

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 Pierce County.

The report is a PDF (Adobe Acrobat) document and includes a total of 42.00 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 Day Care Center

Facility Information

Facility Name: ALWAYS SUNNY CONNECTIONS LLC (0018987)

Address: W5602 260TH AVE, BAY CITY, WI 54723

License Status: REGULAR

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 Day Care Center

Facility Information

Facility Name: HAVE-A-HEART ADULT DAY CARE (0012348)

Address: W10356 HWY 29, RIVER FALLS, WI 54022

License Status: REGULAR

Licensed/Certified/Registered 04/15/2008 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: BROOKSIDE (0015040)

Address: N5335A 760TH ST, ELLSWORTH, WI 54011

License Status: REGULAR

Licensed/Certified/Registered 04/01/2014 12:00:00AM

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

Survey History

Survey ID: 0145146 **End Date:** 12/20/2023 **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: CEDAR HOUSE (0015561)

Address: 145 W SUMMIT AVENUE, ELLSWORTH, WI 54011

License Status: REGULAR

Licensed/Certified/Registered 04/01/2015 12:00:00AM

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

Survey History

Survey ID: 0139647 **End Date:** 05/12/2022 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

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: COUNTRYSIDE (0015041)

Address: N5335B 760TH STREET, ELLSWORTH, WI 54011

License Status: REGULAR

Licensed/Certified/Registered 04/01/2014 12:00:00AM

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

Survey History

Survey ID: 0141979 **End Date:** 01/17/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141093 **End Date:** 09/30/2022 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #MX6J11 Served 10/20/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.07(2)(a)	SERVICES	1/17/23	Yes
88.10(3)(a)	FAIR TREATMENT	1/17/23	Yes

Enforcement History (COUNTRYSIDE--0015041)

Date: 10/20/2022 **SOD #**MX6J11 **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 (COUNTRYSIDE--0015041)

Date Complaint Received: 06/16/2022

Date Investigation Completed: 09/30/2022

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

RESIDENT RIGHTS

SUBSTANTIATED

MX6J11

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: MAPLE VIEW (590044)

Address: 301 N MAPLE ST, ELLSWORTH, WI 54011

License Status: REGULAR

Licensed/Certified/Registered 01/31/1995 12:00:00AM

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

Survey History

Survey ID: 0139775 **End Date:** 05/05/2022 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #CE3I11 Served 06/07/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(a)	HOME ENVIRONMENT		
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE		
88.05(4)(d)1	FIRE SAFETY EVACUATION PLAN		
88.07(4)(e)	SPECIAL DIETS		

Enforcement History (MAPLE VIEW--590044)

Date: 06/07/2022 **SOD #**CE3I11 **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 (MAPLE VIEW--590044)

Date Complaint Received: 03/04/2022

Date Investigation Completed: 05/05/2022

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

CE3I11

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: WILLOW VIEW (590127)

Address: 140 W HUMBLE AVENUE, ELLSWORTH, WI 54011

License Status: REGULAR

Licensed/Certified/Registered 02/26/1997 12:00:00AM

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

Survey History

Survey ID: 0141246 **End Date:** 10/14/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #MOEO11 Served 11/03/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(g)	WINDOWS AND VENTILATION	12/18/22	

Complaint History (WILLOW VIEW--590127)

Date Complaint Received: 08/24/2022

Date Investigation Completed: 10/14/2022

Subject Area(s)
PROGRAM SERVICES
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 07/20/2022

Date Investigation Completed: 10/14/2022

Subject Area(s)
PROGRAM SERVICES
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED
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: ABILITIES MIDWEST (0018480)

Address: 1218 STATE ST, RIVER FALLS, WI 54022

License Status: REGULAR

Licensed/Certified/Registered 06/29/2021 12:00:00AM

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

Survey History

Survey ID: 0145290 **End Date:** 01/10/2024 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #KW4Y11 Served 01/17/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(bm)	OUT OF STATE BACKGROUND CHECKS		
88.03(3)(b)	CRIMINAL RECORDS CHECK		
88.04(2)(g)1	HEALTH SCREENING FOR STAFF		
88.05(4)(a)	FIRE SAFETY-FIRE EXTINGUISHERS		
88.05(4)(b)1	FIRE SAFETY-SMOKE DETECTORS		
88.06(2)(a)	ADMISSION-HEALTH EXAM		
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT		

Survey ID: 0143700 **End Date:** 07/18/2023 **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

Adult Family Home

Survey ID: 0142577 End Date: 03/14/2023 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #N9Y911 Served 03/28/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u> <u>Verified</u>	<u>Corrected</u>
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT	7/18/23	Yes

Enforcement History (ABILITIES MIDWEST--0018480)

Date: 01/17/2024 SOD #KW4Y11 Appealed: No

Sanctions

ORDER TO COMPLY

Date: 03/28/2023 SOD #N9Y911 Appealed: No

Sanctions

ORDER TO COMPLY

Complaint History (ABILITIES MIDWEST--0018480)

Date Complaint Received: 11/08/2022

Date Investigation Completed: 03/14/2023

Subject Area(s)

RESIDENT RIGHTS

Result

SUBSTANTIATED

SOD #

N9Y911

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: AURORA RES ALT BARTOSH LANE 029 (590029)

Address: 1310 BARTOSH LANE, RIVER FALLS, WI 54022

License Status: REGULAR

Licensed/Certified/Registered 01/31/1992 12:00:00AM

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

Survey History

Survey ID: 0145087 **End Date:** 12/14/2023 **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: REM WISCONSIN III INC CUDD (590031)

Address: 211 SOUTH CUDD AVENUE, RIVER FALLS, WI 54022

License Status: REGULAR

Licensed/Certified/Registered 10/04/1988 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: REM WISCONSIN INC COVEY (0012316)

Address: 1535 COVEY DR, RIVER FALLS, WI 54022

License Status: REGULAR

Licensed/Certified/Registered 03/01/2008 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: PARKSIDE (0009712)

Address: 258 N BEULAH ST, ELLSWORTH, WI 54011

License Status: REGULAR

Licensed/Certified/Registered 05/01/2003 12:00:00AM

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

Survey History

Survey ID: 0145143 **End Date:** 12/20/2023 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #OVL311 Served 01/02/2024

Deficiencies Cited
83.37(3)(c)

Subject Area
MEDICATION STORAGE: LOCKED CABINET

Compliance
Verified
2/16/24

Corrected

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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: PREFERRED SENIOR LIVING OF ELLSWORTH (0014905)

Address: 429 W WAYNE ST, ELLSWORTH, WI 54011

License Status: REGULAR

Licensed/Certified/Registered 11/01/2015 12:00:00AM

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

Survey History

Survey ID: 0147920 **End Date:** 10/22/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0145209 **End Date:** 01/03/2024 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #L2EM11 Served 01/08/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)(m)	RIGHTS OF RESIDENTS: RECORDING AND FILMING	10/22/24	Yes
83.37(1)(e)	MEDICATION REGIMEN, ADMINISTRATION REVIEW	10/22/24	Yes
83.47(4)(a)	FIRE EXTINGUISHERS: TYPE AND INSPECTION	10/22/24	Yes

Enforcement History (PREFERRED SENIOR LIVING OF ELLSWORTH--0014905)

Date: 01/08/2024 **SOD #**L2EM11 **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 AS (SEMIAMBULATORY)

Facility Information

Facility Name: SUMMIT VIEW (510279)

Address: 278 N BEULAH STREET, ELLSWORTH, WI 54011

License Status: REGULAR

Licensed/Certified/Registered 03/05/1996 12:00:00AM

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

Survey History

Survey ID: 0145144 **End Date:** 12/20/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0143263 **End Date:** 05/31/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #GN7V11 Served 06/05/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(5)(a)	NOTIFICATION: INCIDENT, INJURY, CHANGES	12/20/23	Yes
83.35(2)	TEMPORARY SERVICE PLAN	12/20/23	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	12/20/23	Yes
83.36(1)(a)	ADEQUATE STAFF TO MEET RESIDENT NEEDS	12/20/23	Yes
83.38(1)(c)	LEISURE TIME ACTIVITIES	12/20/23	Yes

Survey ID: 0141942 **End Date:** 01/18/2023 **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 AS (SEMIAMBULATORY)

Survey ID: 0139958 **End Date:** 06/22/2022 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #ETTQ11 Served 06/27/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)(n)	RIGHTS OF RESIDENTS: SAFE ENVIRONMENT	1/18/23	Yes

Enforcement History (SUMMIT VIEW--510279)

Date: 06/05/2023 **SOD #**GN7V11 **Appealed:** No

Sanctions
ORDER TO COMPLY

Date: 06/27/2022 **SOD #**ETTQ11 **Appealed:** No

Sanctions
ORDER TO COMPLY

Complaint History (SUMMIT VIEW--510279)

Date Complaint Received: 05/11/2023

Date Investigation Completed: 05/31/2023

Subject Area(s)
PROGRAM SERVICES
STAFF TRAINING AND PROFICIENCY

<u>Result</u>	<u>SOD #</u>
SUBSTANTIATED	GN7V11
SUBSTANTIATED	GN7V11

Date Complaint Received: 03/04/2022

Date Investigation Completed: 06/22/2022

Subject Area(s)
PROGRAM SERVICES

<u>Result</u>	<u>SOD #</u>
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: SEASONS (THE) (0015047)

Address: 301 CHERRY AVE W, PLUM CITY, WI 54761

License Status: REGULAR

Licensed/Certified/Registered 06/01/2014 12:00:00AM

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

Survey History

Survey ID: 0147048 **End Date:** 07/22/2024 **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: COMFORTS OF HOME RIVER FALLS CBRF (0012426)

Address: 2328 AURORA CIRCLE, RIVER FALLS, WI 54022

License Status: REGULAR

Licensed/Certified/Registered 07/01/2009 12:00:00AM

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

Survey History

Survey ID: 0148327 **End Date:** 12/10/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0147195 **End Date:** 07/30/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0144916 **End Date:** 10/04/2023 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #1DMC13 Served 11/29/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	7/30/24	Yes
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	7/30/24	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: 0142798 **End Date:** 02/03/2023 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #1DMC12 Served 04/17/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	10/4/23	No
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	10/4/23	Yes
83.37(1)(j)	PROOF-OF-USE RECORD	10/4/23	Yes

Survey ID: 0141431 **End Date:** 08/23/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #1DMC11 Served 11/28/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	2/3/23	No
83.35(3)(c)	IMPLEMENT, FOLLOW THE INDIVIDUAL SERVICE PLAN	2/3/23	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)

Enforcement History (COMFORTS OF HOME RIVER FALLS CBRF--0012426)

Date: 11/29/2023 **SOD #**1DMC13 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.32(3)(h)

Date: 04/17/2023 **SOD #**1DMC12 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.32(3)(h)
FORFEITURE---83.37(1)(j)

Date: 11/28/2022 **SOD #**1DMC11 **Appealed:**

Sanctions

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

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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 (COMFORTS OF HOME RIVER FALLS CBRF--0012426)

Date Complaint Received: 08/27/2024

Date Investigation Completed: 12/10/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 07/08/2024

Date Investigation Completed: 07/30/2024

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

ADMINISTRATION

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

ADMINISTRATION

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

ADMINISTRATION

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 06/26/2024

Date Investigation Completed: 07/30/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 06/06/2024

Date Investigation Completed: 07/30/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 05/22/2024

Date Investigation Completed: 07/30/2024

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)

Date Complaint Received: 07/11/2023

Date Investigation Completed: 10/04/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

1DMC13

Date Complaint Received: 11/01/2022

Date Investigation Completed: 02/03/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

ADMINISTRATION

SUBSTANTIATED

1DMC12

ADMINISTRATION

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 10/19/2022

Date Investigation Completed: 02/03/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 08/02/2022

Date Investigation Completed: 08/23/2022

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

ADMINISTRATION

NOT SUBSTANTIATED

PROGRAM SERVICES

SUBSTANTIATED

1DMC11

Date Complaint Received: 05/12/2022

Date Investigation Completed: 08/23/2022

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PROGRAM SERVICES

SUBSTANTIATED

1DMC11

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date Complaint Received: 05/05/2022

Subject Area(s)

PROGRAM SERVICES

STAFF TRAINING AND PROFICIENCY

Date Investigation Completed: 08/23/2022

Result

SUBSTANTIATED

NOT SUBSTANTIATED

SOD #

1DMC11

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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: KINNIC FALLS ALCOHOL DRUG SERVS INC (0008581)
Address: 900 SOUTH ORANGE STREET, RIVER FALLS, WI 54022
License Status: REGULAR
Licensed/Certified/Registered 12/31/1981 12:00:00AM
Regional Office: NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0148531 **End Date:** 01/14/2025 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0147248 **End Date:** 07/18/2024 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #TICD11 Served 08/07/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.17(1)	LICENSEE CONDUCT CAREGIVER BACKGROUND CHECK	1/14/25	Yes
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	1/14/25	Yes
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	1/14/25	Yes
83.47(3)	FIRE INSPECTION	1/14/25	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 (KINNICK FALLS ALCOHOL DRUG SERVS INC--0008581)

Date: 08/07/2024

SOD #TICD11

Appealed:

Sanctions

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 CNA (NONAMBULATORY)

Facility Information

Facility Name: OUR HOUSE RIVER FALLS MEMORY CARE (0013425)

Address: 902 S WASSON LANE, RIVER FALLS, WI 54022

License Status: REGULAR

Licensed/Certified/Registered 10/01/2011 12:00:00AM

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

Survey History

Survey ID: 0145147 **End Date:** 12/19/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0143545 **End Date:** 06/27/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #52JK11 Served 06/30/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	12/19/23	Yes
83.35(3)(b)	SERVICE PLAN DEVELOPMENT: PARTIES INVOLVED	12/19/23	Yes
83.35(5)(a)	INITIAL EVALUATION OF EVACUATION LIMITATIONS	12/19/23	Yes
83.39(5)	PETS VACCINATED	12/19/23	Yes
83.46(1)(c)	HEATING SYSTEM MAINTENANCE	12/19/23	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: 0142099 **End Date:** 02/03/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139892 **End Date:** 04/11/2022 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #QO8Z12 Served 06/21/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.32(3)(a)	RIGHTS OF RESIDENTS: COMMUNICATIONS	2/3/23	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	2/3/23	Yes
83.39(1)	INFECTION CONTROL PROGRAM	2/3/23	Yes
83.41(1)(b)	EQUIPMENT	2/3/23	Yes
83.44(1)(c)	CLOTHES DRYERS ENCLOSED AND VENTED	2/3/23	Yes
83.45(1)(f)	FURNISHINGS CLEAN, SAFE, AND MAINTAINED	2/3/23	Yes

Enforcement History (OUR HOUSE RIVER FALLS MEMORY CARE--0013425)

Date: 06/30/2023 **SOD #**52JK11 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 06/21/2022 **SOD #**QO8Z12 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.35(3)(d)
FORFEITURE---83.39(1)
FORFEITURE---83.44(1)(c)

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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 (OUR HOUSE RIVER FALLS MEMORY CARE--0013425)

Date Complaint Received: 02/27/2023

Date Investigation Completed: 06/27/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 03/17/2022

Date Investigation Completed: 04/11/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 03/01/2022

Date Investigation Completed: 04/11/2022

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

SUBSTANTIATED

QO8Z12

PROGRAM SERVICES

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

RESIDENT RIGHTS

SUBSTANTIATED

QO8Z12

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

QO8Z12

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS AS (SEMIAMBULATORY)

Facility Information

Facility Name: RIDGEWOOD CBRF (510281)

Address: N7211 HWY 65, RIVER FALLS, WI 54022

License Status: REGULAR

Licensed/Certified/Registered 02/15/1996 12:00:00AM

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

Survey History

Survey ID: 0139479 **End Date:** 05/05/2022 **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 CNA (NONAMBULATORY)

Facility Information

Facility Name: RIVER FALLS CBRF II LLC (0015130)

Address: 2354 AURORA CIRCLE, RIVER FALLS, WI 54022

License Status: REGULAR

Licensed/Certified/Registered 06/09/2014 12:00:00AM

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

Survey History

Survey ID: 0148388 **End Date:** 12/10/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0147200 **End Date:** 07/30/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0144917 **End Date:** 10/05/2023 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #HQFY12 Served 11/29/2023

Deficiencies Cited
83.28(4)(a)

Subject Area
RESIDENT HEALTH SCREENING AND
DOCUMENTATION

Compliance
Verified
7/30/24

Corrected
Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0143191 **End Date:** 03/27/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #HQFY11 Served 05/25/2023

<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	10/5/23	No
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	10/5/23	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	10/5/23	Yes
83.38(1)(h)	MEDICATION ADMINISTRATION	10/5/23	Yes
83.39(1)	INFECTION CONTROL PROGRAM	10/5/23	Yes

Survey ID: 0140176 **End Date:** 07/14/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (RIVER FALLS CBRF II LLC--0015130)

Date: 11/29/2023 **SOD #**HQFY12 **Appealed:** No

Sanctions

ORDER TO COMPLY
FORFEITURE---83.28(4)(a)

Date: 05/25/2023 **SOD #**HQFY11 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.28(4)(a)
FORFEITURE---83.32(3)(h)
FORFEITURE---83.35(3)(d)

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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 (RIVER FALLS CBRF II LLC--0015130)

Date Complaint Received: 10/03/2024

Date Investigation Completed: 12/10/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 07/30/2024

Date Investigation Completed: 12/10/2024

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 05/15/2023

Date Investigation Completed: 10/05/2023

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 02/07/2023

Date Investigation Completed: 03/27/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 01/10/2023

Date Investigation Completed: 03/27/2023

Subject Area(s)

Result

SOD #

ADMINISTRATION

SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

HQFY11

Date Complaint Received: 10/24/2022

Date Investigation Completed: 03/27/2023

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 CNA (NONAMBULATORY)

Date Complaint Received: 05/01/2022

Subject Area(s)

PHYSICAL ENVIRONMENT/SAFETY
RESIDENT RIGHTS

Date Investigation Completed: 07/14/2022

Result

NOT SUBSTANTIATED
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: Sycamore of River Falls (The) (0019594)

Address: 745 Sycamore St, River Falls, WI 54022

License Status: REGULAR

Licensed/Certified/Registered 07/18/2023 12:00:00AM

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

Survey History

Survey ID: 0146671 **End Date:** 06/07/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: LICENSE/CERT/REGISTRATION ISSUED

Survey ID: 0145972 **End Date:** 03/08/2024 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #OVN511 Served 03/25/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.28(4)(a)	RESIDENT HEALTH SCREENING AND DOCUMENTATION	6/7/24	Yes
83.35(5)(a)	INITIAL EVALUATION OF EVACUATION LIMITATIONS	6/7/24	Yes
83.47(2)(d)	FIRE DRILLS	6/7/24	Yes

Survey ID: 0143710 **End Date:** 07/18/2023 **Type:** INITIAL **Purpose:** SURVEY

Results: PROBATIONARY LICENSE 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)

Enforcement History (Sycamore of River Falls (The)--0019594)

Date: 03/25/2024

SOD #OVN511

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)

Facility Information

Facility Name: COMFORTS OF HOME RIVER FALLS RCAC (0012053)
Address: 2348 AURORA CIRCLE, RIVER FALLS, WI 54022
License Status: REGULAR
Licensed/Certified/Registered 08/13/2007 12:00:00AM
Regional Office: NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0148329	End Date: 12/10/2024	Type: ABBREVIATED	Purpose: SURVEY/COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED			
Survey ID: 0146678	End Date: 06/07/2024	Type: OTHER	Purpose: COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED			
Survey ID: 0142766	End Date: 04/12/2023	Type: OTHER	Purpose: COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED			
Survey ID: 0141079	End Date: 10/14/2022	Type: ABBREVIATED	Purpose: SURVEY/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 (COMFORTS OF HOME RIVER FALLS RCAC--0012053)

Date Complaint Received: 07/22/2024

Date Investigation Completed: 12/10/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 05/22/2024

Date Investigation Completed: 06/07/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 03/15/2024

Date Investigation Completed: 06/07/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 02/21/2023

Date Investigation Completed: 04/12/2023

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 02/06/2023

Date Investigation Completed: 04/12/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 02/11/2022

Date Investigation Completed: 10/14/2022

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

PROGRAM SERVICES

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: SYCAMORE OF RIVER FALLS (THE) (0019451)
Address: 745 SYCAMORE ST, RIVER FALLS, WI 54022
License Status: REGULAR
Licensed/Certified/Registered 06/01/2023 12:00:00AM
Regional Office: NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0143248 **End Date:** 06/01/2023 **Type:** INITIAL **Purpose:** SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED

This is Page 41 of 42 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 01/30/2022 to 01/29/2025
Residential Care Apartment Complex (CERTIFIED)

Facility Information

Facility Name: VALLEY VILLAS ASSISTED LIVING (0013449)
Address: S820 WESTLAND DR, SPRING VALLEY, WI 54767
License Status: REGULAR
Licensed/Certified/Registered 08/16/2010 12:00:00AM
Regional Office: NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0145026 **End Date:** 12/06/2023 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #W3NC11 Served 12/11/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u> <u>Verified</u>	<u>Corrected</u>
89.23(4)(a)2	SERVICES	2/15/23	
89.23(5)	SERVICES	2/15/23	

Complaint History (VALLEY VILLAS ASSISTED LIVING--0013449)

Date Complaint Received: 10/10/2023

Date Investigation Completed: 12/06/2023

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

This is Page 42 of 42 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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