

Provider Inspection Summary

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

St Croix

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 31.00 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: Keela House (0018939)

Address: 480 Tracey Lane Unit A, Hudson, WI 54016

License Status: REGULAR

Licensed/Certified/Registered 09/22/2022 12:00:00AM

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

Survey History

Survey ID: 0140993 **End Date:** 09/22/2022 **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: REM NAMEKAGON LOOP (0009105)

Address: 1222 NAMEKAGON LOOP, HUDSON, WI 54016

License Status: REGULAR

Licensed/Certified/Registered 09/01/2000 12:00:00AM

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

Survey History

Survey ID: 0145545 **End Date:** 12/21/2023 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #JZC611 Served 02/08/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY		
88.05(3)(e)2.b	INSPECTIONS-GAS FURNACE		

Enforcement History (REM NAMEKAGON LOOP--0009105)

Date: 02/08/2024 **SOD #**JZC611 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: Venture Health (0020099)

Address: 494 Prairie Ln Apt A, Hudson, WI 540164527

License Status: REGULAR

Licensed/Certified/Registered 02/03/2025 12:00:00AM

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

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Provider Inspection Summary

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

Adult Family Home

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 01/11/2005 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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Provider Inspection Summary

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

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 03/07/2017 12:00:00AM

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

Survey History

Survey ID: 0146498 **End Date:** 05/20/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0144776 **End Date:** 09/26/2023 **Type:** ABBREVIATED **Purpose:** SURVEY/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #UYDK11 Served 11/08/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(b)	AWAKE STAFF FOR CONTINUOUS CARE	5/20/24	Yes

Enforcement History (BEAR CREEK HOUSE--0016578)

Date: 11/08/2023 **SOD #**UYDK11 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: CHRIS HOMES LLC (0018125)

Address: 1416 138TH AVENUE, NEW RICHMOND, WI 54017

License Status: REGULAR

Licensed/Certified/Registered 06/25/2020 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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Provider Inspection Summary

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

Adult Family Home

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 11/01/2018 12:00:00AM

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

Survey History

Survey ID: 0146499 **End Date:** 05/20/2024 **Type:** STANDARD **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: MEADOW VIEW (0010211)

Address: 601 HAGEN AVE, NEW RICHMOND, WI 54017

License Status: REGULAR

Licensed/Certified/Registered 09/16/2003 12:00:00AM

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

Survey History

Survey ID: 0146550 End Date: 05/15/2024 Type: ABBREVIATED Purpose: SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #HW7Q11 Served 05/29/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.07(3)(a)	PRESCRIPTION MEDICATIONS		
88.07(3)(e)1	MEDICATION- RECORD KEEPING		

Enforcement History (MEADOW VIEW--0010211)

Date: 05/29/2024 SOD #HW7Q11 Appealed: No

Sanctions

ORDER TO COMPLY

Complaint History (MEADOW VIEW--0010211)

Date Complaint Received: 03/15/2024

Date Investigation Completed: 05/15/2024

Subject Area(s)
PROGRAM SERVICES

Result
SUBSTANTIATED

SOD #
HW7Q11

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: NORTHGATE (0011948)

Address: 1314 - 214TH AVE, NEW RICHMOND, WI 54017

License Status: REGULAR

Licensed/Certified/Registered 04/27/2007 12:00:00AM

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

Survey History

Survey ID: 0143517 End Date: 06/21/2023 Type: OTHER Purpose: VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0142621 End Date: 01/26/2023 Type: OTHER Purpose: VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #PCOC12 Served 03/31/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(a)	HOME ENVIRONMENT	6/21/23	Yes

Survey ID: 0139796 End Date: 05/26/2022 Type: STANDARD Purpose: SURVEY/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #PCOC11 Served 06/09/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(a)	HOME ENVIRONMENT	1/26/23	No
88.06(3)(f)	REVIEW OF ISP	1/26/23	Yes

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Provider Inspection Summary

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

Adult Family Home

Enforcement History (NORTHGATE--0011948)

Date: 03/31/2023 **SOD #**PCOC12 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 06/08/2022 **SOD #**PCOC11 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: NORTHSIDE (0010811)

Address: 900 N FOURTH ST, NEW RICHMOND, WI 54017

License Status: REGULAR

Licensed/Certified/Registered 01/03/2005 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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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: NORTHWEST TRANSITIONS (0013948)

Address: 847 HIGHVIEW DRIVE UNIT A, NEW RICHMOND, WI 54017

License Status: REGULAR

Licensed/Certified/Registered 12/19/2011 12:00:00AM

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

Survey History

Survey ID: 0142749 **End Date:** 04/10/2023 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #PBDG11 Served 04/12/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u> <u>Verified</u>	<u>Corrected</u>
88.05(4)(a)	FIRE SAFETY-FIRE EXTINGUISHERS	5/27/23	

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: OAKSIDE (0017003)

Address: 330 OAK AVE, NEW RICHMOND, WI 54017

License Status: REGULAR

Licensed/Certified/Registered 01/25/2018 12:00:00AM

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

Survey History

Survey ID: 0147508 End Date: 08/12/2024 Type: OTHER Purpose: VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #3CV212 Served 09/05/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.03(5)(e)1	SIGNIFICANT CHANGE TO THE RESIDENT		
88.06(3)(f)	REVIEW OF ISP		
88.07(3)(e)1	MEDICATION- RECORD KEEPING		

Survey ID: 0143543 End Date: 06/27/2023 Type: STANDARD Purpose: SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #3CV211 Served 06/30/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(a)	HOME ENVIRONMENT	8/12/24	Yes
88.06(2)(c)8	RESIDENT RIGHTS AND GRIEVANCE	8/12/24	Yes
88.07(3)(e)1	MEDICATION- RECORD KEEPING	8/12/24	No
88.07(4)(c)	FOOD PREPARED AND STORED SANITARY WAY	8/12/24	Yes

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Provider Inspection Summary

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

Adult Family Home

Enforcement History (OAKSIDE--0017003)

Date: 09/05/2024 **SOD #**3CV212 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 06/30/2023 **SOD #**3CV211 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: PINE VIEW (0010213)

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

License Status: REGULAR

Licensed/Certified/Registered 09/16/2003 12:00:00AM

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

Survey History

Survey ID: 0144756 **End Date:** 11/03/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0142054 **End Date:** 01/26/2023 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140942 **End Date:** 06/29/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #ZE6Q11 Served 10/06/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
88.04(2)(g)1	HEALTH SCREENING FOR STAFF	1/26/23	Yes
88.06(3)(f)	REVIEW OF ISP	1/26/23	Yes
88.09(1)(a)	RESIDENT RECORDS	1/26/23	Yes
88.10(3)(a)	FAIR TREATMENT	1/26/23	Yes
88.10(3)(n)1	FREEDOM FROM SECLUSION AND RESTRAINTS	1/26/23	Yes

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: REM DOMAN (0018286)

Address: 1366 DOMAN DR, NEW RICHMOND, WI 54017

License Status: REGULAR

Licensed/Certified/Registered 10/12/2020 12:00:00AM

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

Survey History

Survey ID: 0144443 **End Date:** 09/27/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140760 **End Date:** 06/29/2022 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #1MIT11 Served 09/15/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(g)1	HEALTH SCREENING FOR STAFF	9/27/23	Yes
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS	9/27/23	Yes
88.05(3)(a)	HOME ENVIRONMENT	9/27/23	Yes
88.07(3)(a)	PRESCRIPTION MEDICATIONS	9/27/23	Yes
88.10(3)(b)	PRIVACY	9/27/23	Yes
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT	9/27/23	Yes
88.10(3)(m)	FREEDOM FROM ABUSE	9/27/23	Yes

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Provider Inspection Summary

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

Adult Family Home

Enforcement History (REM DOMAN--0018286)

Date: 09/15/2022 **SOD #**1MIT11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: REM WISCONSIN INC PHEASANT RUN (0015659)

Address: 1260 PHEASANT RUN, NEW RICHMOND, WI 54017

License Status: REGULAR

Licensed/Certified/Registered 05/11/2015 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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Provider Inspection Summary

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

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 06/15/2019 12:00:00AM

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

Survey History

Survey ID: 0147820 **End Date:** 10/04/2024 **Type:** STANDARD **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: THUNDERWILLOW RESIDENTIAL 002 (0017535)

Address: 1382 CREEKWOOD DRIVE, NEW RICHMOND, WI 54017

License Status: REGULAR

Licensed/Certified/Registered 05/01/2019 12:00:00AM

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

Survey History

Survey ID: 0147819 **End Date:** 10/04/2024 **Type:** STANDARD **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: THUNDERWILLOW RESIDENTIAL 003 (0017536)
Address: 1234 CREEKWOOD DRIVE, NEW RICHMOND, WI 54017
License Status: REGULAR
Licensed/Certified/Registered 06/15/2019 12:00:00AM
Regional Office: NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0147810 **End Date:** 10/04/2024 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #PCL911 Served 10/14/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(4)(b)1	FIRE SAFETY-SMOKE DETECTORS		
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT		

Enforcement History (THUNDERWILLOW RESIDENTIAL 003--0017536)

Date: 10/14/2024 **SOD #**PCL911 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

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

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 05/08/2017 12:00:00AM

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

Survey History

Survey ID: 0147339 **End Date:** 08/07/2024 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0146529 **End Date:** 05/20/2024 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #099111 Served 05/24/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(b)	AWAKE STAFF FOR CONTINUOUS CARE	8/7/24	Yes

Enforcement History (WINDSOR POND HOUSE--0016579)

Date: 05/24/2024 **SOD #**099111 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

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

Adult Family Home

Complaint History (WINDSOR POND HOUSE--0016579)

Date Complaint Received: 06/10/2024

Date Investigation Completed: 08/07/2024

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: GROWING WINGS LLC UNIT 101 (0020440)

Address: 745 PARENT STREET UNIT 101, SOMERSET, WI 54025

License Status: REGULAR

Licensed/Certified/Registered 10/01/2024 12:00:00AM

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

Survey History

Survey ID: 0147739 **End Date:** 10/01/2024 **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: GROWING WINGS LLC UNIT 102 (0020435)

Address: 745 PARENT STREET, UNIT 102, SOMERSET, WI 54025

License Status: REGULAR

Licensed/Certified/Registered 10/01/2024 12:00:00AM

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

Survey History

Survey ID: 0147742 **End Date:** 10/01/2024 **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: GROWING WINGS LLC UNIT 103 (0020438)

Address: 745 PARENT STREET UNIT 103, SOMERSET, WI 54025

License Status: REGULAR

Licensed/Certified/Registered 10/01/2024 12:00:00AM

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

Survey History

Survey ID: 0147744 **End Date:** 10/01/2024 **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: GROWING WINGS LLC UNIT 104 (0020436)

Address: 745 PARENT STREET UNIT 104, SOMERSET, WI 54025

License Status: REGULAR

Licensed/Certified/Registered 10/01/2024 12:00:00AM

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

Survey History

Survey ID: 0147747 **End Date:** 10/01/2024 **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: GROWING WINGS LLC UNIT 105 (0020439)

Address: 745 PARENT STREET UNIT 105, SOMERSET, WI 54025

License Status: REGULAR

Licensed/Certified/Registered 10/01/2024 12:00:00AM

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

Survey History

Survey ID: 0147749 **End Date:** 10/01/2024 **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: GROWING WINGS LLC UNIT 106 (0020437)

Address: 745 PARENT STREET UNIT 106, SOMERSET, WI 54025

License Status: REGULAR

Licensed/Certified/Registered 10/01/2024 12:00:00AM

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

Survey History

Survey ID: 0147750 **End Date:** 10/01/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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