

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 Sauk County.

The report is a PDF (Adobe Acrobat) document and includes a total of 53.00 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: REMINISCE ADULT DAY SERVICES AT RASLC (0018006)

Address: 2350 NORTH DEWEY AVENUE, REEDSBURG, WI 53959

License Status: REGULAR

Licensed/Certified/Registered 02/07/2020 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

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

This is Page 2 of 53 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: REM Krista Court (0012869)

Address: 300 Krista Court, BARABOO, WI 53913

License Status: REGULAR

Licensed/Certified/Registered 08/26/2010 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0145411 **End Date:** 01/24/2024 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140870 **End Date:** 09/21/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139935 **End Date:** 02/02/2022 **Type:** OTHER **Purpose:** OTHER

Results: ENFORCEMENT ACTION

Statement of Deficiency: #QSHD11 Served 06/24/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
88.03(3)(b)	CRIMINAL RECORDS CHECK	9/21/22	Yes
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE	9/21/22	Yes
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT	9/21/22	Yes

This is Page 3 of 53 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Adult Family Home

Enforcement History (REM Krista Court--0012869)

Date: 06/24/2022 **SOD #**QSHD11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

This is Page 4 of 53 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: Saber Group Homes Koepp House (0020516)

Address: N3480 Koepp Rd, Merrimac, WI 53561

License Status: REGULAR

Licensed/Certified/Registered 02/20/2025 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

This is Page 5 of 53 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: RIDGEVIEW (0010420)

Address: S9068 COUNTY RD G, PLAIN, WI 53577

License Status: REGULAR

Licensed/Certified/Registered 12/23/2003 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0143761 **End Date:** 07/19/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140769 **End Date:** 09/01/2022 **Type:** STANDARD **Purpose:** SURVEY/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (RIDGEVIEW--0010420)

Date Complaint Received: 07/11/2023

Date Investigation Completed: 07/19/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

This is Page 6 of 53 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: EASTRIDGE (0017880)

Address: 744 EASTRIDGE DR, REEDSBURG, WI 53959

License Status: REGULAR

Licensed/Certified/Registered 10/16/2019 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0148220 **End Date:** 11/25/2024 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141023 **End Date:** 10/11/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140250 **End Date:** 05/10/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #56OI11 Served 07/26/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
88.05(4)(d)2.c	SEMI-ANNUAL FIRE DRILLS	10/11/22	Yes
88.06(3)(c)	ASSESSMENT IDENTIFY NEEDS & ABILITIES	10/11/22	Yes
88.06(3)(f)	REVIEW OF ISP	10/11/22	Yes
88.07(3)(e)1	MEDICATION- RECORD KEEPING	10/11/22	Yes

This is Page 7 of 53 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Adult Family Home

Enforcement History (EASTRIDGE--0017880)

Date: 07/28/2022

SOD #56OI11

Appealed: No

Sanctions

ORDER TO COMPLY

This is Page 8 of 53 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: INSPIRING HEIGHTS LLC (0015367)

Address: E6633 N DEWEY AVE, REEDSBURG, WI 53959

License Status: REGULAR

Licensed/Certified/Registered 01/22/2015 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0146049 **End Date:** 03/29/2024 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141253 **End Date:** 10/26/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (INSPIRING HEIGHTS LLC--0015367)

Date Complaint Received: 10/21/2022

Date Investigation Completed: 10/26/2022

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES

NOT SUBSTANTIATED
NOT SUBSTANTIATED

This is Page 9 of 53 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: INSPIRING HORIZONS (0012949)

Address: E6865 CHADWICK RD, REEDSBURG, WI 53959

License Status: REGULAR

Licensed/Certified/Registered 10/14/2009 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0140165 **End Date:** 05/17/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 10 of 53 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: KIEFER ADULT FAMILY HOME (0009289)

Address: E6844 FAWN VALLEY DR, REEDSBURG, WI 53959

License Status: REGULAR

Licensed/Certified/Registered 03/15/2001 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0147412 **End Date:** 08/22/2024 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #6W0911 Served 08/23/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
88.03(3)(b)	CRIMINAL RECORDS CHECK	10/7/24	Yes
88.04(2)(g)1	HEALTH SCREENING FOR STAFF	10/7/24	Yes
88.05(3)(d)	ANNUAL WELL WATER INSPECTIONS	10/7/24	Yes

Survey ID: 0140206 **End Date:** 06/07/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #019311 Served 07/25/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE	7/25/22	Yes
88.05(4)(d)2.c	SEMI-ANNUAL FIRE DRILLS	7/25/22	Yes

This is Page 11 of 53 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Adult Family Home

Enforcement History (KIEFER ADULT FAMILY HOME--0009289)

Date: 08/23/2024 **SOD #**6W0911 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 07/25/2022 **SOD #**019311 **Appealed:** No

Sanctions

ORDER TO COMPLY

This is Page 12 of 53 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: KUMMER HAUS (0015814)

Address: 237 N PINE ST, REEDSBURG, WI 53959

License Status: REGULAR

Licensed/Certified/Registered 09/01/2015 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0147421 **End Date:** 08/20/2024 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139819 **End Date:** 05/18/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 13 of 53 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: VIRGINIA HOUSE (0016558)

Address: S3123 W LAKE VIRGINIA RD, REEDSBURG, WI 53959

License Status: REGULAR

Licensed/Certified/Registered 07/05/2017 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0148751 **End Date:** 01/16/2025 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #020Z11 Served 02/12/2025

Deficiencies Cited
88.10(3)(l)

Subject Area
SAFE PHYSICAL ENVIRONMENT

Compliance
Verified
3/29/25

Corrected
Yes

Survey ID: 0142479 **End Date:** 03/03/2023 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (VIRGINIA HOUSE--0016558)

Date Complaint Received: 11/11/2024

Date Investigation Completed: 01/16/2025

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

This is Page 14 of 53 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: MEADOW RIDGE ASSISTED LIVING LLC (0009753)

Address: 1700 JEFFERSON ST, BARABOO, WI 53913

License Status: REGULAR

Licensed/Certified/Registered 04/01/2003 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0147722 **End Date:** 09/24/2024 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #2FZX11 Served 10/01/2024

Deficiencies Cited
83.45(3)

Subject Area
TOXIC SUBSTANCES

Compliance
Verified
11/15/24

Corrected
Yes

Survey ID: 0140640 **End Date:** 08/31/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (MEADOW RIDGE ASSISTED LIVING LLC--0009753)

Date: 10/01/2024 **SOD #**2FZX11 **Appealed:** No

Sanctions

ORDER TO COMPLY

This is Page 15 of 53 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: MEADOW VIEW (0011486)

Address: 1600 JEFFERSON ST, BARABOO, WI 53913

License Status: REGULAR

Licensed/Certified/Registered 01/01/2007 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0147732 **End Date:** 09/24/2024 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140168 **End Date:** 06/09/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 16 of 53 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: OAK PARK PLACE BARABOO AUTUMN LANE (0012510)

Address: 800 WALDO ST, BARABOO, WI 53913

License Status: REGULAR

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

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0145582 **End Date:** 01/31/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0142301 **End Date:** 02/21/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141706 **End Date:** 12/20/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141117 **End Date:** 09/07/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #K6NX11 Served 10/25/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.25	CONTINUING EDUCATION	12/20/22	Yes
83.41(3)(b)	FOOD SAFETY	12/20/22	Yes
83.45(3)	TOXIC SUBSTANCES	12/20/22	Yes

This is Page 17 of 53 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0139737 **End Date:** 04/26/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0138893 **End Date:** 02/03/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #IDT811 Served 03/07/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.44(2)(a)	ROOMS CLEAN AND FREE FROM ODORS	5/10/22	Yes

Enforcement History (OAK PARK PLACE BARABOO AUTUMN LANE--0012510)

Date: 10/25/2022 **SOD #**K6NX11 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.25

Date: 03/07/2022 **SOD #**IDT811 **Appealed:** No

Sanctions

ORDER TO COMPLY

This is Page 18 of 53 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (OAK PARK PLACE BARABOO AUTUMN LANE--0012510)

Date Complaint Received: 01/10/2024

Date Investigation Completed: 01/31/2024

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES
RESIDENT RIGHTS

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 01/19/2023

Date Investigation Completed: 02/21/2023

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 04/02/2022

Date Investigation Completed: 04/26/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

This is Page 19 of 53 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: OUR HOUSE BARABOO ASSISTED CARE (0013376)

Address: 1200 WASHINGTON AVE, BARABOO, WI 53913

License Status: REGULAR

Licensed/Certified/Registered 10/01/2011 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0144230 **End Date:** 09/11/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0143716 **End Date:** 07/06/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0143652 **End Date:** 05/09/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #CTOQ11 Served 07/17/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	9/11/23	Yes
83.33(1)(d)	GRIEVANCE PROCEDURE: WRITTEN SUMMARY	9/11/23	Yes
83.44(2)(a)	ROOMS CLEAN AND FREE FROM ODORS	9/11/23	Yes

This is Page 20 of 53 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0143161 **End Date:** 04/05/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141494 **End Date:** 10/27/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #1L5P11 Served 12/07/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.42(1)	RESIDENT RECORD MAINTAINED	10/27/22	Yes

Enforcement History (OUR HOUSE BARABOO ASSISTED CARE--0013376)

Date: 07/17/2023 **SOD #**CTOQ11 **Appealed:** No

Sanctions
ORDER TO COMPLY

Date: 12/07/2022 **SOD #**1L5P11 **Appealed:** No

Sanctions
ORDER TO COMPLY

This is Page 21 of 53 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (OUR HOUSE BARABOO ASSISTED CARE--0013376)

Date Complaint Received: 06/23/2023

Date Investigation Completed: 07/06/2023

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES

NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 04/28/2023

Date Investigation Completed: 05/09/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED CTOQ11

Date Complaint Received: 04/04/2023

Date Investigation Completed: 04/05/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 10/11/2022

Date Investigation Completed: 10/27/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES
RESIDENT RIGHTS

NOT SUBSTANTIATED
NOT SUBSTANTIATED

This is Page 22 of 53 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: St Clare Senior Living (0020528)

Address: 1414 Jefferson St, Baraboo, WI 53913

License Status: PROBATIONARY

Licensed/Certified/Registered 02/28/2025 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

This is Page 23 of 53 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: Starlight Assisted Living (0018498)

Address: 1114 SILVER DRIVE, BARABOO, WI 53913

License Status: REGULAR

Licensed/Certified/Registered 11/23/2021 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0148440 **End Date:** 12/10/2024 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0147585 **End Date:** 08/06/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #R4VP11 Served 09/17/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE		
83.32(3)(d)	RIGHTS OF RESIDENTS: FREE OF MISTREATMENT		
83.47(2)(d)	FIRE DRILLS		
83.47(2)(e)	OTHER EVACUATION DRILLS		

Survey ID: 0141357 **End Date:** 11/03/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 24 of 53 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0140223 **End Date:** 06/21/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #PP2N11 Served 07/25/2022

Deficiencies Cited
83.45(3)

Subject Area
TOXIC SUBSTANCES

Compliance
Verified
9/8/22

Corrected
Yes

Enforcement History (Starlight Assisted Living--0018498)

Date: 09/16/2024 **SOD #**R4VP11 **Appealed:** **Decision:** PENDING

Sanctions

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

Date: 07/25/2022 **SOD #**PP2N11 **Appealed:** No

Sanctions

ORDER TO COMPLY

This is Page 25 of 53 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (Starlight Assisted Living--0018498)

Date Complaint Received: 10/30/2024

Date Investigation Completed: 12/10/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES
RESIDENT RIGHTS

NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 07/19/2024

Date Investigation Completed: 08/06/2024

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

R4VP11

Date Complaint Received: 06/10/2024

Date Investigation Completed: 08/06/2024

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

R4VP11

This is Page 26 of 53 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: HARMONY HILLS (0016795)

Address: E4796 NARROWS CREEK RD, LOGANVILLE, WI 53943

License Status: REGULAR

Licensed/Certified/Registered 12/06/2017 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0146206 **End Date:** 04/16/2024 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 27 of 53 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: PINE VILLA MEMORY CARE (0016643)

Address: 890 PRAIRIE STREET, PRAIRIE DU SAC, WI 53578

License Status: REGULAR

Licensed/Certified/Registered 06/07/2017 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0140171 **End Date:** 06/10/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 28 of 53 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: PINES ASSISTED LIVING (THE) (110462)

Address: 1050 PRAIRIE ST, PRAIRIE DU SAC, WI 53578

License Status: REGULAR

Licensed/Certified/Registered 06/30/1996 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0147943 **End Date:** 10/21/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140474 **End Date:** 07/27/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #NQSE11 Served 08/17/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(2)(e)	NOTIFY WITHIN 7 DAYS OF ADMINISTRATOR CHANGE	10/1/22	

Enforcement History (PINES ASSISTED LIVING (THE)--110462)

Date: 08/17/2022 **SOD #**NQSE11 **Appealed:** No

Sanctions

ORDER TO COMPLY

This is Page 29 of 53 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (PINES ASSISTED LIVING (THE)--110462)

Date Complaint Received: 10/15/2024

Date Investigation Completed: 10/21/2024

Subject Area(s)

Result

SOD #

ADMINISTRATION
PROGRAM SERVICES
RESIDENT RIGHTS

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

This is Page 30 of 53 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: CASA DE OAKES ASSISTED LIVING (0015819)

Address: 1130 BINDL DRIVE, REEDSBURG, WI 53959

License Status: REGULAR

Licensed/Certified/Registered 11/01/2015 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0142327 **End Date:** 02/22/2023 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 31 of 53 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: CASA DE OAKES INC REEDSBURG (0012392)
Address: 201 SOUTH GROVE ST, REEDSBURG, WI 53959
License Status: REGULAR
Licensed/Certified/Registered 07/01/2009 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0141750 **End Date:** 01/03/2023 **Type:** ABBREVIATED **Purpose:** SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 32 of 53 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: CASA DE OAKES MEMORY CARE (0016006)

Address: 1130 BINDL DRIVE, REEDSBURG, WI 53959

License Status: REGULAR

Licensed/Certified/Registered 03/15/2016 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0142326 **End Date:** 02/22/2023 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 33 of 53 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: CASA DE OAKES PINEVIEW (0018386)

Address: 1395 PINEVIEW STREET, REEDSBURG, WI 53959

License Status: REGULAR

Licensed/Certified/Registered 03/09/2021 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0142506 **End Date:** 03/07/2023 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 34 of 53 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: CASA DE OAKES (0008972)

Address: E6846 FAWN VALLEY DR, REEDSBURG, WI 53959

License Status: REGULAR

Licensed/Certified/Registered 11/01/2000 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0148231 **End Date:** 11/25/2024 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140313 **End Date:** 06/30/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 35 of 53 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS ANA (NONAMBULATORY)

Facility Information

Facility Name: COUNTRY CASA (0010325)

Address: E8509 N REEDSBURG RD, REEDSBURG, WI 53959

License Status: REGULAR

Licensed/Certified/Registered 06/01/2004 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0148654 **End Date:** 11/26/2024 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #FCUY11 Served 02/03/2025

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE		
83.21(1)-(3)	ALL EMPLOYEE TRAINING		
83.28(4)(a)	RESIDENT HEALTH SCREENING AND DOCUMENTATION		
83.35(1)(a)	PRE-ADMISSION AND ONGOING ASSESSMENTS		
83.44(1)(c)	CLOTHES DRYERS ENCLOSED AND VENTED		

This is Page 36 of 53 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS ANA (NONAMBULATORY)

Survey ID: 0143440 End Date: 05/24/2023 Type: OTHER Purpose: COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #OK4411 Served 06/22/2023

Deficiencies Cited

83.12(2)(a)

Subject Area

CAREGIVER: INVESTIGATING ABUSE AND
NEGLECT

Compliance

Verified

8/16/23

Corrected

Yes

Survey ID: 0139782 End Date: 05/06/2022 Type: ABBREVIATED Purpose: SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (COUNTRY CASA--0010325)

Date: 06/22/2023

SOD #OK4411

Appealed: No

Sanctions

ORDER TO COMPLY

Complaint History (COUNTRY CASA--0010325)

Date Complaint Received: 05/08/2023

Date Investigation Completed: 05/23/2023

Subject Area(s)

RESIDENT RIGHTS

Result

SUBSTANTIATED

SOD #

OK4411

This is Page 37 of 53 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: OUR HOUSE REEDSBURG ASSISTED CARE (0013666)

Address: 355 MACK DR, REEDSBURG, WI 53959

License Status: REGULAR

Licensed/Certified/Registered 04/01/2012 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0146588 **End Date:** 05/28/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0145879 **End Date:** 01/17/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #VYPG11 Served 03/14/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(2)(a)	CAREGIVER: INVESTIGATING ABUSE AND NEGLECT	5/28/24	Yes
83.32(3)(d)	RIGHTS OF RESIDENTS: FREE OF MISTREATMENT	5/28/24	Yes

This is Page 38 of 53 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0144603 **End Date:** 09/23/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #KY8F11 Served 10/23/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.35(3)(c)	IMPLEMENT, FOLLOW THE INDIVIDUAL SERVICE PLAN	12/7/23	Yes
83.45(3)	TOXIC SUBSTANCES	12/7/23	Yes

Survey ID: 0139773 **End Date:** 05/05/2022 **Type:** STANDARD **Purpose:** SURVEY/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (OUR HOUSE REEDSBURG ASSISTED CARE--0013666)

Date: 03/14/2024 **SOD #** VYPG11 **Appealed:** **Decision:** PENDING

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.32(3)(d)

Date: 10/23/2023 **SOD #** KY8F11 **Appealed:** No

Sanctions

ORDER TO COMPLY

Complaint History (OUR HOUSE REEDSBURG ASSISTED CARE--0013666)

Date Complaint Received: 01/05/2024 **Date Investigation Completed:** 01/17/2024

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PROGRAM SERVICES	NOT SUBSTANTIATED	

This is Page 39 of 53 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: OUR HOUSE REEDSBURG MEMORY CARE (0013375)

Address: 1135 17TH COURT, REEDSBURG, WI 53959

License Status: REGULAR

Licensed/Certified/Registered 10/01/2011 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0142460 **End Date:** 02/28/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #7C0711 Served 03/14/2023

Deficiencies Cited
83.12(2)(a)

Subject Area
CAREGIVER: INVESTIGATING ABUSE AND
NEGLECT

Compliance
Verified
5/17/23

Corrected

Survey ID: 0139781 **End Date:** 05/05/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (OUR HOUSE REEDSBURG MEMORY CARE--0013375)

Date: 03/14/2023 **SOD #**7C0711 **Appealed:** No

Sanctions

ORDER TO COMPLY

This is Page 40 of 53 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Complaint History (OUR HOUSE REEDSBURG MEMORY CARE--0013375)

Date Complaint Received: 01/30/2023

Date Investigation Completed: 02/08/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

7C0711

This is Page 41 of 53 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: RIDGEVIEW TRAILS (0018113)

Address: 2350 NORTH DEWEY AVENUE, REEDSBURG, WI 53959

License Status: REGULAR

Licensed/Certified/Registered 06/30/2021 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0143560 **End Date:** 06/28/2023 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 42 of 53 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: MEADOWS OF SPRING GREEN (THE) (110558)

Address: 477 RAINBOW RD, SPRING GREEN, WI 53588

License Status: REGULAR

Licensed/Certified/Registered 06/30/1997 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0147030 **End Date:** 07/11/2024 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0142473 **End Date:** 03/14/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141242 **End Date:** 10/19/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140188 **End Date:** 04/06/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #OBL111 Served 07/21/2022

Deficiencies Cited
83.55(6)(b)

Subject Area
BATH AND TOILET AREAS: WATER
TEMPERATURE

Compliance
Verified
10/19/22

Corrected
Yes

This is Page 43 of 53 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (MEADOWS OF SPRING GREEN (THE)--110558)

Date: 07/21/2022 SOD #OBL111 Appealed: No

Sanctions

ORDER TO COMPLY

Complaint History (MEADOWS OF SPRING GREEN (THE)--110558)

Date Complaint Received: 02/21/2023

Date Investigation Completed: 03/14/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

This is Page 44 of 53 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Facility Information

Facility Name: GREENBRIAR APARTMENTS LLC (0013806)
Address: 1350 JEFFERSON ST, BARABOO, WI 53913
License Status: REGULAR
Licensed/Certified/Registered 09/01/2011 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0147658 **End Date:** 09/16/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0146746 **End Date:** 05/29/2024 **Type:** OTHER **Purpose:** COMPLAINT/VV
Results: ENFORCEMENT ACTION

Statement of Deficiency: #JGBW14 Served 06/20/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u> <u>Verified</u>	<u>Corrected</u>
89.28(1)	RISK AGREEMENT	9/16/24	Yes
89.34(17)	TENANT RIGHTS	9/16/24	Yes

Survey ID: 0145484 **End Date:** 01/31/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 45 of 53 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Survey ID: 0145291 **End Date:** 10/30/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #JGBW13 Served 01/17/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
50.065(2)(bb)	DETERMINE FINAL DISPOSITION OF CHARGE	5/29/24	Yes
89.23(2)(a)2.c	SERVICES	5/29/24	Yes
89.23(4)(a)2	SERVICES	5/29/24	No
89.26(2)(c)	COMPREHENSIVE ASSESSMENT	5/29/24	Yes
89.28(1)	RISK AGREEMENT	5/29/24	No
89.34(17)	TENANT RIGHTS	5/29/24	No

Survey ID: 0143952 **End Date:** 05/16/2023 **Type:** STANDARD **Purpose:** SURVEY/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #JGBW12 Served 08/21/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
13.05(3)(a)	ENTITY ALLEGATION REPORTING REQUIREMENTS	10/25/23	Yes
89.23(4)(a)2	SERVICES	10/25/23	No

Survey ID: 0138750 **End Date:** 02/15/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 46 of 53 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Enforcement History (GREENBRIAR APARTMENTS LLC--0013806)

Date: 06/20/2024 **SOD #**JGBW14 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 01/17/2024 **SOD #**JGBW13 **Appealed:**

Sanctions

ORDER TO COMPLY

FORFEITURE---89.23(4)(a)2

Date: 08/17/2023 **SOD #**JGBW12 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

ORDER TO COMPLY

FORFEITURE---89.23(4)(c)

Date: 04/06/2022 **SOD #**JGBW11 **Appealed:** Yes **Decision:** STIPULATION

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

ORDER TO COMPLY

FORFEITURE---89.23(2)(a)2.c

FORFEITURE---89.28(6)

This is Page 47 of 53 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Date: 03/09/2022 **SOD #**TE1S11 **Appealed:** Yes **Decision:** STIPULATION

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

FORFEITURE---83.23(4)(a)2

FORFEITURE---83.34(14)

FORFEITURE---89.34(1)

FORFEITURE---89.34(17)

FORFEITURE---89.34(18)

FORFEITURE---d/t stip null & void U268 89.34(17)

Complaint History (GREENBRIAR APARTMENTS LLC--0013806)

Date Complaint Received: 04/29/2024

Date Investigation Completed: 05/29/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 12/14/2023

Date Investigation Completed: 01/31/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

This is Page 48 of 53 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Facility Information

Facility Name: OAK PARK PLACE THE GROVE (0012768)
Address: 800 WALDO ST, BARABOO, WI 53913
License Status: REGULAR
Licensed/Certified/Registered 04/07/2009 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0145895 **End Date:** 03/13/2024 **Type:** OTHER **Purpose:** COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141708 **End Date:** 12/20/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140751 **End Date:** 09/07/2022 **Type:** OTHER **Purpose:** SURVEY/COMPLAINT
Results: ENFORCEMENT ACTION
Statement of Deficiency: #7UHH11 Served 09/15/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
89.34(16)	TENANT RIGHTS	12/20/22	Yes

Survey ID: 0139735 **End Date:** 04/26/2022 **Type:** OTHER **Purpose:** COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0138714 **End Date:** 02/08/2022 **Type:** OTHER **Purpose:** COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 49 of 53 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Enforcement History (OAK PARK PLACE THE GROVE--0012768)

Date: 09/14/2022 SOD #7UHH11 Appealed: No

Sanctions
ORDER TO COMPLY

Complaint History (OAK PARK PLACE THE GROVE--0012768)

Date Complaint Received: 09/07/2022

Date Investigation Completed: 09/07/2022

Subject Area(s)
PROGRAM SERVICES

Result SOD #
SUBSTANTIATED 7UHH11

Date Complaint Received: 04/02/2022

Date Investigation Completed: 04/26/2022

Subject Area(s)
PROGRAM SERVICES

Result SOD #
NOT SUBSTANTIATED

This is Page 50 of 53 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Facility Information

Facility Name: RIDGEVIEW PLACE (0011110)
Address: 2350 NORTH DEWEY AVE, REEDSBURG, WI 53959
License Status: REGULAR
Licensed/Certified/Registered 08/01/2005 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0139522 **End Date:** 05/10/2022 **Type:** OTHER **Purpose:** COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (RIDGEVIEW PLACE--0011110)

Date Complaint Received: 05/10/2022	Date Investigation Completed: 05/11/2022
<u>Subject Area(s)</u> PROGRAM SERVICES	<u>Result</u> NOT SUBSTANTIATED
	<u>SOD #</u>

This is Page 51 of 53 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Facility Information

Facility Name: MAPLEWOOD VILLAGE (0010279)
Address: 1425 HEMLOCK STREET, SAUK CITY, WI 53583
License Status: REGULAR
Licensed/Certified/Registered 06/01/1999 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0142815 **End Date:** 04/12/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141940 **End Date:** 10/14/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #NTL611 Served 01/26/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
89.23(4)(a)2	SERVICES	4/12/23	Yes
89.23(4)(d)1	SERVICES	4/12/23	Yes

Enforcement History (MAPLEWOOD VILLAGE--0010279)

Date: 01/26/2023 **SOD #**NTL611 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
ORDER TO COMPLY
FORFEITURE---89.23 (4)(a)2
FORFEITURE---89.23(4)(d)2

This is Page 52 of 53 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Facility Information

Facility Name: GREENWAY TERRACE (0010288)
Address: 547 EAST MCKINLEY STREET, SPRING GREEN, WI 53588
License Status: REGULAR
Licensed/Certified/Registered 11/01/1999 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

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

This is Page 53 of 53 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.