

## 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 Community-Based Residential Facilities in St Croix County.**

**The report is a PDF (Adobe Acrobat) document and includes a total of 57.00 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

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

**Survey ID:** 0146436    **End Date:** 05/15/2024    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0143288    **End Date:** 04/05/2023    **Type:** OTHER    **Purpose:** COMPLAINT/VV

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #741R12    Served 06/07/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.37(2)(e)	OTHER ADMINISTRATION GIVEN OR DELEGATED BY RN	5/15/24	Yes
83.45(1)(a)	EXTERIOR AREAS	5/15/24	Yes

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Survey ID:** 0141325    **End Date:** 08/17/2022    **Type:** ABBREVIATED    **Purpose:** SURVEY/SELF REPORT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #741R11    Served 11/11/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.37(2)(e)	OTHER ADMINISTRATION GIVEN OR DELEGATED BY RN	4/5/23	No
83.37(3)(c)	MEDICATION STORAGE: LOCKED CABINET	4/5/23	Yes
83.37(3)(g)	MEDICATION STORAGE: CONTROLLED SUBSTANCES	4/5/23	Yes
83.45(1)(a)	EXTERIOR AREAS	4/5/23	No
83.45(3)	TOXIC SUBSTANCES	4/5/23	Yes
83.55(6)(b)	BATH AND TOILET AREAS: WATER TEMPERATURE	4/5/23	Yes

### Enforcement History (AURORA RESIDENTIAL ALTERNATIVES 023--0011656)

**Date:** 06/07/2023    **SOD #**741R12    **Appealed:**

Sanctions

ORDER TO COMPLY  
FORFEITURE---83.45(1)(a)

**Date:** 11/10/2022    **SOD #**741R11    **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
COMPLY WITH REQUIREMENT  
ORDER TO COMPLY  
FORFEITURE---83.45(3)  
FORFEITURE---83.55(6)(b)

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Complaint History (AURORA RESIDENTIAL ALTERNATIVES 023--0011656)

**Date Complaint Received:** 02/07/2023

**Date Investigation Completed:** 04/05/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** 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:** 0148252    **End Date:** 12/03/2024    **Type:** STANDARD    **Purpose:** SURVEY/VV

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #BHOK13    Served 12/16/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.09(1)(f)2	PRIVACY: HEALTH CARE		
83.32(3)(b)	RIGHTS OF RESIDENTS: CONFIDENTIALITY		
83.59(1)(g)	PROPER EXIT LOCATIONS, SIDEWALKS, DRIVEWAYS		
83.63(2)(a)	CONSTRUCTION, ADDITION, REMODELING PLANS		

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Survey ID:** 0145327    **End Date:** 11/21/2023    **Type:** OTHER    **Purpose:** COMPLAINT/SELF REPORT/VV

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #BHOK12    Served 01/22/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	12/3/24	Yes
83.38(1)(c)	LEISURE TIME ACTIVITIES	12/3/24	Yes
83.38(1)(i)	BEHAVIOR MANAGEMENT	12/3/24	Yes

**Survey ID:** 0143728    **End Date:** 06/01/2023    **Type:** OTHER    **Purpose:** COMPLAINT/SELF REPORT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #BHOK11    Served 07/24/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.36(1)(a)	ADEQUATE STAFF TO MEET RESIDENT NEEDS	11/21/23	Yes
83.38(1)(c)	LEISURE TIME ACTIVITIES	11/21/23	No
83.38(1)(i)	BEHAVIOR MANAGEMENT	11/21/23	No

**Survey ID:** 0141999    **End Date:** 01/26/2023    **Type:** OTHER    **Purpose:** SURVEY/SELF REPORT/COMPLAINT/VV

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #VQR012    Served 02/01/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.46(1)(f)	COMBUSTIBLES	3/12/23	
83.47(4)(a)	FIRE EXTINGUISHERS: TYPE AND INSPECTION	3/12/23	

**Survey ID:** 0140522    **End Date:** 08/16/2022    **Type:** OTHER    **Purpose:** COMPLAINT/SELF REPORT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0140605    End Date: 06/06/2022    Type: OTHER    Purpose: COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #VQR011    Served 08/31/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
50.09(1)(a)	COMMUNICATION	1/26/23	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	1/26/23	Yes
83.38(1)(b)	SUPERVISION	1/26/23	Yes

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Enforcement History (COMFORTS OF HOME BALDWIN--0009851)

**Date:** 12/06/2024      **SOD #**BHOK13      **Appealed:** No

Sanctions

ORDER TO COMPLY

**Date:** 01/22/2024      **SOD #**BHOK12      **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY

FORFEITURE---83.35(3)(d)  
FORFEITURE---83.38(1)(c)  
FORFEITURE---83.38(1)(i)

**Date:** 07/24/2023      **SOD #**BHOK11      **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
COMPLY WITH REQUIREMENT  
ORDER TO COMPLY

FORFEITURE---83.36(1)(a)  
FORFEITURE---83.38(1)(c)  
FORFEITURE---83.38(1)(c)

**Date:** 08/30/2022      **SOD #**VQR011      **Appealed:**

Sanctions

ORDER TO COMPLY

FORFEITURE---50.09(1)(a)  
FORFEITURE---83.35(3)(d)  
FORFEITURE---83.38(1)(b)

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Complaint History (COMFORTS OF HOME BALDWIN--0009851)

**Date Complaint Received: 09/18/2023**

**Date Investigation Completed: 11/21/2023**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

**Date Complaint Received: 05/30/2023**

**Date Investigation Completed: 06/01/2023**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

BHOK11

**Date Complaint Received: 05/22/2023**

**Date Investigation Completed: 06/01/2023**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

BHOK11

**Date Complaint Received: 05/17/2023**

**Date Investigation Completed: 06/01/2023**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

BHOK11

**Date Complaint Received: 10/25/2022**

**Date Investigation Completed: 01/26/2023**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

**Date Complaint Received: 07/19/2022**

**Date Investigation Completed: 08/16/2022**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

**Date Complaint Received: 05/04/2022**

**Date Investigation Completed: 06/06/2022**

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS 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:** 0146312    **End Date:** 04/04/2024    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #D4WT12    Served 05/07/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.28(4)(a)	RESIDENT HEALTH SCREENING AND DOCUMENTATION		
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION		
83.35(5)(a)	INITIAL EVALUATION OF EVACUATION LIMITATIONS		
83.36(1)(b)	QUALIFIED STAFF IN CHARGE, ON DUTY AND AWAKE		

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Survey ID:** 0145320    **End Date:** 11/09/2023    **Type:** ABBREVIATED    **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #D4WT11    Served 01/19/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	4/4/24	Yes
83.28(4)(a)	RESIDENT HEALTH SCREENING AND DOCUMENTATION	4/4/24	No
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	4/4/24	Yes
83.35(5)(a)	INITIAL EVALUATION OF EVACUATION LIMITATIONS	4/4/24	No
83.39(1)	INFECTION CONTROL PROGRAM	4/4/24	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	4/4/24	Yes

### Enforcement History (GLENHAVEN INC DBA GRAND OAKS CBRF--0016044)

**Date:** 05/07/2024    **SOD #**D4WT12    **Appealed:** No

Sanctions

ORDER TO COMPLY  
FORFEITURE---83.28(4)(a)  
FORFEITURE---83.35(5)(a)

**Date:** 01/18/2024    **SOD #**D4WT11    **Appealed:**

Sanctions

ORDER TO COMPLY  
FORFEITURE---83.20(2)(a)-(d)

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

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

**Date Complaint Received: 08/22/2023**

**Date Investigation Completed: 11/09/2023**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** 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

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** CAMBRIDGE SENIOR LIVING (0018152)

**Address:** 2525 WARD AVE, HUDSON, WI 54016

**License Status:** REGULAR

**Licensed/Certified/Registered** 04/01/2022 12:00:00AM

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

### Survey History

**Survey ID:** 0146806    **End Date:** 05/14/2024    **Type:** STANDARD    **Purpose:** SURVEY/SELF REPORT/COMPLAINT/VV

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #SCQV13    Served 06/27/2024

<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		

**Survey ID:** 0144623    **End Date:** 08/02/2023    **Type:** OTHER    **Purpose:** COMPLAINT/VV

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #SCQV12    Served 10/25/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(3)(a)	INVESTIGATE INJURIES OF UNKNOWN SOURCE	5/14/24	Yes
83.15(3)(b)	ADMINISTRATOR RESPONSIBLE FOR STAFF TRAINING	5/14/24	Yes
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	5/14/24	Yes

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

83.28(4)(a)	RESIDENT HEALTH SCREENING AND DOCUMENTATION	5/14/24	Yes
83.32(3)(i)	RIGHTS OF RESIDENTS: PROMPT AND ADEQUATE TREATMENT	5/14/24	Yes
83.35(3)(c)	IMPLEMENT, FOLLOW THE INDIVIDUAL SERVICE PLAN	5/14/24	No
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	5/14/24	Yes
83.38(1)(g)	HEALTH MONITORING	5/14/24	Yes
83.45(1)(b)	BUILDING INTEGRITY	5/14/24	Yes

**Survey ID: 0142992**    **End Date: 04/18/2023**    **Type: OTHER**    **Purpose: COMPLAINT**

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #SCQV11    Served 05/08/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.28(4)(a)	RESIDENT HEALTH SCREENING AND DOCUMENTATION	8/2/23	No
83.35(3)(c)	IMPLEMENT, FOLLOW THE INDIVIDUAL SERVICE PLAN	8/2/23	No
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	8/2/23	No

**Survey ID: 0142043**    **End Date: 02/01/2023**    **Type: OTHER**    **Purpose: COMPLAINT**

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #531V11    Served 02/03/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.38(1)(h)	MEDICATION ADMINISTRATION	3/20/23	

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Survey ID:** 0140856    **End Date:** 09/21/2022    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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**Survey ID:** 0138803    **End Date:** 02/11/2022    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #NSM111    Served 02/24/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u> <u>Verified</u>	<u>Corrected</u>
83.47(2)(e)	OTHER EVACUATION DRILLS	3/28/22	
83.59(1)(g)	PROPER EXIT LOCATIONS, SIDEWALKS, DRIVEWAYS	3/28/22	

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Enforcement History (CAMBRIDGE SENIOR LIVING--0018152)

**Date:** 06/27/2024      **SOD #**SCQV13      **Appealed:**      **Decision:** PENDING

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY  
FORFEITURE---83.35(3)(c)

**Date:** 10/25/2023      **SOD #**SCQV12      **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY  
FORFEITURE---83.15(3)(b)  
FORFEITURE---83.20(2)(a)-(d)  
FORFEITURE---83.32(3)(i)  
FORFEITURE---83.35(3)(c)  
FORFEITURE---83.35(3)(d)  
FORFEITURE---83.38(1)(g)

**Date:** 05/08/2023      **SOD #**SCQV11      **Appealed:** No

Sanctions

ORDER TO COMPLY

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Complaint History (CAMBRIDGE SENIOR LIVING--0018152)

**Date Complaint Received: 04/22/2024**

**Date Investigation Completed: 05/14/2024**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

SCQV13

**Date Complaint Received: 04/19/2024**

**Date Investigation Completed: 05/14/2024**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

**Date Complaint Received: 02/15/2024**

**Date Investigation Completed: 05/14/2024**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

**Date Complaint Received: 07/20/2023**

**Date Investigation Completed: 08/02/2023**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

SCQV12

**Date Complaint Received: 06/29/2023**

**Date Investigation Completed: 08/02/2023**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

SCQV12

**Date Complaint Received: 04/26/2023**

**Date Investigation Completed: 08/02/2023**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

SCQV12

PROGRAM SERVICES

SUBSTANTIATED

SCQV12

**Date Complaint Received: 04/13/2023**

**Date Investigation Completed: 04/18/2023**

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Date Complaint Received: 03/01/2023**

Subject Area(s)

ADMINISTRATION  
PHYSICAL ENVIRONMENT/SAFETY  
STAFF TRAINING AND PROFICIENCY

**Date Investigation Completed: 04/18/2023**

Result

NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
SUBSTANTIATED

SOD #

SCQV11

**Date Complaint Received: 12/12/2022**

Subject Area(s)

PROGRAM SERVICES  
STAFF TRAINING AND PROFICIENCY

**Date Investigation Completed: 02/01/2023**

Result

NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 10/31/2022**

Subject Area(s)

PROGRAM SERVICES  
STAFF TRAINING AND PROFICIENCY

**Date Investigation Completed: 02/01/2023**

Result

NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 09/14/2022**

Subject Area(s)

PROGRAM SERVICES

**Date Investigation Completed: 09/21/2022**

Result

NOT SUBSTANTIATED

SOD #

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** 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:** 0147261    **End Date:** 06/28/2024    **Type:** OTHER    **Purpose:** COMPLAINT/VV

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #92G316    Served 08/08/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.09(1)(f)2	PRIVACY: HEALTH CARE		
83.12(2)(a)	CAREGIVER: INVESTIGATING ABUSE AND NEGLECT		
83.32(3)(d)	RIGHTS OF RESIDENTS: FREE OF MISTREATMENT		
83.35(3)(c)	IMPLEMENT, FOLLOW THE INDIVIDUAL SERVICE PLAN		
83.38(1)(g)	HEALTH MONITORING		
83.39(3)	HAND WASHING		

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Survey ID:** 0146100    **End Date:** 03/07/2024    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT/VV

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #92G315    Served 04/10/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
50.065(2)(bm)	OUT OF STATE BACKGROUND CHECKS	6/28/24	Yes
83.12(4)(b)	REPORTING WHEN LAW ENFORCEMENT IS CALLED	6/28/24	Yes
83.12(4)(c)	REPORTING INCIDENTS WITH SERIOUS INJURY	6/28/24	Yes
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS	6/28/24	Yes
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	6/28/24	Yes
83.31(4)(c)	INVOLUNTARY DISCHARGE NOTICE REQUIREMENTS	6/28/24	Yes
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	6/28/24	Yes
83.35(1)(a)	PRE-ADMISSION AND ONGOING ASSESSMENTS	6/28/24	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	6/28/24	Yes
83.38(1)(g)	HEALTH MONITORING	6/28/24	No
83.38(1)(h)	MEDICATION ADMINISTRATION	6/28/24	Yes
83.38(1)(i)	BEHAVIOR MANAGEMENT	6/28/24	Yes
83.39(1)	INFECTION CONTROL PROGRAM	6/28/24	Yes
83.39(3)	HAND WASHING	6/28/24	No

**Survey ID:** 0144445    **End Date:** 10/03/2023    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Survey ID:** 0143963    **End Date:** 07/11/2023    **Type:** OTHER    **Purpose:** COMPLAINT/VV

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #92G314    Served 08/18/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.32(3)(b)	RIGHTS OF RESIDENTS: CONFIDENTIALITY	3/7/24	Yes
83.35(3)(c)	IMPLEMENT, FOLLOW THE INDIVIDUAL SERVICE PLAN	3/7/24	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	3/7/24	No
83.41(2)(b)	NUTRITION: MEALS	3/7/24	Yes
83.45(3)	TOXIC SUBSTANCES	3/7/24	Yes

**Survey ID:** 0142755    **End Date:** 02/09/2023    **Type:** OTHER    **Purpose:** COMPLAINT/VV

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #92G313    Served 04/12/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	7/11/23	Yes

**Survey ID:** 0141081    **End Date:** 10/05/2022    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #GETC11    Served 10/19/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.39(1)	INFECTION CONTROL PROGRAM	2/9/23	Yes
83.41(2)(c)	NUTRITION: MENUS	2/9/23	Yes
83.41(3)(b)	FOOD SAFETY	2/9/23	Yes

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0140639 End Date: 05/02/2022 Type: STANDARD Purpose: SURVEY/COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #92G312 Served 09/01/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.19	ORIENTATION	2/9/23	Yes
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	2/9/23	Yes
83.26(1)	DOCUMENTATION OF REQUIRED EMPLOYEE TRAINING	2/9/23	Yes
83.32(3)(b)	RIGHTS OF RESIDENTS: CONFIDENTIALITY	2/9/23	Yes
83.35(1)(a)	PRE-ADMISSION AND ONGOING ASSESSMENTS	2/9/23	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	2/9/23	Yes
83.38(1)(h)	MEDICATION ADMINISTRATION	2/9/23	Yes
83.44(1)(c)	CLOTHES DRYERS ENCLOSED AND VENTED	2/9/23	Yes
83.47(3)	FIRE INSPECTION	2/9/23	Yes

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Enforcement History (COMFORTS OF HOME HUDSON II--0014271)

**Date:** 08/08/2024      **SOD #**92G316      **Appealed:**      **Decision:** PENDING

#### Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY  
FORFEITURE---83.32(3)(d)  
FORFEITURE---83.35(3)(c)  
FORFEITURE---83.38(1)(g)  
FORFEITURE---83.39(3)

**Date:** 04/10/2024      **SOD #**92G315      **Appealed:**

#### Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
COMPLY WITH REQUIREMENT  
ORDER TO COMPLY  
FORFEITURE---83.12(4)(c)  
FORFEITURE---83.14(2)(a)  
FORFEITURE---83.20(2)(a)-(d)  
FORFEITURE---83.31(4)(c)  
FORFEITURE---83.32(3)(h)  
FORFEITURE---83.35(3)(d)  
FORFEITURE---83.38(1)(g)  
FORFEITURE---83.38(1)(i)  
FORFEITURE---83.39(3)

**Date:** 08/18/2023      **SOD #**92G314      **Appealed:**

#### Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY  
FORFEITURE---83.32(3)(b)  
FORFEITURE---83.35(3)(d)

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Date:** 04/12/2023      **SOD #**92G313      **Appealed:** No

Sanctions

ORDER TO COMPLY

---

**Date:** 10/19/2022      **SOD #**GETC11      **Appealed:**

Sanctions

ORDER TO COMPLY

FORFEITURE---83.39(1)

---

**Date:** 09/01/2022      **SOD #**92G312      **Appealed:**

Sanctions

ORDER TO COMPLY

FORFEITURE---83.19

FORFEITURE---83.20(2)(a)-(d)

FORFEITURE---83.35(3)(d)

FORFEITURE---83.38(1)(h)

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

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

**Date Complaint Received: 06/07/2024**

**Date Investigation Completed: 06/28/2024**

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

**Date Complaint Received: 05/22/2024**

**Date Investigation Completed: 06/28/2024**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

92G316

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

**Date Complaint Received: 04/22/2024**

**Date Investigation Completed: 06/28/2024**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

92G316

**Date Complaint Received: 04/04/2024**

**Date Investigation Completed: 06/28/2024**

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

**Date Complaint Received: 03/21/2024**

**Date Investigation Completed: 06/28/2024**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

92G316

**Date Complaint Received: 02/07/2024**

**Date Investigation Completed: 03/07/2024**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

92G315

RESIDENT RIGHTS

NOT SUBSTANTIATED

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Date Complaint Received: 01/11/2024**

**Date Investigation Completed: 03/07/2024**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

92G315

**Date Complaint Received: 01/02/2024**

**Date Investigation Completed: 03/07/2024**

Subject Area(s)

Result

SOD #

ADMINISTRATION

SUBSTANTIATED

92G315

PROGRAM SERVICES

NOT SUBSTANTIATED

**Date Complaint Received: 07/13/2023**

**Date Investigation Completed: 10/03/2023**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

**Date Complaint Received: 07/06/2023**

**Date Investigation Completed: 07/11/2023**

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

**Date Complaint Received: 05/22/2023**

**Date Investigation Completed: 07/11/2023**

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PROGRAM SERVICES

SUBSTANTIATED

92G314

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

92G314

**Date Complaint Received: 01/11/2023**

**Date Investigation Completed: 02/09/2023**

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Date Complaint Received: 01/03/2023**

Subject Area(s)

ADMINISTRATION  
PHYSICAL ENVIRONMENT/SAFETY  
PROGRAM SERVICES  
STAFF TRAINING AND PROFICIENCY

**Date Investigation Completed: 02/09/2023**

Result

NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 11/07/2022**

Subject Area(s)

STAFF TRAINING AND PROFICIENCY

**Date Investigation Completed: 02/09/2023**

Result

NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 10/31/2022**

Subject Area(s)

PROGRAM SERVICES

**Date Investigation Completed: 02/09/2023**

Result

NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 09/20/2022**

Subject Area(s)

PROGRAM SERVICES

**Date Investigation Completed: 10/05/2022**

Result

SUBSTANTIATED

SOD #

GETC11

**Date Complaint Received: 09/14/2022**

Subject Area(s)

PROGRAM SERVICES  
RESIDENT RIGHTS  
STAFF TRAINING AND PROFICIENCY

**Date Investigation Completed: 10/05/2022**

Result

SUBSTANTIATED  
NOT SUBSTANTIATED  
SUBSTANTIATED

SOD #

GETC11

GETC11

**Date Complaint Received: 09/08/2022**

Subject Area(s)

ADMINISTRATION  
PROGRAM SERVICES  
STAFF TRAINING AND PROFICIENCY

**Date Investigation Completed: 10/05/2022**

Result

NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Date Complaint Received: 08/22/2022**

**Date Investigation Completed: 10/05/2022**

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** 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:** 0148102    **End Date:** 11/12/2024    **Type:** OTHER    **Purpose:** COMPLAINT/VV

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0146122    **End Date:** 02/28/2024    **Type:** OTHER    **Purpose:** COMPLAINT/VV

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #LHNW18    Served 04/11/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(3)(a)	INVESTIGATE INJURIES OF UNKNOWN SOURCE	11/12/24	Yes
83.37(1)(i)	PRN PSYCHOTROPIC MEDICATION	11/12/24	Yes
83.38(1)(g)	HEALTH MONITORING	11/12/24	Yes

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Survey ID:** 0144398    **End Date:** 08/16/2023    **Type:** STANDARD    **Purpose:** SURVEY/SELF REPORT/COMPLAINT/VV

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #LHNW17    Served 10/02/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.38(1)(b)	SUPERVISION	2/28/24	Yes

**Survey ID:** 0143194    **End Date:** 04/27/2023    **Type:** OTHER    **Purpose:** COMPLAINT/VV

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #LHNW16    Served 05/25/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS	8/16/23	Yes
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	8/16/23	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	8/16/23	Yes
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	8/16/23	Yes

**Survey ID:** 0142334    **End Date:** 02/20/2023    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #1S2I11    Served 03/01/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	5/4/23	
83.28(4)(a)	RESIDENT HEALTH SCREENING AND DOCUMENTATION	5/4/23	

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Survey ID:** 0142292    **End Date:** 11/09/2022    **Type:** OTHER    **Purpose:** SELF REPORT/VV

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #LHNW15    Served 02/24/2023

<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	4/27/23	No

**Survey ID:** 0140688    **End Date:** 08/11/2022    **Type:** OTHER    **Purpose:** COMPLAINT/VV

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #LHNW14    Served 09/09/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(3)(a)	INVESTIGATE INJURIES OF UNKNOWN SOURCE	11/9/22	Yes
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS	11/9/22	Yes
83.15(3)(a)	ADMINISTRATOR SHALL SUPERVISE DAILY OPERATION	11/9/22	Yes
83.35(1)(a)	PRE-ADMISSION AND ONGOING ASSESSMENTS	11/9/22	Yes
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN	11/9/22	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	11/9/22	Yes
83.37(1)(k)	MEDICATION ERROR OR ADVERSE REACTION	11/9/22	Yes
83.37(2)(e)	OTHER ADMINISTRATION GIVEN OR DELEGATED BY RN	11/9/22	Yes
83.38(1)(g)	HEALTH MONITORING	11/9/22	Yes

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0139843 End Date: 06/02/2022 Type: OTHER Purpose: COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139552 End Date: 02/08/2022 Type: STANDARD Purpose: SURVEY/SELF REPORT/COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #LHNW13 Served 05/16/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.12(3)(a)	INVESTIGATE INJURIES OF UNKNOWN SOURCE	8/11/22	No
83.15(3)(a)	ADMINISTRATOR SHALL SUPERVISE DAILY OPERATION	8/11/22	No
83.28(5)	TEMPORARY SERVICE PLAN	8/11/22	Yes
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	8/11/22	Yes
83.35(1)(a)	PRE-ADMISSION AND ONGOING ASSESSMENTS	8/11/22	No
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	8/11/22	No
83.37(2)(e)	OTHER ADMINISTRATION GIVEN OR DELEGATED BY RN	8/11/22	No
83.38(1)(g)	HEALTH MONITORING	8/11/22	No
83.39(1)	INFECTION CONTROL PROGRAM	8/11/22	Yes
83.45(1)(d)	HAZARDS	8/11/22	Yes
83.47(3)	FIRE INSPECTION	8/11/22	Yes

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Enforcement History (COMFORTS OF HOME HUDSON--0010987)

**Date:** 04/11/2024      **SOD #**LHNW18      **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY  
FORFEITURE---83.12(3)(a)  
FORFEITURE---83.38(1)(g)

**Date:** 10/02/2023      **SOD #**LHNW17      **Appealed:**

Sanctions

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

**Date:** 05/25/2023      **SOD #**LHNW16      **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
COMPLY WITH REQUIREMENT  
ORDER TO COMPLY  
FORFEITURE---83.14(2)(a)  
FORFEITURE---83.32(3)(h)  
FORFEITURE---83.35(3)(d)  
FORFEITURE---83.37(2)(d)

**Date:** 02/24/2023      **SOD #**LHNW15      **Appealed:**

Sanctions

ORDER TO COMPLY  
FORFEITURE---83.32(3)(h)

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Date:** 09/08/2022

**SOD #**LHNW14

**Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

NO NEW ADMISSIONS

ORDER TO COMPLY

FORFEITURE---83.12(3)(a)

FORFEITURE---83.14(2)(a)

FORFEITURE---83.15(3)(a)

FORFEITURE---83.35(1)(a)

FORFEITURE---83.35(3)(a)

FORFEITURE---83.35(3)(d)

FORFEITURE---83.37(1)(k)

FORFEITURE---83.37(2)(e)

FORFEITURE---83.38(1)(g)

---

**Date:** 05/16/2022

**SOD #**LHNW13

**Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

ORDER TO COMPLY

FORFEITURE---83.15(3)(a)

FORFEITURE---83.28(5)

FORFEITURE---83.32(3)(h)

FORFEITURE---83.35(1)(a)

FORFEITURE---83.35(3)(d)

FORFEITURE---83.37(2)(e)

FORFEITURE---83.38(1)(g)

FORFEITURE---83.39(1)

FORFEITURE---83.45(1)(d)

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Complaint History (COMFORTS OF HOME HUDSON--0010987)

**Date Complaint Received: 10/23/2024**

**Date Investigation Completed: 11/12/2024**

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

**Date Complaint Received: 10/14/2024**

**Date Investigation Completed: 11/12/2024**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

**Date Complaint Received: 09/11/2024**

**Date Investigation Completed: 11/14/2024**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

**Date Complaint Received: 01/11/2024**

**Date Investigation Completed: 02/28/2024**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

**Date Complaint Received: 11/20/2023**

**Date Investigation Completed: 02/28/2024**

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

**Date Complaint Received: 11/14/2023**

**Date Investigation Completed: 02/28/2024**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

LHNW18

RESIDENT RIGHTS

NOT SUBSTANTIATED

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Date Complaint Received: 11/09/2023**

**Date Investigation Completed: 02/28/2024**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

LHNW18

**Date Complaint Received: 07/10/2023**

**Date Investigation Completed: 08/16/2023**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

**Date Complaint Received: 07/06/2023**

**Date Investigation Completed: 08/16/2023**

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

**Date Complaint Received: 05/25/2023**

**Date Investigation Completed: 08/16/2023**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

**Date Complaint Received: 04/18/2023**

**Date Investigation Completed: 04/27/2023**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

**Date Complaint Received: 04/10/2023**

**Date Investigation Completed: 04/27/2023**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

**Date Complaint Received: 03/20/2023**

**Date Investigation Completed: 04/27/2023**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

LHNW16

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Date Complaint Received: 01/11/2023**

Subject Area(s)  
ADMINISTRATION

**Date Investigation Completed: 02/20/2023**

Result SOD #  
NOT SUBSTANTIATED

**Date Complaint Received: 06/16/2022**

Subject Area(s)  
STAFF TRAINING AND PROFICIENCY  
PHYSICAL ENVIRONMENT/SAFETY

**Date Investigation Completed: 08/11/2022**

Result SOD #  
SUBSTANTIATED LHNW14  
NOT SUBSTANTIATED

**Date Complaint Received: 05/24/2022**

Subject Area(s)  
STAFF TRAINING AND PROFICIENCY

**Date Investigation Completed: 06/02/2022**

Result SOD #  
NOT SUBSTANTIATED

**Date Complaint Received: 02/28/2022**

Subject Area(s)  
PROGRAM SERVICES

**Date Investigation Completed: 06/02/2022**

Result SOD #  
NOT SUBSTANTIATED

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS AA (AMBULATORY)

### Facility Information

**Facility Name:** 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:** 0147264    **End Date:** 07/22/2024    **Type:** ABBREVIATED    **Purpose:** SURVEY/SELF REPORT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #VL8M11    Served 08/08/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.09(1)(f)	PRIVACY		
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE		
83.19	ORIENTATION		
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE		
83.25	CONTINUING EDUCATION		
83.37(1)(e)	MEDICATION REGIMEN, ADMINISTRATION REVIEW		
83.46(1)(b)	PORTABLE SPACE HEATERS PROHIBITED		
83.46(1)(f)	COMBUSTIBLES		

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS AA (AMBULATORY)

### Enforcement History (EXODUS HOUSE--0012273)

Date: 08/08/2024

SOD #VL8M11

Appealed:

Decision: PENDING

#### Sanctions

ORDER TO COMPLY

FORFEITURE---83.19

FORFEITURE---83.20(2)(a)-(d)

FORFEITURE---83.25

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** 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:** 0145541 **End Date:** 12/21/2023 **Type:** OTHER **Purpose:** COMPLAINT/VV

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #3U2C13 Served 02/08/2024

<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		
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES		
83.42(1)	RESIDENT RECORD MAINTAINED		

**Survey ID:** 0144714 **End Date:** 09/14/2023 **Type:** OTHER **Purpose:** COMPLAINT/VV

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #3U2C12 Served 11/03/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.25	CONTINUING EDUCATION	12/21/23	Yes

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Survey ID:** 0142463    **End Date:** 02/27/2023    **Type:** ABBREVIATED    **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #3U2C11    Served 03/14/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.25	CONTINUING EDUCATION	9/14/23	No
83.37(1)(j)	PROOF-OF-USE RECORD	9/14/23	Yes
83.37(3)(c)	MEDICATION STORAGE: LOCKED CABINET	9/14/23	Yes
83.39(3)	HAND WASHING	9/14/23	Yes
83.45(3)	TOXIC SUBSTANCES	9/14/23	Yes

### Enforcement History (PINE RIDGE ASSISTED LIVING--0012820)

**Date:** 02/08/2024    **SOD #**3U2C13    **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY

**Date:** 11/03/2023    **SOD #**3U2C12    **Appealed:**

Sanctions

ORDER TO COMPLY  
FORFEITURE---83.25

**Date:** 03/14/2023    **SOD #**3U2C11    **Appealed:**

Sanctions

ORDER TO COMPLY  
FORFEITURE---83.25

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025  
Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Complaint History (PINE RIDGE ASSISTED LIVING--0012820)

**Date Complaint Received:** 11/10/2023

**Date Investigation Completed:** 12/21/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

3U2C13

**Date Complaint Received:** 06/27/2023

**Date Investigation Completed:** 09/14/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

**Date Complaint Received:** 11/09/2022

**Date Investigation Completed:** 02/27/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** 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:** 0146020    **End Date:** 03/27/2024    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0142886    **End Date:** 02/20/2023    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #PHIV12    Served 04/25/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.17(1)	LICENSEE CONDUCT CAREGIVER BACKGROUND CHECK	3/27/24	Yes
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	3/27/24	Yes
83.25	CONTINUING EDUCATION	3/27/24	Yes

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0140373    End Date: 05/25/2022    Type: STANDARD    Purpose: SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #PHIV11    Served 08/04/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.17(1)	LICENSEE CONDUCT CAREGIVER BACKGROUND CHECK	2/20/23	No
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	2/20/23	No
83.25	CONTINUING EDUCATION	2/20/23	No
83.26(1)	DOCUMENTATION OF REQUIRED EMPLOYEE TRAINING	2/20/23	Yes
83.29(2)	ADMISSION AGREEMENT	2/20/23	Yes
83.35(5)(b)	ANNUAL EVALUATION OF EVACUATION LIMITS	2/20/23	Yes
83.45(3)	TOXIC SUBSTANCES	2/20/23	Yes
83.47(3)	FIRE INSPECTION	2/20/23	Yes
83.48(8)(b)	SPRINKLER SYSTEM INSTALLATION AND MAINTENANCE	2/20/23	Yes

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

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

**Date:** 04/25/2023      **SOD #**PHIV12      **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY  
FORFEITURE---83.17(1)  
FORFEITURE---83.17(2)(a)  
FORFEITURE---83.25

**Date:** 08/04/2022      **SOD #**PHIV11      **Appealed:**

Sanctions

ORDER TO COMPLY  
FORFEITURE---83.17(1)  
FORFEITURE---83.25

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

**Date Complaint Received:** 02/22/2022

**Date Investigation Completed:** 05/25/2022

Subject Area(s)

Result

SOD #

ADMINISTRATION  
PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED  
NOT SUBSTANTIATED

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** 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

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

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

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

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

**Survey ID:** 0146677    **End Date:** 05/16/2024    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #QGZZ12    Served 06/11/2024

Deficiencies Cited  
83.47(2)(e)

Subject Area  
OTHER EVACUATION DRILLS

Compliance  
Verified

Corrected

**Survey ID:** 0145088    **End Date:** 12/18/2023    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Survey ID:** 0143298    **End Date:** 04/07/2023    **Type:** ABBREVIATED    **Purpose:** SURVEY/SELF REPORT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #QGZZ11    Served 06/08/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
50.09(1)(f)	PRIVACY	5/15/24	Yes
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	5/15/24	Yes
83.36(1)(a)	ADEQUATE STAFF TO MEET RESIDENT NEEDS	5/15/24	Yes
83.37(1)(j)	PROOF-OF-USE RECORD	5/15/24	Yes
83.47(2)(d)	FIRE DRILLS	5/15/24	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	5/15/24	No

### Enforcement History (DEERFIELD (THE)--0008844)

**Date:** 06/11/2024    **SOD #**QGZZ12    **Appealed:** No

Sanctions

ORDER TO COMPLY  
FORFEITURE---83.47(2)(e)

**Date:** 06/08/2023    **SOD #**QGZZ11    **Appealed:** Yes

Sanctions

ORDER TO COMPLY  
FORFEITURE---83.20(2)(a)-(d)

### Complaint History (DEERFIELD (THE)--0008844)

**Date Complaint Received:** 10/20/2023

**Date Investigation Completed:** 12/18/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** 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:** 0146182    **End Date:** 04/16/2024    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #9NIU11    Served 04/19/2024

Deficiencies Cited  
83.59(4)(b)

Subject Area  
DELAYED EGRESS: LOCKING DEVICE SIGN  
POSTED

Compliance  
Verified

Corrected

### Enforcement History (KITTY RHOADES MEMORIAL MEMORY CARE CENTER--0016407)

**Date:** 04/19/2024    **SOD #**9NIU11    **Appealed:** No

Sanctions

ORDER TO COMPLY

FORFEITURE---83.59(4)(b)

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** LEGACY PINES ASSISTED LIVING (0018653)

**Address:** 1164 HIGHWAY 64, NEW RICHMOND, WI 54017

**License Status:** REGULAR

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

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

### Survey History

**Survey ID:** 0142753    **End Date:** 04/11/2023    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0140082    **End Date:** 06/22/2022    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #LYP011    Served 07/08/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	4/11/23	Yes
83.28(4)(a)	RESIDENT HEALTH SCREENING AND DOCUMENTATION	4/11/23	Yes
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN	4/11/23	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	4/11/23	Yes
83.36(1)(a)	ADEQUATE STAFF TO MEET RESIDENT NEEDS	4/11/23	Yes
83.38(1)(g)	HEALTH MONITORING	4/11/23	Yes
83.59(1)(a)	CLASS AS, ANA, CS, CNA 2 GRADE LEVEL EXITS	4/11/23	Yes

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

83.59(7)(b)

REQUIRED EXIT SIGNS LIGHTED

4/11/23

Yes

### Enforcement History (LEGACY PINES ASSISTED LIVING--0018653)

Date: 07/08/2022

SOD #LYP011

Appealed: No

Sanctions

ORDER TO COMPLY

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** 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

**Survey ID:** 0146256    **End Date:** 04/16/2024    **Type:** ABBREVIATED    **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #EH9111    Served 04/26/2024

Deficiencies Cited

83.20(2)(a)-(d)

83.26(1)

Subject Area

DEPARTMENT-APPROVED TRAINING COURSE

DOCUMENTATION OF REQUIRED EMPLOYEE

TRAINING

Compliance

Verified

Corrected

### Enforcement History (ORCHARD VIEW TERRACE--0016719)

**Date:** 04/26/2024

**SOD #**EH9111

**Appealed:** No

Sanctions

ORDER TO COMPLY

FORFEITURE---83.20(2)(a)-(d)

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Complaint History (ORCHARD VIEW TERRACE--0016719)

**Date Complaint Received: 01/29/2024**

**Date Investigation Completed: 04/16/2024**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

**Date Complaint Received: 01/24/2024**

**Date Investigation Completed: 04/16/2024**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** 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:** 0148164    **End Date:** 10/03/2024    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #637Z12    Served 11/26/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE		

**Survey ID:** 0144075    **End Date:** 07/17/2023    **Type:** ABBREVIATED    **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #637Z11    Served 08/31/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.17(1)	LICENSEE CONDUCT CAREGIVER BACKGROUND CHECK	10/3/24	Yes
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	10/3/24	Yes
83.19	ORIENTATION	10/3/24	Yes
83.25	CONTINUING EDUCATION	10/3/24	Yes

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

83.35(3)(c)	IMPLEMENT, FOLLOW THE INDIVIDUAL SERVICE PLAN	10/3/24	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	10/3/24	Yes
83.39(3)	HAND WASHING	10/3/24	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	10/3/24	Yes

### Enforcement History (OUR HOUSE NEW RICHMOND MEMORY CARE--0013427)

**Date:** 11/26/2024      **SOD #**637Z12      **Appealed:**      **Decision:** PENDING

Sanctions

ORDER TO COMPLY  
FORFEITURE---83.17(2)(a)

**Date:** 08/31/2023      **SOD #**637Z11      **Appealed:**

Sanctions

ORDER TO COMPLY  
FORFEITURE---83.19  
FORFEITURE---83.25  
FORFEITURE---83.35(3)(c)

### Complaint History (OUR HOUSE NEW RICHMOND MEMORY CARE--0013427)

**Date Complaint Received:** 05/30/2023      **Date Investigation Completed:** 07/17/2023

Subject Area(s)  
ADMINISTRATION

Result  
SUBSTANTIATED

SOD #  
637Z11

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