Notes

This report includes Provider Inspection Summaries (Facility Profiles) for Residential Care Apartment Complexes in St Croix County.

The report is a PDF (Adobe Acrobat) document and includes a total of 11.00 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.
Facility Information

<table>
<thead>
<tr>
<th>Facility Name:</th>
<th>BIRCHWOOD APARTMENTS (0010248)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>1600 BIRCHWOOD DRIVE, BALDWIN, WI 54002</td>
</tr>
<tr>
<td>License Status:</td>
<td>REGULAR</td>
</tr>
<tr>
<td>Licensed/Certified/Registered:</td>
<td>9/1/1998 12:00:00AM</td>
</tr>
<tr>
<td>Regional Office:</td>
<td>WESTERN REGION (EAU CLAIRE), (715) 836-4790</td>
</tr>
</tbody>
</table>

Survey History

| Survey ID: | 0128537 |
| End Date:  | 11/7/2018 |
| Type:      | ABBREVIATED |
| Purpose:   | SURVEY |

Results: NO STATEMENT OF DEFICIENCY ISSUED
Provider Inspection Summary
For the period 2/9/2017 to 2/9/2020
Residential Care Apartment Complex (CERTIFIED)

Facility Information

Facility Name: HAVENWOOD LLC (0012494)
Address: 614 E OAK ST, GLENWOOD CITY, WI 54013
License Status: REGULAR
Licensed/Certified/Registered 9/16/2008 12:00:00AM
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0131424  End Date: 9/10/2019  Type: ABBREVIATED  Purpose: SURVEY/COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0123540  End Date: 6/22/2017  Type: ABBREVIATED  Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (HAVENWOOD LLC--0012494)

Date Complaint Received: 9/3/2019  Date Investigation Completed: 9/10/2019

<table>
<thead>
<tr>
<th>Subject Area(s)</th>
<th>Result</th>
<th>SOD #</th>
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<tbody>
<tr>
<td>PHYSICAL ENVIRONMENT/SAFETY</td>
<td>NOT SUBSTANTIATED</td>
<td></td>
</tr>
<tr>
<td>PROGRAM SERVICES</td>
<td>NOT SUBSTANTIATED</td>
<td></td>
</tr>
</tbody>
</table>

This is Page 3 of 11 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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## Facility Information

- **Facility Name:** HERITAGE COURT (0016879)
- **Address:** 425 DAVIS ST, HAMMOND, WI 54015
- **License Status:** REGULAR
- **Licensed/Certified/Registered:** 10/1/2017 12:00:00AM
- **Regional Office:** WESTERN REGION (EAU CLAIRE), (715) 836-4790

## Survey History

- **Survey ID:** 0124572
- **End Date:** 9/29/2017
- **Type:** OTHER
- **Purpose:** CHOW--DESK REVIEW

**Results:** LICENSE/CERT/REGISTRATION ISSUED

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*This is Page 4 of 11 total pages. If printing this report ensure that your printer is set to print only the desired pages.*

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Provider Inspection Summary
For the period 2/9/2017 to 2/9/2020
Residential Care Apartment Complex (CERTIFIED)

Facility Information

Facility Name: RED CEDAR CANYON ASSISTED LIVING LLC (0014783)
Address: 3001 HANLEY ROAD, HUDSON, WI 54016
License Status: REGULAR
Licensed/Certified/Registered 4/1/2014 12:00:00AM
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0129779 End Date: 4/1/2019 Type: ABBREVIATED Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0124867 End Date: 10/20/2017 Type: OTHER Purpose: COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (RED CEDAR CANYON ASSISTED LIVING LLC--0014783)

Date Complaint Received: 10/5/2017 Date Investigation Completed: 10/20/2017
Subject Area(s) Result SOD #
RESIDENT RIGHTS NOT SUBSTANTIATED

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Provider Inspection Summary

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

Residential Care Apartment Complex (CERTIFIED)

Facility Information

Facility Name: WINTERGREEN (0012819)
Address: 1312 WISCONSIN STREET, HUDSON, WI 54016
License Status: REGULAR
Licensed/Certified/Registered 7/1/2009 12:00:00AM
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0131560   End Date: 9/19/2019   Type: ABBREVIATED   Purpose: SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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### Facility Information

- **Facility Name:** DEERFIELD (THE) RCAC (0010249)
- **Address:** 1127 WEST EIGHTH STREET, NEW RICHMOND, WI 54017
- **License Status:** REGULAR
- **Licensed/Certified/Registered:** 9/1/1999 12:00:00AM
- **Regional Office:** WESTERN REGION (EAU CLAIRE), (715) 836-4790

### Survey History

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<th>Survey ID</th>
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<th>Type</th>
<th>Purpose</th>
<th>Results</th>
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</thead>
<tbody>
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<td>0131557</td>
<td>9/19/2019</td>
<td>ABBREVIATED</td>
<td>SURVEY</td>
<td>NO STATEMENT OF DEFICIENCY ISSUED</td>
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<tr>
<td>0131126</td>
<td>8/6/2019</td>
<td>OTHER</td>
<td>COMPLAINT</td>
<td>NO STATEMENT OF DEFICIENCY ISSUED</td>
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</table>

### Complaint History (DEERFIELD (THE) RCAC--0010249)

- **Date Complaint Received:** 8/2/2019
- **Date Investigation Completed:** 8/6/2019
- **Subject Area(s):** PROGRAM SERVICES
- **Result:** NOT SUBSTANTIATED
- **SOD #:**

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Provider Inspection Summary
For the period 2/9/2017 to 2/9/2020
Residential Care Apartment Complex (CERTIFIED)

<table>
<thead>
<tr>
<th>Facility Information</th>
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<tbody>
<tr>
<td>Facility Name: DEERFIELD TERRACE (THE) (0013394)</td>
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<tr>
<td>Address: 1127 W 8TH ST, NEW RICHMOND, WI 54017</td>
</tr>
<tr>
<td>License Status: REGULAR</td>
</tr>
<tr>
<td>Licensed/Certified/Registered 8/16/2010 12:00:00AM</td>
</tr>
<tr>
<td>Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4790</td>
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</tbody>
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<tr>
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<tbody>
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<td>Survey ID: 0127035</td>
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<td>End Date: 6/7/2018</td>
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<tr>
<td>Type: ABBREVIATED</td>
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<tr>
<td>Purpose: SURVEY</td>
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<tr>
<td>Results: NO STATEMENT OF DEFICIENCY ISSUED</td>
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</tbody>
</table>

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### Facility Information

<table>
<thead>
<tr>
<th>Facility Name: WELLHAVEN SENIOR APARTMENTS LLC (0013453)</th>
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<tbody>
<tr>
<td>Address: 119 UNION ST, RIVER FALLS, WI 54022</td>
</tr>
<tr>
<td>License Status: REGULAR</td>
</tr>
<tr>
<td>Licensed/Certified/Registered 1/1/2011 12:00:00AM</td>
</tr>
<tr>
<td>Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4790</td>
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### Survey History

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<th>Survey ID: 0129462</th>
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<th>Type: ABBREVIATED</th>
<th>Purpose: SURVEY</th>
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<tbody>
<tr>
<td>Results: NO STATEMENT OF DEFICIENCY ISSUED</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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Provider Inspection Summary
For the period 2/9/2017 to 2/9/2020
Residential Care Apartment Complex (CERTIFIED)

Facility Information

Facility Name: PARK PLACE APARTMENTS NORTH (0012429)
Address: 220 LOCKWOOD ST, WOODVILLE, WI 54028
License Status: REGULAR
Licensed/Certified/Registered 8/4/2008 12:00:00AM
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0129854          End Date: 4/9/2019          Type: ABBREVIATED          Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary
For the period 2/9/2017 to 2/9/2020
Residential Care Apartment Complex (REGISTERED)

Facility Information

Facility Name: PARK PLACE APARTMENTS (0012432)
Address: 210 LOCKWOOD ST, WOODVILLE, WI 54028
License Status: REGULAR
Licensed/Certified/Registered 6/13/2008 12:00:00AM
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History
No survey activity during the period 2/9/17 to 2/9/20