

Provider Inspection Summary

For the period 08/25/2018 to 08/24/2021

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 25.00 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 08/25/2018 to 08/24/2021

Adult Family Home

Facility Information

Facility Name: HOMETOWN SENIOR LIVING (0012702)

Address: 1015 CREST VIEW DR, HUDSON, WI 54016

License Status: REGULAR

Licensed/Certified/Registered 05/12/2009 12:00:00AM

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

Survey History

Survey ID: 0136466 **End Date:** 06/10/2021 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0134603 **End Date:** 08/11/2020 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #DF7K11 Served 08/26/2020

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(4)(c)1	EXITING FROM THE FIRST FLOOR	6/10/21	Yes
88.11(1)	REPORTING OF ABUSE AND NEGLECT	6/10/21	Yes

Enforcement History (HOMETOWN SENIOR LIVING--0012702)

Date: 08/26/2020 **SOD #**DF7K11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

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Provider Inspection Summary

For the period 08/25/2018 to 08/24/2021

Adult Family Home

Complaint History (HOMETOWN SENIOR LIVING--0012702)

Date Complaint Received: 03/27/2020

Date Investigation Completed: 08/11/2020

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

DF7K11

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Provider Inspection Summary

For the period 08/25/2018 to 08/24/2021

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: 0128536 **End Date:** 11/07/2018 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 08/25/2018 to 08/24/2021

Adult Family Home

Facility Information

Facility Name: REM WISCONSIN III INC 117TH (0015051)

Address: 357 117TH AVE, HUDSON, WI 54016

License Status: REGULAR

Licensed/Certified/Registered 04/15/2014 12:00:00AM

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

Survey History

Survey ID: 0134589 **End Date:** 08/20/2020 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0129844 **End Date:** 04/10/2019 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (REM WISCONSIN III INC 117TH--0015051)

Date Complaint Received: 06/22/2020

Date Investigation Completed: 08/20/2020

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 08/25/2018 to 08/24/2021

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

Survey ID: 0131394 **End Date:** 09/05/2019 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0130315 **End Date:** 05/22/2019 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0129913 **End Date:** 02/18/2019 **Type:** OTHER **Purpose:** SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #W9T411 Served 04/17/2019

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
88.04(2)(h)	COMPLY WITH OSHA	5/22/19	Yes
88.07(3)(a)	PRESCRIPTION MEDICATIONS	5/22/19	Yes

Enforcement History (AURORA RESIDENTIAL ALTERNATIVES INC 037--0010825)

Date: 04/17/2019 **SOD #**W9T411 **Appealed:** No

Sanctions

OTHER SANCTION

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Provider Inspection Summary

For the period 08/25/2018 to 08/24/2021

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: 0129604 **End Date:** 03/19/2019 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 08/25/2018 to 08/24/2021

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

Survey ID: 0134177 **End Date:** 06/25/2020 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 08/25/2018 to 08/24/2021

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: 0128470 **End Date:** 11/01/2018 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 08/25/2018 to 08/24/2021

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: 0131647 **End Date:** 10/01/2019 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0131374 **End Date:** 07/10/2019 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #9G9T11 Served 09/09/2019

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

Survey ID: 0127995 **End Date:** 08/30/2018 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (MEADOW VIEW--0010211)

Date: 09/06/2019 **SOD #**9G9T11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT

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Provider Inspection Summary

For the period 08/25/2018 to 08/24/2021

Adult Family Home

Complaint History (MEADOW VIEW--0010211)

Date Complaint Received: 06/25/2019

Date Investigation Completed: 07/10/2019

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

SUBSTANTIATED

9G9T11

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Provider Inspection Summary

For the period 08/25/2018 to 08/24/2021

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: 0131645 **End Date:** 10/01/2019 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0131011 **End Date:** 05/29/2019 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #CQD312 Served 08/05/2019

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(b)	FREE OF HAZARDS	10/1/19	Yes

Survey ID: 0128701 **End Date:** 10/09/2018 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

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

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(b)	FREE OF HAZARDS	5/29/19	No
88.05(4)(b)1	FIRE SAFETY-SMOKE DETECTORS	5/29/19	Yes

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Provider Inspection Summary

For the period 08/25/2018 to 08/24/2021

Adult Family Home

Enforcement History (NORTHGATE--0011948)

Date: 08/01/2019 **SOD #CQD312** **Appealed: No**

Sanctions

COMPLY WITH REQUIREMENT

Date: 12/07/2018 **SOD #CQD311** **Appealed: No**

Sanctions

COMPLY WITH REQUIREMENT

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Provider Inspection Summary

For the period 08/25/2018 to 08/24/2021

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

Survey ID: 0131383 **End Date:** 09/05/2019 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 08/25/2018 to 08/24/2021

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

No survey activity during the period 8/25/18 to 8/24/21

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Provider Inspection Summary

For the period 08/25/2018 to 08/24/2021

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

No survey activity during the period 8/25/18 to 8/24/21

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Provider Inspection Summary

For the period 08/25/2018 to 08/24/2021

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: 0131643 **End Date:** 10/01/2019 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0131484 **End Date:** 08/06/2019 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #KF4M12 Served 09/17/2019

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(2)(a)	DIFFICULTY WALKING	10/1/19	Yes
88.05(4)(c)1	EXITING FROM THE FIRST FLOOR	10/1/19	Yes

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Provider Inspection Summary

For the period 08/25/2018 to 08/24/2021

Adult Family Home

Survey ID: 0128700 **End Date: 10/09/2018** **Type: ABBREVIATED** **Purpose: SURVEY**

Results: ENFORCEMENT ACTION

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

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
88.04(2)(h)	COMPLY WITH OSHA	8/6/19	Yes
88.05(2)(a)	DIFFICULTY WALKING	8/6/19	No
88.05(4)(c)1	EXITING FROM THE FIRST FLOOR	8/6/19	No
88.06(3)(f)	REVIEW OF ISP	8/6/19	Yes

Enforcement History (PINE VIEW--0010213)

Date: 09/17/2019 **SOD #KF4M12** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

Date: 12/07/2018 **SOD #KF4M11** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT

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Provider Inspection Summary

For the period 08/25/2018 to 08/24/2021

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: 0135003 **End Date:** 10/08/2020 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 08/25/2018 to 08/24/2021

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

Survey ID: 0131568 **End Date:** 09/23/2019 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0131395 **End Date:** 09/05/2019 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #MW2D11 Served 09/10/2019

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(4)(d)2.a	FIRE SAFETY EVACUATION PLAN REVIEW	9/23/19	Yes
88.06(3)(a)	INDIVIDUAL SERVICE PLAN & ASSESSMENT	9/23/19	Yes

Survey ID: 0127994 **End Date:** 08/30/2018 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 08/25/2018 to 08/24/2021

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: 0130544 **End Date:** 06/15/2019 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 08/25/2018 to 08/24/2021

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: 0130111 **End Date:** 05/01/2019 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 08/25/2018 to 08/24/2021

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: 0130542 **End Date:** 06/15/2019 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 08/25/2018 to 08/24/2021

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: 0132457 **End Date:** 01/14/2020 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0130239 **End Date:** 05/15/2019 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (WINDSOR POND HOUSE--0016579)

Date Complaint Received: 11/22/2019

Date Investigation Completed: 01/14/2020

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 08/25/2018 to 08/24/2021

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 02/23/2011 12:00:00AM

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

Survey History

No survey activity during the period 8/25/18 to 8/24/21

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