

Provider Inspection Summary

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

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 28.00 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

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 03/28/2014 12:00:00AM

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

Survey History

Survey ID: 0145581 **End Date:** 02/08/2024 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #79QT11 Served 02/13/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u> <u>Verified</u>	<u>Corrected</u>
88.05(3)(a)	HOME ENVIRONMENT	4/17/24	

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: HICKORY RIDGE ADULT FAMILY HOME (0011796)

Address: W17306 ARNESON RIDGE RD, BLAIR, WI 54616

License Status: REGULAR

Licensed/Certified/Registered 02/01/2007 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

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

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

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 01/15/2006 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

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 05/16/2008 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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Provider Inspection Summary

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

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 08/01/2018 12:00:00AM

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

Survey History

Survey ID: 0145535 **End Date:** 02/07/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0143948 **End Date:** 07/11/2023 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #P3BL12 Served 08/17/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.38(1)(c)	LEISURE TIME ACTIVITIES	2/7/24	Yes
83.38(1)(g)	HEALTH MONITORING	2/7/24	Yes
83.45(3)	TOXIC SUBSTANCES	2/7/24	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: 0141252 **End Date:** 10/18/2022 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #P3BL11 Served 11/04/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.38(1)(c)	LEISURE TIME ACTIVITIES	7/11/23	No
83.45(3)	TOXIC SUBSTANCES	7/11/23	No
83.46(1)(c)	HEATING SYSTEM MAINTENANCE	7/11/23	Yes
83.47(3)	FIRE INSPECTION	7/11/23	Yes
83.48(3)(a)	FIRE DETECTION SYSTEMS INSPECTED ANNUALLY	7/11/23	Yes
83.55(6)(b)	BATH AND TOILET AREAS: WATER TEMPERATURE	7/11/23	Yes

Enforcement History (GRAND AVENUE ASSISTED LIVING--0017201)

Date: 08/16/2023 **SOD #**P3BL12 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.38(1)(c)
FORFEITURE---83.38(1)(g)
FORFEITURE---83.45(3)

Date: 11/04/2022 **SOD #**P3BL11 **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 (GRAND AVENUE ASSISTED LIVING--0017201)

Date Complaint Received: 05/11/2023

Date Investigation Completed: 07/11/2023

Subject Area(s)
PROGRAM SERVICES

Result
SUBSTANTIATED

SOD #
P3BL12

Date Complaint Received: 07/25/2022

Date Investigation Completed: 10/18/2022

Subject Area(s)
STAFF TRAINING AND PROFICIENCY

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 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

Survey ID: 0146715 **End Date:** 06/13/2024 **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

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 10/01/2021 12:00:00AM

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

Survey History

Survey ID: 0147566 **End Date:** 07/09/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #UWFF11 Served 09/12/2024

<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		
83.15(3)(a)	ADMINISTRATOR SHALL SUPERVISE DAILY OPERATION		
83.28(7)	ADVANCED DIRECTIVES		
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION		
83.32(3)(i)	RIGHTS OF RESIDENTS: PROMPT AND ADEQUATE TREATMENT		
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN		
83.38(1)(g)	HEALTH MONITORING		

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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: 0146046 End Date: 02/23/2024 Type: STANDARD Purpose: SURVEY/COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #ZY4715 Served 04/02/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(2)(a)	CAREGIVER: INVESTIGATING ABUSE AND NEGLECT		
83.12(4)(c)	REPORTING INCIDENTS WITH SERIOUS INJURY		
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS		
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE		
83.21(1)-(3)	ALL EMPLOYEE TRAINING		
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN		
83.35(4)	RESIDENT SATISFACTION EVALUATION		
83.38(1)(k)	TRANSPORTATION		
83.40	OXYGEN STORAGE		
83.47(2)(d)	FIRE DRILLS		

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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: 0144417 End Date: 07/28/2023 Type: OTHER Purpose: COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #ZY4714 Served 10/04/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.12(2)(a)	CAREGIVER: INVESTIGATING ABUSE AND NEGLECT	2/23/24	No
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS	2/23/24	No
83.14(2)(j)	NOT PERMIT A CONDITION OF SUBSTANTIAL RISK	2/23/24	Yes
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	2/23/24	Yes
83.32(3)(n)	RIGHTS OF RESIDENTS: SAFE ENVIRONMENT	2/23/24	Yes
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN	2/23/24	No
83.38(1)(a)	PERSONAL CARE	2/23/24	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: 0142836 End Date: 02/09/2023 Type: OTHER Purpose: COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #ZY4713 Served 04/20/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(bm)	OUT OF STATE BACKGROUND CHECKS	7/28/23	Yes
83.12(2)(a)	CAREGIVER: INVESTIGATING ABUSE AND NEGLECT	7/28/23	No
83.12(5)(a)	NOTIFICATION: INCIDENT, INJURY, CHANGES	7/28/23	Yes
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS	7/28/23	No
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	7/28/23	No
83.32(3)(i)	RIGHTS OF RESIDENTS: PROMPT AND ADEQUATE TREATMENT	7/28/23	Yes
83.55(6)(b)	BATH AND TOILET AREAS: WATER TEMPERATURE	7/28/23	Yes

Survey ID: 0140962 End Date: 09/09/2022 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #J0MI11 Served 10/07/2022

<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

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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: 0141243 End Date: 06/22/2022 Type: OTHER Purpose: COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #ZY4712 Served 11/03/2022

<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 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (ROLLING MEADOWS OF STRUM--0017970)

Date: 09/12/2024 **SOD #**UWFF11 **Appealed:** **Decision:** PENDING

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

FORFEITURE---83.14(2)(a)

FORFEITURE---83.28(7)

FORFEITURE---83.32(3)(h)

FORFEITURE---83.32(3)(i)

FORFEITURE---83.35(3)(a)

FORFEITURE---83.38(1)(g)

Date: 04/02/2024 **SOD #**ZY4715 **Appealed:** No

Sanctions

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

FORFEITURE---83.12(2)(a)

FORFEITURE---83.12(4)(c)

FORFEITURE---83.14(2)(a)

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

FORFEITURE---83.21(1)-(3)

FORFEITURE---83.35(3)(a)

FORFEITURE---83.38(1)(k)

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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: 10/04/2023 **SOD #ZY4714** **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
ORDER TO COMPLY
FORFEITURE---83.12(2)(a)
FORFEITURE---83.14(2)(j)
FORFEITURE---83.32(3)(h)
FORFEITURE---83.32(3)(n)
FORFEITURE---83.38(1)(a)

Date: 04/19/2023 **SOD #ZY4713** **Appealed:**

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: 11/03/2022 **SOD #ZY4712** **Appealed:**

Sanctions

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

Date: 10/07/2022 **SOD #J0MI11** **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)

Date: 04/13/2022

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 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (ROLLING MEADOWS OF STRUM--0017970)

Date Complaint Received: 04/30/2024

Date Investigation Completed: 07/09/2024

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 04/15/2024

Date Investigation Completed: 07/09/2024

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 04/12/2024

Date Investigation Completed: 07/09/2024

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

UWFF11

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

UWFF11

Date Complaint Received: 04/03/2024

Date Investigation Completed: 07/09/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

UWFF11

Date Complaint Received: 03/19/2024

Date Investigation Completed: 07/09/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

UWFF11

Date Complaint Received: 11/15/2023

Date Investigation Completed: 02/23/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

ZY4715

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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: 05/24/2023

Date Investigation Completed: 07/28/2023

Subject Area(s)
PROGRAM SERVICES
RESIDENT RIGHTS

<u>Result</u>	<u>SOD #</u>
SUBSTANTIATED	ZY4714
NOT SUBSTANTIATED	

Date Complaint Received: 10/16/2022

Date Investigation Completed: 02/09/2023

Subject Area(s)
PROGRAM SERVICES
PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES

<u>Result</u>	<u>SOD #</u>
SUBSTANTIATED	ZY4713
NOT SUBSTANTIATED	
NOT SUBSTANTIATED	

Date Complaint Received: 08/16/2022

Date Investigation Completed: 09/09/2022

Subject Area(s)
PROGRAM SERVICES
STAFF TRAINING AND PROFICIENCY

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

Date Complaint Received: 08/01/2022

Date Investigation Completed: 09/09/2022

Subject Area(s)
PROGRAM SERVICES

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

Date Complaint Received: 07/29/2022

Date Investigation Completed: 09/09/2022

Subject Area(s)
PROGRAM SERVICES
STAFF TRAINING AND PROFICIENCY

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

Date Complaint Received: 07/05/2022

Date Investigation Completed: 09/09/2022

Subject Area(s)
PROGRAM SERVICES

<u>Result</u>	<u>SOD #</u>
SUBSTANTIATED	J0MI11

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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: 07/01/2022

Date Investigation Completed: 09/09/2022

Subject Area(s)
PROGRAM SERVICES

Result
SUBSTANTIATED

SOD #
J0MI11

Date Complaint Received: 05/31/2022

Date Investigation Completed: 06/22/2022

Subject Area(s)
ADMINISTRATION
PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES
PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED
SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

ZY4712

Date Complaint Received: 05/05/2022

Date Investigation Completed: 06/22/2022

Subject Area(s)
PROGRAM SERVICES
STAFF TRAINING AND PROFICIENCY

Result
SUBSTANTIATED
SUBSTANTIATED

SOD #
ZY4712
ZY4712

Date Complaint Received: 04/18/2022

Date Investigation Completed: 06/22/2022

Subject Area(s)
STAFF TRAINING AND PROFICIENCY

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 02/12/2022

Date Investigation Completed: 06/22/2022

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

Result
NOT SUBSTANTIATED
SUBSTANTIATED
SUBSTANTIATED
SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

ZY4712
ZY4712
ZY4712

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Provider Inspection Summary

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

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 04/24/1980 12:00:00AM

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

Survey History

Survey ID: 0148222 **End Date:** 12/04/2024 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (FARNAM COMMUNITY LIVING CENTER--510103)

Date Complaint Received: 07/31/2024

Date Investigation Completed: 12/04/2024

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 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 07/29/2020 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 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

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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: CLOVER WAY RCAC (0012483)

Address: 36125 E END RD, INDEPENDENCE, WI 54747

License Status: REGULAR

Licensed/Certified/Registered 02/01/2009 12:00:00AM

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

Survey History

Survey ID: 0139001 **End Date:** 03/11/2022 **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
Residential Care Apartment Complex (CERTIFIED)

Facility Information

Facility Name: Dove Healthcare Osseo Assisted Living (0020074)
Address: 51017 Ridgeview Rd, Osseo, WI 54758
License Status: REGULAR
Licensed/Certified/Registered 11/20/2024 12:00:00AM
Regional Office: NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0148178 **End Date:** 11/30/2024 **Type:** INITIAL **Purpose:** CHOW--DESK REVIEW
Results: LICENSE/CERT/REGISTRATION 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: COUNTRY RIDGE (0010272)
Address: 13197 CHURCH STREET, PIGEON FALLS, WI 54760
License Status: REGULAR
Licensed/Certified/Registered 01/03/2002 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: SUNRISE MANOR (0010273)

Address: 36024 PARK STREET, WHITEHALL, WI 54773

License Status: REGULAR

Licensed/Certified/Registered 11/01/2002 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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