

## 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 Residential Care Apartment Complexes in St Croix County.**

**The report is a PDF (Adobe Acrobat) document and includes a total of 16.00 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  
Residential Care Apartment Complex (CERTIFIED)

### Facility Information

**Facility Name:** BIRCHWOOD APARTMENTS (0010248)  
**Address:** 1600 BIRCHWOOD DRIVE, BALDWIN, WI 54002  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 09/01/1998 12:00:00AM  
**Regional Office:** NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

### Survey History

**Survey ID:** 0142901    **End Date:** 04/26/2023    **Type:** OTHER    **Purpose:** COMPLAINT/VV

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #9PFC12    Served 04/26/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
89.27(1)	SERVICE AGREEMENT	6/30/23	

**Survey ID:** 0142417    **End Date:** 03/07/2023    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #9PFC11    Served 03/09/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(bb)	DETERMINE FINAL DISPOSITION OF CHARGE	4/26/23	Yes
89.23(4)(a)2	SERVICES	4/26/23	Yes

### Enforcement History (BIRCHWOOD APARTMENTS--0010248)

**Date:** 03/09/2023    **SOD #**9PFC11    **Appealed:** No

#### Sanctions

ORDER TO COMPLY

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025  
Residential Care Apartment Complex (CERTIFIED)

### Complaint History (BIRCHWOOD APARTMENTS--0010248)

**Date Complaint Received: 04/19/2023**

**Date Investigation Completed: 04/26/2023**

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY  
PROGRAM SERVICES

NOT SUBSTANTIATED  
NOT SUBSTANTIATED

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025  
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** 09/16/2008 12:00:00AM  
**Regional Office:** NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

### Survey History

**Survey ID:** 0146183    **End Date:** 04/08/2024    **Type:** ABBREVIATED    **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #HLIM11    Served 04/19/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
89.23(4)(a)2	SERVICES		
89.23(4)(d)2.a	SERVICES		
89.23(4)(d)2.b	SERVICES		
89.26(4)	ANNUAL REVIEW		
89.28(2)(a)6	RISK AGREEMENT		

### Enforcement History (HAVENWOOD LLC--0012494)

**Date:** 04/19/2024    **SOD #**HLIM11    **Appealed:** No

Sanctions

ORDER TO COMPLY  
FORFEITURE---89.23(4)(d)2a

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025  
Residential Care Apartment Complex (CERTIFIED)

### Complaint History (HAVENWOOD LLC--0012494)

**Date Complaint Received: 01/17/2024**

**Date Investigation Completed: 04/08/2024**

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  
Residential Care Apartment Complex (REGISTERED)

### Facility Information

**Facility Name:** HERITAGE COURT (0016879)  
**Address:** 425 DAVIS ST, HAMMOND, WI 54015  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 10/01/2017 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  
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** 04/01/2014 12:00:00AM  
**Regional Office:** NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

### Survey History

**Survey ID:** 0146023    **End Date:** 03/27/2024    **Type:** OTHER    **Purpose:** VERIFICATION VISIT  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0142827    **End Date:** 02/20/2023    **Type:** OTHER    **Purpose:** VERIFICATION VISIT  
**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #HXRF12    Served 04/20/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(3)(b)	COMPLETE BACKGROUND CHECK PROCESS	3/27/24	Yes
89.23(4)(a)2	SERVICES	3/27/24	Yes

**Survey ID:** 0140371    **End Date:** 05/24/2022    **Type:** ABBREVIATED    **Purpose:** SURVEY  
**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #HXRF11    Served 08/04/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(3)(b)	COMPLETE BACKGROUND CHECK PROCESS	2/20/23	No
89.23(5)	SERVICES	2/20/23	Yes

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025  
Residential Care Apartment Complex (CERTIFIED)

### Enforcement History (RED CEDAR CANYON ASSISTED LIVING LLC--0014783)

**Date:** 04/19/2023      **SOD #**HXRF12      **Appealed:**

Sanctions

ORDER TO COMPLY  
FORFEITURE---50.065(3)(b)

**Date:** 08/04/2022      **SOD #**HXRF11      **Appealed:** No

Sanctions

ORDER TO COMPLY

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025  
Residential Care Apartment Complex (CERTIFIED)

### Facility Information

**Facility Name:** WINTERGREEN (0012819)  
**Address:** 1312 WISCONSIN STREET, HUDSON, WI 54016  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 07/01/2009 12:00:00AM  
**Regional Office:** NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

### Survey History

**Survey ID:** 0142345    **End Date:** 02/27/2023    **Type:** ABBREVIATED    **Purpose:** SURVEY/COMPLAINT  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

### Complaint History (WINTERGREEN--0012819)

<b>Date Complaint Received:</b> 11/11/2022	<b>Date Investigation Completed:</b> 02/27/2023
<u>Subject Area(s)</u> ADMINISTRATION	<u>Result</u> NOT SUBSTANTIATED
	<u>SOD #</u>

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025  
Residential Care Apartment Complex (CERTIFIED)

### Facility Information

**Facility Name:** DEERFIELD (THE) (0010249)  
**Address:** 1127 WEST EIGHTH STREET, NEW RICHMOND, WI 54017  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 09/01/1999 12:00:00AM  
**Regional Office:** NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

### Survey History

**Survey ID:** 0142758      **End Date:** 04/07/2023      **Type:** ABBREVIATED      **Purpose:** SURVEY  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025  
Residential Care Apartment Complex (CERTIFIED)

### Facility Information

**Facility Name:** DEERFIELD TERRACE (THE) (0013394)

**Address:** 1127 W 8TH ST, NEW RICHMOND, WI 54017

**License Status:** REGULAR

**Licensed/Certified/Registered** 08/16/2010 12:00:00AM

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

### Survey History

**Survey ID:** 0142759      **End Date:** 04/07/2023      **Type:** ABBREVIATED      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025  
Residential Care Apartment Complex (CERTIFIED)

### Facility Information

**Facility Name:** WELLHAVEN SENIOR APARTMENTS LLC (0013453)  
**Address:** 119 UNION ST, RIVER FALLS, WI 54022  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 01/01/2011 12:00:00AM  
**Regional Office:** NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

### Survey History

**Survey ID:** 0147855    **End Date:** 09/14/2024    **Type:** OTHER    **Purpose:** COMPLAINT/VV

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #YINH12    Served 10/16/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(bm)	OUT OF STATE BACKGROUND CHECKS		
89.23(2)(a)2.c	SERVICES		
89.23(4)(a)2	SERVICES		
89.23(4)(b)1	SERVICES		
89.23(4)(d)1	SERVICES		
89.23(4)(d)2.b	SERVICES		
89.26(4)	ANNUAL REVIEW		
89.27(4)	SERVICE AGREEMENT		
89.28(1)	RISK AGREEMENT		

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025  
Residential Care Apartment Complex (CERTIFIED)

Survey ID: 0146123 End Date: 04/01/2024 Type: ABBREVIATED Purpose: SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #YINH11 Served 04/11/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
50.065(2)(bm)	OUT OF STATE BACKGROUND CHECKS	9/14/24	No
89.23(2)(a)2.c	SERVICES	9/14/24	No
89.23(4)(a)2	SERVICES	9/14/24	No
89.23(4)(d)1	SERVICES	9/14/24	No
89.23(4)(d)2.b	SERVICES	9/14/24	No
89.26(4)	ANNUAL REVIEW	9/14/24	No
89.27(4)	SERVICE AGREEMENT	9/14/24	No
89.28(1)	RISK AGREEMENT	9/14/24	No

### Enforcement History (WELLHAVEN SENIOR APARTMENTS LLC--0013453)

Date: 10/16/2024 SOD #YINH12 Appealed: No

#### Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY  
FORFEITURE---50.065(2)(bm)  
FORFEITURE---89.23(2)(a)2.c  
FORFEITURE---89.23(4)(a)2.  
FORFEITURE---89.23(4)(b)1.  
FORFEITURE---89.23(4)(d)1.  
FORFEITURE---89.23(4)(d)2.b.  
FORFEITURE---89.26(4)  
FORFEITURE---89.28(1)

Date: 04/11/2024 SOD #YINH11 Appealed: No

#### Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025  
Residential Care Apartment Complex (CERTIFIED)

### Complaint History (WELLHAVEN SENIOR APARTMENTS LLC--0013453)

**Date Complaint Received: 05/07/2024**

**Date Investigation Completed: 09/14/2024**

Subject Area(s)

Result

SOD #

ADMINISTRATION  
PROGRAM SERVICES  
RESIDENT RIGHTS

NOT SUBSTANTIATED  
SUBSTANTIATED  
NOT SUBSTANTIATED

YINH12

**Date Complaint Received: 01/04/2024**

**Date Investigation Completed: 04/01/2024**

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  
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** 08/04/2008 12:00:00AM  
**Regional Office:** NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

### Survey History

**Survey ID:** 0146837      **End Date:** 06/28/2024      **Type:** ABBREVIATED      **Purpose:** SURVEY  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025  
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** 06/13/2008 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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