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 15.00 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 8/11/2017 to 8/10/2020
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 2/13/2017 12:00:00AM
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0129505    End Date: 3/8/2019    Type: STANDARD    Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary
For the period 8/11/2017 to 8/10/2020
Adult Family Home

Facility Information

Facility Name: HALCYON HOME (590103)
Address: N2664 CO LINE RD, CHETEK, WI 54728
License Status: REGULAR
Licensed/Certified/Registerd 10/22/1996 12:00:00AM
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0132740      End Date: 1/13/2020      Type: ABBREVIATED      Purpose: SURVEY
Results: ENFORCEMENT ACTION
Statement of Deficiency: #W0RO11 Served 2/22/2020

<table>
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<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance</th>
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</thead>
<tbody>
<tr>
<td>50.065(2)(b)intro</td>
<td>ENTITY BACKGROUND CHECK REQUIREMENTS</td>
<td>Verified</td>
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<tr>
<td>88.04(5)(b)</td>
<td>TRAINING-8 HOURS ANNUALLY</td>
<td>Corrected</td>
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<tr>
<td>88.05(4)(a)</td>
<td>FIRE SAFETY-FIRE EXTINGUISHERS</td>
<td>Corrected</td>
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<tr>
<td>88.07(3)(a)</td>
<td>PRESCRIPTION MEDICATIONS</td>
<td>Corrected</td>
</tr>
</tbody>
</table>

Enforcement History (HALCYON HOME--590103)

Date: 2/20/2020      SOD #W0RO11      Appealed: No
Sanctions
COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT

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### Facility Information

- **Facility Name:** MAPLE RIDGE ADULT FAMILY HOME LLC (0014041)
- **Address:** N620 HWY 27, CONRATH, WI 54731
- **License Status:** REGULAR

**Licensed/Certified/Registered** 3/1/2012  12:00:00AM

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

### Survey History

- **Survey ID:** 0130461
- **End Date:** 6/4/2019
- **Type:** ABBREVIATED
- **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED
Facility Information

Facility Name: NEW BEGINNINGS 3.0 (0018177)
Address: N620 HIGHWAY 27, CONRATH, WI 54731
License Status: REGULAR
Licensed/Certified/Registered 8/13/2020 12:00:00AM
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4790
Facility Information

Facility Name: LAKE HOUSE (0017224)
Address: 412 LAKE AVE, LADYSMITH, WI 54848
License Status: REGULAR
Licensed/Certified/Registered 9/16/2019 12:00:00AM
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0131508    End Date: 9/16/2019    Type: INITIAL    Purpose: SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED

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## Facility Information

**Facility Name:** MINER MANOR (0017200)
**Address:** 407 E MINER AVE, LADYSMITH, WI 54848
**License Status:** REGULAR
Licensed/Certified/Registered 9/16/2019 12:00:00AM
**Regional Office:** WESTERN REGION (EAU CLAIRE), (715) 836-4790

## Survey History

**Survey ID:** 0131513  
**End Date:** 9/16/2019  
**Type:** INITIAL  
**Purpose:** CHOW--LICENSURE  
**Results:** LICENSE/CERT/REGISTRATION ISSUED
Facility Information

Facility Name: PARKER PLACE (THE) (0010652)
Address: W9976 BIRCH CIRCLE DRIVE, LADYSMITH, WI 54848
License Status: REGULAR
Licensed/Certified/Registered 7/2/2004 12:00:00AM
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0130463 End Date: 6/4/2019 Type: ABBREVIATED Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED
Provider Inspection Summary
For the period 8/11/2017 to 8/10/2020
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 4/5/2017 12:00:00AM
Regional Office: WESTERN 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: 6/7/2019  Type: OTHER  Purpose: DESK REVIEW
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0130349  End Date: 5/23/2019  Type: STANDARD  Purpose: SURVEY
Results: STATEMENT OF DEFICIENCY ISSUED
Statement of Deficiency: #CDB811

<table>
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<tr>
<td>88.05(3)(d)</td>
<td>ANNUAL WELL WATER INSPECTIONS</td>
<td>Verified</td>
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<td></td>
<td>6/7/19</td>
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<td>Corrected</td>
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<td>Yes</td>
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Complaint History (NEW BEGINNINGS 2.0–0016616)

Date Complaint Received: 11/12/2019  Date Investigation Completed: 12/10/2019

Subject Area(s)  Result  SOD #
RESIDENT RIGHTS  NOT SUBSTANTIATED

This is Page 9 of 15 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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Facility Name: NEW BEGINNINGS (0016825)
Address: N595 2ND AVENUE, SHELDON, WI 54766
License Status: REGULAR
Licensed/Certified/Registered 7/3/2017 12:00:00AM
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

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<tr>
<td>0132178</td>
<td>12/10/2019</td>
<td>OTHER</td>
<td>COMPLAINT</td>
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<td>0130312</td>
<td>5/21/2019</td>
<td>STANDARD</td>
<td>SURVEY</td>
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<td>0126612</td>
<td>4/30/2018</td>
<td>OTHER</td>
<td>DESK REVIEW</td>
<td>NO STATEMENT OF DEFICIENCY ISSUED</td>
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<td>0126557</td>
<td>4/18/2018</td>
<td>OTHER</td>
<td>COMPLAINT</td>
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Statement of Deficiency: #TQWT11 Served 4/26/2018

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<th>Compliance</th>
<th>Verified</th>
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<tr>
<td>88.05(3)(j)</td>
<td>BEDROOM REQUIREMENTS</td>
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<td>4/30/18</td>
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Provider Inspection Summary
For the period 8/11/2017 to 8/10/2020
Adult Family Home

<table>
<thead>
<tr>
<th>Date Complaint Received: 11/12/2019</th>
<th>Date Investigation Completed: 12/10/2019</th>
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<tbody>
<tr>
<td>Subject Area(s)</td>
<td>Result</td>
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<tr>
<td>RESIDENT RIGHTS</td>
<td>NOT SUBSTANTIATED</td>
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<th>Date Complaint Received: 3/12/2018</th>
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<tr>
<td>Subject Area(s)</td>
<td>Result</td>
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<tr>
<td>PHYSICAL ENVIRONMENT/SAFETY</td>
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<td>PROGRAM SERVICES</td>
<td>NOT SUBSTANTIATED</td>
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<tr>
<td>RESIDENT RIGHTS</td>
<td>NOT SUBSTANTIATED</td>
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Facility Information

Facility Name: CARE PARTNERS ASSISTED LIVING - LADYSMITH (0012671)
Address: 1105 BAKER AVE, LADYSMITH, WI 54848
License Status: REGULAR
Licensed/Certified/Registered 1/1/2009 12:00:00AM
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0133975 End Date: 6/2/2020 Type: OTHER Purpose: COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

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

Date Complaint Received: 5/28/2020 Date Investigation Completed: 6/16/2020
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 8/11/2017 to 8/10/2020
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 4/1/2003  12:00:00AM
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0134453  End Date: 7/28/2020  Type: OTHER  Purpose: COMPLAINT
Results:  NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0131579  End Date: 9/18/2019  Type: OTHER  Purpose: COMPLAINT
Results:  NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (COUNTRY TERRACE LADYSMITH--0009673)

Date Complaint Received: 7/10/2020  Date Investigation Completed: 7/28/2020
Subject Area(s)  Result  SOD #
ADMINISTRATION  NOT SUBSTANTIATED

Date Complaint Received: 9/12/2019  Date Investigation Completed: 9/18/2019
Subject Area(s)  Result  SOD #
PROGRAM SERVICES  NOT SUBSTANTIATED

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## Facility Information

Facility Name: LAKE MANOR (510330)
Address: 119 E 4TH ST N, LADYSMITH, WI 54848
License Status: REGULAR
Licensed/Certified/Registered 6/30/1992 12:00:00AM
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4790

## Survey History

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<td>0131561</td>
<td>9/18/2019</td>
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<td>SURVEY</td>
<td>NO STATEMENT OF DEFICIENCY ISSUED</td>
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<td>0126175</td>
<td>3/6/2018</td>
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<td>VERIFICATION VISIT</td>
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<td>0125715</td>
<td>12/18/2017</td>
<td>STANDARD</td>
<td>SURVEY</td>
<td>ENFORCEMENT ACTION</td>
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**Statement of Deficiency:** #FNRP11 Served 1/24/2018

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<tr>
<td>83.35(3)(a)</td>
<td>COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN</td>
<td>Verified: 3/6/18; Corrected: Yes</td>
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## Enforcement History (LAKE MANOR--510330)

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<td>OTHER SANCTION</td>
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</table>

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Provider Inspection Summary
For the period 8/11/2017 to 8/10/2020
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 7/1/2012 12:00:00AM
Regional Office: WESTERN 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: 12/4/2018 Date Investigation Completed: 12/13/2018
Subject Area(s) Result SOD #
PROGRAM SERVICES NOT SUBSTANTIATED

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