

Provider Inspection Summary

For the period 5/16/2020 to 5/16/2023

Notes

This report includes Provider Inspection Summaries (Facility Profiles) for Assisted Living Facilities in Price County.

The report is a PDF (Adobe Acrobat) document and includes a total of 11.00 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 5/16/2020 to 5/16/2023

Adult Family Home

Facility Information

Facility Name: NORTHWOODS ASSISTED LIVING LLC (0014401)

Address: W11474 US HWY 8, HAWKINS, WI 54530

License Status: REGULAR

Licensed/Certified/Registered 10/21/2013 12:00:00AM

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

Survey History

Survey ID: 0141729 **End Date:** 12/27/2022 **Type:** STANDARD **Purpose:** SURVEY/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140492 **End Date:** 8/15/2022 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0138262 **End Date:** 1/11/2022 **Type:** OTHER **Purpose:** DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #PTNK11 Served 1/12/2022

Deficiencies Cited
88.04(2)(a)

Subject Area
RESPONSIBILITIES

Compliance
Verified
8/15/22

Corrected
Yes

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Provider Inspection Summary

For the period 5/16/2020 to 5/16/2023

Adult Family Home

Survey ID: 0137569 **End Date:** 7/29/2021 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #G0LF11 Served 10/26/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
50.065(4m)(c)	COMPLETE BACKGROUND INFORMATION DISCLOSURE FORM	12/27/22	Yes
88.03(2)(b)2	PROGRAM STATEMENT	12/27/22	Yes
88.03(5)(e)1	SIGNIFICANT CHANGE TO THE RESIDENT	12/27/22	Yes
88.04(2)(a)	RESPONSIBILITIES	12/27/22	Yes
88.04(2)(f)	CONDITION WHICH REPRESENTS RISK OR HARM	12/27/22	Yes
88.04(2)(g)1	HEALTH SCREENING FOR STAFF	12/27/22	Yes
88.05(2)(a)	DIFFICULTY WALKING	12/27/22	Yes
88.05(3)(a)	HOME ENVIRONMENT	12/27/22	Yes
88.05(3)(h)5	SPACE IN BEDROOMS	12/27/22	Yes
88.05(4)(d)2.a	FIRE SAFETY EVACUATION PLAN REVIEW	12/27/22	Yes
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION	12/27/22	Yes
88.06(2)(b)	SERVICE AGREEMENT EXCEPT RESPITE	12/27/22	Yes
88.06(3)(d)1	DESCRIPTION OF SERVICES	12/27/22	Yes
88.06(3)(f)	REVIEW OF ISP	12/27/22	Yes
88.07(2)(b)3	TRANSPORTATION TO MEDICAL	12/27/22	Yes
88.07(2)(b)5	MONITORING HEALTH	12/27/22	Yes
88.07(2)(b)6	NOTIFICATION OF CHANGES	12/27/22	Yes
88.07(4)(c)	FOOD PREPARED AND STORED SANITARY WAY	12/27/22	Yes
88.09(2)(c)	LOCATION AND RETENTION PERIOD	12/27/22	Yes
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT	12/27/22	Yes

Survey ID: 0135477 **End Date:** 1/20/2021 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 5/16/2020 to 5/16/2023

Adult Family Home

Survey ID: 0135123 **End Date:** 11/5/2020 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #S2G012 Served 11/12/2020

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(g)1	HEALTH SCREENING FOR STAFF	1/20/21	Yes
88.09(2)(c)	LOCATION AND RETENTION PERIOD	1/20/21	Yes

Enforcement History (NORTHWOODS ASSISTED LIVING LLC--0014401)

Date: 1/12/2022 **SOD #**PTNK11 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 10/26/2021 **SOD #**G0LF11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
ORDER TO COMPLY

Date: 11/11/2020 **SOD #**S2G012 **Appealed:** No

Sanctions

ORDER TO COMPLY

Complaint History (NORTHWOODS ASSISTED LIVING LLC--0014401)

Date Complaint Received: 7/1/2021 **Date Investigation Completed:** 7/29/2021

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PROGRAM SERVICES	SUBSTANTIATED	G0LF11

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Provider Inspection Summary

For the period 5/16/2020 to 5/16/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: WATERFORD AT PARK FALLS (THE) (0015956)

Address: 354 LINDEN STREET, PARK FALLS, WI 545525455

License Status: REGULAR

Licensed/Certified/Registered 2/1/2017 12:00:00AM

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

Survey History

Survey ID: 0141868 **End Date:** 1/13/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139539 **End Date:** 5/11/2022 **Type:** ABBREVIATED **Purpose:** SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0135609 **End Date:** 2/10/2021 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 5/16/2020 to 5/16/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (WATERFORD AT PARK FALLS (THE)--0015956)

Date Complaint Received: 1/3/2023

Date Investigation Completed: 1/13/2023

Subject Area(s)

Result

SOD #

ADMINISTRATION
PROGRAM SERVICES

NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 12/30/2020

Date Investigation Completed: 2/10/2021

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 11/3/2020

Date Investigation Completed: 2/10/2021

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 5/16/2020 to 5/16/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: WOODLANDS (0017397)

Address: 250 LAWRENCE AVE, PARK FALLS, WI 54552

License Status: REGULAR

Licensed/Certified/Registered 7/18/2019 12:00:00AM

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

Survey History

Survey ID: 0134220 **End Date:** 7/9/2020 **Type:** STANDARD **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 5/16/2020 to 5/16/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: ASPIRUS PLEASANT VIEW REGENCY HOUSE (0012357)

Address: 615 PETERSON AVENUE, PHILLIPS, WI 54555

License Status: REGULAR

Licensed/Certified/Registered 4/1/2008 12:00:00AM

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

Survey History

Survey ID: 0140457 **End Date:** 8/15/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0138027 **End Date:** 9/14/2021 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #UD2612 Served 12/20/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.37(3)(d)	MEDICATION STORAGE: REFRIGERATION	8/15/22	Yes
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	8/15/22	Yes

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Provider Inspection Summary

For the period 5/16/2020 to 5/16/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0136516 **End Date:** 5/28/2021 **Type:** ABBREVIATED **Purpose:** SURVEY/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #UD2611 Served 6/17/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE		
83.37(3)(d)	MEDICATION STORAGE: REFRIGERATION		
83.38(1)(c)	LEISURE TIME ACTIVITIES		
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE		
83.45(3)	TOXIC SUBSTANCES		

Enforcement History (ASPIRUS PLEASANT VIEW REGENCY HOUSE--0012357)

Date: 12/20/2021 **SOD #UD2612** **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.37(3)(d)
FORFEITURE---83.43(1)

Date: 6/17/2021 **SOD #UD2611** **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.50(2)(a)-(d)

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Provider Inspection Summary

For the period 5/16/2020 to 5/16/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: Lakeside Villa Business LLC (0019317)

Address: 804 N Lake Ave, Phillips, WI 54555

License Status: PROBATIONARY

Licensed/Certified/Registered 2/1/2023 12:00:00AM

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

Survey History

Survey ID: 0143080 **End Date:** 5/16/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #SK7K11 Served 5/17/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(2)(a)	CAREGIVER: INVESTIGATING ABUSE AND NEGLECT		
83.32(3)(k)	RIGHTS OF RESIDENTS: SELF-DETERMINATION		

Complaint History (Lakeside Villa Business LLC--0019317)

Date Complaint Received: 3/21/2023

Date Investigation Completed: 5/16/2023

Subject Area(s)
RESIDENT RIGHTS

Result
SUBSTANTIATED

SOD #
SK7K11

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Provider Inspection Summary

For the period 5/16/2020 to 5/16/2023
Residential Care Apartment Complex (CERTIFIED)

Facility Information

Facility Name: ASPIRUS DUROY TERRACE (0012360)

Address: 585 PETERSON DRIVE, PHILLIPS, WI 54555

License Status: REGULAR

Licensed/Certified/Registered 4/1/2008 12:00:00AM

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

Survey History

Survey ID: 0137268 **End Date:** 9/16/2021 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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