

Provider Inspection Summary

For the period 08/24/2018 to 08/23/2021

Notes

This report includes Provider Inspection Summaries (Facility Profiles) for Assisted Living Facilities in Oneida County. The report is a PDF (Adobe Acrobat) document and includes a total of 36.00 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 08/24/2018 to 08/23/2021

Adult Day Care Facility

Facility Information

Facility Name: PASTIME CLUB INC (0012089)

Address: 7937 HWY 51 SOUTH, MINOCQUA, WI 54548

License Status: REGULAR

Licensed/Certified/Registered 11/27/2007 12:00:00AM

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

Survey History

No survey activity during the period 8/24/18 to 8/23/21

This is Page 2 of 36 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

For the period 08/24/2018 to 08/23/2021

Adult Day Care Facility

Facility Information

Facility Name: HOME AWAY FROM HOME LOVING CARE (0016647)

Address: 1836 N STEVENS STREET, RHINELANDER, WI 54501

License Status: REGULAR

Licensed/Certified/Registered 07/11/2017 12:00:00AM

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

Survey History

Survey ID: 0133467 **End Date:** 04/30/2020 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0133034 **End Date:** 03/10/2020 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #ZBWJ11 Served 03/24/2020

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
I.c.(2)	PLAN-IDENTIFIED NEEDS WITH 30 DAYS	4/30/20	Yes
I.c.(3)	PLAN-REVIEWED & UPDATED EVERY 6 MONTHS	4/30/20	Yes
II.b.(2)	DIRECTOR-KNOWLEDGEABLE OF DISABILITIES	4/30/20	Yes
II.d.(5)	TRAINING-WRITTEN RECORD	4/30/20	Yes

This is Page 3 of 36 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

For the period 08/24/2018 to 08/23/2021

Adult Family Home

Facility Information

Facility Name: FAMILY MATTERS ADULT FAMILY HOME (690011)

Address: 4124 COUNTY W, RHINELANDER, WI 54501

License Status: REGULAR

Licensed/Certified/Registered 11/13/1993 12:00:00AM

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

Survey History

No survey activity during the period 8/24/18 to 8/23/21

This is Page 4 of 36 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

For the period 08/24/2018 to 08/23/2021

Adult Family Home

Facility Information

Facility Name: RESCARE 222 MAPLE PARK (0016929)

Address: 222 MAPLE PARK LANE, RHINELANDER, WI 54501

License Status: REGULAR

Licensed/Certified/Registered 11/01/2017 12:00:00AM

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

Survey History

Survey ID: 0136821 **End Date:** 07/20/2021 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0136295 **End Date:** 05/20/2021 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #I1QI11 Served 05/21/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(f)	CONDITION WHICH REPRESENTS RISK OR HARM	7/20/21	Yes

Enforcement History (RESCARE 222 MAPLE PARK--0016929)

Date: 05/21/2021 **SOD #**I1QI11 **Appealed:** No

Sanctions

ORDER TO COMPLY

This is Page 5 of 36 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

For the period 08/24/2018 to 08/23/2021

Adult Family Home

Complaint History (RESCARE 222 MAPLE PARK--0016929)

Date Complaint Received: 09/21/2020

Date Investigation Completed: 05/20/2021

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

11Q111

This is Page 6 of 36 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

For the period 08/24/2018 to 08/23/2021

Adult Family Home

Facility Information

Facility Name: RESCARE 224 MAPLE PARK (0016928)

Address: 224 MAPLE PARK LANE, RHINELANDER, WI 54501

License Status: REGULAR

Licensed/Certified/Registered 11/01/2017 12:00:00AM

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

Survey History

Survey ID: 0136364 **End Date:** 05/26/2021 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 7 of 36 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

For the period 08/24/2018 to 08/23/2021

Adult Family Home

Facility Information

Facility Name: RESCARE 4567 JAMIE (0016938)

Address: 4567 JAMIE COURT, RHINELANDER, WI 54501

License Status: REGULAR

Licensed/Certified/Registered 11/01/2017 12:00:00AM

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

Survey History

No survey activity during the period 8/24/18 to 8/23/21

This is Page 8 of 36 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

For the period 08/24/2018 to 08/23/2021

Adult Family Home

Facility Information

Facility Name: RESCARE 4569 JAMIE (0016936)

Address: 4569 JAMIE COURT, RHINELANDER, WI 54501

License Status: REGULAR

Licensed/Certified/Registered 11/01/2017 12:00:00AM

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

Survey History

No survey activity during the period 8/24/18 to 8/23/21

This is Page 9 of 36 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

For the period 08/24/2018 to 08/23/2021

Adult Family Home

Facility Information

Facility Name: RESCARE GERMOND A (0016939)

Address: 2969 A GERMOND RD, RHINELANDER, WI 54501

License Status: REGULAR

Licensed/Certified/Registered 11/01/2017 12:00:00AM

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

Survey History

No survey activity during the period 8/24/18 to 8/23/21

This is Page 10 of 36 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

For the period 08/24/2018 to 08/23/2021

Adult Family Home

Facility Information

Facility Name: RESCARE GERMOND B (0016937)

Address: 2969B GERMOND RD, RHINELANDER, WI 54501

License Status: REGULAR

Licensed/Certified/Registered 11/01/2017 12:00:00AM

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

Survey History

Survey ID: 0135915 **End Date:** 04/01/2021 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (RESCARE GERMOND B--0016937)

Date Complaint Received: 03/26/2020

Date Investigation Completed: 04/01/2021

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

This is Page 11 of 36 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

For the period 08/24/2018 to 08/23/2021

Adult Family Home

Facility Information

Facility Name: RESCARE WEST HILL (0016931)

Address: 209 WEST HILL, RHINELANDER, WI 54501

License Status: REGULAR

Licensed/Certified/Registered 11/01/2017 12:00:00AM

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

Survey History

No survey activity during the period 8/24/18 to 8/23/21

This is Page 12 of 36 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

For the period 08/24/2018 to 08/23/2021

Adult Family Home

Facility Information

Facility Name: TRAILS END ADULT FAMILY HOME (690050)

Address: 4195 TRAILS END ROAD, RHINELANDER, WI 54501

License Status: REGULAR

Licensed/Certified/Registered 02/19/1997 12:00:00AM

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

Survey History

Survey ID: 0135931 **End Date:** 04/05/2021 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 13 of 36 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

For the period 08/24/2018 to 08/23/2021

Adult Family Home

Facility Information

Facility Name: FOCUSED CARE ASSISTED LIVING LLC (0017575)

Address: 9778 COUNTRY LN, WOODRUFF, WI 54568

License Status: REGULAR

Licensed/Certified/Registered 05/20/2019 12:00:00AM

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

Survey History

Survey ID: 0136422 **End Date:** 05/20/2021 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #KOCB11 Served 06/09/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.10(3)(1)	SAFE PHYSICAL ENVIRONMENT	7/24/21	

Survey ID: 0130268 **End Date:** 05/20/2019 **Type:** ABBREVIATED **Purpose:** CHOW--DESK REVIEW

Results: LICENSE/CERT/REGISTRATION ISSUED

This is Page 14 of 36 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

For the period 08/24/2018 to 08/23/2021

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: LAKE SHORE ASSISTED LIVING LAKE TOMAHAWK (0016401)

Address: 6416 FLICKER RD, LAKE TOMAHAWK, WI 54539

License Status: REGULAR

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

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

Survey History

Survey ID: 0136359 **End Date:** 05/26/2021 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0135869 **End Date:** 03/16/2021 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #608513 Served 03/25/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.25	CONTINUING EDUCATION	5/26/21	Yes

This is Page 15 of 36 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

For the period 08/24/2018 to 08/23/2021

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0133149 **End Date: 12/12/2019** **Type: STANDARD** **Purpose: SURVEY/COMPLAINT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #608512 Served 04/13/2020

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(bb)	DETERMINE FINAL DISPOSITION OF CHARGE	3/16/21	Yes
50.065(2)(bm)	OUT OF STATE BACKGROUND CHECKS	3/16/21	Yes
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS	3/16/21	Yes
83.15(3)(a)	ADMINISTRATOR SHALL SUPERVISE DAILY OPERATION	3/16/21	Yes
83.25	CONTINUING EDUCATION	3/16/21	No
83.32(3)(d)	RIGHTS OF RESIDENTS: FREE OF MISTREATMENT	3/16/21	Yes
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN	3/16/21	Yes
83.35(5)(a)	INITIAL EVALUATION OF EVACUATION LIMITATIONS	3/16/21	Yes
83.36(1)(b)	QUALIFIED STAFF IN CHARGE, ON DUTY AND AWAKE	3/16/21	Yes
83.47(1)(c)	SAFETY REQUIREMENTS: NO SAFE EVACUATION	3/16/21	Yes

Survey ID: 0131250 **End Date: 07/03/2019** **Type: OTHER** **Purpose: SELF REPORT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #LNTI11 Served 08/23/2019

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.37(2)(e)	OTHER ADMINISTRATION GIVEN OR DELEGATED BY RN	12/12/19	Yes

This is Page 16 of 36 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

For the period 08/24/2018 to 08/23/2021

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0130958 **End Date: 05/09/2019** **Type: OTHER** **Purpose: COMPLAINT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #608511 Served 07/27/2019

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(bm)	OUT OF STATE BACKGROUND CHECKS	12/12/19	No
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS	12/12/19	No
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	12/12/19	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	12/12/19	Yes
83.36(1)(b)	QUALIFIED STAFF IN CHARGE, ON DUTY AND AWAKE	12/12/19	No
83.38(1)(c)	LEISURE TIME ACTIVITIES	12/12/19	Yes
83.41(3)(b)	FOOD SAFETY	12/12/19	Yes
83.44(1)(a)	ADEQUATE LAUNDRY APPLIANCES AVAILABLE	12/12/19	Yes

Survey ID: 0129981 **End Date: 04/16/2019** **Type: OTHER** **Purpose: VERIFICATION VISIT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 17 of 36 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

For the period 08/24/2018 to 08/23/2021

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0128735 End Date: 09/26/2018 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #7L1D11 Served 12/13/2018

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(2)(j)	NOT PERMIT A CONDITION OF SUBSTANTIAL RISK	4/16/19	Yes
83.27(2)(b)	RESOURCES FOR DESTRUCTIVE ABUSIVE RESIDENTS	4/16/19	Yes
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN	4/16/19	Yes
83.36(1)(a)	ADEQUATE STAFF TO MEET RESIDENT NEEDS	4/16/19	Yes

This is Page 18 of 36 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

For the period 08/24/2018 to 08/23/2021

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (LAKE SHORE ASSISTED LIVING LAKE TOMAHAWK--0016401)

Date: 03/25/2021 **SOD #**608513 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.25

Date: 04/07/2020 **SOD #**608512 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
FORFEITURE---50.065(2)(bm)
FORFEITURE---83.15(3)(a)
FORFEITURE---83.20(2)(b)
FORFEITURE---83.25
FORFEITURE---83.32(3)(d)
FORFEITURE---83.35(3)(a)
FORFEITURE---83.35(5)(a)
FORFEITURE---83.36(1)(b)
FORFEITURE---83.47(1)(c)2

Date: 08/21/2019 **SOD #**LNTI11 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
FORFEITURE---83.37(2)(e)

This is Page 19 of 36 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

For the period 08/24/2018 to 08/23/2021

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date: 07/26/2019

SOD #608511

Appealed:

Sanctions

COMPLY WITH REQUIREMENT

FORFEITURE---83.32(3)(h)

FORFEITURE---83.35(3)(d)

FORFEITURE---83.36(1)(b)

FORFEITURE---83.38(1)(c)

FORFEITURE---83.41(3)(b)

Date: 12/11/2018

SOD #7L1D11

Appealed:

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

FORFEITURE---83.14(2)(j)

FORFEITURE---83.27(2)(b)

FORFEITURE---83.35(3)(a)

FORFEITURE---83.36(1)(c)

This is Page 20 of 36 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

For the period 08/24/2018 to 08/23/2021

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (LAKE SHORE ASSISTED LIVING LAKE TOMAHAWK--0016401)

Date Complaint Received: 08/16/2021

Date Investigation Completed: 08/30/2021

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 02/04/2021

Date Investigation Completed: 03/16/2021

Subject Area(s)
PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES
STAFF TRAINING AND PROFICIENCY

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 11/04/2020

Date Investigation Completed: 03/16/2021

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

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 01/23/2020

Date Investigation Completed: 03/16/2021

Subject Area(s)
STAFF TRAINING AND PROFICIENCY

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 01/06/2020

Date Investigation Completed: 03/16/2021

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 11/11/2019

Date Investigation Completed: 12/12/2019

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

Result
NOT SUBSTANTIATED
SUBSTANTIATED

SOD #

608512

This is Page 21 of 36 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

For the period 08/24/2018 to 08/23/2021

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date Complaint Received: 10/10/2019

Date Investigation Completed: 12/12/2019

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 07/02/2019

Date Investigation Completed: 12/12/2019

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

ADMINISTRATION

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 06/27/2019

Date Investigation Completed: 12/12/2019

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 04/02/2019

Date Investigation Completed: 05/09/2019

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

608511

RESIDENT RIGHTS

SUBSTANTIATED

608511

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

608511

Date Complaint Received: 09/05/2018

Date Investigation Completed: 09/26/2018

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

7L1D11

RESIDENT RIGHTS

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

This is Page 22 of 36 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

For the period 08/24/2018 to 08/23/2021

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: COUNTRY TERRACE MINOCQUA I (0015554)

Address: 8730A PACKING PLANT RD, MINOCQUA, WI 54548

License Status: REGULAR

Licensed/Certified/Registered 09/11/2015 12:00:00AM

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

Survey History

Survey ID: 0131266 **End Date:** 08/12/2019 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 23 of 36 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

For the period 08/24/2018 to 08/23/2021

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: COUNTRY TERRACE MINOCQUA II (0015552)

Address: 8730B PACKING PLANT RD, MINOCQUA, WI 54548

License Status: REGULAR

Licensed/Certified/Registered 09/22/2015 12:00:00AM

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

Survey History

Survey ID: 0131265 **End Date:** 08/12/2019 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (COUNTRY TERRACE MINOCQUA II--0015552)

Date Complaint Received: 05/31/2019

Date Investigation Completed: 08/12/2019

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

This is Page 24 of 36 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

For the period 08/24/2018 to 08/23/2021

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: COUNTRY TERRACE OF WI INC 26 (0014050)

Address: 533 E TIMBER DRIVE, RHINELANDER, WI 54501

License Status: REGULAR

Licensed/Certified/Registered 02/23/2012 12:00:00AM

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

Survey History

Survey ID: 0136799 **End Date:** 07/15/2021 **Type:** OTHER **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0136166 **End Date:** 05/03/2021 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (COUNTRY TERRACE OF WI INC 26--0014050)

Date Complaint Received: 05/28/2021

Date Investigation Completed: 07/15/2021

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

This is Page 25 of 36 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

For the period 08/24/2018 to 08/23/2021

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: COUNTRY TERRACE RHINELANDER II (0014128)

Address: 1450 W PHILLIPS STREET, RHINELANDER, WI 54501

License Status: REGULAR

Licensed/Certified/Registered 04/05/2012 12:00:00AM

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

Survey History

Survey ID: 0136695 **End Date:** 06/30/2021 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0129687 **End Date:** 03/29/2019 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0129596 **End Date:** 03/04/2019 **Type:** ABBREVIATED **Purpose:** SURVEY/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #WG2N11 Served 03/25/2019

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(1)(b)	DEATH REPORTING RELATED TO ACCIDENT OR INJURY	3/29/19	Yes

This is Page 26 of 36 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

For the period 08/24/2018 to 08/23/2021

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (COUNTRY TERRACE RHINELANDER II--0014128)

Date Complaint Received: 05/28/2021

Date Investigation Completed: 06/30/2021

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

This is Page 27 of 36 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

For the period 08/24/2018 to 08/23/2021

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: CUMBERLAND HEIGHTS (0018423)

Address: 251 WESTHILL ROAD, RHINELANDER, WI 54501

License Status: REGULAR

Licensed/Certified/Registered 04/13/2021 12:00:00AM

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

Survey History

Survey ID: 0136284 **End Date:** 04/13/2021 **Type:** INITIAL **Purpose:** CHOW--DESK REVIEW

Results: LICENSE/CERT/REGISTRATION ISSUED

This is Page 28 of 36 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

For the period 08/24/2018 to 08/23/2021

Community Based Residential Facility--CLASS AS (SEMIAMBULATORY)

Facility Information

Facility Name: HERITAGE HOUSE (0008500)

Address: 25 EAST FREDRICK STREET, RHINELANDER, WI 54501

License Status: REGULAR

Licensed/Certified/Registered 02/01/2000 12:00:00AM

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

Survey History

Survey ID: 0137230 **End Date:** 08/05/2021 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 29 of 36 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

For the period 08/24/2018 to 08/23/2021

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: KOINONIA (0013977)

Address: 1991 WINNEBAGO DR, RHINELANDER, WI 54501

License Status: REGULAR

Licensed/Certified/Registered 01/01/2013 12:00:00AM

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

Survey History

Survey ID: 0136948 **End Date:** 08/02/2021 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #KXKK11 Served 08/09/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(2)(a)	CAREGIVER: INVESTIGATING ABUSE AND NEGLECT	9/23/21	

Complaint History (KOINONIA--0013977)

Date Complaint Received: 07/10/2020

Date Investigation Completed: 08/02/2021

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
ADMINISTRATION	NOT SUBSTANTIATED	
PHYSICAL ENVIRONMENT/SAFETY	NOT SUBSTANTIATED	
STAFF TRAINING AND PROFICIENCY	SUBSTANTIATED	KXKK11

This is Page 30 of 36 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

For the period 08/24/2018 to 08/23/2021

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: MILESTONE SENIOR LIVING NSD CBRF (0017055)

Address: 4686 N SHORE DR, RHINELANDER, WI 54501

License Status: REGULAR

Licensed/Certified/Registered 05/18/2018 12:00:00AM

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

Survey History

Survey ID: 0130468 **End Date:** 06/06/2019 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0130301 **End Date:** 05/09/2019 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #LRIH11 Served 05/31/2019

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)(i)	RIGHTS OF RESIDENTS: PROMPT AND ADEQUATE TREATMENT	6/6/19	Yes
83.47(2)(a)	EMERGENCY AND DISASTER PLAN CONTENTS	6/6/19	Yes

Survey ID: 0129137 **End Date:** 01/17/2019 **Type:** STANDARD **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

This is Page 31 of 36 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

For the period 08/24/2018 to 08/23/2021

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (MILESTONE SENIOR LIVING NSD CBRF--0017055)

Date Complaint Received: 04/12/2019

Date Investigation Completed: 05/09/2019

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

LRIH11

This is Page 32 of 36 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

For the period 08/24/2018 to 08/23/2021

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: MILESTONE SENIOR LIVING ELM CBRF (0017060)

Address: 750 ELM ST, WOODRUFF, WI 54568

License Status: REGULAR

Licensed/Certified/Registered 05/18/2018 12:00:00AM

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

Survey History

Survey ID: 0129758 **End Date:** 04/04/2019 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0129529 **End Date:** 02/28/2019 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #SQWH11 Served 03/14/2019

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.47(2)(d)	FIRE DRILLS	4/5/19	Yes

This is Page 33 of 36 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

For the period 08/24/2018 to 08/23/2021
Residential Care Apartment Complex (CERTIFIED)

Facility Information

Facility Name: GRACE LODGE ASSISTED LIVING FACILITY (0016771)
Address: 1000 DAY ST, RHINELANDER, WI 54501
License Status: REGULAR
Licensed/Certified/Registered 07/15/2017 12:00:00AM
Regional Office: NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

No survey activity during the period 8/24/18 to 8/23/21

This is Page 34 of 36 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

For the period 08/24/2018 to 08/23/2021
Residential Care Apartment Complex (CERTIFIED)

Facility Information

Facility Name: MILESTONE SENIOR LIVING NSD (0017048)
Address: 4686 N SHORE DR, RHINELANDER, WI 54501
License Status: REGULAR
Licensed/Certified/Registered 05/18/2018 12:00:00AM
Regional Office: NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

No survey activity during the period 8/24/18 to 8/23/21

This is Page 35 of 36 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

For the period 08/24/2018 to 08/23/2021
Residential Care Apartment Complex (CERTIFIED)

Facility Information

Facility Name: MILESTONE SENIOR LIVING ELM (0017034)
Address: 750 ELM ST, WOODRUFF, WI 54568
License Status: REGULAR
Licensed/Certified/Registered 05/18/2018 12:00:00AM
Regional Office: NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

No survey activity during the period 8/24/18 to 8/23/21

This is Page 36 of 36 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.