Provider Inspection Summary
For the period 2/9/2017 to 2/9/2020

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 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 2/9/2017 to 2/9/2020
Adult Day Care Facility

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: WESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0122742   End Date: 3/9/2017   Type: ABBREVIATED   Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey History

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

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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: WESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0127624  End Date: 7/24/2018  Type: ABBREVIATED  Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0124855  End Date: 10/24/2017  Type: OTHER  Purpose: COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (CEDAR RIDGE ADULT FAMILY HOME--0015028)

Date Complaint Received: 10/5/2017  Date Investigation Completed: 10/24/2017
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
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 2/1/2007 12:00:00AM
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0123463     End Date: 6/13/2017     Type: ABBREVIATED     Purpose: SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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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: WESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0122690   End Date: 3/9/2017   Type: STANDARD   Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey History

No survey activity during the period 2/9/17 to 2/9/20
Provider Inspection Summary
For the period 2/9/2017 to 2/9/2020
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: WESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0123391 End Date: 6/6/2017 Type: ABBREVIATED Purpose: SURVEY
Results:  NO STATEMENT OF DEFICIENCY ISSUED

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## 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: WESTERN REGION (EAU CLAIRE), (715) 836-4790

## Survey History

| Survey ID: 0123402 | End Date: 6/6/2017 | Type: ABBREVIATED | Purpose: SURVEY | Results: **NO STATEMENT OF DEFICIENCY ISSUED** |
Provider Inspection Summary

For the period 2/9/2017 to 2/9/2020
Adult Family Home

Facility Information

Facility Name: RIVER WAY NORTH ADULT FAMILY HOME (0011601)
Address: 39906 COMMERCIAL AVENUE, PIGEON FALLS, WI 54760
License Status: REGULAR
Licensed/Certified/Registered 9/14/2006 12:00:00AM
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0123458   End Date: 6/13/2017   Type: ABBREVIATED   Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED
Provider Inspection Summary

For the period 2/9/2017 to 2/9/2020
Adult Family Home

**Facility Information**

Facility Name: RIVER WAY SOUTH (0011602)
Address: 39910 COMMERCIAL AVENUE, PIGEON FALLS, WI 54760
License Status: REGULAR
Licensed/Certified/Registered 9/14/2006 12:00:00AM
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4790

**Survey History**

Survey ID: 0123494       End Date: 6/12/2017       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
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: WESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0130322   End Date: 5/22/2019   Type: STANDARD   Purpose: SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED

Survey ID: 0127668   End Date: 7/31/2018   Type: INITIAL   Purpose: SURVEY
Results: PROBATIONARY LICENSE ISSUED

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Provider Inspection Summary

For the period 2/9/2017 to 2/9/2020
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: WESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0129541 End Date: 3/14/2019 Type: ABBREVIATED Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

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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: WESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0123496 End Date: 6/12/2017 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: 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: WESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0123403 End Date: 6/6/2017 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 (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: WESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0128768 End Date: 12/11/2018 Type: STANDARD Purpose: SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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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: WESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID:  0122746  End Date:  3/9/2017  Type:  ABBREVIATED  Purpose:  SURVEY
Results:  NO STATEMENT OF DEFICIENCY ISSUED

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

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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: WESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0123460 End Date: 6/13/2017 Type: ABBREVIATED Purpose: SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED