

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 Sawyer County. The report is a PDF (Adobe Acrobat) document and includes a total of 17.00 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 Family Home

Facility Information

Facility Name: ARCH of Hayward LLC (0019187)

Address: 15844 W Edward Street, Hayward, WI 54843

License Status: REGULAR

Licensed/Certified/Registered 11/01/2022 12:00:00AM

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

Survey History

Survey ID: 0141401 **End Date:** 11/01/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: BENSON ADULT FAMILY HOME (0012018)

Address: 8839 N OLD HWY 27, HAYWARD, WI 54843

License Status: REGULAR

Licensed/Certified/Registered 07/05/2007 12:00:00AM

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

Survey History

Survey ID: 0146930 **End Date:** 07/09/2024 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: REST EASY (0009817)

Address: 3598 NORTH BEAGLE LANE, OJIBWA, WI 54862

License Status: REGULAR

Licensed/Certified/Registered 10/01/2004 12:00:00AM

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

Survey History

Survey ID: 0148492 **End Date:** 01/10/2025 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: Aspen Acres Assisted Living (0018769)

Address: 10214 Rock Creek Rd, Hayward, WI 54843

License Status: REGULAR

Licensed/Certified/Registered 03/01/2023 12:00:00AM

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

Survey History

Survey ID: 0147806 **End Date:** 10/09/2024 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0146805 **End Date:** 06/17/2024 **Type:** STANDARD **Purpose:** SURVEY/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #BMTZ12 Served 06/27/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.16(2)	RESIDENT CARE STAFF AT LEAST 18 YEARS OLD	10/9/24	Yes
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	10/9/24	Yes
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	10/9/24	Yes
83.35(1)(a)	PRE-ADMISSION AND ONGOING ASSESSMENTS	10/9/24	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	10/9/24	Yes
83.35(5)(b)	ANNUAL EVALUATION OF EVACUATION LIMITS	10/9/24	Yes
83.46(1)(f)	COMBUSTIBLES	10/9/24	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

83.47(2)(e) OTHER EVACUATION DRILLS 10/9/24 Yes

Survey ID: 0143356 End Date: 05/11/2023 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #BMTZ11 Served 06/14/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(3)(c)	IMPLEMENT, FOLLOW THE INDIVIDUAL SERVICE PLAN	6/17/24	Yes

Survey ID: 0141702 End Date: 12/12/2022 Type: STANDARD Purpose: SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

Survey ID: 0138831 End Date: 02/08/2022 Type: INITIAL Purpose: SURVEY

Results: PROBATIONARY LICENSE ISSUED

Enforcement History (Aspen Acres Assisted Living--0018769)

Date: 06/27/2024 SOD #BMTZ12 Appealed: No

Sanctions
 ORDER TO COMPLY

Date: 06/14/2023 SOD #BMTZ11 Appealed:

Sanctions
 ORDER TO COMPLY
 FORFEITURE---83.35(3)(a)

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (Aspen Acres Assisted Living--0018769)

Date Complaint Received: 09/17/2024

Date Investigation Completed: 10/09/2024

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 04/04/2023

Date Investigation Completed: 05/11/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

BMTZ11

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: HARBOR LIVING LLC (0018281)

Address: 10179 RANGER STATION ROAD, HAYWARD, WI 54843

License Status: REGULAR

Licensed/Certified/Registered 12/09/2020 12:00:00AM

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

Survey History

Survey ID: 0148548 **End Date:** 11/10/2024 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #QJT511 Served 01/22/2025

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.17(1)	LICENSEE CONDUCT CAREGIVER BACKGROUND CHECK		
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE		
83.19	ORIENTATION		
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE		
83.21(1)-(3)	ALL EMPLOYEE TRAINING		
83.22(1)-(4)	TASK SPECIFIC TRAINING		
83.25	CONTINUING EDUCATION		
83.38(1)(c)	LEISURE TIME ACTIVITIES		
83.44(1)(c)	CLOTHES DRYERS ENCLOSED AND VENTED		
83.47(2)(d)	FIRE DRILLS		
83.47(2)(e)	OTHER EVACUATION DRILLS		

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (HARBOR LIVING LLC--0018281)

Date: 01/22/2025 **SOD #**QJT511 **Appealed:** **Decision:** PENDING

Sanctions

ORDER TO COMPLY
FORFEITURE---83.19
FORFEITURE---83.20(2)(a)-(d)
FORFEITURE---83.21(1)-(3)
FORFEITURE---83.22(1)-(4)
FORFEITURE---83.25

Complaint History (HARBOR LIVING LLC--0018281)

Date Complaint Received: 06/25/2024 **Date Investigation Completed:** 11/10/2024

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
ADMINISTRATION	NOT SUBSTANTIATED	
PROGRAM SERVICES	SUBSTANTIATED	QJT511
STAFF TRAINING AND PROFICIENCY	NOT SUBSTANTIATED	

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: TRANSITIONS (0012868)

Address: 16208 WOODRIDGE LANE, HAYWARD, WI 54843

License Status: REGULAR

Licensed/Certified/Registered 04/08/2011 12:00:00AM

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

Survey History

Survey ID: 0148097 **End Date:** 11/07/2024 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #CMK011 Served 11/13/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE		
83.19	ORIENTATION		
83.47(2)(d)	FIRE DRILLS		
83.47(2)(e)	OTHER EVACUATION DRILLS		
83.59(2)(a)	ONE-HAND, ONE-MOTION DOOR OPERATION		

Enforcement History (TRANSITIONS--0012868)

Date: 11/13/2024 **SOD #**CMK011 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: VITACARE LIVING - HAYWARD I (0018749)

Address: 10260 WHITE BIRCH LN, HAYWARD, WI 54843

License Status: REGULAR

Licensed/Certified/Registered 03/30/2023 12:00:00AM

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

Survey History

Survey ID: 0146770 **End Date:** 06/18/2024 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #40VK12 Served 06/21/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.36(2)	MAINTAIN CURRENT WRITTEN STAFFING SCHEDULE		
83.38(1)(c)	LEISURE TIME ACTIVITIES		
83.44(2)(b)	TOILET AND BATHING AREA		
83.60(3)	HABITABLE ROOM WINDOW COVERINGS		

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0144992 **End Date: 11/30/2023** **Type: OTHER** **Purpose: COMPLAINT/SELF REPORT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #40VK11 Served 12/06/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(3)(c)	IMPLEMENT, FOLLOW THE INDIVIDUAL SERVICE PLAN	6/18/24	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	6/18/24	Yes

Survey ID: 0142012 **End Date: 01/27/2023** **Type: STANDARD** **Purpose: SURVEY/VV**

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #OX7212 Served 02/01/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.41(2)(c)	NUTRITION: MENUS	3/18/23	

Survey ID: 0141591 **End Date: 09/12/2022** **Type: OTHER** **Purpose: SELF REPORT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #OX7211 Served 12/16/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.38(1)(b)	SUPERVISION	1/27/23	Yes

Survey ID: 0138047 **End Date: 04/29/2022** **Type: INITIAL** **Purpose: CHOW--DESK REVIEW**

Results: PROBATIONARY LICENSE ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (VITACARE LIVING - HAYWARD I--0018749)

Date: 06/21/2024 **SOD #40VK12** **Appealed: No**

Sanctions
 ORDER TO COMPLY

Date: 12/06/2023 **SOD #40VK11** **Appealed: No**

Sanctions
 ORDER TO COMPLY

Date: 12/16/2022 **SOD #OX7211** **Appealed: No**

Sanctions
 COMPLY WITH DEPARTMENT PLAN OF CORRECTION
 ORDER TO COMPLY
 FORFEITURE---83.38(1)(b)

Complaint History (VITACARE LIVING - HAYWARD I--0018749)

Date Complaint Received: 04/30/2024 **Date Investigation Completed: 06/18/2024**

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PHYSICAL ENVIRONMENT/SAFETY	SUBSTANTIATED	40VK12
PROGRAM SERVICES	SUBSTANTIATED	40VK12
STAFF TRAINING AND PROFICIENCY	NOT SUBSTANTIATED	

Date Complaint Received: 10/20/2023 **Date Investigation Completed: 11/30/2023**

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
RESIDENT RIGHTS	NOT SUBSTANTIATED	

Date Complaint Received: 10/12/2023 **Date Investigation Completed: 11/30/2023**

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PROGRAM SERVICES	SUBSTANTIATED	40VK11

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: VITACARE LIVING - HAYWARD II (0018751)

Address: 15497 PINEWOOD DRIVE, HAYWARD, WI 54843

License Status: REGULAR

Licensed/Certified/Registered 03/30/2023 12:00:00AM

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

Survey History

Survey ID: 0147685 **End Date:** 08/28/2024 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #JYPQ11 Served 09/27/2024

<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		
83.15(3)(a)	ADMINISTRATOR SHALL SUPERVISE DAILY OPERATION		
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION		
83.35(1)(a)	PRE-ADMISSION AND ONGOING ASSESSMENTS		
83.35(2)	TEMPORARY SERVICE PLAN		
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES		
83.36(1)(a)	ADEQUATE STAFF TO MEET RESIDENT NEEDS		
83.36(2)	MAINTAIN CURRENT WRITTEN STAFFING SCHEDULE		
83.37(1)(g)	DISPOSITION OF MEDICATIONS		

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

83.37(3)(c) MEDICATION STORAGE: LOCKED CABINET
83.38(1)(b) SUPERVISION
83.38(1)(c) LEISURE TIME ACTIVITIES

Survey ID: 0142071 End Date: 01/27/2023 Type: STANDARD Purpose: SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0138049 End Date: 04/29/2022 Type: INITIAL Purpose: CHOW--DESK REVIEW

Results: PROBATIONARY LICENSE ISSUED

Enforcement History (VITACARE LIVING - HAYWARD II--0018751)

Date: 09/27/2024 SOD #JYPQ11 Appealed: Decision: PENDING

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
ORDER TO COMPLY
FORFEITURE---83.15(3)(a)
FORFEITURE---83.32(3)(h)
FORFEITURE---83.35(1)(a)
FORFEITURE---83.35(2)
FORFEITURE---83.35(3)(d)
FORFEITURE---83.38(1)(b)
FORFEITURE---83.38(1)(c)

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (VITACARE LIVING - HAYWARD II--0018751)

Date Complaint Received: 06/26/2024

Date Investigation Completed: 08/28/2024

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
ADMINISTRATION	NOT SUBSTANTIATED	
PHYSICAL ENVIRONMENT/SAFETY	NOT SUBSTANTIATED	
PROGRAM SERVICES	SUBSTANTIATED	JYPQ11
STAFF TRAINING AND PROFICIENCY	SUBSTANTIATED	JYPQ11

Date Complaint Received: 04/30/2024

Date Investigation Completed: 08/28/2024

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PHYSICAL ENVIRONMENT/SAFETY	NOT SUBSTANTIATED	
PROGRAM SERVICES	SUBSTANTIATED	JYPQ11
STAFF TRAINING AND PROFICIENCY	SUBSTANTIATED	JYPQ11

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Provider Inspection Summary

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

Facility Information

Facility Name: WATERS EDGE (0013559)

Address: 11040 N STATE RD, HAYWARD, WI 54843

License Status: REGULAR

Licensed/Certified/Registered 11/01/2010 12:00:00AM

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

Survey History

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

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