

## Provider Inspection Summary

For the period 08/25/2018 to 08/24/2021

### Notes

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

## Provider Inspection Summary

For the period 08/25/2018 to 08/24/2021

Adult Day Care Facility

### Facility Information

**Facility Name:** LADYSMITH ADULT DAY SERVICES (0016417)

**Address:** 518 WEST LAKE AVENUE, LADYSMITH, WI 54848

**License Status:** REGULAR

**Licensed/Certified/Registered** 02/13/2017 12:00:00AM

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

### Survey History

**Survey ID:** 0129505      **End Date:** 03/08/2019      **Type:** STANDARD      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 08/25/2018 to 08/24/2021

Adult Family Home

### Facility Information

**Facility Name:** MAPLE RIDGE ADULT FAMILY HOME LLC (0014041)

**Address:** N620 HWY 27, CONRATH, WI 54731

**License Status:** REGULAR

**Licensed/Certified/Registered** 03/01/2012 12:00:00AM

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

### Survey History

**Survey ID:** 0130461    **End Date:** 06/04/2019    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 08/25/2018 to 08/24/2021

Adult Family Home

### Facility Information

**Facility Name:** NEW BEGINNINGS 3.0 (0018177)

**Address:** N620 HIGHWAY 27, CONRATH, WI 54731

**License Status:** REGULAR

**Licensed/Certified/Registered** 08/13/2020 12:00:00AM

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

### Survey History

**Survey ID:** 0134586    **End Date:** 08/13/2020    **Type:** INITIAL    **Purpose:** SURVEY

**Results:** LICENSE/CERT/REGISTRATION ISSUED

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## Provider Inspection Summary

For the period 08/25/2018 to 08/24/2021

Adult Family Home

### Facility Information

**Facility Name:** LAKE HOUSE (0017224)

**Address:** 412 LAKE AVE, LADYSMITH, WI 54848

**License Status:** REGULAR

**Licensed/Certified/Registered** 09/16/2019 12:00:00AM

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

### Survey History

**Survey ID:** 0131508    **End Date:** 09/16/2019    **Type:** INITIAL    **Purpose:** SURVEY

**Results:** LICENSE/CERT/REGISTRATION ISSUED

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## Provider Inspection Summary

For the period 08/25/2018 to 08/24/2021

Adult Family Home

### Facility Information

**Facility Name:** MINER MANOR (0017200)

**Address:** 407 E MINER AVE, LADYSMITH, WI 54848

**License Status:** REGULAR

**Licensed/Certified/Registered** 09/16/2019 12:00:00AM

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

### Survey History

**Survey ID:** 0135053    **End Date:** 10/29/2020    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0131513    **End Date:** 09/16/2019    **Type:** INITIAL    **Purpose:** CHOW--LICENSURE

**Results:** LICENSE/CERT/REGISTRATION ISSUED

### Complaint History (MINER MANOR--0017200)

**Date Complaint Received:** 10/23/2020

**Date Investigation Completed:** 10/29/2020

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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## Provider Inspection Summary

For the period 08/25/2018 to 08/24/2021

Adult Family Home

### Facility Information

**Facility Name:** PARKER PLACE (THE) (0010652)

**Address:** W9976 BIRCH CIRCLE DRIVE, LADYSMITH, WI 54848

**License Status:** REGULAR

**Licensed/Certified/Registered** 07/02/2004 12:00:00AM

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

### Survey History

**Survey ID:** 0130463    **End Date:** 06/04/2019    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 08/25/2018 to 08/24/2021

Adult Family Home

### Facility Information

**Facility Name:** Weeping Willow Acres (0018420)

**Address:** W16860 Old 14, Rice Lake, WI 54868

**License Status:** REGULAR

**Licensed/Certified/Registered** 02/23/2021 12:00:00AM

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

### Survey History

**Survey ID:** 0135703    **End Date:** 02/23/2021    **Type:** INITIAL    **Purpose:** SURVEY

**Results:** LICENSE/CERT/REGISTRATION ISSUED

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### Provider Inspection Summary

For the period 08/25/2018 to 08/24/2021

Adult Family Home

#### Facility Information

**Facility Name:** NEW BEGINNINGS 2.0 (0016616)

**Address:** W5136 SPUR ROAD, SHELDON, WI 54766

**License Status:** REGULAR

**Licensed/Certified/Registered** 04/05/2017 12:00:00AM

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

#### Survey History

**Survey ID:** 0132180    **End Date:** 12/10/2019    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0130485    **End Date:** 06/07/2019    **Type:** OTHER    **Purpose:** DESK REVIEW

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0130349    **End Date:** 05/23/2019    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #CDB811

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(d)	ANNUAL WELL WATER INSPECTIONS	6/7/19	Yes

#### Complaint History (NEW BEGINNINGS 2.0--0016616)

**Date Complaint Received:** 11/12/2019

**Date Investigation Completed:** 12/10/2019

Subject Area(s)  
RESIDENT RIGHTS

Result  
NOT SUBSTANTIATED

SOD #

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## Provider Inspection Summary

For the period 08/25/2018 to 08/24/2021

Adult Family Home

### Facility Information

**Facility Name:** NEW BEGINNINGS (0016825)

**Address:** N595 2ND AVENUE, SHELDON, WI 54766

**License Status:** REGULAR

**Licensed/Certified/Registered** 07/03/2017 12:00:00AM

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

### Survey History

**Survey ID:** 0132178    **End Date:** 12/10/2019    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0130312    **End Date:** 05/21/2019    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

### Complaint History (NEW BEGINNINGS--0016825)

**Date Complaint Received:** 11/12/2019

**Date Investigation Completed:** 12/10/2019

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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## Provider Inspection Summary

For the period 08/25/2018 to 08/24/2021

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** CARE PARTNERS ASSISTED LIVING - LADYSMITH (0012671)

**Address:** 1105 BAKER AVE, LADYSMITH, WI 54848

**License Status:** REGULAR

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

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

### Survey History

**Survey ID:** 0133975    **End Date:** 06/02/2020    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

### Complaint History (CARE PARTNERS ASSISTED LIVING - LADYSMITH--0012671)

**Date Complaint Received:** 05/28/2020

**Date Investigation Completed:** 06/16/2020

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

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## Provider Inspection Summary

For the period 08/25/2018 to 08/24/2021

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** COUNTRY TERRACE LADYSMITH (0009673)  
**Address:** 910 SHADY LANE, LADYSMITH, WI 54848  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 04/01/2003 12:00:00AM  
**Regional Office:** NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

### Survey History

**Survey ID:** 0134453    **End Date:** 07/28/2020    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0131579    **End Date:** 09/18/2019    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

### Complaint History (COUNTRY TERRACE LADYSMITH--0009673)

**Date Complaint Received:** 07/10/2020

**Date Investigation Completed:** 07/28/2020

Subject Area(s)  
ADMINISTRATION

Result  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received:** 09/12/2019

**Date Investigation Completed:** 09/18/2019

Subject Area(s)  
PROGRAM SERVICES

Result  
NOT SUBSTANTIATED

SOD #

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## Provider Inspection Summary

For the period 08/25/2018 to 08/24/2021

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** LAKE MANOR (510330)

**Address:** 119 E 4TH ST N, LADYSMITH, WI 54848

**License Status:** REGULAR

**Licensed/Certified/Registered** 06/30/1992 12:00:00AM

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

### Survey History

**Survey ID:** 0131561      **End Date:** 09/18/2019      **Type:** STANDARD      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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### Provider Inspection Summary

For the period 08/25/2018 to 08/24/2021

Residential Care Apartment Complex (CERTIFIED)

#### Facility Information

**Facility Name:** LEGACY SENIOR LIVING CENTER INC (0014245)

**Address:** 1001 E 11TH STREET N, LADYSMITH, WI 54848

**License Status:** REGULAR

**Licensed/Certified/Registered** 07/01/2012 12:00:00AM

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

#### Survey History

**Survey ID:** 0128786    **End Date:** 12/13/2018    **Type:** ABBREVIATED    **Purpose:** SURVEY/COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

#### Complaint History (LEGACY SENIOR LIVING CENTER INC--0014245)

**Date Complaint Received:** 12/04/2018

**Date Investigation Completed:** 12/13/2018

Subject Area(s)  
PROGRAM SERVICES

Result  
NOT SUBSTANTIATED

SOD #

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