Notes

This report includes Provider Inspection Summaries (Facility Profiles) for Adult Family Homes in St Croix County. The report is a PDF (Adobe Acrobat) document and includes a total of 32.00 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 2/9/2017 to 2/9/2020
Adult Family Home

Facility Information

Facility Name: GRATUS AT BLUE JAY 719 A (0017683)
Address: 719 A BLUE JAY LN, HUDSON, WI 54016
License Status: REGULAR
Licensed/Certified/Registered 10/1/2019 12:00:00AM
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0131596      End Date: 10/1/2019      Type: ABBREVIATED      Purpose: CHOW--DESK REVIEW
Results: LICENSE/CERT/REGISTRATION ISSUED

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Facility Information

Facility Name: GRATUS AT BLUE JAY 719 B (0017692)
Address: 719 B BLUE JAY LN, HUDSON, WI 54016
License Status: REGULAR
Licensed/Certified/Registered 10/1/2019 12:00:00AM
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

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<tr>
<td>0132736</td>
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<td>COMPLAINT</td>
<td>ENFORCEMENT ACTION</td>
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Statement of Deficiency: #MHEW11 Served 2/24/2020

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<th>Compliance</th>
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<tr>
<td>88.06(3)(d)1</td>
<td>DESCRIPTION OF SERVICES</td>
<td>Verified</td>
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Complaint History (GRATUS AT BLUE JAY 719 B--0017692)

Date Complaint Received: 1/2/2019  Date Investigation Completed: 1/28/2020

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<td>STAFF TRAINING AND PROFICIENCY</td>
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<td>MHEW11</td>
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Facility Information

Facility Name: GRATUS AT BLUE JAY 723 A (0017690)
Address: 723 A BLUE JAY LN, HUDSON, WI 54016
License Status: REGULAR
Licensed/Certified/Registered 10/1/2019 12:00:00AM
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0131595 End Date: 10/1/2019 Type: ABBREVIATED Purpose: CHOW--DESK REVIEW

Results: LICENSE/CERT/REGISTRATION ISSUED

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Facility Information

Facility Name: GRATUS AT BLUE JAY 723 B (0017691)
Address: 723 B BLUE JAY LN, HUDSON, WI 54016
License Status: REGULAR
Licensed/Certified/Registered 10/1/2019 12:00:00AM
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0131594 End Date: 10/1/2019 Type: ABBREVIATED Purpose: CHOW--DESK REVIEW
Results: LICENSE/CERT/REGISTRATION ISSUED
Facility Information

Facility Name: HOMETOWN SENIOR LIVING (0012702)
Address: 1015 CREST VIEW DR, HUDSON, WI 54016
License Status: REGULAR
Licensed/Certified/Registered 5/12/2009 12:00:00AM
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

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<tr>
<td>0127189</td>
<td>6/21/2018</td>
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<td>0126980</td>
<td>5/31/2018</td>
<td>OTHER</td>
<td>VERIFICATION VISIT</td>
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Statement of Deficiency: #F53N12 Served 6/7/2018

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<td>88.05(4)(c)1</td>
<td>EXITING FROM THE FIRST FLOOR</td>
<td>6/21/18</td>
<td>Yes</td>
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**Provider Inspection Summary**

For the period 2/9/2017 to 2/9/2020

Adult Family Home

**Survey ID:** 0126221  **End Date:** 2/14/2018  **Type:** STANDARD  **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #F53N11  Served 3/15/2018

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<td>88.04(2)(c)</td>
<td>CHANGE IN TYPE OF INDIVIDUAL SERVED</td>
<td>Yes</td>
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<tr>
<td>88.05(2)(a)</td>
<td>DIFFICULTY WALKING</td>
<td>Yes</td>
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<tr>
<td>88.05(4)(b)1</td>
<td>FIRE SAFETY-SMOKE DETECTORS</td>
<td>Yes</td>
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<tr>
<td>88.05(4)(c)1</td>
<td>EXITING FROM THE FIRST FLOOR</td>
<td>No</td>
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<tr>
<td>88.07(3)(a)</td>
<td>PRESCRIPTION MEDICATIONS</td>
<td>Yes</td>
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**Enforcement History (HOMETOWN SENIOR LIVING--0012702)**

**Date:** 3/15/2018  **SOD #F53N11**  **Appealed:** No

**Sanctions**

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

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### Facility Information

- **Facility Name:** REM Namekagon Loop (0009105)
- **Address:** 1222 NAMEKAGON LOOP, HUDSON, WI 54016
- **License Status:** REGULAR
- **Licensed/Certified/Registered:** 9/1/2000 12:00:00AM
- **Regional Office:** WESTERN REGION (EAU CLAIRE), (715) 836-4790

### Survey History

- **Survey ID:** 0128536
- **End Date:** 11/7/2018
- **Type:** ABBREVIATED
- **Purpose:** SURVEY
- **Results:** NO STATEMENT OF DEFICIENCY ISSUED
## Facility Information

Facility Name: REM WISCONSIN III INC - WHEATGRASS (0010465)
Address: 1401 WHEATGRASS, HUDSON, WI 54016
License Status: REGULAR
Licensed/Certified/Registered 2/1/2004 12:00:00AM
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4790

## Survey History

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<td>0127030</td>
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<td>0126976</td>
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### Statement of Deficiency: #Y9UJ11 Served 2/12/2020

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### Statement of Deficiency: #G7J211 Served 6/7/2018

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<td>88.05(4)(d)2.b</td>
<td>FIRE EVACUATION ANNUAL EVALUATION</td>
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<td>PRESCRIPTION MEDICATIONS</td>
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**Provider Inspection Summary**

For the period 2/9/2017 to 2/9/2020

Adult Family Home

### Complaint History (REM WISCONSIN III INC - WHEATGRASS--0010465)

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<th>Date Complaint Received: 12/13/2019</th>
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<td>Staff Training and Proficiency</td>
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Facility Information

Facility Name: REM WISCONSIN III INC 117TH (0015051)
Address: 357 117TH AVE, HUDSON, WI 54016
License Status: REGULAR
Licensed/Certified/Registered 4/15/2014 12:00:00AM
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0129844 End Date: 4/10/2019 Type: ABBREVIATED Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

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Facility Information

Facility Name: REM WISCONSIN III INC WHEATGRASS II (0015050)
Address: 1405 WHEATGRASS, HUDSON, WI 54016
License Status: REGULAR
Licensed/Certified/Registered 4/22/2014 12:00:00AM
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

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Results:

Survey ID: 0130031 End Date: 4/25/2019 Type: OTHER Purpose: DESK REVIEW
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0129865 End Date: 4/10/2019 Type: ABBREVIATED Purpose: SURVEY
Results: STATEMENT OF DEFICIENCY ISSUED
Statement of Deficiency: #G17R11 Served 4/12/2019

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<td>88.05(4)(b)2</td>
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## Facility Information

**Facility Name:** AURORA RESIDENTIAL ALTERNATIVES INC 037 (0010825)

**Address:** 973 & 975 JOHNSON DRIVE, NEW RICHMOND, WI 54017

**License Status:** REGULAR

Licensed/Certified/Registered 1/11/2005 12:00:00AM

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

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## Survey History

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**Statement of Deficiency:** #W9T411 Served 4/17/2019

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**Date:** 4/17/2019

**SOD #W9T411**

Appealed: No

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**Enforcement History** (AURORA RESIDENTIAL ALTERNATIVES INC 037–0010825)

**Sanctions**

**OTHER SANCTION**

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Provider Inspection Summary
For the period 2/9/2017 to 2/9/2020
Adult Family Home

Facility Information

Facility Name: BEAR CREEK HOUSE (0016578)
Address: 1720 DUCKTAIL COURT, NEW RICHMOND, WI 54017
License Status: REGULAR
Licensed/Certified/Registered 3/7/2017 12:00:00AM
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0129604  End Date: 3/19/2019  Type: STANDARD  Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0122624  End Date: 3/6/2017  Type: INITIAL  Purpose: SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED

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## Facility Information

Facility Name: CHRIS HOMES B LLC (0016622)
Address: 1306A 1306B 146TH AVE, NEW RICHMOND, WI 54017
License Status: REGULAR
Licensed/Certified/Registered 7/17/2017 12:00:00AM
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4790

## Survey History

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### Statement of Deficiency:

- **#49ZI11 Served 9/12/2019**

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Facility Information

Facility Name: COMFORT CARE HOMES AND SERVICES LLC ALPINE RIDGE (0017244)
Address: 1728 DUCKTAIL COURT, NEW RICHMOND, WI 54017
License Status: REGULAR
Licensed/Certified/Registered 11/1/2018 12:00:00AM
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0128470  End Date: 11/1/2018  Type: INITIAL  Purpose: SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED
Provider Inspection Summary
For the period 2/9/2017 to 2/9/2020
Adult Family Home

Facility Information

Facility Name: MEADOW VIEW (0010211)
Address: 601 HAGEN AVE, NEW RICHMOND, WI 54017
License Status: REGULAR
Licensed/Certified/Registered 9/16/2003 12:00:00AM
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0131647 End Date: 10/1/2019 Type: OTHER Purpose: VERIFICATION VISIT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0131374 End Date: 7/10/2019 Type: OTHER Purpose: COMPLAINT
Results: ENFORCEMENT ACTION
Statement of Deficiency: #9G9T11 Served 9/9/2019

Deficiencies Cited Subject Area Compliance
88.05(3)(a) HOME ENVIRONMENT Verified Corrected
10/1/19 Yes

Survey ID: 0127995 End Date: 8/30/2018 Type: OTHER Purpose: VERIFICATION VISIT
Results: NO STATEMENT OF DEFICIENCY ISSUED

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**Provider Inspection Summary**

For the period 2/9/2017 to 2/9/2020

Adult Family Home

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**Survey ID:** 0127651  
**End Date:** 7/18/2018  
**Type:** STANDARD  
**Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:**  #H8ND11  
Served 8/7/2018

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<td>88.05(3)(n)1</td>
<td>BED-CLEAN, GOOD CONDITION, PROPER SIZE</td>
<td>8/30/18</td>
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<td>CLEAN BEDDING AND LINENS</td>
<td>8/30/18</td>
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<td>FIRE SAFETY EVACUATION PLAN</td>
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**Enforcement History (MEADOW VIEW--0010211)**

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Sanctions
COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT

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Sanctions
COMPLY WITH REQUIREMENT

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**Complaint History (MEADOW VIEW--0010211)**

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<tr>
<td>6/25/2019</td>
<td>7/10/2019</td>
</tr>
</tbody>
</table>

**Subject Area(s)**

<table>
<thead>
<tr>
<th>Subject Area/Result</th>
<th>SOD</th>
</tr>
</thead>
<tbody>
<tr>
<td>PHYSICAL ENVIRONMENT/SAFETY</td>
<td>9G9T11</td>
</tr>
</tbody>
</table>

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*This is Page 18 of 32 total pages. If printing this report ensure that your printer is set to print only the desired pages.*

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**Facility Information**

Facility Name: NORTHGATE (0011948)
Address: 1314 - 214TH AVE, NEW RICHMOND, WI 54017
License Status: REGULAR
Licensed/Certified/Registered 4/27/2007 12:00:00AM
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4790

**Survey History**

<table>
<thead>
<tr>
<th>Survey ID</th>
<th>End Date</th>
<th>Type</th>
<th>Purpose</th>
<th>Results</th>
<th>Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>0131645</td>
<td>10/1/2019</td>
<td>OTHER</td>
<td>VERIFICATION VISIT</td>
<td>NO STATEMENT OF DEFICIENCY ISSUED</td>
<td></td>
</tr>
<tr>
<td>0131011</td>
<td>5/29/2019</td>
<td>OTHER</td>
<td>VERIFICATION VISIT</td>
<td>ENFORCEMENT ACTION</td>
<td></td>
</tr>
<tr>
<td>0128701</td>
<td>10/9/2018</td>
<td>ABBREVIATED</td>
<td>SURVEY</td>
<td>ENFORCEMENT ACTION</td>
<td></td>
</tr>
</tbody>
</table>

**Statement of Deficiency: #CQD312 Served 8/5/2019**

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Verified</th>
<th>Corrected</th>
</tr>
</thead>
<tbody>
<tr>
<td>88.05(3)(b)</td>
<td>FREE OF HAZARDS</td>
<td>10/1/19</td>
<td>Yes</td>
</tr>
</tbody>
</table>

**Statement of Deficiency: #CQD311 Served 12/14/2018**

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Verified</th>
<th>Corrected</th>
</tr>
</thead>
<tbody>
<tr>
<td>88.05(3)(b)</td>
<td>FREE OF HAZARDS</td>
<td>5/29/19</td>
<td>No</td>
</tr>
<tr>
<td>88.05(4)(b)1</td>
<td>FIRE SAFETY-SMOKE DETECTORS</td>
<td>5/29/19</td>
<td>Yes</td>
</tr>
</tbody>
</table>

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Provider Inspection Summary
For the period 2/9/2017 to 2/9/2020
Adult Family Home

<table>
<thead>
<tr>
<th>Date</th>
<th>SOD #</th>
<th>Appealed</th>
<th>Sanctions</th>
</tr>
</thead>
<tbody>
<tr>
<td>8/1/2019</td>
<td>CQD312</td>
<td>No</td>
<td>COMPLY WITH REQUIREMENT</td>
</tr>
<tr>
<td>12/7/2018</td>
<td>CQD311</td>
<td>No</td>
<td>COMPLY WITH REQUIREMENT</td>
</tr>
</tbody>
</table>

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### Facility Information

- **Facility Name:** NORTHSIDE (0010811)
- **Address:** 900 N FOURTH ST, NEW RICHMOND, WI 54017
- **License Status:** REGULAR
- **Licensed/Certified/Registered:** 1/3/2005 12:00:00AM
- **Regional Office:** WESTERN REGION (EAU CLAIRE), (715) 836-4790

### Survey History

- **Survey ID:** 0131383
- **End Date:** 9/5/2019
- **Type:** ABBREVIATED
- **Purpose:** SURVEY

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

<table>
<thead>
<tr>
<th>Facility Name:</th>
<th>NORTHWEST TRANSITIONS (0013948)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>847 HIGHVIEW DRIVE UNIT A, NEW RICHMOND, WI 54017</td>
</tr>
<tr>
<td>License Status:</td>
<td>REGULAR</td>
</tr>
<tr>
<td>Licensed/Certified/Registered:</td>
<td>12/19/2011 12:00:00AM</td>
</tr>
<tr>
<td>Regional Office:</td>
<td>WESTERN REGION (EAU CLAIRE), (715) 836-4790</td>
</tr>
</tbody>
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## Survey History

<table>
<thead>
<tr>
<th>Survey ID:</th>
<th>0126541</th>
<th>End Date:</th>
<th>4/19/2018</th>
<th>Type: STANDARD</th>
<th>Purpose: SURVEY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Results:</td>
<td>NO STATEMENT OF DEFICIENCY ISSUED</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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## Facility Information

Facility Name: OAKSIDE (0017003)
Address: 330 OAK AVE, NEW RICHMOND, WI 54017
License Status: REGULAR
Licensed/Certified/Registered 1/25/2018 12:00:00AM
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4790

## Survey History

Survey ID: 0125761  End Date: 1/25/2018  Type: INITIAL  Purpose: SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED
### Facility Information

**Facility Name:** PINE VIEW (0010213)

**Address:** 727 E SIXTH STREET, NEW RICHMOND, WI 54017

**License Status:** REGULAR

Licensed/Certified/Registered 9/16/2003 12:00:00AM

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

### Survey History

<table>
<thead>
<tr>
<th>Survey ID</th>
<th>End Date</th>
<th>Type</th>
<th>Purpose</th>
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</thead>
<tbody>
<tr>
<td>0131643</td>
<td>10/1/2019</td>
<td>OTHER</td>
<td>VERIFICATION VISIT</td>
</tr>
<tr>
<td>0131484</td>
<td>8/6/2019</td>
<td>OTHER</td>
<td>VERIFICATION VISIT</td>
</tr>
</tbody>
</table>

#### Results

- **Survey ID: 0131643**
  - **End Date:** 10/1/2019
  - **Type:** OTHER
  - **Purpose:** VERIFICATION VISIT
  - **Results:** NO STATEMENT OF DEFICIENCY ISSUED

- **Survey ID: 0131484**
  - **End Date:** 8/6/2019
  - **Type:** OTHER
  - **Purpose:** VERIFICATION VISIT
  - **Results:** ENFORCEMENT ACTION

#### Statement of Deficiency:

#KF4M12 Served 9/17/2019

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance Verified</th>
<th>Corrected</th>
</tr>
</thead>
<tbody>
<tr>
<td>88.05(2)(a)</td>
<td>DIFFICULTY WALKING</td>
<td>10/1/19</td>
<td>Yes</td>
</tr>
<tr>
<td>88.05(4)(c)</td>
<td>EXITING FROM THE FIRST FLOOR</td>
<td>10/1/19</td>
<td>Yes</td>
</tr>
</tbody>
</table>
Provider Inspection Summary

For the period 2/9/2017 to 2/9/2020
Adult Family Home

Survey ID: 0128700   End Date: 10/9/2018   Type: ABBREVIATED   Purpose: SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #KF4M11 Served 12/14/2018

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>88.04(2)(h)</td>
<td>COMPLY WITH OSHA</td>
<td>Verified: 8/6/19</td>
</tr>
<tr>
<td>88.05(2)(a)</td>
<td>DIFFICULTY WALKING</td>
<td>Corrected: Yes</td>
</tr>
<tr>
<td>88.05(4)(c)1</td>
<td>EXITING FROM THE FIRST FLOOR</td>
<td>Verified: 8/6/19</td>
</tr>
<tr>
<td>88.06(3)(f)</td>
<td>REVIEW OF ISP</td>
<td>Corrected: Yes</td>
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</table>

Enforcement History (PINE VIEW--0010213)

Date: 9/17/2019   SOD #KF4M12   Appealed: No
Sanctions
COMPLY WITH DEPARTMENT PLAN OF CORRECTION

Date: 12/7/2018   SOD #KF4M11   Appealed: No
Sanctions
COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT

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## Facility Information

**Facility Name:** REM WISCONSIN INC PHEASANT RUN (0015659)  
**Address:** 1260 PHEASANT RUN, NEW RICHMOND, WI 54017  
**License Status:** REGULAR  
**Licensed/Certified/Registered:** 5/11/2015 12:00:00AM  
**Regional Office:** WESTERN REGION (EAU CLAIRE), (715) 836-4790

## Survey History

<table>
<thead>
<tr>
<th>Survey ID</th>
<th>End Date</th>
<th>Type</th>
<th>Purpose</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>0131568</td>
<td>9/23/2019</td>
<td>OTHER</td>
<td>DESK REVIEW</td>
<td>NO STATEMENT OF DEFICIENCY ISSUED</td>
</tr>
<tr>
<td>0131395</td>
<td>9/5/2019</td>
<td>STANDARD</td>
<td>SURVEY</td>
<td>STATEMENT OF DEFICIENCY ISSUED</td>
</tr>
<tr>
<td>0127994</td>
<td>8/30/2018</td>
<td>OTHER</td>
<td>VERIFICATION VISIT</td>
<td>NO STATEMENT OF DEFICIENCY ISSUED</td>
</tr>
</tbody>
</table>

### Statement of Deficiency:

| #MW2D11 | Served 9/10/2019 |

### Deficiencies Cited

<table>
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<tr>
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<th>Subject Area</th>
<th>Verified</th>
<th>Corrected</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>88.05(4)(d)2.a FIRE SAFETY EVACUATION PLAN REVIEW</td>
<td>9/23/19</td>
<td>Yes</td>
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<tr>
<td>Yes</td>
<td>88.06(3)(a) INDIVIDUAL SERVICE PLAN &amp; ASSESSMENT</td>
<td>9/23/19</td>
<td>Yes</td>
</tr>
</tbody>
</table>

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Provider Inspection Summary

For the period 2/9/2017 to 2/9/2020

Adult Family Home

Survey ID: 0127524   End Date: 6/13/2018   Type: OTHER   Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #WPKP11 Served 7/20/2018

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance</th>
</tr>
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<tbody>
<tr>
<td>88.10(3)(m)</td>
<td>FREEDOM FROM ABUSE</td>
<td>Verified</td>
</tr>
</tbody>
</table>

Survey ID: 0123759   End Date: 7/12/2017   Type: STANDARD   Purpose: SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (REM WISCONSIN INC PHEASANT RUN--0015659)

Date: 7/20/2018   SOD #WPKP11   Appealed: No

Sanctions
COMPLY WITH DEPARTMENT PLAN OF CORRECTION

Complaint History (REM WISCONSIN INC PHEASANT RUN--0015659)

Date Complaint Received: 6/4/2018   Date Investigation Completed: 6/13/2018

<table>
<thead>
<tr>
<th>Subject Area(s)</th>
<th>Result</th>
<th>SOD #</th>
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</thead>
<tbody>
<tr>
<td>PROGRAM SERVICES</td>
<td>SUBSTANTIATED</td>
<td>WPKP11</td>
</tr>
<tr>
<td>STAFF TRAINING AND PROFICIENCY</td>
<td>NOT SUBSTANTIATED</td>
<td></td>
</tr>
</tbody>
</table>

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Provider Inspection Summary
For the period 2/9/2017 to 2/9/2020
Adult Family Home

Facility Information

Facility Name: THUNDERWILLOW RESIDENTIAL 001 (0017534)
Address: 1246 CREEKWOOD DRIVE, NEW RICHMOND, WI 54017
License Status: REGULAR
Licensed/Certified/Registered 6/15/2019 12:00:00AM
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0130544 End Date: 6/15/2019 Type: INITIAL Purpose: SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED
## Facility Information

Facility Name: THUNDERWILLOW RESIDENTIAL 002 (0017535)  
Address: 1382 CREEKWOOD DRIVE, NEW RICHMOND, WI 54017  
License Status: REGULAR  
Licensed/Certified/Registered 5/1/2019 12:00:00AM  
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4790

## Survey History

<table>
<thead>
<tr>
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<th>End Date: 5/1/2019</th>
<th>Type: INITIAL</th>
<th>Purpose: SURVEY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Results: LICENSE/CERT/REGISTRATION ISSUED</td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>
Facility Information

Facility Name: THUNDERWILLOW RESIDENTIAL 003 (0017536)
Address: 1234 CREEKWOOD DRIVE, NEW RICHMOND, WI 54017
License Status: REGULAR
Licensed/Certified/Registered 6/15/2019 12:00:00AM
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0130542 End Date: 6/15/2019 Type: INITIAL Purpose: SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED
Provider Inspection Summary
For the period 2/9/2017 to 2/9/2020
Adult Family Home

Facility Information

Facility Name: WINDSOR POND HOUSE (0016579)
Address: 1722 DUCKTAIL COURT, NEW RICHMOND, WI 54017
License Status: REGULAR
Licensed/Certified/Registered 5/8/2017 12:00:00AM
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0132457 End Date: 1/14/2020 Type: OTHER Purpose: COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0130239 End Date: 5/15/2019 Type: STANDARD Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0123242 End Date: 5/8/2017 Type: INITIAL Purpose: SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED

Complaint History (WINDSOR POND HOUSE--0016579)

Date Complaint Received: 11/22/2019 Date Investigation Completed: 1/14/2020
Subject Area(s) Result SOD #
PROGRAM SERVICES NOT SUBSTANTIATED
RESIDENT RIGHTS NOT SUBSTANTIATED
STAFF TRAINING AND PROFICIENCY NOT SUBSTANTIATED

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Provider Inspection Summary
For the period 2/9/2017 to 2/9/2020
Adult Family Home

Facility Information

Facility Name: REM WISCONSIN III INC GLENMEADOW (0013660)
Address: 550 GLENMEADOW STREET, RIVER FALLS, WI 54022
License Status: REGULAR
Licensed/Certified/Registered 2/23/2011 12:00:00AM
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0126931  End Date: 5/30/2018  Type: OTHER  Purpose: VERIFICATION VISIT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0126328  End Date: 2/23/2018  Type: STANDARD  Purpose: SURVEY
Results: ENFORCEMENT ACTION
Statement of Deficiency: #FD5H11  Served 3/29/2018

<table>
<thead>
<tr>
<th>Compliance</th>
<th>Subject Area</th>
<th>Verified</th>
<th>Corrected</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>88.05(3)(a) HOME ENVIRONMENT</td>
<td>5/30/18</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>88.10(3)(l) SAFE PHYSICAL ENVIRONMENT</td>
<td>5/30/18</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Enforcement History (REM WISCONSIN III INC GLENMEADOW--0013660)

Date: 3/29/2018  SOD #FD5H11  Appealed: No
Sanctions
COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT

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