

Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Notes

This report includes Provider Inspection Summaries (Facility Profiles) for Assisted Living Facilities in Monroe County. The report is a PDF (Adobe Acrobat) document and includes a total of 75.00 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 01/30/2022 to 01/29/2025

Adult Family Home

Facility Information

Facility Name: RASCALS RESORT LLC (0018158)

Address: 29429 COUNTY HIGHWAY V, KENDALL, WI 54638

License Status: REGULAR

Licensed/Certified/Registered 08/19/2020 12:00:00AM

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

Survey History

Survey ID: 0146098 **End Date:** 04/05/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0145536 **End Date:** 02/06/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #13K411 Served 02/08/2024

| <u>Deficiencies Cited</u> | <u>Subject Area</u> | <u>Compliance Verified</u> | <u>Corrected</u> |
|---------------------------|---------------------------|--------------------------------|------------------|
| 88.10(3)(l) | SAFE PHYSICAL ENVIRONMENT | 4/5/24 | Yes |

Enforcement History (RASCALS RESORT LLC--0018158)

Date: 02/08/2024 **SOD #**13K411 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Adult Family Home

Complaint History (RASCALS RESORT LLC--0018158)

Date Complaint Received: 12/20/2023

Date Investigation Completed: 02/06/2024

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Adult Family Home

Facility Information

Facility Name: ANDERSON YESKE AFH II (0014766)

Address: 18441 ICEBOX ROAD, SPARTA, WI 54656

License Status: REGULAR

Licensed/Certified/Registered 08/08/2013 12:00:00AM

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

Survey History

Survey ID: 0147336 **End Date:** 08/08/2024 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Adult Family Home

Facility Information

Facility Name: ANDERSON YESKE AFH (0013809)

Address: 18447 ICEBOX ROAD, SPARTA, WI 54656

License Status: REGULAR

Licensed/Certified/Registered 07/06/2011 12:00:00AM

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

Survey History

Survey ID: 0147343 **End Date:** 08/08/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #7ZKO11 Served 08/16/2024

| <u>Deficiencies Cited</u> | <u>Subject Area</u> | <u>Compliance Verified</u> | <u>Corrected</u> |
|---------------------------|---------------------------------------|--------------------------------|------------------|
| 88.05(3)(a) | HOME ENVIRONMENT | 10/22/24 | |
| 88.05(3)(m) | 2 EXITS TO GRADE-BEDROOMS IN BASEMENT | 10/22/24 | |

Complaint History (ANDERSON YESKE AFH--0013809)

Date Complaint Received: 08/06/2024

Date Investigation Completed: 08/08/2024

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY
RESIDENT RIGHTS

NOT SUBSTANTIATED
NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Adult Family Home

Facility Information

Facility Name: RBI CARE LLC HOUSE 6 (0017650)

Address: 11757 STATE HWY 71, SPARTA, WI 54656

License Status: REGULAR

Licensed/Certified/Registered 10/14/2019 12:00:00AM

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

Survey History

Survey ID: 0144239 **End Date:** 09/13/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141490 **End Date:** 12/01/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139750 **End Date:** 05/27/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (RBI CARE LLC HOUSE 6--0017650)

Date Complaint Received: 09/05/2023

Date Investigation Completed: 09/13/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 11/23/2022

Date Investigation Completed: 12/01/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Adult Family Home

Facility Information

Facility Name: RBI CARE LLC HOUSE 7 (0017651)

Address: 11755 STATE HWY 71, SPARTA, WI 54656

License Status: REGULAR

Licensed/Certified/Registered 10/14/2019 12:00:00AM

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

Survey History

Survey ID: 0145213 **End Date:** 01/05/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0142868 **End Date:** 04/19/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0142121 **End Date:** 02/10/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #QX0J11 Served 02/13/2023

Deficiencies Cited
88.06(3)(c)

Subject Area
ASSESSMENT IDENTIFY NEEDS & ABILITIES

Compliance
Verified
4/19/23

Corrected
Yes

Survey ID: 0139988 **End Date:** 06/14/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Adult Family Home

Enforcement History (RBI CARE LLC HOUSE 7--0017651)

Date: 02/13/2023 SOD #QX0J11 Appealed: No

Sanctions

ORDER TO COMPLY

Complaint History (RBI CARE LLC HOUSE 7--0017651)

Date Complaint Received: 01/02/2024

Date Investigation Completed: 01/05/2024

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 01/17/2023

Date Investigation Completed: 02/03/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Adult Family Home

Facility Information

Facility Name: RBI CARE LLC HOUSE 8 (0018093)

Address: 11749 STATE HIGHWAY 71, SPARTA, WI 54656

License Status: REGULAR

Licensed/Certified/Registered 09/24/2020 12:00:00AM

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

Survey History

Survey ID: 0142023 **End Date:** 01/25/2023 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #MULC12 Served 02/02/2023

| <u>Deficiencies Cited</u> | <u>Subject Area</u> | <u>Compliance Verified</u> | <u>Corrected</u> |
|---------------------------|---------------------|--------------------------------|------------------|
| 88.05(3)(a) | HOME ENVIRONMENT | 3/11/23 | |

Survey ID: 0141624 **End Date:** 12/06/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #MULC11 Served 12/16/2022

| <u>Deficiencies Cited</u> | <u>Subject Area</u> | <u>Compliance Verified</u> | <u>Corrected</u> |
|---------------------------|----------------------------|--------------------------------|------------------|
| 50.065(2)(b)intro | ENTITY BACKGROUND CHECK | 1/25/23 | Yes |
| | REQUIREMENTS | | |
| 88.04(2)(g)1 | HEALTH SCREENING FOR STAFF | 1/25/23 | Yes |

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Adult Family Home

Enforcement History (RBI CARE LLC HOUSE 8--0018093)

Date: 12/16/2022 SOD #MULC11 Appealed: No

Sanctions

ORDER TO COMPLY

Complaint History (RBI CARE LLC HOUSE 8--0018093)

Date Complaint Received: 01/17/2023

Date Investigation Completed: 01/25/2023

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY
RESIDENT RIGHTS

SUBSTANTIATED
NOT SUBSTANTIATED

MULC12

Date Complaint Received: 01/10/2023

Date Investigation Completed: 01/25/2023

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES

NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 11/23/2022

Date Investigation Completed: 12/06/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Adult Family Home

Facility Information

Facility Name: RBI CARE LLC HOUSE 9 (0018096)

Address: 11747 STATE HIGHWAY 71, SPARTA, WI 54656

License Status: REGULAR

Licensed/Certified/Registered 09/24/2020 12:00:00AM

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

Survey History

Survey ID: 0142110 **End Date:** 02/08/2023 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141611 **End Date:** 12/06/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #DGNG11 Served 12/14/2022

| <u>Deficiencies Cited</u> | <u>Subject Area</u> | <u>Compliance Verified</u> | <u>Corrected</u> |
|---------------------------|----------------------------|--------------------------------|------------------|
| 88.04(2)(g)1 | HEALTH SCREENING FOR STAFF | 2/8/23 | Yes |

Enforcement History (RBI CARE LLC HOUSE 9--0018096)

Date: 12/14/2022 **SOD #**DGNG11 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Adult Family Home

Complaint History (RBI CARE LLC HOUSE 9--0018096)

Date Complaint Received: 01/17/2023

Date Investigation Completed: 02/08/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 11/23/2022

Date Investigation Completed: 12/06/2022

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Adult Family Home

Facility Information

Facility Name: ANTONY ADULT FAMILY HOME (0010124)

Address: 21470 HWY 16, TOMAH, WI 54660

License Status: REGULAR

Licensed/Certified/Registered 05/16/2003 12:00:00AM

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

Survey History

Survey ID: 0143999 **End Date:** 08/15/2023 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Adult Family Home

Facility Information

Facility Name: CAMBRIA HOUSE (0012026)

Address: 313 W ELIZABETH ST, TOMAH, WI 54660

License Status: REGULAR

Licensed/Certified/Registered 07/12/2007 12:00:00AM

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

Survey History

Survey ID: 0147735 **End Date:** 09/27/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #1FOD11 Served 10/03/2024

Deficiencies Cited
88.06(3)(f)

Subject Area
REVIEW OF ISP

Compliance
Verified
11/17/24

Corrected

Survey ID: 0142824 **End Date:** 04/07/2023 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (CAMBRIA HOUSE--0012026)

Date Complaint Received: 09/19/2024

Date Investigation Completed: 09/27/2024

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES

NOT SUBSTANTIATED
NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Adult Family Home

Facility Information

Facility Name: CORNERSTONE AFH (0015189)

Address: 622 WEST VETERANS ST, TOMAH, WI 54660

License Status: REGULAR

Licensed/Certified/Registered 08/15/2014 12:00:00AM

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

Survey History

Survey ID: 0147940 **End Date:** 10/23/2024 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0145283 **End Date:** 01/11/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (CORNERSTONE AFH--0015189)

Date Complaint Received: 12/22/2023

Date Investigation Completed: 01/11/2024

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Adult Family Home

Facility Information

Facility Name: GENESIS ADULT FAMILY HOME (0017172)

Address: 218 NICHOLAS ST, TOMAH, WI 54660

License Status: REGULAR

Licensed/Certified/Registered 07/06/2018 12:00:00AM

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

Survey History

Survey ID: 0147919 **End Date:** 10/18/2024 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #58PY11 Served 10/28/2024

Deficiencies Cited
88.05(3)(n)

Subject Area
CLEAN, SAFE, FUNCTIONAL HOUSEHOLD
ITEMS

Compliance
Verified
12/20/24

Corrected

Complaint History (GENESIS ADULT FAMILY HOME--0017172)

Date Complaint Received: 10/17/2024

Date Investigation Completed: 10/18/2024

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Adult Family Home

Facility Information

Facility Name: HEWUSE FAMILY HOMES LLC (0018870)

Address: 21344 INSHORE AVE, TOMAH, WI 54660

License Status: REGULAR

Licensed/Certified/Registered 03/25/2022 12:00:00AM

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

Survey History

Survey ID: 0139112 **End Date:** 03/25/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Adult Family Home

Facility Information

Facility Name: Leah (0020471)

Address: 1214 Hansen St, Tomah, WI 54660

License Status: REGULAR

Licensed/Certified/Registered 01/07/2025 12:00:00AM

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

Survey History

Survey ID: 0148460 **End Date:** 01/07/2025 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Adult Family Home

Facility Information

Facility Name: LIVING WELL ADULT FAMILY HOME (0015233)

Address: 620 WEST VETERANS STREET, TOMAH, WI 54660

License Status: REGULAR

Licensed/Certified/Registered 08/25/2014 12:00:00AM

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

Survey History

Survey ID: 0147941 **End Date:** 10/23/2024 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0145289 **End Date:** 01/11/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (LIVING WELL ADULT FAMILY HOME--0015233)

Date Complaint Received: 10/17/2024

Date Investigation Completed: 10/23/2024

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 01/09/2024

Date Investigation Completed: 01/11/2024

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Adult Family Home

Facility Information

Facility Name: Martha (0020465)

Address: 115 Lawrence Ave, Tomah, WI 546601017

License Status: REGULAR

Licensed/Certified/Registered 01/07/2025 12:00:00AM

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

Survey History

No survey activity during the period 1/30/22 to 1/29/25

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Adult Family Home

Facility Information

Facility Name: NEW DAY AFH INC 2 (0012644)

Address: 31219 FRESNO AVENUE, TOMAH, WI 54660

License Status: REGULAR

Licensed/Certified/Registered 12/01/2008 12:00:00AM

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

Survey History

Survey ID: 0143770 **End Date:** 07/19/2023 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Adult Family Home

Facility Information

Facility Name: NEW DAY AFH INC (0011829)

Address: 31221 FRESNO AVENUE, TOMAH, WI 54660

License Status: REGULAR

Licensed/Certified/Registered 02/27/2007 12:00:00AM

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

Survey History

Survey ID: 0143759 **End Date:** 07/19/2023 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Adult Family Home

Facility Information

Facility Name: Rachel (0020469)

Address: 1216 Hansen St, Tomah, WI 54660

License Status: REGULAR

Licensed/Certified/Registered 01/07/2025 12:00:00AM

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

Survey History

Survey ID: 0148463 **End Date:** 01/07/2025 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

Facility Information

Facility Name: DEER VALLEY CARES LLC (0018340)

Address: 18067 COUNTY HIGHWAY F, NORWALK, WI 54648

License Status: REGULAR

Licensed/Certified/Registered 02/01/2022 12:00:00AM

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

Survey History

Survey ID: 0143084 **End Date:** 05/10/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #132S11 Served 05/17/2023

Deficiencies Cited
83.12(4)(b)

Subject Area
REPORTING WHEN LAW ENFORCEMENT IS
CALLED

Compliance
Verified
7/1/23

Corrected

Complaint History (DEER VALLEY CARES LLC--0018340)

Date Complaint Received: 05/09/2023

Date Investigation Completed: 05/10/2023

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: BRIDGE PATH (0013540)

Address: 503 S WATER STREET, SPARTA, WI 54656

License Status: REGULAR

Licensed/Certified/Registered 02/01/2012 12:00:00AM

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

Survey History

No survey activity during the period 1/30/22 to 1/29/25

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: MEADOWS (THE) (0019128)

Address: 14400 COUNTY HWY B, SPARTA, WI 54656

License Status: REGULAR

Licensed/Certified/Registered 08/23/2022 12:00:00AM

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

Survey History

Survey ID: 0140681 **End Date:** 08/17/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: OAK ST HOUSE (0017351)

Address: 220 E OAK ST, SPARTA, WI 54656

License Status: REGULAR

Licensed/Certified/Registered 12/21/2018 12:00:00AM

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

Survey History

Survey ID: 0139339 **End Date:** 04/20/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0138954 **End Date:** 03/08/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #D2Y611 Served 03/11/2022

| <u>Deficiencies Cited</u> | <u>Subject Area</u> | <u>Compliance Verified</u> | <u>Corrected</u> |
|---------------------------|--|--------------------------------|------------------|
| 83.12(4)(a) | REPORTING WHEN RESIDENT'S WHEREABOUTS UNKNOWN | 5/16/22 | |
| 83.12(4)(b) | REPORTING WHEN LAW ENFORCEMENT IS CALLED | 5/16/22 | |

Enforcement History (OAK ST HOUSE--0017351)

Date: 03/11/2022 **SOD #**D2Y611 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS AA (AMBULATORY)

Complaint History (OAK ST HOUSE--0017351)

Date Complaint Received: 02/22/2022

Date Investigation Completed: 03/08/2022

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: River Road Estates (0019545)

Address: 1848 River Road, Sparta, WI 54656

License Status: REGULAR

Licensed/Certified/Registered 05/01/2023 12:00:00AM

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

Survey History

Survey ID: 0146149 **End Date:** 04/10/2024 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #CQOM12 Served 04/17/2024

| <u>Deficiencies Cited</u> | <u>Subject Area</u> | <u>Compliance Verified</u> | <u>Corrected</u> |
|---------------------------|--|--------------------------------|------------------|
| 83.12(4)(b) | REPORTING WHEN LAW ENFORCEMENT IS CALLED | 6/1/24 | |

Survey ID: 0145442 **End Date:** 01/24/2024 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #CQOM11 Served 01/30/2024

| <u>Deficiencies Cited</u> | <u>Subject Area</u> | <u>Compliance Verified</u> | <u>Corrected</u> |
|---------------------------|---|--------------------------------|------------------|
| 83.17(2)(a) | EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE | 4/10/24 | Yes |
| 83.28(4)(a) | RESIDENT HEALTH SCREENING AND DOCUMENTATION | 4/10/24 | Yes |
| 83.32(3)(n) | RIGHTS OF RESIDENTS: SAFE ENVIRONMENT | 4/10/24 | Yes |

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

| | | | |
|-------------|--|---------|-----|
| 83.35(3)(d) | SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES | 4/10/24 | Yes |
| 83.45(1)(a) | EXTERIOR AREAS | 4/10/24 | Yes |
| 83.46(1)(f) | COMBUSTIBLES | 4/10/24 | Yes |

Survey ID: 0142959 End Date: 05/01/2023 Type: INITIAL Purpose: CHOW--DESK REVIEW

Results: PROBATIONARY LICENSE ISSUED

Enforcement History (River Road Estates--0019545)

Date: 01/30/2024 SOD #CQOM11 Appealed: No

Sanctions

ORDER TO COMPLY

Complaint History (River Road Estates--0019545)

Date Complaint Received: 02/02/2024

Date Investigation Completed: 04/10/2024

Subject Area(s)

RESIDENT RIGHTS

STAFF TRAINING AND PROFICIENCY

Result

NOT SUBSTANTIATED

SUBSTANTIATED

SOD

CQOM12

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

Facility Information

Facility Name: ANN ST HOUSE (0017991)

Address: 321 ANN STREET, TOMAH, WI 54660

License Status: REGULAR

Licensed/Certified/Registered 03/25/2020 12:00:00AM

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

Survey History

No survey activity during the period 1/30/22 to 1/29/25

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: CLOSE TO HOME INC (510383)

Address: 1206 MARK AVE, TOMAH, WI 54660

License Status: REGULAR

Licensed/Certified/Registered 03/01/1999 12:00:00AM

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

Survey History

Survey ID: 0144512 **End Date:** 10/12/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141461 **End Date:** 11/28/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139049 **End Date:** 03/22/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (CLOSE TO HOME INC--510383)

Date Complaint Received: 08/10/2023

Date Investigation Completed: 10/12/2023

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 11/22/2022

Date Investigation Completed: 11/28/2022

Subject Area(s)
ADMINISTRATION

Result
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: CRANBERRY COURT I LLC (0010457)

Address: 1031 HEELER AVE, TOMAH, WI 54660

License Status: REGULAR

Licensed/Certified/Registered 06/01/2004 12:00:00AM

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

Survey History

Survey ID: 0143938 **End Date:** 08/11/2023 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (CRANBERRY COURT I LLC--0010457)

Date Complaint Received: 08/04/2023

Date Investigation Completed: 08/11/2023

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: CRANBERRY COURT LLC BLDG 2 (0010577)

Address: 1025 HEELER AVE, TOMAH, WI 54660

License Status: REGULAR

Licensed/Certified/Registered 10/04/2004 12:00:00AM

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

Survey History

Survey ID: 0142776 **End Date:** 04/07/2023 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: GREENFIELD HOUSE (THE) (0009602)

Address: 21444 FLATIRON AVENUE, TOMAH, WI 54660

License Status: REGULAR

Licensed/Certified/Registered 04/01/2003 12:00:00AM

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

Survey History

Survey ID: 0140697 **End Date:** 08/19/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #999I11 Served 09/08/2022

Deficiencies Cited
83.17(1)

Subject Area
LICENSEE CONDUCT CAREGIVER
BACKGROUND CHECK

Compliance
Verified

Corrected

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: Hayward House (The) (0019706)

Address: 626 Hayward Ave, Tomah, WI 54660

License Status: REGULAR

Licensed/Certified/Registered 06/19/2024 12:00:00AM

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

Survey History

Survey ID: 0146284 **End Date:** 04/26/2024 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0143944 **End Date:** 08/15/2023 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: HOLTON HOUSE (0016508)

Address: 315 E HOLTON, TOMAH, WI 54660

License Status: REGULAR

Licensed/Certified/Registered 05/01/2018 12:00:00AM

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

Survey History

Survey ID: 0142656 **End Date:** 03/31/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139779 **End Date:** 06/02/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #ETVN11 Served 06/07/2022

| <u>Deficiencies Cited</u> | <u>Subject Area</u> | <u>Compliance Verified</u> | <u>Corrected</u> |
|---------------------------|--|--------------------------------|------------------|
| 83.28(4)(a) | RESIDENT HEALTH SCREENING AND DOCUMENTATION | 3/31/23 | Yes |
| 83.35(3)(b) | SERVICE PLAN DEVELOPMENT: PARTIES INVOLVED | 3/31/23 | Yes |
| 83.35(3)(d) | SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES | 3/31/23 | Yes |
| 83.35(5)(b) | ANNUAL EVALUATION OF EVACUATION LIMITS | 3/31/23 | Yes |

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS AA (AMBULATORY)

Enforcement History (HOLTON HOUSE--0016508)

Date: 06/07/2022

SOD #ETVN11

Appealed: No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: JACKSON ST HOUSE (0017999)

Address: 300 BUTTS AVENUE, TOMAH, WI 54660

License Status: REGULAR

Licensed/Certified/Registered 03/25/2020 12:00:00AM

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

Survey History

Survey ID: 0145944 **End Date:** 03/14/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0144151 **End Date:** 07/27/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #7W1811 Served 09/08/2023

| <u>Deficiencies Cited</u> | <u>Subject Area</u> | <u>Compliance</u> | |
|---------------------------|---|-------------------|------------------|
| | | <u>Verified</u> | <u>Corrected</u> |
| 83.12(4)(c) | REPORTING INCIDENTS WITH SERIOUS INJURY | 3/14/24 | Yes |
| 83.38(1)(b) | SUPERVISION | 3/14/24 | Yes |

Enforcement History (JACKSON ST HOUSE--0017999)

Date: 09/08/2023 **SOD #**7W1811 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.38(1)(b)

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025
Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (JACKSON ST HOUSE--0017999)

Date Complaint Received: 06/13/2023

Date Investigation Completed: 07/27/2023

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

SUBSTANTIATED

7W1811

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

Facility Information

Facility Name: LAKE TOMAH CENTER (0018443)

Address: 321 BUTTS AVENUE, TOMAH, WI 54660

License Status: REGULAR

Licensed/Certified/Registered 01/16/2022 12:00:00AM

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

Survey History

Survey ID: 0148652 **End Date:** 01/29/2025 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0148296 **End Date:** 12/10/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #5MN311 Served 12/12/2024

Deficiencies Cited

83.37(1)(e)

83.38(1)(h)

Subject Area

MEDICATION REGIMEN, ADMINISTRATION
REVIEW

MEDICATION ADMINISTRATION

Compliance
Verified

Corrected

Survey ID: 0147165 **End Date:** 07/26/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0146676 **End Date:** 06/06/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

Survey ID: 0146444 **End Date:** 05/13/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #XVVD11 Served 05/17/2024

| <u>Deficiencies Cited</u> | <u>Subject Area</u> | <u>Compliance Verified</u> | <u>Corrected</u> |
|---------------------------|---------------------|--------------------------------|------------------|
| 83.39(3) | HAND WASHING | 7/26/24 | Yes |
| 83.45(3) | TOXIC SUBSTANCES | 7/26/24 | Yes |

Survey ID: 0144932 **End Date:** 11/21/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0144498 **End Date:** 10/11/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0142050 **End Date:** 01/25/2023 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141184 **End Date:** 10/26/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141758 **End Date:** 10/11/2022 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #FJOM12 Served 01/06/2023

| <u>Deficiencies Cited</u> | <u>Subject Area</u> | <u>Compliance Verified</u> | <u>Corrected</u> |
|---------------------------|--|--------------------------------|------------------|
| 83.17(2)(a) | EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE | 1/25/23 | Yes |

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

Survey ID: 0139954 **End Date:** 06/14/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #FJOM11 Served 06/24/2022

| <u>Deficiencies Cited</u> | <u>Subject Area</u> | <u>Compliance</u> | <u>Corrected</u> |
|---------------------------|--|-------------------|------------------|
| | | <u>Verified</u> | |
| 83.17(1) | LICENSEE CONDUCT CAREGIVER BACKGROUND CHECK | 10/11/22 | Yes |
| 83.17(2)(a) | EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE | 10/11/22 | Yes |
| 83.20(2)(a)-(d) | DEPARTMENT-APPROVED TRAINING COURSE | 10/11/22 | Yes |
| 83.28(4)(a) | RESIDENT HEALTH SCREENING AND DOCUMENTATION | 10/11/22 | Yes |

Survey ID: 0138867 **End Date:** 02/28/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

Enforcement History (LAKE TOMAH CENTER--0018443)

Date: 12/12/2024 **SOD #**5MN311 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 05/17/2024 **SOD #**XVVD11 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 01/06/2023 **SOD #**FJOM12 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.17(2)(a)

Date: 06/24/2022 **SOD #**FJOM11 **Appealed:**

Sanctions

COMPLY WITH REQUIREMENT
ORDER TO COMPLY
FORFEITURE---83.20(2) (a-d)

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

Complaint History (LAKE TOMAH CENTER--0018443)

Date Complaint Received: 12/11/2024

Date Investigation Completed: 01/29/2025

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

Date Complaint Received: 09/27/2024

Date Investigation Completed: 12/10/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

5MN311

Date Complaint Received: 06/05/2024

Date Investigation Completed: 06/06/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 04/23/2024

Date Investigation Completed: 05/13/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 03/20/2024

Date Investigation Completed: 05/13/2024

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 11/17/2023

Date Investigation Completed: 11/21/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

Date Complaint Received: 10/10/2023

Subject Area(s)

PHYSICAL ENVIRONMENT/SAFETY

Date Investigation Completed: 10/11/2023

Result

NOT SUBSTANTIATED

SOD #

Date Complaint Received: 01/06/2023

Subject Area(s)

RESIDENT RIGHTS
STAFF TRAINING AND PROFICIENCY

Date Investigation Completed: 01/25/2023

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 12/12/2022

Subject Area(s)

PHYSICAL ENVIRONMENT/SAFETY

Date Investigation Completed: 01/25/2023

Result

NOT SUBSTANTIATED

SOD #

Date Complaint Received: 10/25/2022

Subject Area(s)

PHYSICAL ENVIRONMENT/SAFETY

Date Investigation Completed: 10/26/2022

Result

NOT SUBSTANTIATED

SOD #

Date Complaint Received: 09/20/2022

Subject Area(s)

PROGRAM SERVICES

Date Investigation Completed: 10/11/2022

Result

NOT SUBSTANTIATED

SOD #

Date Complaint Received: 05/19/2022

Subject Area(s)

ADMINISTRATION

Date Investigation Completed: 06/14/2022

Result

NOT SUBSTANTIATED

SOD #

Date Complaint Received: 02/22/2022

Subject Area(s)

ADMINISTRATION

Date Investigation Completed: 02/25/2022

Result

NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: LIBERTY VILLAGE LLC (0013967)

Address: 200 LIBERTY PLACE, TOMAH, WI 54660

License Status: REGULAR

Licensed/Certified/Registered 11/12/2012 12:00:00AM

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

Survey History

Survey ID: 0148109 **End Date:** 10/03/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #1L1511 Served 11/15/2024

| <u>Deficiencies Cited</u> | <u>Subject Area</u> | <u>Compliance</u> | <u>Corrected</u> |
|---------------------------|--|-------------------|------------------|
| | | <u>Verified</u> | |
| 83.39(3) | HAND WASHING | 1/30/25 | Yes |
| 83.43(1) | ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE | 1/30/25 | Yes |
| 83.59(4)(b) | DELAYED EGRESS: LOCKING DEVICE SIGN POSTED | 1/30/25 | Yes |

Survey ID: 0144098 **End Date:** 08/30/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0143346 **End Date:** 04/26/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #09N711 Served 06/14/2023

| <u>Deficiencies Cited</u> | <u>Subject Area</u> | <u>Compliance</u> | <u>Corrected</u> |
|---------------------------|---|-------------------|------------------|
| | | <u>Verified</u> | |
| 83.28(4)(a) | RESIDENT HEALTH SCREENING AND DOCUMENTATION | 8/30/23 | Yes |
| 83.45(3) | TOXIC SUBSTANCES | 8/30/23 | Yes |
| 83.46(1)(c) | HEATING SYSTEM MAINTENANCE | 8/30/23 | Yes |
| 83.46(1)(f) | COMBUSTIBLES | 8/30/23 | Yes |

Survey ID: 0142294 **End Date:** 02/21/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139330 **End Date:** 04/12/2022 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (LIBERTY VILLAGE LLC--0013967)

Date: 11/15/2024 **SOD #**1L1511 **Appealed:** No

Sanctions

ORDER TO COMPLY
FORFEITURE---83.39(3)

Date: 06/14/2023 **SOD #**09N711 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.45(3)
FORFEITURE---83.46(1)(f)

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (LIBERTY VILLAGE LLC--0013967)

Date Complaint Received: 12/07/2024

Date Investigation Completed: 01/30/2025

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 10/02/2024

Date Investigation Completed: 10/03/2024

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

SUBSTANTIATED

1L1511

Date Complaint Received: 04/04/2023

Date Investigation Completed: 04/26/2023

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

SUBSTANTIATED

09N711

RESIDENT RIGHTS

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 01/13/2023

Date Investigation Completed: 02/21/2023

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

Date Complaint Received: 12/12/2022

Date Investigation Completed: 02/21/2023

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

Date Complaint Received: 03/24/2022

Date Investigation Completed: 04/12/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: OUR TOWN TOMAH (0018730)

Address: 1330 N SUPERIOR AVE, TOMAH, WI 54660

License Status: REGULAR

Licensed/Certified/Registered 05/18/2022 12:00:00AM

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

Survey History

Survey ID: 0147699 **End Date:** 09/19/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #IB5Q11 Served 09/30/2024

Deficiencies Cited
83.44(2)(a)

Subject Area
ROOMS CLEAN AND FREE FROM ODORS

Compliance
Verified

Corrected

Survey ID: 0146680 **End Date:** 06/06/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0146097 **End Date:** 04/04/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0142655 **End Date:** 03/24/2023 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #RWBY11 Served 04/04/2023

| <u>Deficiencies Cited</u> | <u>Subject Area</u> | <u>Compliance Verified</u> | <u>Corrected</u> |
|---------------------------|------------------------------------|----------------------------|------------------|
| 83.44(1)(c) | CLOTHES DRYERS ENCLOSED AND VENTED | 5/19/23 | |
| 83.45(3) | TOXIC SUBSTANCES | 5/19/23 | |
| 83.46(1)(f) | COMBUSTIBLES | 5/19/23 | |

Survey ID: 0139695 **End Date:** 05/18/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: PROBATIONARY LICENSE ISSUED

Enforcement History (OUR TOWN TOMAH--0018730)

Date: 09/30/2024 **SOD #**IB5Q11 **Appealed:** No

Sanctions

ORDER TO COMPLY

Complaint History (OUR TOWN TOMAH--0018730)

Date Complaint Received: 09/17/2024

Date Investigation Completed: 09/19/2024

Subject Area(s)
PHYSICAL ENVIRONMENT/SAFETY

Result
SUBSTANTIATED

SOD #
IB5Q11

Date Complaint Received: 04/24/2024

Date Investigation Completed: 06/06/2024

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 03/29/2024

Date Investigation Completed: 04/04/2024

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: SCHNEIDER HOUSE (THE) (0018580)

Address: 607 SCHNEIDER AVE, TOMAH, WI 54660

License Status: REGULAR

Licensed/Certified/Registered 10/18/2021 12:00:00AM

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

Survey History

Survey ID: 0140458 **End Date:** 08/09/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #UYQX11 Served 08/16/2022

Deficiencies Cited
83.12(4)(b)

Subject Area
REPORTING WHEN LAW ENFORCEMENT IS
CALLED

Compliance
Verified
9/30/22

Corrected

Survey ID: 0140212 **End Date:** 07/15/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS AA (AMBULATORY)

Survey ID: 0139519 End Date: 04/28/2022 Type: STANDARD Purpose: SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #930N11 Served 05/10/2022

| <u>Deficiencies Cited</u> | <u>Subject Area</u> | <u>Compliance</u> | |
|---------------------------|--|-------------------|------------------|
| | | <u>Verified</u> | <u>Corrected</u> |
| 83.35(3)(b) | SERVICE PLAN DEVELOPMENT: PARTIES INVOLVED | 7/15/22 | Yes |
| 83.55(6)(b) | BATH AND TOILET AREAS: WATER TEMPERATURE | 7/15/22 | Yes |

Enforcement History (SCHNEIDER HOUSE (THE)--0018580)

Date: 05/10/2022 SOD #930N11 Appealed: No

Sanctions

ORDER TO COMPLY

Complaint History (SCHNEIDER HOUSE (THE)--0018580)

Date Complaint Received: 04/22/2022 Date Investigation Completed: 08/09/2022

Subject Area(s)
ADMINISTRATION

Result
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

Facility Information

Facility Name: Sun Haven (0018800)

Address: 20035 Junco Road, Tomah, WI 54660

License Status: REGULAR

Licensed/Certified/Registered 03/01/2023 12:00:00AM

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

Survey History

Survey ID: 0147974 **End Date:** 09/27/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #UVIZ11 Served 10/31/2024

Deficiencies Cited
83.31(4)(c)

Subject Area
INVOLUNTARY DISCHARGE NOTICE
REQUIREMENTS

Compliance
Verified

Corrected

Survey ID: 0145943 **End Date:** 03/13/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0142186 **End Date:** 02/10/2023 **Type:** STANDARD **Purpose:** SURVEY/VV

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

Survey ID: 0141232 **End Date:** 10/20/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #T95911 Served 11/03/2022

| <u>Deficiencies Cited</u> | <u>Subject Area</u> | <u>Compliance</u> | <u>Corrected</u> |
|---------------------------|--|-------------------|------------------|
| | | <u>Verified</u> | |
| 50.065(2)(b)intro | ENTITY BACKGROUND CHECK REQUIREMENTS | 2/10/23 | Yes |
| 83.21(1)-(3) | ALL EMPLOYEE TRAINING | 2/10/23 | Yes |
| 83.35(3)(d) | SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES | 2/10/23 | Yes |
| 83.44(1)(c) | CLOTHES DRYERS ENCLOSED AND VENTED | 2/10/23 | Yes |

Survey ID: 0138736 **End Date:** 02/17/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: PROBATIONARY LICENSE ISSUED

Enforcement History (Sun Haven--0018800)

Date: 10/31/2024 **SOD #**UVIZ11 **Appealed:** **Decision:** PENDING

Sanctions

ORDER TO COMPLY
FORFEITURE---83.31(4)(c)

Date: 11/03/2022 **SOD #**T95911 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
ORDER TO COMPLY
FORFEITURE---83.21(1)-(3)

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

Complaint History (Sun Haven--0018800)

Date Complaint Received: 09/27/2024

Date Investigation Completed: 09/27/2024

Subject Area(s)

Result

SOD #

ADMINISTRATION

SUBSTANTIATED

UVIZ11

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025
Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: WINDY RIDGE CARE INC HOLLISTER HOUSE (0017143)

Address: 325 HOLLISTER AVE, TOMAH, WI 54660

License Status: REGULAR

Licensed/Certified/Registered 06/11/2018 12:00:00AM

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

Survey History

Survey ID: 0147316 **End Date:** 07/16/2024 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #DZXD11 Served 08/13/2024

| <u>Deficiencies Cited</u> | <u>Subject Area</u> | <u>Compliance</u> | <u>Corrected</u> |
|---------------------------|--|-------------------|------------------|
| | | <u>Verified</u> | |
| 83.32(3)(n) | RIGHTS OF RESIDENTS: SAFE ENVIRONMENT | 12/2/24 | No |
| 83.44(1)(c) | CLOTHES DRYERS ENCLOSED AND VENTED | 12/2/24 | Yes |
| 83.55(6)(b) | BATH AND TOILET AREAS: WATER TEMPERATURE | 12/2/24 | No |

Enforcement History (WINDY RIDGE CARE INC HOLLISTER HOUSE--0017143)

Date: 08/13/2024 **SOD #DZXD11** **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: Agape Acres (0018918)

Address: 3737 Blueberry Rd, Warrens, WI 54666

License Status: REGULAR

Licensed/Certified/Registered 07/25/2022 12:00:00AM

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

Survey History

Survey ID: 0147464 **End Date:** 08/23/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0146875 **End Date:** 07/05/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0146816 **End Date:** 05/29/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #E90V11 Served 06/28/2024

| <u>Deficiencies Cited</u> | <u>Subject Area</u> | <u>Compliance</u> | <u>Corrected</u> |
|---------------------------|--|-------------------|------------------|
| | | <u>Verified</u> | |
| 83.12(4)(c) | REPORTING INCIDENTS WITH SERIOUS INJURY | 8/23/24 | Yes |
| 83.32(3)(h) | RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION | 8/23/24 | Yes |

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0146121 **End Date:** 04/02/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #TWNG11 Served 04/11/2024

| <u>Deficiencies Cited</u> | <u>Subject Area</u> | <u>Compliance</u> | <u>Corrected</u> |
|---------------------------|--|-------------------|------------------|
| | | <u>Verified</u> | |
| 83.43(1) | ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE | 7/5/24 | Yes |
| 83.44(1)(c) | CLOTHES DRYERS ENCLOSED AND VENTED | 7/5/24 | Yes |
| 83.47(2)(e) | OTHER EVACUATION DRILLS | 7/5/24 | Yes |

Survey ID: 0145523 **End Date:** 02/02/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #CFZR11 Served 02/07/2024

| <u>Deficiencies Cited</u> | <u>Subject Area</u> | <u>Compliance</u> | <u>Corrected</u> |
|---------------------------|--|-------------------|------------------|
| | | <u>Verified</u> | |
| 83.12(4)(b) | REPORTING WHEN LAW ENFORCEMENT IS CALLED | 3/23/24 | |

Survey ID: 0140255 **End Date:** 07/26/2022 **Type:** INITIAL **Purpose:** CHOW--DESK REVIEW

Results: LICENSE/CERT/REGISTRATION ISSUED

Enforcement History (Agape Acres--0018918)

Date: 06/28/2024 **SOD #**E90V11 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.32(3)(h)

Date: 04/11/2024 **SOD #**TWNG11 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (Agape Acres--0018918)

Date Complaint Received: 04/23/2024

Date Investigation Completed: 05/29/2024

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

E90V11

Date Complaint Received: 03/28/2024

Date Investigation Completed: 04/02/2024

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 12/13/2023

Date Investigation Completed: 02/02/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

CFZR11

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

Facility Information

Facility Name: WARRENS HOUSE (0016507)

Address: 611 COLTON CT, WARRENS, WI 54666

License Status: REGULAR

Licensed/Certified/Registered 05/01/2018 12:00:00AM

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

Survey History

Survey ID: 0147193 **End Date:** 07/26/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0146073 **End Date:** 03/14/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #62C212 Served 04/08/2024

Deficiencies Cited
83.43(1)

Subject Area
ENVIRONMENT SAFE, CLEAN, AND
COMFORTABLE

Compliance
Verified
7/26/24

Corrected
Yes

Survey ID: 0145304 **End Date:** 11/21/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #62C211 Served 01/18/2024

Deficiencies Cited
83.43(1)

Subject Area
ENVIRONMENT SAFE, CLEAN, AND
COMFORTABLE

Compliance
Verified
3/14/24

Corrected
Yes

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

Survey ID: 0144614 **End Date:** 10/20/2023 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0143848 **End Date:** 07/28/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #M7ZE11 Served 08/04/2023

| <u>Deficiencies Cited</u> | <u>Subject Area</u> | <u>Compliance Verified</u> | <u>Corrected</u> |
|---------------------------|--|--------------------------------|------------------|
| 83.43(1) | ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE | 10/20/23 | Yes |

Survey ID: 0141869 **End Date:** 01/13/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141452 **End Date:** 11/23/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140279 **End Date:** 07/26/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #0LO811 Served 07/27/2022

| <u>Deficiencies Cited</u> | <u>Subject Area</u> | <u>Compliance Verified</u> | <u>Corrected</u> |
|---------------------------|---|--------------------------------|------------------|
| 83.28(4)(a) | RESIDENT HEALTH SCREENING AND DOCUMENTATION | 9/10/22 | |

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

Enforcement History (WARRENS HOUSE--0016507)

Date: 04/08/2024 **SOD #**62C212 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.43(1)

Date: 01/18/2024 **SOD #**62C211 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 08/04/2023 **SOD #**M7ZE11 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 07/27/2022 **SOD #**0LO811 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

Complaint History (WARRENS HOUSE--0016507)

Date Complaint Received: 11/17/2023

Subject Area(s)

PHYSICAL ENVIRONMENT/SAFETY

Date Investigation Completed: 11/21/2023

Result

SUBSTANTIATED

SOD #

62C211

Date Complaint Received: 09/27/2023

Subject Area(s)

RESIDENT RIGHTS

Date Investigation Completed: 10/20/2023

Result

NOT SUBSTANTIATED

SOD #

Date Complaint Received: 07/27/2023

Subject Area(s)

PHYSICAL ENVIRONMENT/SAFETY

Date Investigation Completed: 07/28/2023

Result

SUBSTANTIATED

SOD #

M7ZE11

Date Complaint Received: 01/03/2023

Subject Area(s)

RESIDENT RIGHTS

Date Investigation Completed: 01/13/2023

Result

NOT SUBSTANTIATED

SOD #

Date Complaint Received: 11/22/2022

Subject Area(s)

RESIDENT RIGHTS

Date Investigation Completed: 11/23/2022

Result

NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

Facility Information

Facility Name: FARM (THE) (0018336)

Address: 23785 MILLSTONE AVE, WILTON, WI 54670

License Status: REGULAR

Licensed/Certified/Registered 02/14/2022 12:00:00AM

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

Survey History

No survey activity during the period 1/30/22 to 1/29/25

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025
Residential Care Apartment Complex (CERTIFIED)

Facility Information

Facility Name: CREEKSIDE ASSISTED LIVING (0018591)
Address: 325 SOUTH WATER ST, SPARTA, WI 54656
License Status: REGULAR
Licensed/Certified/Registered 09/28/2021 12:00:00AM
Regional Office: NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0146205 **End Date:** 04/12/2024 **Type:** OTHER **Purpose:** COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0144726 **End Date:** 10/27/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141779 **End Date:** 01/06/2023 **Type:** OTHER **Purpose:** COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025
Residential Care Apartment Complex (CERTIFIED)

Complaint History (CREEKSIDE ASSISTED LIVING--0018591)

Date Complaint Received: 03/26/2024

Date Investigation Completed: 04/12/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 10/12/2023

Date Investigation Completed: 10/27/2023

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 12/13/2022

Date Investigation Completed: 01/06/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025
Residential Care Apartment Complex (REGISTERED)

Facility Information

Facility Name: MARYCREST ASSISTED LIVING (0011029)
Address: 401 S WATER ST, SPARTA, WI 54656
License Status: REGULAR
Licensed/Certified/Registered 06/06/2005 12:00:00AM
Regional Office: NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

No survey activity during the period 1/30/22 to 1/29/25

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025
Residential Care Apartment Complex (CERTIFIED)

Facility Information

Facility Name: PRAIRIE HILLS RCAC (0019110)

Address: 14350 COUNTY HWY B, SPARTA, WI 54656

License Status: REGULAR

Licensed/Certified/Registered 10/01/2022 12:00:00AM

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

Survey History

Survey ID: 0140929 **End Date:** 09/23/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025
Residential Care Apartment Complex (REGISTERED)

Facility Information

Facility Name: A TOUCH OF HOME (0010271)
Address: 1211 MARK AVENUE, TOMAH, WI 54660
License Status: REGULAR
Licensed/Certified/Registered 01/01/2002 12:00:00AM
Regional Office: NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0147278 **End Date:** 08/02/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0146661 **End Date:** 05/31/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0146533 **End Date:** 05/16/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0145945 **End Date:** 03/15/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0144591 **End Date:** 10/12/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0143939 **End Date:** 08/11/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025
Residential Care Apartment Complex (REGISTERED)

Complaint History (A TOUCH OF HOME--0010271)

Date Complaint Received: 07/23/2024

Subject Area(s)
ADMINISTRATION

Date Investigation Completed: 08/02/2024

Result SOD #
NOT SUBSTANTIATED

Date Complaint Received: 05/30/2024

Subject Area(s)
PROGRAM SERVICES

Date Investigation Completed: 05/31/2024

Result SOD #
NOT SUBSTANTIATED

Date Complaint Received: 04/09/2024

Subject Area(s)
PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES

Date Investigation Completed: 05/16/2024

Result SOD #
NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 03/10/2024

Subject Area(s)
RESIDENT RIGHTS

Date Investigation Completed: 03/15/2024

Result SOD #
NOT SUBSTANTIATED

Date Complaint Received: 09/12/2023

Subject Area(s)
PROGRAM SERVICES
RESIDENT RIGHTS

Date Investigation Completed: 10/12/2023

Result SOD #
NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 08/10/2023

Subject Area(s)
PROGRAM SERVICES

Date Investigation Completed: 08/11/2023

Result SOD #
NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025
Residential Care Apartment Complex (REGISTERED)

Facility Information

Facility Name: CLOSE TO HOME INC (0010255)
Address: 1206 MARK AVENUE, TOMAH, WI 54660
License Status: REGULAR
Licensed/Certified/Registered 02/01/1998 12:00:00AM
Regional Office: NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

No survey activity during the period 1/30/22 to 1/29/25

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025
Residential Care Apartment Complex (CERTIFIED)

Facility Information

Facility Name: LIBERTY VILLAGE RCAC (0012805)

Address: 200 LIBERTY PLACE, TOMAH, WI 54660

License Status: REGULAR

Licensed/Certified/Registered 06/01/2009 12:00:00AM

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

Survey History

Survey ID: 0147890 **End Date:** 10/17/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0144095 **End Date:** 08/30/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0143400 **End Date:** 04/06/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #GYGO11 Served 06/19/2023

Deficiencies Cited
89.34(17)

Subject Area
TENANT RIGHTS

Compliance
Verified
8/30/23

Corrected
Yes

Survey ID: 0141440 **End Date:** 11/02/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025
Residential Care Apartment Complex (CERTIFIED)

Survey ID: 0141027 **End Date:** 10/07/2022 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139378 **End Date:** 04/12/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #TSJP11 Served 04/27/2022

| <u>Deficiencies Cited</u> | <u>Subject Area</u> | <u>Compliance</u> <u>Verified</u> | <u>Corrected</u> |
|---------------------------|---------------------|--------------------------------------|------------------|
| 89.23(2)(a)2.c | SERVICES | 10/7/22 | Yes |

Enforcement History (LIBERTY VILLAGE RCAC--0012805)

Date: 06/19/2023 **SOD #**GYGO11 **Appealed:**

Sanctions
ORDER TO COMPLY
FORFEITURE---89.34(17)

Date: 04/27/2022 **SOD #**TSJP11 **Appealed:** No

Sanctions
ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025
Residential Care Apartment Complex (CERTIFIED)

Complaint History (LIBERTY VILLAGE RCAC--0012805)

Date Complaint Received: 10/03/2024

Subject Area(s)
PROGRAM SERVICES

Date Investigation Completed: 10/17/2024

Result SOD #
NOT SUBSTANTIATED

Date Complaint Received: 04/04/2023

Subject Area(s)
PHYSICAL ENVIRONMENT/SAFETY
RESIDENT RIGHTS
STAFF TRAINING AND PROFICIENCY

Date Investigation Completed: 04/06/2023

Result SOD #
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 11/01/2022

Subject Area(s)
PHYSICAL ENVIRONMENT/SAFETY

Date Investigation Completed: 11/02/2022

Result SOD #
NOT SUBSTANTIATED

Date Complaint Received: 10/05/2022

Subject Area(s)
STAFF TRAINING AND PROFICIENCY

Date Investigation Completed: 10/07/2022

Result SOD #
NOT SUBSTANTIATED

Date Complaint Received: 09/13/2022

Subject Area(s)
PHYSICAL ENVIRONMENT/SAFETY

Date Investigation Completed: 10/07/2022

Result SOD #
NOT SUBSTANTIATED

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