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 14.00 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.
Facility Information

Facility Name: ALMOST HOME ADULT DAY CENTER (600012)
Address: 1181 NORTH 4TH AVENUE, PARK FALLS, WI 54552
License Status: REGULAR
Licensed/Certified/Registered 12/20/1990 12:00:00AM
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0128612 End Date: 11/20/2018 Type: ABBREVIATED Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED
Facility Information

Facility Name: ASPIRUS PLEASANT VIEW REGENCY ADULT DAY CTR (0012361)
Address: 615 PETERSON AVENUE, PHILLIPS, WI 54555
License Status: REGULAR
Licensed/Certified/Registered 4/1/2008 12:00:00AM
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0128613         End Date: 11/20/2018         Type: ABBREVIATED         Purpose: SURVEY
Results:                 NO STATEMENT OF DEFICIENCY ISSUED

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Facility Information

Facility Name: FRIENDSHIP VILLAGE INC (0017708)
Address: 864 N LAKE AVE, PHILLIPS, WI 54555
License Status: REGULAR
Licensed/Certified/Registered 8/19/2019 12:00:00AM
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0131188       End Date: 8/14/2019       Type: INITIAL       Purpose: SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED
Provider Inspection Summary

For the period 2/8/2017 to 2/8/2020

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: WESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0132244  End Date: 10/4/2019  Type: ABBREVIATED  Purpose: SURVEY/COMPLAINT
Results: ENFORCEMENT ACTION
Statement of Deficiency: #S2G011  Served 12/26/2019

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<thead>
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<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance</th>
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<tr>
<td>50.065(2)(b)intro</td>
<td>ENTITY BACKGROUND CHECK REQUIREMENTS</td>
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<tr>
<td>88.03(3)(b)</td>
<td>CRIMINAL RECORDS CHECK</td>
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<td>88.03(5)(b)</td>
<td>CHANGE IN HOUSEHOLD MEMBERS</td>
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<td>88.04(2)(g)1</td>
<td>HEALTH SCREENING FOR STAFF</td>
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<td>88.05(3)(a)</td>
<td>HOME ENVIRONMENT</td>
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Survey ID: 0126176  End Date: 2/21/2018  Type: OTHER  Purpose: COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0124198  End Date: 9/6/2017  Type: STANDARD  Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 5 of 14 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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Provider Inspection Summary
For the period 2/8/2017 to 2/8/2020
Adult Family Home

Enforcement History (NORTHWOODS ASSISTED LIVING LLC--0014401)

Date: 12/26/2019  SOD #S2G011  Appealed: No
Sanctions
COMPLY WITH DEPARTMENT PLAN OF CORRECTION

Complaint History (NORTHWOODS ASSISTED LIVING LLC--0014401)

Date Complaint Received: 9/3/2019  Date Investigation Completed: 10/4/2019
Subject Area(s)  Result  SOD #
PROGRAM SERVICES  NOT SUBSTANTIATED
STAFF TRAINING AND PROFICIENCY  NOT SUBSTANTIATED

Date Complaint Received: 1/1/2018  Date Investigation Completed: 2/21/2018
Subject Area(s)  Result  SOD #
RESIDENT RIGHTS  NOT SUBSTANTIATED
Facility Information

Facility Name: ASPIRUS PLEASANT VIEW PRIMROSE CORNER (0012358)
Address: 541 SOUTH LAKE STREET, PHILLIPS, WI 54555
License Status: REGULAR
Licensed/Certified/Registered 4/1/2008 12:00:00AM
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

<table>
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<th>Type</th>
<th>Purpose</th>
<th>Results</th>
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<td>0128886</td>
<td>12/18/2018</td>
<td>ABBREVIATED</td>
<td>SURVEY</td>
<td>NO STATEMENT OF DEFICIENCY ISSUED</td>
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<td>0122741</td>
<td>3/8/2017</td>
<td>OTHER</td>
<td>COMPLAINT</td>
<td>NO STATEMENT OF DEFICIENCY ISSUED</td>
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Complaint History (ASPIRUS PLEASANT VIEW PRIMROSE CORNER--0012358)

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<th>Date Investigation Completed: 3/8/2017</th>
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<td>STAFF TRAINING AND PROFICIENCY</td>
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</tr>
</tbody>
</table>

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Facility Information

Facility Name:  ASPIRUS PLEASANT VIEW ROSEWOOD TERRACE (0012359)
Address:  538 PETERSON DRIVE, PHILLIPS, WI 54555
License Status:  REGULAR
Licensed/Certified/Registered 4/1/2008  12:00:00AM
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0128884     End Date: 12/18/2018     Type: ABBREVIATED     Purpose: SURVEY
Results:  NO STATEMENT OF DEFICIENCY ISSUED

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Vendor Information

Facility Name: MINNOW LAKE AFH (0014553)
Address: W7320 CTY RD F, PHILLIPS, WI 54555
License Status: REGULAR
Licensed/Certified/Registered 7/3/2013 12:00:00AM
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0127183 End Date: 6/20/2018 Type: ABBREVIATED Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED
Facility Information

Facility Name: WATERFORD AT PARK FALLS (THE) (0015956)
Address: 354 LINDEN STREET, PARK FALLS, WI 545524555
License Status: REGULAR
Licensed/Certified/Registered 2/1/2017 12:00:00AM
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0128030 End Date: 9/6/2018 Type: STANDARD Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED
Provider Inspection Summary

For the period 2/8/2017 to 2/8/2020

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: WOODLANDS (0017397)
Address: 250 LAWRENCE AVE, PARK FALLS, WI 54552
License Status: PROBATIONARY
Licensed/Certified/Registered 7/18/2019 12:00:00AM
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0130942 End Date: 7/18/2019 Type: INITIAL Purpose: SURVEY
Results: PROBATIONARY LICENSE ISSUED

This is Page 11 of 14 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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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: WESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0130455  End Date: 6/4/2019  Type: OTHER  Purpose: COMPLAINT
Results:  NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0128882  End Date: 12/18/2018  Type: ABBREVIATED  Purpose: SURVEY
Results:  NO STATEMENT OF DEFICIENCY ISSUED

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

Date Complaint Received: 5/23/2019  Date Investigation Completed: 6/4/2019

Subject Area(s)  Result  SOD #
PROGRAM SERVICES  NOT SUBSTANTIATED
Provider Inspection Summary

For the period 2/8/2017 to 2/8/2020

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

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Facility Information

Facility Name: LAKESIDE VILLA LLC (0014844)
Address: 804 LAKE AVENUE, PHILLIPS, WI 54555
License Status: REGULAR
Licensed/Certified/Registered 12/1/2014 12:00:00AM
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4790

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Survey History

Survey ID: 0131959   End Date: 11/5/2019   Type: OTHER   Purpose: COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0127181   End Date: 6/20/2018   Type: ABBREVIATED   Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

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Complaint History (LAKESIDE VILLA LLC--0014844)

Date Complaint Received: 10/14/2019   Date Investigation Completed: 11/5/2019
Subject Area(s)   Result   SOD #
PHYSICAL ENVIRONMENT/SAFETY   NOT SUBSTANTIATED
PROGRAM SERVICES   NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 2/8/2017 to 2/8/2020
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: WESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0124947 End Date: 10/31/2017 Type: ABBREVIATED Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

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