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 11.00 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

<table>
<thead>
<tr>
<th>Facility Name:</th>
<th>ATHENIAN LIVING RCAC (0016638)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>716 CAROLINE STREET, ATHENS, WI 54411</td>
</tr>
<tr>
<td>License Status:</td>
<td>REGULAR</td>
</tr>
<tr>
<td>Licensed/Certified/Registered:</td>
<td>5/4/2017 12:00:00AM</td>
</tr>
<tr>
<td>Regional Office:</td>
<td>WESTERN REGION (EAU CLAIRE), (715) 836-4790</td>
</tr>
</tbody>
</table>

Survey History

| Survey ID: | 0123201 |
| End Date: | 5/4/2017 |
| Type: | INITIAL |
| Purpose: | SURVEY |
| Results: | LICENSE/CERT/REGISTRATION ISSUED |

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Facility Information

Facility Name: ACORN HILL (0016344)
Address: 430 ORBITING DR, MOSINEE, WI 54455
License Status: REGULAR
Licensed/Certified/Registered 12/7/2016 12:00:00AM
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

<table>
<thead>
<tr>
<th>Survey ID</th>
<th>End Date</th>
<th>Type</th>
<th>Purpose</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>0132120</td>
<td>12/9/2019</td>
<td>OTHER</td>
<td>DESK REVIEW</td>
<td>NO STATEMENT OF DEFICIENCY ISSUED</td>
</tr>
<tr>
<td>0132062</td>
<td>11/12/2019</td>
<td>OTHER</td>
<td>COMPLAINT</td>
<td>STATEMENT OF DEFICIENCY ISSUED</td>
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<tr>
<td></td>
<td></td>
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<td></td>
<td>Statement of Deficiency: #939O11</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Subject Area</th>
<th>Corrected</th>
<th>Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>TENANT RIGHTS</td>
<td>Yes</td>
<td>12/9/19</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Survey ID</th>
<th>End Date</th>
<th>Type</th>
<th>Purpose</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>0130467</td>
<td>6/5/2019</td>
<td>OTHER</td>
<td>COMPLAINT</td>
<td>NO STATEMENT OF DEFICIENCY ISSUED</td>
</tr>
<tr>
<td>0128846</td>
<td>12/6/2018</td>
<td>STANDARD</td>
<td>SURVEY</td>
<td>NO STATEMENT OF DEFICIENCY ISSUED</td>
</tr>
</tbody>
</table>

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### Complaint History (ACORN HILL--0016344)

<table>
<thead>
<tr>
<th>Date Complaint Received:</th>
<th>Date Investigation Completed:</th>
<th>Subject Area(s)</th>
<th>Result</th>
<th>SOD #</th>
</tr>
</thead>
<tbody>
<tr>
<td>7/20/2019</td>
<td>11/12/2019</td>
<td>RESIDENT RIGHTS</td>
<td>SUBSTANTIATED</td>
<td>939011</td>
</tr>
<tr>
<td></td>
<td></td>
<td>STAFF TRAINING AND PROFICIENCY</td>
<td>NOT SUBSTANTIATED</td>
<td></td>
</tr>
<tr>
<td>7/9/2019</td>
<td>11/12/2019</td>
<td>RESIDENT RIGHTS</td>
<td>NOT SUBSTANTIATED</td>
<td></td>
</tr>
<tr>
<td>5/20/2019</td>
<td>6/5/2019</td>
<td>RESIDENT RIGHTS</td>
<td>NOT SUBSTANTIATED</td>
<td></td>
</tr>
</tbody>
</table>

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Facility Information

Facility Name: APPLEGATE TERRACE (0016880)
Address: 3001 WESTHILL DR, WAUSAU, WI 54401
License Status: REGULAR
Licensed/Certified/Registered 10/1/2017 12:00:00AM
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

<table>
<thead>
<tr>
<th>Survey ID</th>
<th>End Date</th>
<th>Type</th>
<th>Purpose</th>
</tr>
</thead>
<tbody>
<tr>
<td>0129591</td>
<td>2/22/2019</td>
<td>OTHER</td>
<td>COMPLAINT</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>NO STATEMENT OF DEFICIENCY ISSUED</td>
</tr>
<tr>
<td>0124578</td>
<td>9/29/2017</td>
<td>OTHER</td>
<td>CHOW--DESK REVIEW</td>
</tr>
<tr>
<td></td>
<td></td>
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<td>LICENSE/CERT/REGISTRATION ISSUED</td>
</tr>
</tbody>
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Complaint History (APPLEGATE TERRACE--0016880)

<table>
<thead>
<tr>
<th>Date Complaint Received</th>
<th>Date Investigation Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>2/15/2019</td>
<td>2/22/2019</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Subject Area(s)</th>
<th>Result</th>
<th>SOD #</th>
</tr>
</thead>
<tbody>
<tr>
<td>RESIDENT RIGHTS</td>
<td>SUBSTANTIATED</td>
<td></td>
</tr>
</tbody>
</table>

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Provider Inspection Summary

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

Residential Care Apartment Complex (CERTIFIED)

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Facility Information

Facility Name: GARDENS APARTMENTS (THE) (0010381)
Address: 801 PARCHER STREET, WAUSAU, WI 54403
License Status: REGULAR
Licensed/Certified/Registered 6/1/1998 12:00:00AM
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0126231   End Date: 3/12/2018   Type: STANDARD   Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

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Facility Information

Facility Name: MOUNTAIN TERRACE SENIOR LIVING RCAC (0015634)
Address: 3312 TERRACE CT, WAUSAU, WI 54401
License Status: REGULAR
Licensed/Certified/Registered 8/1/2015 12:00:00AM
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0122627  End Date: 3/3/2017  Type: STANDARD  Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey History

No survey activity during the period 2/8/17 to 2/8/20
Provider Inspection Summary

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

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 7/1/2015 12:00:00AM
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

No survey activity during the period 2/8/17 to 2/8/20

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Provider Inspection Summary

For the period 2/8/2017 to 2/8/2020
Residential Care Apartment Complex (CERTIFIED)

Facility Information

Facility Name: RIVERVIEW TERRACE (0010394)
Address: 540 EAST THOMAS STREET, WAUSAU, WI 54403
License Status: REGULAR
Licensed/Certified/Registered 9/1/2003 12:00:00AM
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0127414  End Date: 7/9/2018  Type: OTHER  Purpose: COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0123388  End Date: 6/6/2017  Type: ABBREVIATED  Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (RIVERVIEW TERRACE--0010394)

Date Complaint Received: 7/2/2018  Date Investigation Completed: 7/9/2018

Subject Area(s)  Result  SOD #
PHYSICAL ENVIRONMENT/SAFETY  NOT SUBSTANTIATED
RESIDENT RIGHTS  NOT SUBSTANTIATED

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**Facility Information**

- **Facility Name:** TERRACE COURT ASSISTED LIVING (0010384)
- **Address:** 3402 TERRACE COURT, WAUSAU, WI 54401
- **License Status:** REGULAR
- **Licensed/Certified/Registered:** 3/14/1997 12:00:00AM
- **Regional Office:** WESTERN REGION (EAU CLAIRE), (715) 836-4790

**Survey History**

No survey activity during the period 2/8/17 to 2/8/20
Facility Information

Facility Name: RENAISSANCE WESTON (0013025)
Address: 4602 BARBICAN AVENUE, WESTON, WI 54476
License Status: REGULAR
Licensed/Certified/Registered 11/3/2009 12:00:00 AM
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0127115   End Date: 6/14/2018   Type: OTHER   Purpose: COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0125035   End Date: 11/6/2017   Type: ABBREVIATED   Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (RENAISSANCE WESTON--0013025)

Date Complaint Received: 6/5/2018   Date Investigation Completed: 6/14/2018
Subject Area(s)   Result   SOD #
RESIDENT RIGHTS   NOT SUBSTANTIATED

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