) (0010381)  
**Address:** 801 PARCHER STREET, WAUSAU, WI 54403  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 06/01/1998 12:00:00AM  
**Regional Office:** NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

### Survey History

**Survey ID:** 0139004    **End Date:** 03/10/2022    **Type:** ABBREVIATED    **Purpose:** SURVEY  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025  
Residential Care Apartment Complex (CERTIFIED)

### Facility Information

**Facility Name:** MOUNTAIN TERRACE SENIOR LIVING RCAC (0015634)  
**Address:** 3312 TERRACE CT, WAUSAU, WI 54401  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 08/01/2015 12:00:00AM  
**Regional Office:** NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

### Survey History

**Survey ID:** 0146909    **End Date:** 07/09/2024    **Type:** OTHER    **Purpose:** COMPLAINT  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0145244    **End Date:** 01/02/2024    **Type:** OTHER    **Purpose:** COMPLAINT  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0142578    **End Date:** 03/13/2023    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT  
**Results:** STATEMENT OF DEFICIENCY ISSUED  
**Statement of Deficiency:** #FWG611    Served 03/28/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
89.23(3)(f)	SERVICES	6/1/23	

**Survey ID:** 0139946    **End Date:** 06/22/2022    **Type:** ABBREVIATED    **Purpose:** COMPLAINT  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0138866    **End Date:** 03/02/2022    **Type:** ABBREVIATED    **Purpose:** SURVEY/COMPLAINT  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025  
Residential Care Apartment Complex (CERTIFIED)

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## Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025  
Residential Care Apartment Complex (CERTIFIED)

### Complaint History (MOUNTAIN TERRACE SENIOR LIVING RCAC--0015634)

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

**Date Investigation Completed: 07/09/2024**

Subject Area(s)  
PROGRAM SERVICES

Result  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 05/24/2024**

**Date Investigation Completed: 07/09/2024**

Subject Area(s)  
PROGRAM SERVICES

Result  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 12/28/2023**

**Date Investigation Completed: 01/02/2024**

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

Result  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 11/30/2023**

**Date Investigation Completed: 01/02/2024**

Subject Area(s)  
ADMINISTRATION  
PHYSICAL ENVIRONMENT/SAFETY  
RESIDENT RIGHTS

Result  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 11/20/2023**

**Date Investigation Completed: 01/02/2024**

Subject Area(s)  
PHYSICAL ENVIRONMENT/SAFETY  
PROGRAM SERVICES

Result  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

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## Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025  
Residential Care Apartment Complex (CERTIFIED)

**Date Complaint Received: 01/30/2023**

Subject Area(s)

ADMINISTRATION  
RESIDENT RIGHTS

**Date Investigation Completed: 03/13/2023**

Result

NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 04/21/2022**

Subject Area(s)

ADMINISTRATION  
OTHER

**Date Investigation Completed: 06/22/2022**

Result

NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

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## Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025  
Residential Care Apartment Complex (REGISTERED)

### Facility Information

**Facility Name:** PRIMROSE RETIREMENT COMMUNITY OF WAUSAU (0015687)

**Address:** 2100 TOWNLINE ROAD, WAUSAU, WI 54403

**License Status:** REGULAR

**Licensed/Certified/Registered** 07/01/2015 12:00:00AM

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

### Survey History

**Survey ID:** 0144544    **End Date:** 10/16/2023    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

### Complaint History (PRIMROSE RETIREMENT COMMUNITY OF WAUSAU--0015687)

**Date Complaint Received:** 08/15/2023

**Date Investigation Completed:** 10/16/2023

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

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## Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025  
Residential Care Apartment Complex (REGISTERED)

### Facility Information

**Facility Name:** TERRACE COURT ASSISTED LIVING (0010384)  
**Address:** 3402 TERRACE COURT, WAUSAU, WI 54401  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 03/14/1997 12:00:00AM  
**Regional Office:** NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

### Survey History

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

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## Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025  
Residential Care Apartment Complex (CERTIFIED)

### Facility Information

**Facility Name:** RENAISSANCE WESTON (0013025)

**Address:** 4602 BARBICAN AVENUE, WESTON, WI 54476

**License Status:** REGULAR

**Licensed/Certified/Registered** 11/03/2009 12:00:00AM

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

### Survey History

**Survey ID:** 0145374    **End Date:** 01/18/2024    **Type:** ABBREVIATED    **Purpose:** SURVEY/COMPLAINT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #DMOR11    Served 01/25/2024

Deficiencies Cited  
89.35(3)

Subject Area  
GRIEVANCES

Compliance  
Verified  
3/29/24

Corrected

**Survey ID:** 0138698    **End Date:** 02/14/2022    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025  
Residential Care Apartment Complex (CERTIFIED)

### Complaint History (RENAISSANCE WESTON--0013025)

**Date Complaint Received: 12/28/2023**

**Date Investigation Completed: 01/18/2024**

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

**Date Complaint Received: 12/06/2023**

**Date Investigation Completed: 01/18/2024**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

DMOR11

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