

Provider Inspection Summary

For the period 5/17/2020 to 5/17/2023

Notes

This report includes Provider Inspection Summaries (Facility Profiles) for Assisted Living Facilities in Trempealeau County. The report is a PDF (Adobe Acrobat) document and includes a total of 24.00 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 5/17/2020 to 5/17/2023

Adult Day Care Center

Facility Information

Facility Name: CHURCH STREET COMMUNITY CLUB (0013549)

Address: 13197 CHURCH STREET, PIGEON FALLS, WI 54760

License Status: REGULAR

Licensed/Certified/Registered 11/5/2010 12:00:00AM

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

Survey History

Survey ID: 0137752 **End Date:** 11/11/2021 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 2 of 24 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 5/17/2020 to 5/17/2023

Adult Family Home

Facility Information

Facility Name: CEDAR RIDGE ADULT FAMILY HOME (0015028)

Address: 624 SOBOTTA STREET, ARCADIA, WI 54612

License Status: REGULAR

Licensed/Certified/Registered 3/28/2014 12:00:00AM

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

Survey History

No survey activity during the period 5/17/20 to 5/17/23

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Provider Inspection Summary

For the period 5/17/2020 to 5/17/2023

Adult Family Home

STATE OF WISCONSIN

Bureau of Assisted Living

P.O. Box 7940

Madison WI 53707-7940

Facility Information

Facility Name: HICKORY RIDGE ADULT FAMILY HOME (0011796)

Address: W17306 ARNESON RIDGE RD, BLAIR, WI 54616

License Status: REGULAR

Licensed/Certified/Registered 2/1/2007 12:00:00AM

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

Survey History

Survey ID: 0137942 **End Date:** 11/30/2021 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 5/17/2020 to 5/17/2023

Adult Family Home

Facility Information

Facility Name: COUNTRY HOME (A) (0011561)

Address: W14272 BECKER LANE, ETTRICK, WI 54627

License Status: REGULAR

Licensed/Certified/Registered 10/18/2006 12:00:00AM

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

Survey History

Survey ID: 0137945 **End Date:** 12/2/2021 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 5/17/2020 to 5/17/2023

Adult Family Home

Facility Information

Facility Name: APPLE WAY ADULT FAMILY HOME (0011249)

Address: 23094 WHITEHALL RD, INDEPENDENCE, WI 54747

License Status: REGULAR

Licensed/Certified/Registered 1/15/2006 12:00:00AM

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

Survey History

Survey ID: 0137799 **End Date:** 11/12/2021 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 5/17/2020 to 5/17/2023

Adult Family Home

Facility Information

Facility Name: CLOVER WAY ADULT FAMILY HOME (0012375)

Address: 36125 EAST END RD, INDEPENDENCE, WI 54747

License Status: REGULAR

Licensed/Certified/Registered 5/16/2008 12:00:00AM

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

Survey History

Survey ID: 0137741 **End Date:** 11/5/2021 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 5/17/2020 to 5/17/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: GRAND AVENUE ASSISTED LIVING (0017201)

Address: 620 GRAND VIEW AVENUE, BLAIR, WI 54616

License Status: REGULAR

Licensed/Certified/Registered 8/1/2018 12:00:00AM

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

Survey History

Survey ID: 0141252 **End Date:** 10/18/2022 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #P3BL11 Served 11/4/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.38(1)(c)	LEISURE TIME ACTIVITIES		
83.45(3)	TOXIC SUBSTANCES		
83.46(1)(c)	HEATING SYSTEM MAINTENANCE		
83.47(3)	FIRE INSPECTION		
83.48(3)(a)	FIRE DETECTION SYSTEMS INSPECTED ANNUALLY		
83.55(6)(b)	BATH AND TOILET AREAS: WATER TEMPERATURE		

Enforcement History (GRAND AVENUE ASSISTED LIVING--0017201)

Date: 11/4/2022 **SOD #**P3BL11 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 5/17/2020 to 5/17/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (GRAND AVENUE ASSISTED LIVING--0017201)

Date Complaint Received: 7/25/2022

Date Investigation Completed: 10/18/2022

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 5/17/2020 to 5/17/2023

Community Based Residential Facility--CLASS ANA (NONAMBULATORY)

Facility Information

Facility Name: FAMILY CIRCLE (510123)

Address: 211 6TH AVE N PO BOX 187, STRUM, WI 54770

License Status: REGULAR

Licensed/Certified/Registered 10/15/1989 12:00:00AM

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

Survey History

No survey activity during the period 5/17/20 to 5/17/23

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Provider Inspection Summary

For the period 5/17/2020 to 5/17/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: ROLLING MEADOWS OF STRUM (0017970)

Address: 208 ELM STREET, STRUM, WI 54770

License Status: REGULAR

Licensed/Certified/Registered 10/1/2021 12:00:00AM

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

Survey History

Survey ID: 0142836 **End Date:** 2/9/2023 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #ZY4713 Served 4/20/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(bm)	OUT OF STATE BACKGROUND CHECKS		
83.12(2)(a)	CAREGIVER: INVESTIGATING ABUSE AND NEGLECT		
83.12(5)(a)	NOTIFICATION: INCIDENT, INJURY, CHANGES		
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS		
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION		
83.32(3)(i)	RIGHTS OF RESIDENTS: PROMPT AND ADEQUATE TREATMENT		
83.55(6)(b)	BATH AND TOILET AREAS: WATER TEMPERATURE		

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Provider Inspection Summary

For the period 5/17/2020 to 5/17/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0140962 **End Date:** 9/9/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #J0MI11 Served 10/7/2022

<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	1/26/23	Yes

Survey ID: 0141243 **End Date:** 6/22/2022 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #ZY4712 Served 11/3/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(bm)	OUT OF STATE BACKGROUND CHECKS	2/9/23	No
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	2/9/23	Yes
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	2/9/23	No
83.38(1)(g)	HEALTH MONITORING	2/9/23	Yes
83.45(1)(d)	HAZARDS	2/9/23	Yes
83.55(6)(b)	BATH AND TOILET AREAS: WATER TEMPERATURE	2/9/23	No

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Provider Inspection Summary

For the period 5/17/2020 to 5/17/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0139219 **End Date:** 12/7/2021 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #ZY4711 Served 4/13/2022

<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	6/22/22	No
83.32(3)(n)	RIGHTS OF RESIDENTS: SAFE ENVIRONMENT	6/22/22	Yes

Survey ID: 0137873 **End Date:** 10/5/2021 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #LHGM11 Served 12/1/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(4)(c)	REPORTING INCIDENTS WITH SERIOUS INJURY	1/16/21	
83.31(2)	EMERGENCY OR TEMPORARY TRANSFER	1/16/22	
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	1/16/22	
83.47(1)(c)	SAFETY REQUIREMENTS: NO SAFE EVACUATION	1/16/22	

Survey ID: 0135032 **End Date:** 10/5/2020 **Type:** INITIAL **Purpose:** SURVEY

Results: PROBATIONARY LICENSE ISSUED

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Provider Inspection Summary

For the period 5/17/2020 to 5/17/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (ROLLING MEADOWS OF STRUM--0017970)

Date: 4/19/2023 **SOD #**ZY4713 **Appealed:** **Decision:** PENDING

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
ORDER TO COMPLY
FORFEITURE---50.065(2)(bm)
FORFEITURE---83.12(2)(a)
FORFEITURE---83.12(5)(a)
FORFEITURE---83.14(2)(a)
FORFEITURE---83.32(3)(h)
FORFEITURE---83.32(3)(i)

Date: 11/3/2022 **SOD #**ZY4712 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.32(3)(h)
FORFEITURE---83.38(1)(g)

Date: 10/7/2022 **SOD #**J0MH11 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 4/13/2022 **SOD #**ZY4711 **Appealed:**

Sanctions

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

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Provider Inspection Summary

For the period 5/17/2020 to 5/17/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (ROLLING MEADOWS OF STRUM--0017970)

Date Complaint Received: 10/16/2022

Date Investigation Completed: 2/9/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

ZY4713

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 8/16/2022

Date Investigation Completed: 9/9/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 8/1/2022

Date Investigation Completed: 9/9/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 7/29/2022

Date Investigation Completed: 9/9/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 7/5/2022

Date Investigation Completed: 9/9/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

J0MI11

Date Complaint Received: 7/1/2022

Date Investigation Completed: 9/9/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

J0MI11

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Provider Inspection Summary

For the period 5/17/2020 to 5/17/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date Complaint Received: 5/31/2022

Subject Area(s)

ADMINISTRATION
PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES
PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES

Date Investigation Completed: 6/22/2022

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

ZY4712

Date Complaint Received: 5/5/2022

Subject Area(s)

PROGRAM SERVICES
STAFF TRAINING AND PROFICIENCY

Date Investigation Completed: 6/22/2022

Result

SUBSTANTIATED
SUBSTANTIATED

SOD #

ZY4712
ZY4712

Date Complaint Received: 4/18/2022

Subject Area(s)

STAFF TRAINING AND PROFICIENCY

Date Investigation Completed: 6/22/2022

Result

NOT SUBSTANTIATED

SOD #

Date Complaint Received: 2/12/2022

Subject Area(s)

PROGRAM SERVICES
PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES
STAFF TRAINING AND PROFICIENCY
PROGRAM SERVICES

Date Investigation Completed: 6/22/2022

Result

NOT SUBSTANTIATED
SUBSTANTIATED
SUBSTANTIATED
SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

ZY4712
ZY4712
ZY4712

Date Complaint Received: 9/21/2021

Subject Area(s)

PROGRAM SERVICES
ADMINISTRATION
PROGRAM SERVICES

Date Investigation Completed: 10/5/2021

Result

SUBSTANTIATED
SUBSTANTIATED
SUBSTANTIATED

SOD #

LHGM11
ZY4711
ZY4711

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Provider Inspection Summary

For the period 5/17/2020 to 5/17/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date Complaint Received: 9/13/2021

Subject Area(s)
PROGRAM SERVICES
PROGRAM SERVICES

Date Investigation Completed: 12/7/2021

<u>Result</u>	<u>SOD #</u>
NOT SUBSTANTIATED	
SUBSTANTIATED	ZY4711

Date Complaint Received: 6/30/2021

Subject Area(s)
ADMINISTRATION

Date Investigation Completed: 10/5/2021

<u>Result</u>	<u>SOD #</u>
SUBSTANTIATED	LHGM11

Date Complaint Received: 3/17/2021

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

Date Investigation Completed: 10/5/2021

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

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Provider Inspection Summary

For the period 5/17/2020 to 5/17/2023

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

Facility Information

Facility Name: FARNAM COMMUNITY LIVING CENTER (510103)

Address: 18425 DODGE ST, WHITEHALL, WI 54773

License Status: REGULAR

Licensed/Certified/Registered 4/24/1980 12:00:00AM

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

Survey History

Survey ID: 0135951 **End Date:** 4/7/2021 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0135608 **End Date:** 1/27/2021 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #3JOP11 Served 2/12/2021

Deficiencies Cited
83.12(4)(b)

Subject Area
REPORTING WHEN LAW ENFORCEMENT IS
CALLED

Compliance
Verified
4/7/21

Corrected
Yes

Enforcement History (FARNAM COMMUNITY LIVING CENTER--510103)

Date: 2/12/2021 **SOD #**3JOP11 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 5/17/2020 to 5/17/2023

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

Facility Information

Facility Name: WILLOW BROOK COMMUNITY BASED RESIDENTIAL FACILITY (0017987)

Address: N36655 COUNTY ROAD QQQ, WHITEHALL, WI 54773

License Status: REGULAR

Licensed/Certified/Registered 7/29/2020 12:00:00AM

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

Survey History

Survey ID: 0134487 **End Date:** 7/28/2020 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 5/17/2020 to 5/17/2023

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

Facility Information

Facility Name: WILLOW RIDGE COMMUNITY BASED RESIDENTIAL FACILITY (0017986)

Address: N36585 COUNTY ROAD QQQ, WHITEHALL, WI 54773

License Status: REGULAR

Licensed/Certified/Registered 12/30/2020 12:00:00AM

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

Survey History

Survey ID: 0135486 **End Date:** 12/30/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

Survey ID: 0138301 **End Date:** 1/13/2022 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (WILLOW RIDGE COMMUNITY BASED RESIDENTIAL FACILITY--0017986)

Date: 1/14/2022 **SOD #**H3W11 **Appealed:** Yes **Decision:** STIPULATION

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 5/17/2020 to 5/17/2023
Residential Care Apartment Complex (CERTIFIED)

Facility Information

Facility Name: CLOVER WAY RCAC (0012483)
Address: 36125 E END RD, INDEPENDENCE, WI 54747
License Status: REGULAR
Licensed/Certified/Registered 2/1/2009 12:00:00AM
Regional Office: NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0139001 **End Date:** 3/11/2022 **Type:** OTHER **Purpose:** COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0137730 **End Date:** 11/5/2021 **Type:** ABBREVIATED **Purpose:** SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 5/17/2020 to 5/17/2023
Residential Care Apartment Complex (CERTIFIED)

Facility Information

Facility Name: DOVE HEALTHCARE OSSEO ASSISTED LIVING (0016457)

Address: 51017 RIDGE VIEW RD, OSSEO, WI 54758

License Status: REGULAR

Licensed/Certified/Registered 12/1/2016 12:00:00AM

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

Survey History

No survey activity during the period 5/17/20 to 5/17/23

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Provider Inspection Summary

For the period 5/17/2020 to 5/17/2023
Residential Care Apartment Complex (CERTIFIED)

Facility Information

Facility Name: COUNTRY RIDGE (0010272)
Address: 13197 CHURCH STREET, PIGEON FALLS, WI 54760
License Status: REGULAR
Licensed/Certified/Registered 1/3/2002 12:00:00AM
Regional Office: NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0138097 **End Date:** 12/21/2021 **Type:** ABBREVIATED **Purpose:** SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 5/17/2020 to 5/17/2023
Residential Care Apartment Complex (CERTIFIED)

Facility Information

Facility Name: SUNRISE MANOR (0010273)
Address: 36024 PARK STREET, WHITEHALL, WI 54773
License Status: REGULAR
Licensed/Certified/Registered 11/1/2002 12:00:00AM
Regional Office: NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0137727 **End Date:** 11/4/2021 **Type:** ABBREVIATED **Purpose:** SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

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