

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 Pierce County. The report is a PDF (Adobe Acrobat) document and includes a total of 54.00 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: 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

Survey ID: 0137183 **End Date:** 07/21/2021 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #8ZB511 Served 09/08/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
II.d.(2)	TRAINING-ORIENTATION.		
II.d.(3)(d)	TRAINING-INTERPERSONAL COMMUNICATION		

Survey ID: 0134793 **End Date:** 09/10/2020 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0129738 **End Date:** 03/28/2019 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Adult Day Care Facility

Survey ID: 0129007 End Date: 11/20/2018 Type: STANDARD Purpose: SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #WDYN11 Served 01/16/2019

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
III.b.(5)	SAFETY-EMERGENCIES PLAN	3/28/19	Yes
III.c.(4)	FIRE ALARM & SMOKE DETECTORS	3/28/19	Yes

Enforcement History (HAVE-A-HEART ADULT DAY CARE--0012348)

Date: 01/16/2019 SOD #WDYN11 Appealed: No

Sanctions

OTHER SANCTION

Complaint History (HAVE-A-HEART ADULT DAY CARE--0012348)

Date Complaint Received: 07/01/2020 Date Investigation Completed: 09/10/2020

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
ADMINISTRATION	NOT SUBSTANTIATED	
PROGRAM SERVICES	NOT SUBSTANTIATED	
RESIDENT RIGHTS	NOT SUBSTANTIATED	

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Provider Inspection Summary

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

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: 0131500 **End Date:** 09/16/2019 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0130550 **End Date:** 03/18/2019 **Type:** ABBREVIATED **Purpose:** SURVEY/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #QCT811 Served 06/18/2019

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(1)(c)	RESPONSIBLE, MATURE AND CHARACTER	9/16/19	Yes
88.07(3)(a)	PRESCRIPTION MEDICATIONS	9/16/19	Yes
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT	9/16/19	Yes

Enforcement History (BROOKSIDE--0015040)

Date: 06/17/2019 **SOD #**QCT811 **Appealed:** No

Sanctions

OTHER SANCTION

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Provider Inspection Summary

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

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: 0131669 **End Date:** 10/02/2019 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

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: 0132829 **End Date:** 02/20/2020 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0130502 **End Date:** 06/07/2019 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0129799 **End Date:** 04/02/2019 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: HCBS COMPLIANCE REPORT

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Provider Inspection Summary

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

Adult Family Home

Complaint History (COUNTRYSIDE--0015041)

Date Complaint Received: 02/06/2020

Date Investigation Completed: 02/20/2020

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 05/20/2019

Date Investigation Completed: 06/07/2019

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

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

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

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: 0134966 **End Date:** 10/12/2020 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0134871 **End Date:** 09/17/2020 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #FD9611 Served 09/24/2020

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.06(3)(f)	REVIEW OF ISP	10/12/20	Yes

Survey ID: 0132486 **End Date:** 01/27/2020 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0130046 **End Date:** 04/26/2019 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Adult Family Home

Survey ID: 0129788 End Date: 03/28/2019 Type: ABBREVIATED Purpose: SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #YJYK11 Served 04/17/2019

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.10(3)(1)	SAFE PHYSICAL ENVIRONMENT	4/26/19	Yes

Complaint History (MAPLE VIEW--590044)

Date Complaint Received: 07/13/2020

Date Investigation Completed: 09/17/2020

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 01/09/2020

Date Investigation Completed: 01/27/2020

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

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Provider Inspection Summary

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

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: 0136616 **End Date:** 06/23/2021 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0135778 **End Date:** 02/12/2021 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #T0VZ11 Served 03/12/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.06(1)(e)	INFORMATION TO DETERMINE SERVICES	6/23/21	Yes
88.07(1)(a)	RESIDENT CARE-GENERAL REQUIREMENTS	6/23/21	Yes

Survey ID: 0132802 **End Date:** 02/20/2020 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Adult Family Home

Survey ID: 0131686 **End Date:** 09/16/2019 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #V3YG11 Served 10/09/2019

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(2)	ACCESS TO HOME AND WITHIN THE HOME	2/20/20	Yes
88.05(3)(a)	HOME ENVIRONMENT	2/20/20	Yes
88.05(4)(c)1	EXITING FROM THE FIRST FLOOR	2/20/20	Yes

Enforcement History (WILLOW VIEW--590127)

Date: 03/12/2021 **SOD #**T0VZ11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 10/09/2019 **SOD #**V3YG11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT

Complaint History (WILLOW VIEW--590127)

Date Complaint Received: 01/06/2021 **Date Investigation Completed:** 02/12/2021

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
ADMINISTRATION	SUBSTANTIATED	T0VZ11

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Provider Inspection Summary

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

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: 0136647 **End Date:** 06/29/2021 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

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

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: 0129851 **End Date:** 04/09/2019 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: CLARKE DAMON VILLA (0010777)

Address: 1685 SUNWOOD COURT, RIVER FALLS, WI 54022

License Status: REGULAR

Licensed/Certified/Registered 02/01/2005 12:00:00AM

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

Survey History

Survey ID: 0136830 **End Date:** 07/19/2021 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0134531 **End Date:** 08/12/2020 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0133937 **End Date:** 03/02/2020 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #FKW911 Served 06/15/2020

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION	8/12/20	Yes
88.06(3)(f)	REVIEW OF ISP	8/12/20	Yes

Enforcement History (CLARKE DAMON VILLA--0010777)

Date: 06/15/2020 **SOD #FKW911** **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

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Provider Inspection Summary

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

Adult Family Home

Complaint History (CLARKE DAMON VILLA--0010777)

Date Complaint Received: 05/28/2021

Date Investigation Completed: 07/19/2021

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 06/03/2020

Date Investigation Completed: 08/12/2020

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: ENCOURAGE ADULT FAMILY HOME (0015166)

Address: 425 N 3RD STREET, RIVER FALLS, WI 54022

License Status: REGULAR

Licensed/Certified/Registered 08/04/2014 12:00:00AM

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

Survey History

Survey ID: 0128247 **End Date:** 10/08/2018 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0128007 **End Date:** 08/30/2018 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #KEBI11 Served 09/10/2018

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.10(3)(1)	SAFE PHYSICAL ENVIRONMENT	10/8/18	Yes

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Provider Inspection Summary

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

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

Survey ID: 0130176 **End Date:** 05/08/2019 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

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

Survey ID: 0131672 **End Date:** 10/03/2019 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

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: 0130851 **End Date:** 07/18/2019 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0130768 **End Date:** 06/12/2019 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #YKX611 Served 07/12/2019

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	7/18/19	Yes

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Provider Inspection Summary

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

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: 0135996 **End Date:** 04/14/2021 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0135651 **End Date:** 01/07/2021 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #8FTO11 Served 02/19/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.25	CONTINUING EDUCATION	4/14/21	Yes
83.38(1)(b)	SUPERVISION	4/14/21	Yes
83.47(2)(d)	FIRE DRILLS	4/14/21	Yes

Survey ID: 0134672 **End Date:** 08/27/2020 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0131128 **End Date:** 08/08/2019 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0130189 End Date: 02/20/2019 Type: OTHER Purpose: COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #EH0M11 Served 05/10/2019

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.38(1)(g)	HEALTH MONITORING	8/8/19	Yes

Survey ID: 0128605 End Date: 11/20/2018 Type: OTHER Purpose: DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0128543 End Date: 11/09/2018 Type: ABBREVIATED Purpose: SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #U4K711 Served 11/15/2018

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.20(1)(b)	TRAINING DOCUMENTATION REQUIREMENTS	11/20/18	Yes
83.44(1)(c)	CLOTHES DRYERS ENCLOSED AND VENTED	11/20/18	Yes

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

Date: 02/19/2021 SOD #8FTO11 Appealed:

Sanctions

ORDER TO COMPLY
 FORFEITURE---83.25
 FORFEITURE---83.38(1)(b)

Date: 05/10/2019 SOD #EH0M11 Appealed:

Sanctions

FORFEITURE---83.38(1)(g)

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

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

Date Complaint Received: 10/26/2020

Date Investigation Completed: 01/07/2021

Subject Area(s)
PROGRAM SERVICES
OTHER

Result SOD #
NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 08/04/2020

Date Investigation Completed: 08/27/2020

Subject Area(s)
ADMINISTRATION
RESIDENT RIGHTS

Result SOD #
NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 07/14/2020

Date Investigation Completed: 08/27/2020

Subject Area(s)
RESIDENT RIGHTS

Result SOD #
NOT SUBSTANTIATED

Date Complaint Received: 01/23/2019

Date Investigation Completed: 02/11/2019

Subject Area(s)
PROGRAM SERVICES

Result SOD #
SUBSTANTIATED
EH0M11

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Provider Inspection Summary

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

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

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

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Provider Inspection Summary

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

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

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

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Provider Inspection Summary

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

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: 0136721 **End Date:** 07/01/2021 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #MKI111 Served 07/09/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	8/23/21	
83.46(1)(c)	HEATING SYSTEM MAINTENANCE	8/23/21	
83.47(3)	FIRE INSPECTION	8/23/21	

Survey ID: 0134971 **End Date:** 10/08/2020 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0132603 **End Date:** 02/03/2020 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0132097 **End Date: 09/25/2019** **Type: OTHER** **Purpose: COMPLAINT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #FQ3711 Served 12/04/2019

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(2)(a)	CAREGIVER: INVESTIGATING ABUSE AND NEGLECT	2/3/20	Yes
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	2/3/20	Yes

Survey ID: 0130241 **End Date: 05/15/2019** **Type: OTHER** **Purpose: COMPLAINT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0130165 **End Date: 05/08/2019** **Type: OTHER** **Purpose: DESK REVIEW**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0130147 **End Date: 04/22/2019** **Type: OTHER** **Purpose: COMPLAINT**

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #I2VW11 Served 05/07/2019

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.59(4)(b)	DELAYED EGRESS: LOCKING DEVICE SIGN POSTED	5/8/19	Yes

Survey ID: 0129819 **End Date: 04/10/2019** **Type: OTHER** **Purpose: DESK REVIEW**

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0129782 **End Date: 03/25/2019** **Type: STANDARD** **Purpose: SURVEY/COMPLAINT**

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #TL3D12 Served 04/08/2019

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.37(3)(c)	MEDICATION STORAGE: LOCKED CABINET	4/10/19	Yes
83.39(1)	INFECTION CONTROL PROGRAM	4/10/19	Yes

Survey ID: 0129332 **End Date: 12/27/2018** **Type: ABBREVIATED** **Purpose: SURVEY/COMPLAINT/SELF REPORT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #TL3D11 Served 02/20/2019

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.12(3)(a)	INVESTIGATE INJURIES OF UNKNOWN SOURCE	3/25/19	Yes
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	3/25/19	Yes
83.32(3)(i)	RIGHTS OF RESIDENTS: PROMPT AND ADEQUATE TREATMENT	3/25/19	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	3/25/19	Yes
83.36(2)	MAINTAIN CURRENT WRITTEN STAFFING SCHEDULE	3/25/19	Yes
83.42(1)	RESIDENT RECORD MAINTAINED	3/25/19	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

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

Date: 12/04/2019 **SOD #**FQ3711 **Appealed:** No

Sanctions

OTHER SANCTION

Date: 02/20/2019 **SOD #**TL3D11 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

FORFEITURE---83.12(3)(a)

FORFEITURE---83.32(3)(i)

FORFEITURE---83.35(3)(d)

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

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

Date Complaint Received: 03/09/2021

Date Investigation Completed: 07/01/2021

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES
RESIDENT RIGHTS

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 06/29/2020

Date Investigation Completed: 10/08/2020

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS
STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 09/11/2019

Date Investigation Completed: 09/25/2019

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY
RESIDENT RIGHTS
STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED
SUBSTANTIATED
SUBSTANTIATED
FQ3711
FQ3711
FQ3711

Date Complaint Received: 05/08/2019

Date Investigation Completed: 05/15/2019

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 04/15/2019

Date Investigation Completed: 04/22/2019

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

Date Complaint Received: 02/26/2019

Date Investigation Completed: 03/25/2019

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date Complaint Received: 12/10/2018

Date Investigation Completed: 12/27/2018

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY
PROGRAM SERVICES

SUBSTANTIATED
SUBSTANTIATED

TL3D11
TL3D11

Date Complaint Received: 11/27/2018

Date Investigation Completed: 12/27/2018

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

TL3D11

Date Complaint Received: 11/21/2018

Date Investigation Completed: 12/27/2018

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

TL3D11

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Provider Inspection Summary

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

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

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

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Provider Inspection Summary

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

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: 0132623 **End Date:** 02/06/2020 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0131133 **End Date:** 08/08/2019 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0130236 **End Date:** 02/26/2019 **Type:** OTHER **Purpose:** SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #ECA511 Served 05/21/2019

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.38(1)(b)	SUPERVISION	8/8/19	Yes
83.41(3)(a)	FOOD SERVICE SANITATION	8/8/19	Yes
83.41(3)(b)	FOOD SAFETY	8/8/19	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

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

Date: 05/16/2019 **SOD #**ECA511 **Appealed:**

Sanctions

FORFEITURE---83.38(1)(b)

FORFEITURE---83.41(3)(a)

FORFEITURE---83.41(3)(b)

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

Date Complaint Received: 01/22/2020

Date Investigation Completed: 02/06/2020

Subject Area(s)

STAFF TRAINING AND PROFICIENCY

Result

NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

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

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: 0133991 **End Date:** 05/04/2020 **Type:** OTHER **Purpose:** SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #ZTD211 Served 06/23/2020

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.38(1)(b)	SUPERVISION		

Survey ID: 0132094 **End Date:** 12/03/2019 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0132015 **End Date:** 11/11/2019 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #YQCV13 Served 11/18/2019

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.41(3)(b)	FOOD SAFETY	12/3/19	Yes
83.45(3)	TOXIC SUBSTANCES	12/3/19	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS AS (SEMIAMBULATORY)

Survey ID: 0131218 End Date: 06/05/2019 Type: STANDARD Purpose: SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #YQCV12 Served 08/21/2019

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.41(2)(c)	NUTRITION: MENUS	11/11/19	Yes
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	11/11/19	Yes
83.45(3)	TOXIC SUBSTANCES	11/11/19	No

Survey ID: 0129166 End Date: 12/17/2018 Type: OTHER Purpose: SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #YQCV11 Served 02/13/2019

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(2)(e)	NOTIFY WITHIN 7 DAYS OF ADMINISTRATOR CHANGE	5/29/19	Yes
83.35(3)(f)	STAFF ACCESS TO ASSESSMENT AND ISP	5/29/19	Yes
83.38(1)(b)	SUPERVISION	5/29/19	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS AS (SEMIAMBULATORY)

Enforcement History (RIDGEWOOD CBRF--510281)

Date: 06/23/2020 **SOD #**ZTD211 **Appealed:** **Decision:** PENDING

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
FORFEITURE---83.38(1)(b)

Date: 08/21/2019 **SOD #**YQCV12 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

Date: 02/06/2019 **SOD #**YQCV11 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
FORFEITURE---83.38(1)(b)

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Provider Inspection Summary

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

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: 0136722 **End Date:** 06/30/2021 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0136246 **End Date:** 05/17/2021 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0135354 **End Date:** 12/17/2020 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

83.12(5)(a)	NOTIFICATION: INCIDENT, INJURY, CHANGES	5/17/21	Yes
83.28(4)(a)	RESIDENT HEALTH SCREENING AND DOCUMENTATION	5/17/21	Yes
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	5/17/21	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	5/17/21	Yes
83.37(1)(e)	MEDICATION REGIMEN, ADMINISTRATION REVIEW	5/17/21	Yes
83.38(1)(g)	HEALTH MONITORING	5/17/21	Yes
83.42(1)	RESIDENT RECORD MAINTAINED	5/17/21	Yes
83.46(1)(f)	COMBUSTIBLES	5/17/21	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0133824 End Date: 02/17/2020 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #44BC11 Served 06/05/2020

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(4)(c)	REPORTING INCIDENTS WITH SERIOUS INJURY	12/17/20	Yes
83.14(2)(j)	NOT PERMIT A CONDITION OF SUBSTANTIAL RISK	12/17/20	Yes
83.15(3)(a)	ADMINISTRATOR SHALL SUPERVISE DAILY OPERATION	12/17/20	Yes
83.36(1)(a)	ADEQUATE STAFF TO MEET RESIDENT NEEDS	12/17/20	Yes
83.36(1)(b)	QUALIFIED STAFF IN CHARGE, ON DUTY AND AWAKE	12/17/20	Yes
83.38(1)(a)	PERSONAL CARE	12/17/20	Yes
83.40	OXYGEN STORAGE	12/17/20	Yes
83.41(3)(b)	FOOD SAFETY	12/17/20	Yes
83.43(2)(d)	CLEAN SHEETS, PILLOWCASES, AND TOWELS	12/17/20	Yes
83.44(2)(a)	ROOMS CLEAN AND FREE FROM ODORS	12/17/20	Yes
83.44(2)(b)	TOILET AND BATHING AREA	12/17/20	Yes
83.45(3)	TOXIC SUBSTANCES	12/17/20	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0132925 **End Date:** 11/14/2019 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #DESV11 Served 03/13/2020

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.15(3)(a)	ADMINISTRATOR SHALL SUPERVISE DAILY OPERATION	12/17/20	Yes
83.16(2)	RESIDENT CARE STAFF AT LEAST 18 YEARS OLD	12/17/20	Yes
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	12/17/20	No
83.32(3)(n)	RIGHTS OF RESIDENTS: SAFE ENVIRONMENT	12/17/20	Yes
83.35(3)(c)	IMPLEMENT, FOLLOW THE INDIVIDUAL SERVICE PLAN	12/17/20	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	12/17/20	No
83.36(1)(a)	ADEQUATE STAFF TO MEET RESIDENT NEEDS	12/17/20	Yes
83.37(1)(k)	MEDICATION ERROR OR ADVERSE REACTION	12/17/20	Yes
83.38(1)(b)	SUPERVISION	12/17/20	Yes
83.39(1)	INFECTION CONTROL PROGRAM	12/17/20	Yes
83.44(1)(b)	SEPARATE LAUNDRY STORAGE AREAS OR CONTAINERS	12/17/20	Yes
83.45(3)	TOXIC SUBSTANCES	12/17/20	Yes
83.46(1)(b)	PORTABLE SPACE HEATERS PROHIBITED	12/17/20	Yes

Survey ID: 0131387 **End Date:** 09/05/2019 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0131363 **End Date: 08/22/2019** **Type: OTHER** **Purpose: COMPLAINT**

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #WEV411 Served 09/05/2019

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.38(1)(b)	SUPERVISION	9/5/19	Yes

Survey ID: 0130513 **End Date: 06/11/2019** **Type: OTHER** **Purpose: DESK REVIEW**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0130431 **End Date: 05/29/2019** **Type: OTHER** **Purpose: VERIFICATION VISIT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

83.59(4)(e)	DELAYED EGRESS: IRREVERSIBLE PROCESS RELEASE	6/11/19	Yes
83.59(4)(f)	DELAYED EGRESS: DEPARTMENT APPROVAL	6/11/19	Yes

Survey ID: 0129743 **End Date: 01/16/2019** **Type: OTHER** **Purpose: COMPLAINT/SELF REPORT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #JDS111 Served 04/04/2019

<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	5/29/19	Yes
83.17(1)	LICENSEE CONDUCT CAREGIVER BACKGROUND CHECK	5/29/19	Yes
83.32(3)(d)	RIGHTS OF RESIDENTS: FREE OF MISTREATMENT	5/29/19	Yes
83.37(3)(c)	MEDICATION STORAGE: LOCKED CABINET	5/29/19	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0128717 End Date: 12/10/2018 Type: OTHER Purpose: DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0128685 End Date: 12/03/2018 Type: OTHER Purpose: COMPLAINT/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #R6TB11 Served 12/05/2018

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(5)(a)	NOTIFICATION: INCIDENT, INJURY, CHANGES	12/10/18	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

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

Date: 01/11/2021 **SOD #**DESV12 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.12(5)(a)
FORFEITURE---83.32(3)(h)
FORFEITURE---83.38(1)(g)

Date: 06/05/2020 **SOD #**44BC11 **Appealed:**

Sanctions

FORFEITURE---83.14(2)(j)
FORFEITURE---83.15(3)(a)
FORFEITURE---83.36(1)(a)
FORFEITURE---83.36(1)(b)
FORFEITURE---83.38(1)(a)
FORFEITURE---83.44(2)(a)

Date: 03/13/2020 **SOD #**DESV11 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
FORFEITURE---83.16(2)
FORFEITURE---83.20(2)(a)
FORFEITURE---83.20(2)(b)
FORFEITURE---83.32(3)(h)
FORFEITURE---83.35(3)(c)
FORFEITURE---83.35(3)(d)
FORFEITURE---83.36(1)(a)
FORFEITURE---83.37(1)(k)
FORFEITURE---83.38(1)(b)
FORFEITURE---83.39(1)
FORFEITURE---83.46(1)(b)

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date: 04/04/2019

SOD #JDS111

Appealed:

Sanctions

FORFEITURE---83.14(2)(j)

FORFEITURE---83.17(1)

FORFEITURE---83.32(3)(d)

FORFEITURE---83.37(3)(c)

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

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

Date Complaint Received: 06/21/2021

Date Investigation Completed: 06/30/2021

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 09/29/2020

Date Investigation Completed: 12/17/2020

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 09/01/2020

Date Investigation Completed: 12/17/2020

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

PROGRAM SERVICES

SUBSTANTIATED

DESV12

Date Complaint Received: 08/24/2020

Date Investigation Completed: 12/17/2020

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

DESV12

PROGRAM SERVICES

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

ADMINISTRATION

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 04/13/2020

Date Investigation Completed: 12/17/2020

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date Complaint Received: 01/22/2020

Date Investigation Completed: 02/17/2020

Subject Area(s)

Result

SOD #

ADMINISTRATION
STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED
SUBSTANTIATED

44BC11

Date Complaint Received: 10/28/2019

Date Investigation Completed: 11/06/2019

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

DESV11

Date Complaint Received: 10/25/2019

Date Investigation Completed: 11/06/2019

Subject Area(s)

Result

SOD #

PROGRAM SERVICES
RESIDENT RIGHTS
STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED
SUBSTANTIATED
SUBSTANTIATED

DESV11
DESV11
DESV11

Date Complaint Received: 08/26/2019

Date Investigation Completed: 09/05/2019

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 08/12/2019

Date Investigation Completed: 08/22/2019

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

WEV411

Date Complaint Received: 04/15/2019

Date Investigation Completed: 05/29/2019

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

SUBSTANTIATED

JWVS11

Date Complaint Received: 12/18/2018

Date Investigation Completed: 01/16/2019

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

JDS111

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Provider Inspection Summary

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

Facility Information

Facility Name: WELCOME HOME ASSISTED LIVING INC (0012458)
Address: 1121 INDUSTRIAL ROAD, ELMWOOD, WI 54740
License Status: REGULAR
Licensed/Certified/Registered 08/19/2008 12:00:00AM
Regional Office: NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0136178 **End Date:** 04/02/2021 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #DWX911 Served 05/10/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
89.26(1)	COMPREHENSIVE ASSESSMENT		
89.34(17)	TENANT RIGHTS		

Survey ID: 0135688 **End Date:** 01/22/2021 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #KV0F11 Served 03/03/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
89.23(4)(a)2	SERVICES		
89.23(4)(b)1	SERVICES		
89.23(4)(d)1	SERVICES		
89.23(4)(d)2.a	SERVICES		
89.23(5)	SERVICES		
89.26(1)	COMPREHENSIVE ASSESSMENT		

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Provider Inspection Summary

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

Residential Care Apartment Complex (CERTIFIED)

89.26(4) ANNUAL REVIEW
89.34(17) TENANT RIGHTS
89.55(2) MONITORING

Survey ID: 0133083 End Date: 11/05/2019 Type: OTHER Purpose: VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #GLMI13 Served 03/30/2020

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
89.23(4)(a)2	SERVICES		
89.23(4)(b)1	SERVICES		
89.23(4)(d)2.a	SERVICES		
89.23(4)(d)2.b	SERVICES		
89.26(1)	COMPREHENSIVE ASSESSMENT		
89.26(3)(b)	PARTICIPATION IN THE ASSESSMENT		

Survey ID: 0131970 End Date: 10/28/2019 Type: OTHER Purpose: DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0129057 End Date: 01/03/2019 Type: OTHER Purpose: DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0128637 End Date: 09/24/2018 Type: OTHER Purpose: DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #FPZD11 Served 11/28/2018

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
89.56(2)	PLAN OF CORRECTION	10/28/19	Yes

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Provider Inspection Summary

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

Enforcement History (WELCOME HOME ASSISTED LIVING INC--0012458)

Date: 05/07/2021 **SOD #**DWX911 **Appealed:** **Decision:** PENDING

Sanctions

ORDER TO COMPLY
FORFEITURE---89.26(1)
FORFEITURE---89.34(17)

Date: 03/01/2021 **SOD #**KV0F11 **Appealed:** Yes **Decision:** STIPULATION

Sanctions

REVOKE LICENSE
NO NEW ADMISSIONS
FORFEITURE---89.23(4)(a)2
FORFEITURE---89.23(4)(d)1
FORFEITURE---89.23(4)(d)2.a.
FORFEITURE---89.26(4)
FORFEITURE---89.34(17)

Date: 03/30/2020 **SOD #**GLMI13 **Appealed:** Yes **Decision:** HEARING--SPLIT DECISION

Sanctions

FORFEITURE---89.23(4)(a)2
FORFEITURE---89.23(4)(d)1
FORFEITURE---89.23(4)(d)2.a.
FORFEITURE---89.23(4)(d)2.b.

Date: 01/23/2019 **SOD #**2RXA11 **Appealed:** Yes **Decision:** STIPULATION

Sanctions

REVOKE LICENSE
NO NEW ADMISSIONS

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Provider Inspection Summary

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

Residential Care Apartment Complex (CERTIFIED)

Date: 11/28/2018 **SOD #FPZD11** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT

Complaint History (WELCOME HOME ASSISTED LIVING INC--0012458)

Date Complaint Received: 02/24/2021

Date Investigation Completed: 04/02/2021

Subject Area(s)
PROGRAM SERVICES

Result
SUBSTANTIATED

SOD #
DWX911

Date Complaint Received: 12/11/2020

Date Investigation Completed: 01/22/2021

Subject Area(s)
PHYSICAL ENVIRONMENT/SAFETY

Result
SUBSTANTIATED

SOD #
KV0F11

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Provider Inspection Summary

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

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: 0135526 **End Date:** 02/02/2021 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0134515 **End Date:** 08/13/2020 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0132659 **End Date:** 02/13/2020 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0132643 **End Date:** 02/03/2020 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #0EVE11 Served 02/12/2020

Deficiencies Cited
89.34(16)

Subject Area
TENANT RIGHTS

Compliance
Verified
2/13/20

Corrected
Yes

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Provider Inspection Summary

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

Residential Care Apartment Complex (CERTIFIED)

Survey ID: 0130887 End Date: 07/22/2019 Type: OTHER Purpose: COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0129467 End Date: 03/05/2019 Type: OTHER Purpose: DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0129465 End Date: 02/28/2019 Type: STANDARD Purpose: SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #400611 Served 03/05/2019

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
89.27(2)(c)2	SERVICE AGREEMENT	3/5/19	Yes

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Provider Inspection Summary

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

Residential Care Apartment Complex (CERTIFIED)

Complaint History (COMFORTS OF HOME RIVER FALLS RCAC--0012053)

Date Complaint Received: 09/25/2020

Date Investigation Completed: 02/02/2021

Subject Area(s)
PROGRAM SERVICES
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 04/01/2020

Date Investigation Completed: 08/13/2020

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 01/27/2020

Date Investigation Completed: 02/03/2020

Subject Area(s)
STAFF TRAINING AND PROFICIENCY

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 06/19/2019

Date Investigation Completed: 07/22/2019

Subject Area(s)
STAFF TRAINING AND PROFICIENCY

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 02/19/2019

Date Investigation Completed: 02/28/2019

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 01/16/2019

Date Investigation Completed: 02/28/2019

Subject Area(s)
ADMINISTRATION
STAFF TRAINING AND PROFICIENCY

Result
SUBSTANTIATED
NOT SUBSTANTIATED

SOD #
400611

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Provider Inspection Summary

For the period 08/24/2018 to 08/23/2021
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: 0129492 **End Date:** 03/06/2019 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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