

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 Polk County.

The report is a PDF (Adobe Acrobat) document and includes a total of 40.00 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: ENDEAVORS ADULT DEVELOPMENT CENTER INC (0013651)

Address: 101 150TH ST, BALSAM LAKE, WI 54810

License Status: REGULAR

Licensed/Certified/Registered 11/09/2011 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: ANGELS IN WAITING (0009761)

Address: 301 MAIN STREET W, MILLTOWN, WI 54858

License Status: REGULAR

Licensed/Certified/Registered 10/29/2002 12:00:00AM

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

Survey History

Survey ID: 0144442 **End Date:** 10/04/2023 **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: COMMUNITY HOMESTEAD MORNING GLORY (0009682)

Address: 515A 280TH STREET, OSCEOLA, WI 54020

License Status: REGULAR

Licensed/Certified/Registered 05/16/2002 12:00:00AM

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

Survey History

Survey ID: 0147916 **End Date:** 10/16/2024 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #OF7111 Served 10/23/2024

Deficiencies Cited
88.07(3)(a)

Subject Area
PRESCRIPTION MEDICATIONS

Compliance
Verified
12/20/24

Corrected

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: COMMUNITY HOMESTEAD THE FARM HOUSE (0016470)

Address: 517 280TH ST, OSCEOLA, WI 54020

License Status: REGULAR

Licensed/Certified/Registered 02/13/2017 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: AMERY MEMORY CARE (0014758)

Address: 215 BIRCH STREET WEST, AMERY, WI 54001

License Status: REGULAR

Licensed/Certified/Registered 10/01/2014 12:00:00AM

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

Survey History

Survey ID: 0148650 **End Date:** 01/21/2025 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0146970 **End Date:** 07/17/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/VV

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #QKNG15 Served 07/17/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.47(3)	FIRE INSPECTION	8/31/24	

Survey ID: 0145710 **End Date:** 12/06/2023 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #QKNG14 Served 02/22/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.38(1)(b)	SUPERVISION	7/17/24	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: 0143484 **End Date:** 04/26/2023 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0142843 **End Date:** 02/01/2023 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #QKNG13 Served 04/19/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.38(1)(b)	SUPERVISION	12/6/23	Yes
83.38(1)(h)	MEDICATION ADMINISTRATION	12/6/23	Yes
83.39(3)	HAND WASHING	12/6/23	Yes

Survey ID: 0142046 **End Date:** 10/28/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #CQ9P11 Served 02/06/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.12(3)(a)	INVESTIGATE INJURIES OF UNKNOWN SOURCE	4/26/23	Yes
83.12(5)(a)	NOTIFICATION: INCIDENT, INJURY, CHANGES	4/26/23	Yes
83.35(3)(c)	IMPLEMENT, FOLLOW THE INDIVIDUAL SERVICE PLAN	4/26/23	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	4/26/23	Yes
83.38(1)(g)	HEALTH MONITORING	4/26/23	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: 0140878 End Date: 06/15/2022 Type: STANDARD Purpose: SURVEY/SELF REPORT/COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #QKNG12 Served 09/29/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.19	ORIENTATION	2/1/23	Yes
83.36(1)(a)	ADEQUATE STAFF TO MEET RESIDENT NEEDS	2/1/23	Yes
83.37(3)(c)	MEDICATION STORAGE: LOCKED CABINET	2/1/23	Yes
83.38(1)(h)	MEDICATION ADMINISTRATION	2/1/23	Yes
83.39(3)	HAND WASHING	2/1/23	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 (AMERY MEMORY CARE--0014758)

Date: 02/22/2024 **SOD #**QKNG14 **Appealed:**

Sanctions

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

Date: 04/19/2023 **SOD #**QKNG13 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.38(1)(b)
FORFEITURE---83.38(1)(h)
FORFEITURE---83.39(3)

Date: 02/06/2023 **SOD #**CQ9P11 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
NNAO EXTENDED
ORDER TO COMPLY
FORFEITURE---83.12(3)(a)
FORFEITURE---83.12(5)(c)
FORFEITURE---83.35(3)(c)
FORFEITURE---83.35(3)(d)
FORFEITURE---83.38(1)(g)

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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: 09/29/2022 **SOD #**QKNG12 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
NO NEW ADMISSIONS
ORDER TO COMPLY
FORFEITURE---83.19
FORFEITURE---83.36(1)(a)
FORFEITURE---83.38(1)(h)
FORFEITURE---83.39(3)

Date: 04/13/2022 **SOD #**QKNG11 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.32(3)(h)
FORFEITURE---83.35(2)

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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 (AMERY MEMORY CARE--0014758)

Date Complaint Received: 11/04/2024

Subject Area(s)
PROGRAM SERVICES
RESIDENT RIGHTS

Date Investigation Completed: 01/21/2025

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 06/18/2024

Subject Area(s)
PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES

Date Investigation Completed: 07/17/2024

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 05/14/2024

Subject Area(s)
STAFF TRAINING AND PROFICIENCY

Date Investigation Completed: 07/17/2024

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 11/16/2023

Subject Area(s)
PROGRAM SERVICES

Date Investigation Completed: 12/06/2023

Result
SUBSTANTIATED

SOD #
QKNG14

Date Complaint Received: 08/31/2023

Subject Area(s)
RESIDENT RIGHTS

Date Investigation Completed: 12/06/2023

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 02/15/2023

Subject Area(s)
PROGRAM SERVICES

Date Investigation Completed: 04/26/2023

Result
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date Complaint Received: 01/09/2023

Date Investigation Completed: 02/01/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

QKNG13

Date Complaint Received: 10/19/2022

Date Investigation Completed: 10/28/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 10/06/2022

Date Investigation Completed: 10/28/2022

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

CQ9P11

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

CQ9P11

Date Complaint Received: 09/06/2022

Date Investigation Completed: 10/28/2022

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 08/15/2022

Date Investigation Completed: 10/28/2022

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

CQ9P11

Date Complaint Received: 05/19/2022

Date Investigation Completed: 06/15/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 03/07/2022

Date Investigation Completed: 06/15/2022

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

QKNG12

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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: RIVERBEND (0010999)

Address: 475 GOLFVIEW, AMERY, WI 54001

License Status: REGULAR

Licensed/Certified/Registered 03/01/2006 12:00:00AM

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

Survey History

Survey ID: 0147098 **End Date:** 06/06/2024 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #V5OS12 Served 07/25/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.15(3)(a)	ADMINISTRATOR SHALL SUPERVISE DAILY OPERATION		
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE		
83.36(1)(a)	ADEQUATE STAFF TO MEET RESIDENT NEEDS		
83.36(1)(b)	QUALIFIED STAFF IN CHARGE, ON DUTY AND AWAKE		

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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: 0145850 **End Date:** 01/25/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #V5OS11 Served 03/12/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.12(2)(a)	CAREGIVER: INVESTIGATING ABUSE AND NEGLECT	6/6/24	Yes
83.14(2)(e)	NOTIFY WITHIN 7 DAYS OF ADMINISTRATOR CHANGE	6/6/24	Yes
83.15(3)(a)	ADMINISTRATOR SHALL SUPERVISE DAILY OPERATION	6/6/24	No
83.16(2)	RESIDENT CARE STAFF AT LEAST 18 YEARS OLD	6/6/24	Yes
83.19	ORIENTATION	6/6/24	Yes
83.21(1)-(3)	ALL EMPLOYEE TRAINING	6/6/24	Yes
83.36(1)(b)	QUALIFIED STAFF IN CHARGE, ON DUTY AND AWAKE	6/6/24	No
83.36(2)	MAINTAIN CURRENT WRITTEN STAFFING SCHEDULE	6/6/24	Yes
83.42(3)	ACCESS TO RESIDENT RECORDS	6/6/24	Yes

Survey ID: 0145319 **End Date:** 11/09/2023 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #P9R013 Served 01/19/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.36(1)(a)	ADEQUATE STAFF TO MEET RESIDENT NEEDS	6/4/24	No
83.59(4)(b)	DELAYED EGRESS: LOCKING DEVICE SIGN POSTED	6/6/24	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: 0143600 **End Date:** 05/31/2023 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #P9R012 Served 07/10/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.37(1)(e)	MEDICATION REGIMEN, ADMINISTRATION REVIEW	11/9/23	Yes

Survey ID: 0142467 **End Date:** 03/08/2023 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #P9R011 Served 03/14/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.17(1)	LICENSEE CONDUCT CAREGIVER BACKGROUND CHECK	5/31/23	Yes
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	5/31/23	Yes
83.32(3)(d)	RIGHTS OF RESIDENTS: FREE OF MISTREATMENT	5/31/23	Yes
83.32(3)(k)	RIGHTS OF RESIDENTS: SELF-DETERMINATION	5/31/23	Yes
83.37(1)(e)	MEDICATION REGIMEN, ADMINISTRATION REVIEW	5/31/23	No
83.38(1)(a)	PERSONAL CARE	5/31/23	Yes
83.38(1)(h)	MEDICATION ADMINISTRATION	5/31/23	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (RIVERBEND--0010999)

Date: 07/25/2024 **SOD #**V5OS12 **Appealed:** **Decision:** PENDING

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.15(3)(a)
FORFEITURE---83.20(2)(a)-(d)
FORFEITURE---83.36(1)(a)
FORFEITURE---83.36(1)(b)

Date: 03/12/2024 **SOD #**V5OS11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.12(2)(a)
FORFEITURE---83.16(2)
FORFEITURE---83.19
FORFEITURE---83.21(1)
FORFEITURE---83.36(1)(b)

Date: 01/18/2024 **SOD #**P9R013 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.36(1)(a)

Date: 07/10/2023 **SOD #**P9R012 **Appealed:** No

Sanctions

ORDER TO COMPLY
FORFEITURE---83.37(1)(e)

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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: 03/14/2023

SOD #P9R011

Appealed: No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

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

Complaint History (RIVERBEND--0010999)

Date Complaint Received: 03/18/2024

Date Investigation Completed: 06/04/2024

Subject Area(s)

Result

SOD #

ADMINISTRATION
RESIDENT RIGHTS

NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 11/17/2023

Date Investigation Completed: 01/25/2024

Subject Area(s)

Result

SOD #

ADMINISTRATION
PROGRAM SERVICES
RESIDENT RIGHTS
STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED
SUBSTANTIATED
SUBSTANTIATED
SUBSTANTIATED

V5OS11
V5OS11
V5OS11
V5OS11

Date Complaint Received: 09/11/2023

Date Investigation Completed: 11/09/2023

Subject Area(s)

Result

SOD #

ADMINISTRATION
PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES
RESIDENT RIGHTS
STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 09/06/2023

Date Investigation Completed: 11/09/2023

Subject Area(s)

Result

SOD #

ADMINISTRATION
PHYSICAL ENVIRONMENT/SAFETY
RESIDENT RIGHTS
STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
SUBSTANTIATED

P9R013

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date Complaint Received: 08/30/2023

Subject Area(s)
ADMINISTRATION

Date Investigation Completed: 11/09/2023

Result SOD #
NOT SUBSTANTIATED

Date Complaint Received: 04/03/2023

Subject Area(s)
PROGRAM SERVICES

Date Investigation Completed: 05/31/2023

Result SOD #
NOT SUBSTANTIATED

Date Complaint Received: 02/02/2023

Subject Area(s)
RESIDENT RIGHTS

Date Investigation Completed: 03/08/2023

Result SOD #
SUBSTANTIATED P9R011

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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: SOPHIES MANOR ASSISTED LIVING II INC (0012368)

Address: 300 MICHIGAN AVE, CENTURIA, WI 54824

License Status: REGULAR

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

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

Survey History

Survey ID: 0145715 **End Date:** 02/20/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #PUM211 Served 02/23/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(5)(b)	ANNUAL EVALUATION OF EVACUATION LIMITS	4/8/24	
83.37(1)(e)	MEDICATION REGIMEN, ADMINISTRATION REVIEW	4/8/24	

Survey ID: 0140801 **End Date:** 09/15/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0139734 **End Date:** 03/04/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #17CJ11 Served 06/02/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.35(2)	TEMPORARY SERVICE PLAN	9/15/22	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	9/20/22	Yes
83.37(1)(k)	MEDICATION ERROR OR ADVERSE REACTION	9/15/22	Yes
83.38(1)(g)	HEALTH MONITORING	9/20/22	Yes
83.44(2)(c)	INTERIOR FLOORS, WALLS AND CEILINGS	9/15/22	Yes
83.46(4)(e)	ELECTRICAL OUTLETS	9/20/22	Yes

Enforcement History (SOPHIES MANOR ASSISTED LIVING II INC--0012368)

Date: 06/02/2022 **SOD #**17CJ11 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.38(1)(g)

Complaint History (SOPHIES MANOR ASSISTED LIVING II INC--0012368)

Date Complaint Received: 12/06/2023 **Date Investigation Completed:** 02/20/2024

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

Date Complaint Received: 02/07/2022 **Date Investigation Completed:** 03/04/2022

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
RESIDENT RIGHTS	SUBSTANTIATED	17CJ11

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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: TRADITIONS OF FREDERIC 2 (0016172)

Address: 105 OAK ST EAST, FREDERIC, WI 54837

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: 0140291 **End Date:** 07/26/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139661 **End Date:** 05/17/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #C3L511 Served 05/26/2022

Deficiencies Cited
83.35(3)(d)

Subject Area
SERVICE PLANS UPDATED ANNUALLY OR ON
CHANGES

Compliance
Verified
7/26/22

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: 0139675 End Date: 03/08/2022 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #KAOI11 Served 05/27/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(2)(a)	CAREGIVER: INVESTIGATING ABUSE AND NEGLECT	7/26/22	Yes
83.12(4)(b)	REPORTING WHEN LAW ENFORCEMENT IS CALLED	7/26/22	Yes

Enforcement History (TRADITIONS OF FREDERIC 2--0016172)

Date: 05/27/2022 SOD #KAOI11 Appealed:

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
ORDER TO COMPLY
FORFEITURE---83.12(2)(a)

Complaint History (TRADITIONS OF FREDERIC 2--0016172)

Date Complaint Received: 03/03/2022

Date Investigation Completed: 05/17/2022

Subject Area(s)

RESIDENT RIGHTS

Result

NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: TRADITIONS OF FREDERIC (0013890)

Address: 107 EAST OAK STREET, FREDERIC, WI 54837

License Status: REGULAR

Licensed/Certified/Registered 10/01/2012 12:00:00AM

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

Survey History

Survey ID: 0147874 **End Date:** 10/16/2024 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0144888 **End Date:** 10/02/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #O1B511 Served 11/28/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.28(4)(a)	RESIDENT HEALTH SCREENING AND DOCUMENTATION	10/16/24	Yes
83.39(1)	INFECTION CONTROL PROGRAM	10/16/24	Yes
83.45(3)	TOXIC SUBSTANCES	10/16/24	Yes
83.55(6)(b)	BATH AND TOILET AREAS: WATER TEMPERATURE	10/16/24	Yes

Survey ID: 0140273 **End Date:** 07/26/2022 **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)

Survey ID: 0139547 **End Date:** 02/28/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #6RWV12 Served 05/13/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	7/26/22	Yes
83.45(3)	TOXIC SUBSTANCES	7/26/22	Yes

Enforcement History (TRADITIONS OF FREDERIC--0013890)

Date: 11/28/2023 **SOD #**01B511 **Appealed:** No

Sanctions

ORDER TO COMPLY
FORFEITURE---83.45(3)

Date: 05/13/2022 **SOD #**6RWV12 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.20(2)(a)-(d)
FORFEITURE---83.45(3)

Complaint History (TRADITIONS OF FREDERIC--0013890)

Date Complaint Received: 09/18/2024 **Date Investigation Completed:** 10/16/2024

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

Date Complaint Received: 07/31/2023 **Date Investigation Completed:** 10/02/2023

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
ADMINISTRATION	NOT SUBSTANTIATED	
RESIDENT RIGHTS	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: LAWSON MANOR (0013979)

Address: 625 S SECOND ST, LUCK, WI 54853

License Status: REGULAR

Licensed/Certified/Registered 03/01/2013 12:00:00AM

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

Survey History

Survey ID: 0142166 **End Date:** 02/07/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (LAWSON MANOR--0013979)

Date Complaint Received: 12/12/2022

Date Investigation Completed: 02/07/2023

Subject Area(s)

Result

SOD #

ADMINISTRATION
PROGRAM SERVICES
RESIDENT RIGHTS

NOT SUBSTANTIATED
NOT SUBSTANTIATED
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: CHRISTIAN COMMUNITY HOME OF OSCEOLA (0013865)

Address: 2650 65TH AVENUE, OSCEOLA, WI 54020

License Status: REGULAR

Licensed/Certified/Registered 11/01/2012 12:00:00AM

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

Survey History

Survey ID: 0148506 **End Date:** 11/07/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #M6V312 Served 01/21/2025

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

Survey ID: 0145096 **End Date:** 10/25/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #M6V311 Served 12/27/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.19	ORIENTATION	11/7/24	Yes
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	11/7/24	Yes
83.21(1)-(3)	ALL EMPLOYEE TRAINING	11/7/24	Yes
83.22(1)-(4)	TASK SPECIFIC TRAINING	11/7/24	Yes
83.35(2)	TEMPORARY SERVICE PLAN	11/7/24	Yes
83.37(3)(g)	MEDICATION STORAGE: CONTROLLED SUBSTANCES	11/7/24	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

83.47(2)(d)

FIRE DRILLS

11/7/24

No

Survey ID: 0139606 **End Date:** 05/18/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (CHRISTIAN COMMUNITY HOME OF OSCEOLA--0013865)

Date: 01/21/2025 **SOD #**M6V312 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 12/27/2023 **SOD #**M6V311 **Appealed:**

Sanctions

ORDER TO COMPLY

FORFEITURE---83.19

FORFEITURE---83.20(2)(a)-(d)

FORFEITURE---83.21(1)-(3)

FORFEITURE---83.22(1)-(4)

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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: EAGLE RIDGE SENIOR LIVING (0017895)

Address: 101 RIDGE RD, OSCEOLA, WI 54020

License Status: REGULAR

Licensed/Certified/Registered 05/12/2020 12:00:00AM

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

Survey History

Survey ID: 0148526 **End Date:** 11/13/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #AB5811 Served 01/17/2025

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE		
83.28(4)(a)	RESIDENT HEALTH SCREENING AND DOCUMENTATION		
83.35(5)(a)	INITIAL EVALUATION OF EVACUATION LIMITATIONS		
83.39(1)	INFECTION CONTROL PROGRAM		

Survey ID: 0146553 **End Date:** 05/29/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0144328 **End Date:** 09/21/2023 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0143742 **End Date:** 06/07/2023 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #62CG12 Served 07/25/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	9/21/23	Yes
83.32(3)(i)	RIGHTS OF RESIDENTS: PROMPT AND ADEQUATE TREATMENT	9/21/23	Yes

Survey ID: 0142767 **End Date:** 02/08/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #X2VK11 Served 04/13/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.32(3)(l)	RIGHTS OF RESIDENTS: LEAST RESTRICTIVE	9/21/23	Yes

Survey ID: 0142454 **End Date:** 12/07/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #62CG11 Served 03/14/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	6/7/23	Yes
83.35(1)(a)	PRE-ADMISSION AND ONGOING ASSESSMENTS	6/7/23	Yes
83.47(3)	FIRE INSPECTION	6/7/23	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 (EAGLE RIDGE SENIOR LIVING--0017895)

Date: 01/17/2025 **SOD #AB5811** **Appealed:** **Decision: PENDING**

Sanctions

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

Date: 07/25/2023 **SOD #62CG12** **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.20(2)(a)-(d)
FORFEITURE---83.32(3)(i)

Date: 04/13/2023 **SOD #X2VK11** **Appealed:**

Sanctions

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

Date: 03/14/2023 **SOD #62CG11** **Appealed: Yes** **Decision: DISMISSED**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.20(2)(a)-(d)
FORFEITURE---83.47(3)

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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 (EAGLE RIDGE SENIOR LIVING--0017895)

Date Complaint Received: 09/25/2024

Date Investigation Completed: 11/13/2024

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 02/21/2024

Date Investigation Completed: 05/29/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 07/24/2023

Date Investigation Completed: 09/21/2023

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 04/13/2023

Date Investigation Completed: 06/07/2023

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

RESIDENT RIGHTS

SUBSTANTIATED

62CG12

Date Complaint Received: 12/12/2022

Date Investigation Completed: 02/08/2023

Subject Area(s)

Result

SOD #

ADMINISTRATION

SUBSTANTIATED

X2VK11

Date Complaint Received: 09/19/2022

Date Investigation Completed: 12/07/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

62CG11

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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 ST CROIX FALLS I (0010062)
Address: 343 MCKENNEY STREET, ST CROIX FALLS, WI 54024
License Status: REGULAR
Licensed/Certified/Registered 12/01/2003 12:00:00AM
Regional Office: NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0147475 **End Date:** 08/29/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0145285 **End Date:** 01/16/2024 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0144063 **End Date:** 08/28/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #TFY611 Served 08/30/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.32(3)(b)	RIGHTS OF RESIDENTS: CONFIDENTIALITY	1/16/24	Yes
83.37(1)(e)	MEDICATION REGIMEN, ADMINISTRATION REVIEW	1/16/24	Yes
83.46(1)(f)	COMBUSTIBLES	1/16/24	Yes
83.59(1)(a)	CLASS AS, ANA, CS, CNA 2 GRADE LEVEL EXITS	1/16/24	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: 0141017 **End Date:** 10/06/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139604 **End Date:** 05/18/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (COMFORTS OF HOME ST CROIX FALLS I--0010062)
--

Date: 08/30/2023 SOD # TFY611 Appealed: No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (COMFORTS OF HOME ST CROIX FALLS I--0010062)

Date Complaint Received: 08/06/2024

Subject Area(s)
RESIDENT RIGHTS

Date Investigation Completed: 08/29/2024

Result SOD #
NOT SUBSTANTIATED

Date Complaint Received: 07/03/2024

Subject Area(s)
PROGRAM SERVICES

Date Investigation Completed: 08/29/2024

Result SOD #
NOT SUBSTANTIATED

Date Complaint Received: 06/24/2024

Subject Area(s)
RESIDENT RIGHTS

Date Investigation Completed: 08/29/2024

Result SOD #
NOT SUBSTANTIATED

Date Complaint Received: 06/06/2024

Subject Area(s)
ADMINISTRATION
PROGRAM SERVICES

Date Investigation Completed: 08/29/2024

Result SOD #
NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 11/15/2023

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

Date Investigation Completed: 01/16/2024

Result SOD #
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 07/11/2023

Subject Area(s)
RESIDENT RIGHTS

Date Investigation Completed: 08/28/2023

Result SOD #
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: 07/05/2023

Subject Area(s)

RESIDENT RIGHTS

Date Investigation Completed: 08/28/2023

Result

NOT SUBSTANTIATED

SOD #

Date Complaint Received: 06/30/2023

Subject Area(s)

ADMINISTRATION
PROGRAM SERVICES
RESIDENT RIGHTS

Date Investigation Completed: 08/28/2023

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 08/04/2022

Subject Area(s)

STAFF TRAINING AND PROFICIENCY

Date Investigation Completed: 10/06/2022

Result

NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: COMFORTS OF HOME ST CROIX II (0010569)

Address: 341 MCKENNEY ST, ST CROIX FALLS, WI 54024

License Status: REGULAR

Licensed/Certified/Registered 05/01/2004 12:00:00AM

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

Survey History

Survey ID: 0147431 **End Date:** 08/15/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (COMFORTS OF HOME ST CROIX II--0010569)

Date Complaint Received: 06/06/2024

Date Investigation Completed: 08/15/2024

Subject Area(s)

Result

SOD #

ADMINISTRATION

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: AMERY ASSTD LIV RIVER BEND (0011001)
Address: 475 GOLF VIEW LN, AMERY, WI 54001
License Status: REGULAR
Licensed/Certified/Registered 12/01/2014 12:00:00AM
Regional Office: NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0145644	End Date: 01/25/2024	Type: OTHER	Purpose: COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED			
<hr/>			
Survey ID: 0144798	End Date: 11/10/2023	Type: OTHER	Purpose: COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED			
<hr/>			
Survey ID: 0142405	End Date: 03/06/2023	Type: OTHER	Purpose: COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED			

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Provider Inspection Summary

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

Complaint History (AMERY ASSTD LIV RIVER BEND--0011001)

Date Complaint Received: 11/17/2023

Date Investigation Completed: 01/25/2024

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

LEIL11

Date Complaint Received: 09/11/2023

Date Investigation Completed: 11/10/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

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

Facility Information

Facility Name: EVERGREEN SENIOR LIVING INC (0018849)
Address: 304 8TH AVENUE, OSCEOLA, WI 54020
License Status: REGULAR
Licensed/Certified/Registered 03/04/2022 12:00:00AM
Regional Office: NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

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

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