

Provider Inspection Summary

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

Notes

This report includes Provider Inspection Summaries (Facility Profiles) for Community-Based Residential Facilities in St Croix County.

The report is a PDF (Adobe Acrobat) document and includes a total of 38.00 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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: AURORA RES ALTERNATIVES INC 075 (0008753)

Address: 1740 6TH AVENUE, BALDWIN, WI 54002

License Status: REGULAR

Licensed/Certified/Registered 04/01/2000 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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: AURORA RESIDENTIAL ALTERNATIVES 023 (0011656)

Address: 1760 SIXTH AVE, BALDWIN, WI 54002

License Status: REGULAR

Licensed/Certified/Registered 10/11/2006 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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: BIRCH HAVEN (0014945)

Address: 640 ELM ST, BALDWIN, WI 54002

License Status: REGULAR

Licensed/Certified/Registered 02/01/2015 12:00:00AM

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

Survey History

Survey ID: 0135254 **End Date:** 12/03/2020 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0131581 **End Date:** 09/24/2019 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (BIRCH HAVEN--0014945)

Date Complaint Received: 11/17/2020

Date Investigation Completed: 12/03/2020

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: COMFORTS OF HOME BALDWIN (0009851)

Address: 1880 FOURTH AVE, BALDWIN, WI 54002

License Status: REGULAR

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

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

Survey History

Survey ID: 0136477 **End Date:** 06/10/2021 **Type:** STANDARD **Purpose:** SURVEY/VV

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #DHW715 Served 06/15/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.47(2)(e)	OTHER EVACUATION DRILLS	7/30/21	

Survey ID: 0135954 **End Date:** 03/29/2021 **Type:** OTHER **Purpose:** SELF REPORT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #DHW714 Served 04/13/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)(i)	RIGHTS OF RESIDENTS: PROMPT AND ADEQUATE TREATMENT	6/10/21	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0135464 **End Date: 01/12/2021** **Type: OTHER** **Purpose: COMPLAINT/SELF REPORT/VV**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #DHW713 Served 01/22/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.38(1)(h)	MEDICATION ADMINISTRATION	3/29/21	Yes

Survey ID: 0135022 **End Date: 09/29/2020** **Type: OTHER** **Purpose: ADDITIONAL VV EVENT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

83.37(2)(e)	OTHER ADMINISTRATION GIVEN OR DELEGATED BY RN	1/12/21	Yes
83.37(3)(g)	MEDICATION STORAGE: CONTROLLED SUBSTANCES	1/12/21	Yes
83.39(3)	HAND WASHING	1/12/21	Yes

Survey ID: 0134011 **End Date: 06/15/2020** **Type: OTHER** **Purpose: SELF REPORT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #DHW711 Served 06/29/2020

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	9/29/20	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0133984 **End Date:** 04/09/2020 **Type:** OTHER **Purpose:** SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #WGPG11 Served 06/22/2020

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(2)(j)	NOT PERMIT A CONDITION OF SUBSTANTIAL RISK	9/23/20	Yes
83.36(2)	MAINTAIN CURRENT WRITTEN STAFFING SCHEDULE	9/23/20	Yes
83.37(2)(e)	OTHER ADMINISTRATION GIVEN OR DELEGATED BY RN	9/23/20	Yes

Survey ID: 0131306 **End Date:** 08/28/2019 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0131264 **End Date:** 08/14/2019 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #JIK512 Served 08/22/2019

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.59(4)(b)	DELAYED EGRESS: LOCKING DEVICE SIGN POSTED	8/28/19	Yes
83.59(4)(e)	DELAYED EGRESS: IRREVERSIBLE PROCESS RELEASE	8/28/19	Yes

Survey ID: 0130290 **End Date:** 05/16/2019 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0130247 **End Date: 02/26/2019** **Type: STANDARD** **Purpose: SURVEY/COMPLAINT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #JIK511 Served 05/16/2019

<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	8/8/19	Yes
83.32(3)(n)	RIGHTS OF RESIDENTS: SAFE ENVIRONMENT	8/8/19	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	8/8/19	Yes
83.37(1)(d)	DOCUMENTATION	8/8/19	Yes
83.37(1)(k)	MEDICATION ERROR OR ADVERSE REACTION	8/8/19	Yes
83.37(3)(c)	MEDICATION STORAGE: LOCKED CABINET	8/8/19	Yes
83.38(1)(g)	HEALTH MONITORING	8/8/19	Yes
83.45(3)	TOXIC SUBSTANCES	8/8/19	Yes
83.46(1)(b)	PORTABLE SPACE HEATERS PROHIBITED	8/8/19	Yes
83.47(2)(d)	FIRE DRILLS	8/8/19	Yes
83.59(1)(g)	PROPER EXIT LOCATIONS, SIDEWALKS, DRIVEWAYS	8/8/19	Yes

Survey ID: 0128623 **End Date: 11/26/2018** **Type: OTHER** **Purpose: DESK REVIEW**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0128504 **End Date: 11/06/2018** **Type: OTHER** **Purpose: COMPLAINT/SELF REPORT**

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #K4E311 Served 11/07/2018

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.38(1)(g)	HEALTH MONITORING	11/26/18	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (COMFORTS OF HOME BALDWIN--0009851)

Date: 04/13/2021 **SOD #DHW714** **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 01/21/2021 **SOD #DHW713** **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 10/26/2020 **SOD #DHW712** **Appealed:**

Sanctions

FORFEITURE---83.37(2)(e)

FORFEITURE---83.37(3)(g)

FORFEITURE---83.39(3)

Date: 06/29/2020 **SOD #DHW711** **Appealed:**

Sanctions

FORFEITURE---83.32(3)(h)

Date: 06/22/2020 **SOD #WGPG11** **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

FORFEITURE---83.14(2)(j)

FORFEITURE---83.37(2)(e)

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date: 05/16/2019

SOD #JIK511

Appealed:

Sanctions

FORFEITURE---83.32(3)(h)
FORFEITURE---83.32(3)(n)
FORFEITURE---83.35(3)(d)
FORFEITURE---83.37(1)(d)
FORFEITURE---83.37(1)(k)
FORFEITURE---83.37(3)(c)
FORFEITURE---83.38(1)(g)
FORFEITURE---83.45(3)
FORFEITURE---83.46(1)(b)
FORFEITURE---83.59(1)(g)

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (COMFORTS OF HOME BALDWIN--0009851)

Date Complaint Received: 12/30/2020

Date Investigation Completed: 01/12/2021

Subject Area(s)
PROGRAM SERVICES

Result
SUBSTANTIATED

SOD #
DHW713

Date Complaint Received: 12/23/2020

Date Investigation Completed: 01/12/2021

Subject Area(s)
ADMINISTRATION

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 09/01/2020

Date Investigation Completed: 09/29/2020

Subject Area(s)
ADMINISTRATION
PROGRAM SERVICES
STAFF TRAINING AND PROFICIENCY

Result
SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #
DHW712

Date Complaint Received: 04/25/2019

Date Investigation Completed: 05/16/2019

Subject Area(s)
STAFF TRAINING AND PROFICIENCY

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 01/16/2019

Date Investigation Completed: 02/26/2019

Subject Area(s)
STAFF TRAINING AND PROFICIENCY

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 10/15/2018

Date Investigation Completed: 11/06/2018

Subject Area(s)
PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES
RESIDENT RIGHTS
STAFF TRAINING AND PROFICIENCY

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
SUBSTANTIATED

SOD #

K4E311

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: GLENHAVEN INC DBA GRAND OAKS CBRF (0016044)
Address: 614 E OAK ST 200-215, GLENWOOD CITY, WI 54013
License Status: REGULAR
Licensed/Certified/Registered 04/08/2016 12:00:00AM
Regional Office: NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0134475 **End Date:** 08/11/2020 **Type:** OTHER **Purpose:** COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0131455 **End Date:** 09/10/2019 **Type:** ABBREVIATED **Purpose:** SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (GLENHAVEN INC DBA GRAND OAKS CBRF--0016044)

<u>Subject Area(s)</u>	<u>Date Investigation Completed:</u>	<u>SOD #</u>
ADMINISTRATION	05/04/2020	08/11/2020
PHYSICAL ENVIRONMENT/SAFETY		

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: J AND J HILLSIDE HOLLOW LLC (0017073)

Address: 1606 COUNTY RD X, GLENWOOD CITY, WI 54013

License Status: REGULAR

Licensed/Certified/Registered 08/01/2019 12:00:00AM

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

Survey History

Survey ID: 0136848 **End Date:** 07/26/2021 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0129573 **End Date:** 03/20/2019 **Type:** STANDARD **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

Complaint History (J AND J HILLSIDE HOLLOW LLC--0017073)

Date Complaint Received: 07/15/2021

Date Investigation Completed: 07/26/2021

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: BURKWOOD TREATMENT CENTER (0012365)

Address: 615 OLD MILL RD, HUDSON, WI 54016

License Status: REGULAR

Licensed/Certified/Registered 10/01/2009 12:00:00AM

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

Survey History

Survey ID: 0128376 **End Date:** 10/17/2018 **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: CAMBRIDGE SENIOR LIVING (0018152)

Address: 2525 WARD AVE, HUDSON, WI 54016

License Status: PROBATIONARY

Licensed/Certified/Registered 04/13/2021 12:00:00AM

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

Survey History

Survey ID: 0136285 **End Date:** 04/13/2021 **Type:** INITIAL **Purpose:** SURVEY

Results: PROBATIONARY LICENSE ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: COMFORTS OF HOME HUDSON II (0014271)

Address: 805 HEGGEN ST, HUDSON, WI 54016

License Status: REGULAR

Licensed/Certified/Registered 07/01/2012 12:00:00AM

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

Survey History

Survey ID: 0135899 **End Date:** 03/30/2021 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0132980 **End Date:** 03/18/2020 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0132934 **End Date:** 03/10/2020 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0132928 **End Date:** 03/05/2020 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #FZ0911 Served 03/13/2020

Deficiencies Cited
83.17(2)(a)

Subject Area
EMPLOYEES SCREENED FOR COMMUNICABLE
DISEASE

Compliance
Verified
3/18/20

Corrected
Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0131120 **End Date:** 08/06/2019 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (COMFORTS OF HOME HUDSON II--0014271)

Date Complaint Received: 03/10/2021

Date Investigation Completed: 03/30/2021

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 03/02/2021

Date Investigation Completed: 03/30/2021

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 02/18/2021

Date Investigation Completed: 03/30/2021

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 01/05/2021

Date Investigation Completed: 03/30/2021

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 11/05/2020

Date Investigation Completed: 03/30/2021

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PROGRAM SERVICES

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date Complaint Received: 03/06/2020

Date Investigation Completed: 03/10/2020

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 07/11/2019

Date Investigation Completed: 08/06/2019

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: COMFORTS OF HOME HUDSON (0010987)

Address: 1111 HEGGEN ST, HUDSON, WI 54016

License Status: REGULAR

Licensed/Certified/Registered 08/01/2006 12:00:00AM

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

Survey History

Survey ID: 0136160 **End Date:** 03/31/2021 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #LHNW11 Served 05/04/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(3)(a)	INVESTIGATE INJURIES OF UNKNOWN SOURCE		
83.15(3)(a)	ADMINISTRATOR SHALL SUPERVISE DAILY OPERATION		
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION		
83.36(1)(a)	ADEQUATE STAFF TO MEET RESIDENT NEEDS		
83.44(2)(b)	TOILET AND BATHING AREA		
83.45(1)(d)	HAZARDS		
83.45(1)(f)	FURNISHINGS CLEAN, SAFE, AND MAINTAINED		
83.46(1)(b)	PORTABLE SPACE HEATERS PROHIBITED		

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0134910 **End Date: 09/25/2020** **Type: OTHER** **Purpose: COMPLAINT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0133857 **End Date: 02/25/2020** **Type: STANDARD** **Purpose: SURVEY**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #0QE612 Served 06/09/2020

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
50.065(2)(bb)	DETERMINE FINAL DISPOSITION OF CHARGE	9/25/20	Yes
83.14(2)(j)	NOT PERMIT A CONDITION OF SUBSTANTIAL RISK	9/25/20	Yes
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	9/25/20	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	9/25/20	Yes
83.39(3)	HAND WASHING	9/25/20	Yes
83.41(3)(b)	FOOD SAFETY	9/25/20	Yes

Survey ID: 0132042 **End Date: 09/24/2019** **Type: OTHER** **Purpose: SELF REPORT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #0QE611 Served 11/25/2019

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.15(3)(a)	ADMINISTRATOR SHALL SUPERVISE DAILY OPERATION	2/25/20	Yes
83.32(3)(m)	RIGHTS OF RESIDENTS: RECORDING AND FILMING	2/25/20	Yes
83.59(2)(a)	ONE-HAND, ONE-MOTION DOOR OPERATION	2/25/20	Yes
83.59(4)(e)	DELAYED EGRESS: IRREVERSIBLE PROCESS RELEASE	2/25/20	Yes
83.59(4)(f)	DELAYED EGRESS: DEPARTMENT APPROVAL	2/25/20	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0131124 **End Date:** 08/06/2019 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0130406 **End Date:** 03/05/2019 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #EEPC11 Served 05/31/2019

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.19	ORIENTATION	8/6/19	Yes
83.41(2)(c)	NUTRITION: MENUS	8/6/19	Yes
83.41(3)(b)	FOOD SAFETY	8/6/19	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (COMFORTS OF HOME HUDSON--0010987)

Date: 05/04/2021 **SOD #**LHNW11 **Appealed:** **Decision:** PENDING

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.12(3)(a)
FORFEITURE---83.15(3)(a)
FORFEITURE---83.32(3)(h)
FORFEITURE---83.36(1)(a)
FORFEITURE---83.44(2)(b)

Date: 06/09/2020 **SOD #**0QE612 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
FORFEITURE---83.14(2)(j)
FORFEITURE---83.35(3)(d)
FORFEITURE---83.39(3)
FORFEITURE---83.41(3)(b)

Date: 11/25/2019 **SOD #**0QE611 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
FORFEITURE---83.15(3)(a)
FORFEITURE---83.59(4)(e)
FORFEITURE---83.59(4)(f)

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date: 05/31/2019

SOD #EEPC11

Appealed:

Sanctions

FORFEITURE---83.19
FORFEITURE---83.20(2)(b)
FORFEITURE---83.20(2)(c)
FORFEITURE---83.21(1)
FORFEITURE---83.21(2)(a)
FORFEITURE---83.21(3)
FORFEITURE---83.41(3)(b)

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (COMFORTS OF HOME HUDSON--0010987)

Date Complaint Received: 03/30/2021

Date Investigation Completed: 03/31/2021

Subject Area(s)
ADMINISTRATION
PROGRAM SERVICES

<u>Result</u>	<u>SOD #</u>
SUBSTANTIATED	LHNW11
SUBSTANTIATED	LHNW11

Date Complaint Received: 02/18/2021

Date Investigation Completed: 03/31/2021

Subject Area(s)
PHYSICAL ENVIRONMENT/SAFETY

<u>Result</u>	<u>SOD #</u>
SUBSTANTIATED	LHNW11

Date Complaint Received: 02/09/2021

Date Investigation Completed: 03/31/2021

Subject Area(s)
RESIDENT RIGHTS

<u>Result</u>	<u>SOD #</u>
NOT SUBSTANTIATED	

Date Complaint Received: 09/17/2020

Date Investigation Completed: 09/25/2020

Subject Area(s)
STAFF TRAINING AND PROFICIENCY

<u>Result</u>	<u>SOD #</u>
NOT SUBSTANTIATED	

Date Complaint Received: 02/19/2019

Date Investigation Completed: 03/04/2019

Subject Area(s)
PROGRAM SERVICES

<u>Result</u>	<u>SOD #</u>
SUBSTANTIATED	EEPC11

Date Complaint Received: 02/14/2019

Date Investigation Completed: 03/04/2019

Subject Area(s)
PROGRAM SERVICES

<u>Result</u>	<u>SOD #</u>
SUBSTANTIATED	EEPC11

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: EXODUS HOUSE (0012273)

Address: 698 BAKER RD, HUDSON, WI 54016

License Status: REGULAR

Licensed/Certified/Registered 03/20/2008 12:00:00AM

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

Survey History

Survey ID: 0130567 **End Date:** 06/17/2019 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0130348 **End Date:** 05/23/2019 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #GGP111 Served 05/31/2019

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.41(3)(b)	FOOD SAFETY	6/17/19	Yes
83.44(1)(c)	CLOTHES DRYERS ENCLOSED AND VENTED	6/17/19	Yes
83.46(3)	PUBLIC WATER SUPPLY OR WELL WATER TEST	6/17/19	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: PINE RIDGE ASSISTED LIVING (0012820)

Address: 1320 WISCONSIN ST, HUDSON, WI 54016

License Status: REGULAR

Licensed/Certified/Registered 08/01/2010 12:00:00AM

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

Survey History

Survey ID: 0136512 **End Date:** 06/09/2021 **Type:** STANDARD **Purpose:** SURVEY/VV

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #7XN412 Served 06/17/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.47(2)(e)	OTHER EVACUATION DRILLS	8/1/21	

Survey ID: 0132875 **End Date:** 11/22/2019 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #7XN411 Served 03/05/2020

<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	6/9/21	Yes

Enforcement History (PINE RIDGE ASSISTED LIVING--0012820)

Date: 03/05/2020 **SOD #**7XN411 **Appealed:**

Sanctions

FORFEITURE---83.35(3)(c)

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (PINE RIDGE ASSISTED LIVING--0012820)

Date Complaint Received: 11/11/2019

Date Investigation Completed: 11/22/2019

Subject Area(s)
PROGRAM SERVICES

Result
SUBSTANTIATED

SOD #
7XN411

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: RED CEDAR CANYON ASSISTED LIVING (0013526)

Address: 3001 HANLEY RD, HUDSON, WI 54016

License Status: REGULAR

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

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

Survey History

Survey ID: 0136259 **End Date:** 05/18/2021 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0135642 **End Date:** 02/09/2021 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #07S011 Served 02/18/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.39(1)	INFECTION CONTROL PROGRAM	5/18/21	Yes

Survey ID: 0133100 **End Date:** 03/30/2020 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0133032 End Date: 03/13/2020 Type: ABBREVIATED Purpose: SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #MO1T11 Served 03/24/2020

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.17(1)	LICENSEE CONDUCT CAREGIVER BACKGROUND CHECK	3/30/20	Yes
83.37(3)(c)	MEDICATION STORAGE: LOCKED CABINET	3/30/20	Yes
83.46(1)(b)	PORTABLE SPACE HEATERS PROHIBITED	3/30/20	Yes
83.46(1)(c)	HEATING SYSTEM MAINTENANCE	3/30/20	Yes
83.55(6)(b)	BATH AND TOILET AREAS: WATER TEMPERATURE	3/30/20	Yes

Enforcement History (RED CEDAR CANYON ASSISTED LIVING--0013526)

Date: 02/18/2021 SOD #07S011 Appealed: Yes Decision: STIPULATION

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.39(1)

Complaint History (RED CEDAR CANYON ASSISTED LIVING--0013526)

Date Complaint Received: 02/04/2021 Date Investigation Completed: 02/09/2021

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PROGRAM SERVICES	SUBSTANTIATED	07S011

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: WOODLAND HILL (0016010)

Address: 431 STAGELINE ROAD, HUDSON, WI 54016

License Status: REGULAR

Licensed/Certified/Registered 07/01/2017 12:00:00AM

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

Survey History

Survey ID: 0131976 **End Date:** 11/11/2019 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0131731 **End Date:** 10/11/2019 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (WOODLAND HILL--0016010)

Date Complaint Received: 10/28/2019

Date Investigation Completed: 11/11/2019

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: AURORA RES ALT NEW RICHMOND 005 (510214)

Address: 1710 COUNTY ROAD A, NEW RICHMOND, WI 54017

License Status: REGULAR

Licensed/Certified/Registered 02/28/1981 12:00:00AM

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

Survey History

Survey ID: 0132827 **End Date:** 02/27/2020 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0132721 **End Date:** 02/18/2020 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #UG5O11 Served 02/19/2020

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(3)(f)	STAFF ACCESS TO ASSESSMENT AND ISP	2/27/20	Yes
83.42(1)	RESIDENT RECORD MAINTAINED	2/27/20	Yes

Survey ID: 0129837 **End Date:** 04/09/2019 **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

Community Based Residential Facility--CLASS AA (AMBULATORY)

Survey ID: 0128954 End Date: 10/31/2018 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #ZISS11 Served 01/09/2019

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	4/9/19	Yes
83.35(3)(f)	STAFF ACCESS TO ASSESSMENT AND ISP	4/9/19	Yes
83.37(1)(k)	MEDICATION ERROR OR ADVERSE REACTION	4/9/19	Yes
83.47(2)(d)	FIRE DRILLS	4/9/19	Yes

Enforcement History (AURORA RES ALT NEW RICHMOND 005--510214)

Date: 01/09/2019 SOD #ZISS11 Appealed:

Sanctions

FORFEITURE---83.32(3)(h)
FORFEITURE---83.35(3)(f)
FORFEITURE---83.37(2)(k)

Complaint History (AURORA RES ALT NEW RICHMOND 005--510214)

Date Complaint Received: 10/03/2018 Date Investigation Completed: 10/31/2018

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
RESIDENT RIGHTS	SUBSTANTIATED	ZISS11

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: DEERFIELD (THE) (0008844)

Address: 1127 WEST EIGHTH STREET, NEW RICHMOND, WI 54017

License Status: REGULAR

Licensed/Certified/Registered 05/01/2000 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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: KITTY RHOADES MEMORIAL MEMORY CARE CENTER (0016407)

Address: 1446 N 4TH STREET, NEW RICHMOND, WI 54017

License Status: REGULAR

Licensed/Certified/Registered 03/01/2018 12:00:00AM

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

Survey History

Survey ID: 0132686 **End Date:** 02/14/2020 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0132678 **End Date:** 02/06/2020 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #8TUZ11 Served 02/14/2020

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)(m)	RIGHTS OF RESIDENTS: RECORDING AND FILMING	2/14/20	Yes
83.47(2)(d)	FIRE DRILLS	2/14/20	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	2/14/20	Yes
83.59(4)(b)	DELAYED EGRESS: LOCKING DEVICE SIGN POSTED	2/14/20	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: ORCHARD VIEW TERRACE (0016719)

Address: 1423 N 4TH STREET, NEW RICHMOND, WI 54017

License Status: REGULAR

Licensed/Certified/Registered 08/01/2018 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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: OUR HOUSE NEW RICHMOND MEMORY CARE (0013427)

Address: 1310 CIRCLE PINE DR, NEW RICHMOND, WI 54017

License Status: REGULAR

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

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

Survey History

Survey ID: 0130471 **End Date:** 06/05/2019 **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: AURORA RES ALTERNATIVES INC 033 (0009230)

Address: 230 CO ROAD SS, RIVER FALLS, WI 54022

License Status: REGULAR

Licensed/Certified/Registered 09/01/2001 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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