

Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

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 12.00 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 5/15/2020 to 5/15/2023
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 5/4/2017 12:00:00AM

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

Survey History

Survey ID: 0140110 **End Date:** 4/20/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #P04N11 Served 7/12/2022

Deficiencies Cited
89.23(2)(a)2.c

Subject Area
SERVICES

Compliance
Verified

Corrected

Survey ID: 0135964 **End Date:** 3/31/2021 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (ATHENIAN LIVING RCAC--0016638)

Date: 7/12/2022 **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 5/15/2020 to 5/15/2023
Residential Care Apartment Complex (CERTIFIED)

Complaint History (ATHENIAN LIVING RCAC--0016638)

Date Complaint Received: 2/23/2022

Date Investigation Completed: 4/20/2022

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

P04N11

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023
Residential Care Apartment Complex (CERTIFIED)

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

Survey History

Survey ID: 0141988 **End Date:** 1/25/2023 **Type:** STANDARD **Purpose:** SURVEY/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140045 **End Date:** 4/26/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #ZRHG11 Served 7/7/2022

Deficiencies Cited
89.23(4)(b)1

Subject Area
SERVICES

Compliance
Verified
1/25/23

Corrected
Yes

Survey ID: 0137939 **End Date:** 12/7/2021 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0136490 **End Date:** 6/11/2021 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023
Residential Care Apartment Complex (CERTIFIED)

Enforcement History (ACORN HILL--0016344)

Date: 7/7/2022 **SOD #**ZRHG11 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---89.23(4)(b)1

Complaint History (ACORN HILL--0016344)

Date Complaint Received: 2/25/2022

Date Investigation Completed: 4/26/2022

Subject Area(s)

Result

SOD #

ADMINISTRATION
PROGRAM SERVICES

NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 11/3/2021

Date Investigation Completed: 12/7/2021

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES
RESIDENT RIGHTS

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023
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 10/1/2017 12:00:00AM
Regional Office: NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0142757 **End Date:** 4/11/2023 **Type:** OTHER **Purpose:** COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (APPLEGATE TERRACE--0016880)

Date Complaint Received: 3/15/2023	Date Investigation Completed: 4/11/2023
<u>Subject Area(s)</u> ADMINISTRATION	<u>Result</u> NOT SUBSTANTIATED
	<u>SOD #</u>

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023
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 6/1/1998 12:00:00AM
Regional Office: NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0139004 **End Date:** 3/10/2022 **Type:** ABBREVIATED **Purpose:** SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023
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 8/1/2015 12:00:00AM
Regional Office: NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0142578 **End Date:** 3/13/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #FWG611 Served 3/28/2023

Deficiencies Cited
89.23(3)(f)

Subject Area
SERVICES

Compliance
Verified
6/1/23

Corrected

Survey ID: 0139946 **End Date:** 6/22/2022 **Type:** ABBREVIATED **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0138866 **End Date:** 3/2/2022 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023
Residential Care Apartment Complex (CERTIFIED)

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

Date Complaint Received: 1/30/2023

Subject Area(s)
ADMINISTRATION
RESIDENT RIGHTS

Date Investigation Completed: 3/13/2023

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 4/21/2022

Subject Area(s)
ADMINISTRATION
OTHER

Date Investigation Completed: 6/22/2022

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 8/16/2021

Subject Area(s)
PROGRAM SERVICES
STAFF TRAINING AND PROFICIENCY

Date Investigation Completed: 3/2/2022

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023
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: NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0135943 **End Date:** 3/23/2021 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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

Date Complaint Received: 9/28/2020

Date Investigation Completed: 3/23/2021

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 9/14/2020

Date Investigation Completed: 3/23/2021

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023
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 3/14/1997 12:00:00AM

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

Survey History

No survey activity during the period 5/15/20 to 5/15/23

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023
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 11/3/2009 12:00:00AM

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

Survey History

Survey ID: 0138698 **End Date:** 2/14/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (RENAISSANCE WESTON--0013025)

Date Complaint Received: 11/15/2021

Date Investigation Completed: 2/14/2022

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

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