

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 Vernon County. The report is a PDF (Adobe Acrobat) document and includes a total of 39.00 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: CHAMPION HOUSE IV (0013882)

Address: 1212 HIGH AVE, HILLSBORO, WI 54634

License Status: REGULAR

Licensed/Certified/Registered 10/17/2011 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: HARMONY HOUSE I LLC (0017835)

Address: S2395A CTY HWY Q, HILLSBORO, WI 54634

License Status: REGULAR

Licensed/Certified/Registered 11/04/2019 12:00:00AM

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

Survey History

Survey ID: 0142989 **End Date:** 04/28/2023 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #O64P11 Served 05/08/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u> <u>Verified</u>	<u>Corrected</u>
88.06(3)(c)	ASSESSMENT IDENTIFY NEEDS & ABILITIES	6/22/23	

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: HARMONY HOUSE II LLC (0017834)

Address: S2399 CTY HWY Q, HILLSBORO, WI 54634

License Status: REGULAR

Licensed/Certified/Registered 11/04/2019 12:00:00AM

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

Survey History

Survey ID: 0142982 **End Date:** 04/28/2023 **Type:** STANDARD **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

Adult Family Home

Facility Information

Facility Name: Hinze House (0019198)

Address: S3447 State Highway 80 APT 2, Hillsboro, WI 54634

License Status: REGULAR

Licensed/Certified/Registered 02/07/2023 12:00:00AM

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

Survey History

Survey ID: 0146637 **End Date:** 05/30/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0142089 **End Date:** 02/07/2023 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

Complaint History (Hinze House--0019198)

Date Complaint Received: 05/26/2024

Date Investigation Completed: 05/30/2024

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: OPEN ARMS FAMILY HOME CARE LLC (0017846)

Address: 607 ENTERPRISE DR, HILLSBORO, WI 54634

License Status: REGULAR

Licensed/Certified/Registered 11/01/2019 12:00:00AM

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

Survey History

Survey ID: 0142500 **End Date:** 03/16/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140951 **End Date:** 09/21/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #V1U011 Served 10/06/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.03(3)(b)	CRIMINAL RECORDS CHECK	3/16/23	Yes
88.06(2)(a)	ADMISSION-HEALTH EXAM	3/16/23	Yes
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT	3/16/23	Yes

Enforcement History (OPEN ARMS FAMILY HOME CARE LLC--0017846)

Date: 10/07/2022 **SOD #**V1U011 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: OPEN ARMS FAMILY HOME CARE LLC (0018345)

Address: 611 ENTERPRISE DRIVE, HILLSBORO, WI 54634

License Status: REGULAR

Licensed/Certified/Registered 01/26/2021 12:00:00AM

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

Survey History

Survey ID: 0147523 **End Date:** 08/30/2024 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #XB0K11 Served 09/06/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION		
88.06(3)(f)	REVIEW OF ISP		

Enforcement History (OPEN ARMS FAMILY HOME CARE LLC--0018345)

Date: 09/06/2024 **SOD #**XB0K11 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: COPPERS CARE ADULT FAMILY HOME LLC (0014141)

Address: 233 E LAKEVIEW DRIVE, LA FARGE, WI 54639

License Status: REGULAR

Licensed/Certified/Registered 04/15/2012 12:00:00AM

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

Survey History

Survey ID: 0146238 **End Date:** 04/16/2024 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #VZYM11 Served 04/25/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(g)1	HEALTH SCREENING FOR STAFF	6/9/24	
88.06(3)(b)	PERSONS INVOLVED WITH ISP & ASSESSMENT	6/9/24	

Survey ID: 0140532 **End Date:** 08/12/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (COPPERS CARE ADULT FAMILY HOME LLC--0014141)

Date: 06/02/2022 **SOD #**FDMQ11 **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

Adult Family Home

Facility Information

Facility Name: REBEKAH HANSEN AFH (0016770)

Address: E11716 BUCKEYE RDG ROAD, LA FARGE, WI 54639

License Status: REGULAR

Licensed/Certified/Registered 03/14/2018 12:00:00AM

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

Survey History

Survey ID: 0146203 **End Date:** 04/17/2024 **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

Adult Family Home

Facility Information

Facility Name: BREEZY MEADOWS (0012851)

Address: E9434 COUNTY RD SS, VIROQUA, WI 54665

License Status: REGULAR

Licensed/Certified/Registered 08/01/2009 12:00:00AM

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

Survey History

Survey ID: 0147692 **End Date:** 09/18/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0146916 **End Date:** 07/10/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0146767 **End Date:** 06/19/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0143192 **End Date:** 05/18/2023 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0138957 **End Date:** 03/03/2022 **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

Adult Family Home

Complaint History (BREEZY MEADOWS--0012851)

Date Complaint Received: 09/16/2024

Date Investigation Completed: 09/18/2024

Subject Area(s)
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 06/18/2024

Date Investigation Completed: 07/10/2024

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 06/05/2024

Date Investigation Completed: 06/19/2024

Subject Area(s)
PHYSICAL ENVIRONMENT/SAFETY

Result
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: CAMPBELL FAMILY HOMES FAIRVIEW DR (0013495)

Address: 431 FAIRVIEW DR, VIROQUA, WI 54665

License Status: REGULAR

Licensed/Certified/Registered 10/14/2010 12:00:00AM

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

Survey History

Survey ID: 0142223 **End Date:** 02/15/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #BY2611 Served 03/03/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.11(1)	REPORTING OF ABUSE AND NEGLECT	5/8/23	

Complaint History (CAMPBELL FAMILY HOMES FAIRVIEW DR--0013495)

Date Complaint Received: 02/02/2023

Date Investigation Completed: 02/15/2023

Subject Area(s)
RESIDENT RIGHTS

Result
SUBSTANTIATED

SOD #
BY2611

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: CENTER AVE HOUSE CAMPBELL FAMILY HOMES LLC (0015936)

Address: 755 N CENTER AVE, VIROQUA, WI 54665

License Status: REGULAR

Licensed/Certified/Registered 04/22/2016 12:00:00AM

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

Survey History

Survey ID: 0142775 **End Date:** 04/11/2023 **Type:** STANDARD **Purpose:** SURVEY/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141235 **End Date:** 07/08/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #9MGK11 Served 11/03/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(f)	CONDITION WHICH REPRESENTS RISK OR HARM	4/11/23	Yes
88.11(1)	REPORTING OF ABUSE AND NEGLECT	4/11/23	Yes

Enforcement History (CENTER AVE HOUSE CAMPBELL FAMILY HOMES LLC--0015936)

Date: 11/03/2022 **SOD #**9MGK11 **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

Adult Family Home

Complaint History (CENTER AVE HOUSE CAMPBELL FAMILY HOMES LLC--0015936)

Date Complaint Received: 06/27/2022

Date Investigation Completed: 07/08/2022

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

SUBSTANTIATED

9MGK11

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: CONGRESS HOUSE (0014591)

Address: 325 CONGRESS AVENUE, VIROQUA, WI 54665

License Status: REGULAR

Licensed/Certified/Registered 05/01/2013 12:00:00AM

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

Survey History

Survey ID: 0146340 **End Date:** 05/02/2024 **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

Adult Family Home

Facility Information

Facility Name: COULEE FAMILY HOMES LLC (0014410)

Address: 517 E SOUTH ST, VIROQUA, WI 54665

License Status: REGULAR

Licensed/Certified/Registered 12/12/2012 12:00:00AM

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

Survey History

Survey ID: 0145941 **End Date:** 03/13/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (COULEE FAMILY HOMES LLC--0014410)

Date Complaint Received: 02/20/2024

Date Investigation Completed: 03/13/2024

Subject Area(s)
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: Kandoo Home (0019265)

Address: 213 5th Ave., Viroqua, WI 54665

License Status: REGULAR

Licensed/Certified/Registered 11/01/2022 12:00:00AM

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

Survey History

Survey ID: 0141268 **End Date:** 10/26/2022 **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: MILESTONE SENIOR LIVING HILLSBORO CBRF (0017061)

Address: 504 SALSBERY CIRCLE, HILLSBORO, WI 54634

License Status: REGULAR

Licensed/Certified/Registered 05/18/2018 12:00:00AM

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

Survey History

Survey ID: 0148480 **End Date:** 01/07/2025 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0147109 **End Date:** 07/19/2024 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #ZFCG11 Served 07/26/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.44(1)(c)	CLOTHES DRYERS ENCLOSED AND VENTED	9/9/24	

Survey ID: 0141313 **End Date:** 11/03/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

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)

Survey ID: 0140299 End Date: 07/19/2022 Type: STANDARD Purpose: SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #H8YX11 Served 07/29/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.38(1)(g)	HEALTH MONITORING	11/3/22	Yes

Enforcement History (MILESTONE SENIOR LIVING HILLSBORO CBRF--0017061)

Date: 07/29/2022 SOD #H8YX11 Appealed: No

Sanctions

ORDER TO COMPLY

Complaint History (MILESTONE SENIOR LIVING HILLSBORO CBRF--0017061)

Date Complaint Received: 11/29/2024 Date Investigation Completed: 01/07/2025

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PROGRAM SERVICES	NOT SUBSTANTIATED	

Date Complaint Received: 07/11/2022 Date Investigation Completed: 07/19/2022

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
STAFF TRAINING AND PROFICIENCY	SUBSTANTIATED	H8YX11

Date Complaint Received: 06/09/2022 Date Investigation Completed: 07/19/2022

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PHYSICAL ENVIRONMENT/SAFETY	NOT SUBSTANTIATED	

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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: CHURCH ST HOUSE (0017389)

Address: 207 N CHURCH ST, ONTARIO, WI 54651

License Status: REGULAR

Licensed/Certified/Registered 12/21/2018 12:00:00AM

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

Survey History

Survey ID: 0145699 **End Date:** 02/20/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #7FO011 Served 02/23/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(5)(b)	ANNUAL EVALUATION OF EVACUATION LIMITS	4/7/24	

Survey ID: 0144492 **End Date:** 10/06/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0143481 **End Date:** 06/16/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #QFJO11 Served 06/26/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)(b)	RIGHTS OF RESIDENTS: CONFIDENTIALITY	10/6/23	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS ANA (NONAMBULATORY)

Survey ID: 0141398 **End Date: 11/10/2022** **Type: OTHER** **Purpose: VERIFICATION VISIT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140005 **End Date: 06/22/2022** **Type: OTHER** **Purpose: COMPLAINT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #FSKF11 Served 06/30/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN	11/10/22	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	11/10/22	Yes

Survey ID: 0139540 **End Date: 05/06/2022** **Type: OTHER** **Purpose: COMPLAINT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139234 **End Date: 04/12/2022** **Type: ABBREVIATED** **Purpose: SURVEY**

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #1CS311 Served 04/13/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.47(2)(e)	OTHER EVACUATION DRILLS	5/28/22	

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS ANA (NONAMBULATORY)

Enforcement History (CHURCH ST HOUSE--0017389)

Date: 06/26/2023 **SOD #QFJO11** **Appealed: No**

Sanctions
 ORDER TO COMPLY

Date: 06/30/2022 **SOD #FSKF11** **Appealed: No**

Sanctions
 ORDER TO COMPLY

Date: 04/13/2022 **SOD #1CS311** **Appealed: No**

Sanctions
 ORDER TO COMPLY

Complaint History (CHURCH ST HOUSE--0017389)

Date Complaint Received: 06/13/2023 **Date Investigation Completed: 06/16/2023**

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
RESIDENT RIGHTS	NOT SUBSTANTIATED	
STAFF TRAINING AND PROFICIENCY	SUBSTANTIATED	QFJO11

Date Complaint Received: 06/01/2022 **Date Investigation Completed: 06/22/2022**

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
RESIDENT RIGHTS	NOT SUBSTANTIATED	

Date Complaint Received: 05/04/2022 **Date Investigation Completed: 05/06/2022**

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
STAFF TRAINING AND PROFICIENCY	NOT SUBSTANTIATED	

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: SHERRY HOUSE (THE) (510352)

Address: 440 EAST CENTER STREET, READSTOWN, WI 54652

License Status: REGULAR

Licensed/Certified/Registered 01/01/1998 12:00:00AM

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

Survey History

Survey ID: 0146276 **End Date:** 04/17/2024 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #73PQ11 Served 05/01/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	6/14/24	

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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: STODDARD CBRF LLC DBA CREAMERY CREEK SENIOR LIVING (0018737)

Address: 880 BROADWAY ST, STODDARD, WI 54658

License Status: REGULAR

Licensed/Certified/Registered 04/21/2023 12:00:00AM

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

Survey History

Survey ID: 0147847 **End Date:** 10/04/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0146346 **End Date:** 05/03/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0143072 **End Date:** 03/22/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0142315 **End Date:** 02/24/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: LICENSE/CERT/REGISTRATION 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)

Survey ID: 0141602 End Date: 12/07/2022 Type: STANDARD Purpose: SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #DSMN11 Served 12/13/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	2/24/23	Yes

Survey ID: 0139753 End Date: 06/01/2022 Type: INITIAL Purpose: SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

Enforcement History (STODDARD CBRF LLC DBA CREAMERY CREEK SENIOR LIVING--0018737)

Date: 12/13/2022 SOD #DSMN11 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 (STODDARD CBRF LLC DBA CREAMERY CREEK SENIOR LIVING--0018737)

Date Complaint Received: 10/02/2024

Date Investigation Completed: 10/04/2024

Subject Area(s)
ADMINISTRATION

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 02/29/2024

Date Investigation Completed: 05/03/2024

Subject Area(s)
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 03/05/2023

Date Investigation Completed: 03/22/2023

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 11/03/2022

Date Investigation Completed: 12/07/2022

Subject Area(s)
ADMINISTRATION

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 CNA (NONAMBULATORY)

Facility Information

Facility Name: VIOLA HOUSE (THE) (0008941)

Address: 509 S WAGONER STREET, VIOLA, WI 546648506

License Status: REGULAR

Licensed/Certified/Registered 09/01/2000 12:00:00AM

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

Survey History

Survey ID: 0143936 **End Date:** 08/14/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140845 **End Date:** 09/21/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0138722 **End Date:** 02/02/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #169511 Served 02/16/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.12(4)(b)	REPORTING WHEN LAW ENFORCEMENT IS CALLED	9/21/22	Yes
83.12(4)(c)	REPORTING INCIDENTS WITH SERIOUS INJURY	9/21/22	Yes
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN	9/21/22	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)

Enforcement History (VIOLA HOUSE (THE)--0008941)

Date: 02/16/2022 **SOD #**169511 **Appealed:** No

Sanctions

ORDER TO COMPLY

Complaint History (VIOLA HOUSE (THE)--0008941)

Date Complaint Received: 06/13/2023

Date Investigation Completed: 08/14/2023

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 ANA (NONAMBULATORY)

Facility Information

Facility Name: BETHEL ASPEN PLACE (0018734)

Address: 614 SOUTH ROCK AVE, VIROQUA, WI 54665

License Status: REGULAR

Licensed/Certified/Registered 03/01/2023 12:00:00AM

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

Survey History

Survey ID: 0140746 **End Date:** 09/08/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

Survey ID: 0138765 **End Date:** 02/16/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: PROBATIONARY LICENSE 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: BETHEL OAKS MEMORY CARE HOME (0015739)
Address: 620 S GARFIELD AVENUE SUITE A, VIROQUA, WI 54665
License Status: REGULAR
Licensed/Certified/Registered 06/29/2016 12:00:00AM
Regional Office: NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0148305 **End Date:** 10/31/2024 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #EIC711 Served 12/13/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(4)(b)	REPORTING WHEN LAW ENFORCEMENT IS CALLED		
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES		
83.44(1)(c)	CLOTHES DRYERS ENCLOSED AND VENTED		

Enforcement History (BETHEL OAKS MEMORY CARE HOME--0015739)

Date: 12/13/2024 **SOD #**EIC711 **Appealed:** **Decision:** PENDING

Sanctions

ORDER TO COMPLY
FORFEITURE---83.44(1)(c)

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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 (BETHEL OAKS MEMORY CARE HOME--0015739)

Date Complaint Received: 10/11/2024

Date Investigation Completed: 10/31/2024

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

EIC711

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

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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: CREAMERY CREEK (0016504)

Address: 1049 CHICAGO AVE, VIROQUA, WI 54665

License Status: REGULAR

Licensed/Certified/Registered 02/06/2017 12:00:00AM

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

Survey History

Survey ID: 0140365 **End Date:** 07/28/2022 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (CREAMERY CREEK--0016504)

Date Complaint Received: 06/09/2022

Date Investigation Completed: 07/28/2022

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 CNA (NONAMBULATORY)

Facility Information

Facility Name: VERNON AREA REHAB CENTER INC CBRF (510340)

Address: 811 ROGERS ST, VIROQUA, WI 54665

License Status: REGULAR

Licensed/Certified/Registered 01/01/1985 12:00:00AM

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

Survey History

Survey ID: 0147198 **End Date:** 08/01/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0146386 **End Date:** 05/08/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #96WJ11 Served 05/10/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	8/1/24	Yes

Survey ID: 0142609 **End Date:** 03/24/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #BL3C11 Served 03/30/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(2)(b)	NON-CAREGIVER: INVESTIGATING ABUSE AND NEGLECT		

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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 (VERNON AREA REHAB CENTER INC CBRF--510340)

Date: 05/10/2024 **SOD #**96WJ11 **Appealed:** No

Sanctions
ORDER TO COMPLY

Complaint History (VERNON AREA REHAB CENTER INC CBRF--510340)

Date Complaint Received: 04/18/2024

Date Investigation Completed: 05/08/2024

Subject Area(s)
PHYSICAL ENVIRONMENT/SAFETY

Result
SUBSTANTIATED

SOD #
96WJ11

Date Complaint Received: 03/15/2023

Date Investigation Completed: 03/24/2023

Subject Area(s)
PHYSICAL ENVIRONMENT/SAFETY

Result
SUBSTANTIATED

SOD #
BL3C11

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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: MILESTONE SENIOR LIVING HILLSBORO (0017047)

Address: 504 SALSBERY CIRCLE, HILLSBORO, WI 54634

License Status: REGULAR

Licensed/Certified/Registered 05/18/2018 12:00:00AM

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

Survey History

Survey ID: 0148476 End Date: 01/07/2025 Type: OTHER Purpose: VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0147170 End Date: 07/19/2024 Type: ABBREVIATED Purpose: SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #53SD11 Served 08/01/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
89.25(1)(a)	SCHEDULE OF FEES FOR SERVICES.	1/7/25	Yes
89.34(1)	TENANT RIGHTS	1/7/25	Yes

Survey ID: 0145435 End Date: 01/19/2024 Type: OTHER Purpose: COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (MILESTONE SENIOR LIVING HILLSBORO--0017047)

Date: 08/01/2024 SOD #53SD11 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 (MILESTONE SENIOR LIVING HILLSBORO--0017047)

Date Complaint Received: 07/17/2024

Date Investigation Completed: 07/19/2024

Subject Area(s)
PROGRAM SERVICES

Result
SUBSTANTIATED

SOD #
53SD11

Date Complaint Received: 12/04/2023

Date Investigation Completed: 01/18/2024

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

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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: PLEASANT VALLEY SENIORS (0010263)

Address: W466 CTY RD K, STODDARD, WI 54658

License Status: REGULAR

Licensed/Certified/Registered 04/10/2001 12:00:00AM

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

Survey History

Survey ID: 0143206 **End Date:** 05/24/2023 **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: MAPLEWOOD TERRACE (0010251)
Address: 620 GARFIELD STREET, VIROQUA, WI 54665
License Status: REGULAR
Licensed/Certified/Registered 10/01/1999 12:00:00AM
Regional Office: NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0142538 **End Date:** 03/17/2023 **Type:** OTHER **Purpose:** COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (MAPLEWOOD TERRACE--0010251)

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
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: VERNON ACRES SENIOR LIVING (0018475)
Address: 1319 BAD AXE COURT, VIROQUA, WI 54665
License Status: REGULAR
Licensed/Certified/Registered 07/14/2021 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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