

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 Vilas County.

The report is a PDF (Adobe Acrobat) document and includes a total of 22.00 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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: MILESTONE SENIOR LIVING RAILROAD CBRF (0017054)

Address: 2332 RAILROAD ST HWY 45N, EAGLE RIVER, WI 54521

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: 0147529 **End Date:** 08/01/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #14E211 Served 09/09/2024

<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		
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES		
83.38(1)(g)	HEALTH MONITORING		
83.47(2)(d)	FIRE DRILLS		
83.47(2)(e)	OTHER EVACUATION DRILLS		
83.47(3)	FIRE INSPECTION		
83.48(1)(b)	SMOKE AND HEAT DETECTORS PER NFPA 72		
83.48(3)(a)	FIRE DETECTION SYSTEMS INSPECTED ANNUALLY		

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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: 0145915 **End Date:** 03/11/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #6S2J11 Served 03/18/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.37(1)(e)	MEDICATION REGIMEN, ADMINISTRATION REVIEW	5/20/24	

Survey ID: 0143480 **End Date:** 06/20/2023 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #QX8P12 Served 06/26/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.31(6)(a)	RETURN REFUNDS TO RESIDENT WITHIN 30 DAYS	8/29/23	

Survey ID: 0142266 **End Date:** 11/23/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #QX8P11 Served 02/23/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.47(2)(d)	FIRE DRILLS	6/20/23	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	6/20/23	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)

Enforcement History (MILESTONE SENIOR LIVING RAILROAD CBRF--0017054)

Date: 09/09/2024 **SOD #**14E211 **Appealed:** **Decision:** PENDING

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

ORDER TO COMPLY

FORFEITURE---83.47(2)(d)

FORFEITURE---83.47(2)(e)

FORFEITURE---83.48(3)(a)

Date: 02/23/2023 **SOD #**QX8P11 **Appealed:** Yes **Decision:** DISMISSED

Sanctions

ORDER TO COMPLY

FORFEITURE---83.47(2)(d)

FORFEITURE---83.47(2)(e)

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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 (MILESTONE SENIOR LIVING RAILROAD CBRF--0017054)

Date Complaint Received: 05/22/2024

Date Investigation Completed: 08/01/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

14E211

PROGRAM SERVICES

SUBSTANTIATED

14E211

Date Complaint Received: 02/07/2024

Date Investigation Completed: 03/11/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

6S2J11

Date Complaint Received: 03/29/2023

Date Investigation Completed: 06/20/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 10/13/2022

Date Investigation Completed: 11/23/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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: NATURE'S POINTE (0018641)

Address: 910 WINTER ST, EAGLE RIVER, WI 54521

License Status: REGULAR

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

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

Survey History

Survey ID: 0148371 **End Date:** 12/18/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0146741 **End Date:** 05/02/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #V68J11 Served 06/20/2024

Deficiencies Cited
83.32(3)(l)

Subject Area
RIGHTS OF RESIDENTS: LEAST RESTRICTIVE

Compliance
Verified
9/10/24

Corrected
Withdrawn

Survey ID: 0145686 **End Date:** 02/20/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0144040 **End Date:** 08/24/2023 **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0141765 **End Date:** 01/03/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #HG4011 Served 01/06/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.12(3)(a)	INVESTIGATE INJURIES OF UNKNOWN SOURCE	2/21/23	
83.12(4)(c)	REPORTING INCIDENTS WITH SERIOUS INJURY	2/21/23	

Survey ID: 0141024 **End Date:** 10/12/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

Survey ID: 0139299 **End Date:** 04/13/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (NATURE'S POINTE--0018641)

Date: 06/20/2024 **SOD #**V68J11 **Appealed:** Yes **Decision:** STIPULATION

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.32(3)(l)

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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 (NATURE'S POINTE--0018641)

Date Complaint Received: 08/09/2024

Date Investigation Completed: 12/18/2024

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 03/11/2024

Date Investigation Completed: 05/02/2024

Subject Area(s)
RESIDENT RIGHTS

Result
SUBSTANTIATED

SOD #
V68J11

Date Complaint Received: 03/08/2024

Date Investigation Completed: 05/02/2024

Subject Area(s)
PROGRAM SERVICES
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 02/09/2024

Date Investigation Completed: 02/20/2024

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 01/16/2024

Date Investigation Completed: 02/20/2024

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 07/28/2023

Date Investigation Completed: 08/24/2023

Subject Area(s)
ADMINISTRATION

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 06/30/2023

Date Investigation Completed: 08/24/2023

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date Complaint Received: 10/25/2022

Subject Area(s)

ADMINISTRATION
PROGRAM SERVICES
STAFF TRAINING AND PROFICIENCY

Date Investigation Completed: 01/03/2023

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
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: LAKE SHORE ASSISTED LIVING BOLTON COTTAGE (0016399)

Address: 2201 W BOLTON LAKE LN, LAC DU FLAMBEAU, WI 54538

License Status: REGULAR

Licensed/Certified/Registered 01/01/2018 12:00:00AM

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

Survey History

Survey ID: 0146025 **End Date:** 03/27/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0143714 **End Date:** 06/21/2023 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #TX6C13 Served 07/20/2023

Deficiencies Cited

83.59(1)(g)

Subject Area

PROPER EXIT LOCATIONS, SIDEWALKS,
DRIVEWAYS

Compliance

Verified

3/27/24

Corrected

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: 0142581 **End Date:** 01/13/2023 **Type:** STANDARD **Purpose:** SURVEY/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #TX6C12 Served 03/28/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.25	CONTINUING EDUCATION	6/21/23	Yes
83.46(1)(f)	COMBUSTIBLES	6/21/23	Yes
83.47(2)(d)	FIRE DRILLS	6/21/23	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	6/21/23	Yes
83.48(1)(b)	SMOKE AND HEAT DETECTORS PER NFPA 72	6/21/23	Yes
83.59(1)(g)	PROPER EXIT LOCATIONS, SIDEWALKS, DRIVEWAYS	6/21/23	No

Survey ID: 0141181 **End Date:** 07/26/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #TX6C11 Served 10/31/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.31(4)(a)	NOTICE OF FACILITY INITIATED DISCHARGES	1/13/23	Yes
83.35(1)(a)	PRE-ADMISSION AND ONGOING ASSESSMENTS	1/13/23	Yes
83.35(2)	TEMPORARY SERVICE PLAN	1/13/23	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)

Enforcement History (LAKE SHORE ASSISTED LIVING BOLTON COTTAGE--0016399)

Date: 07/20/2023 **SOD #TX6C13** **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.59(1)(g)

Date: 03/28/2023 **SOD #TX6C12** **Appealed: No**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.25

Date: 10/31/2022 **SOD #TX6C11** **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.31(4)(a)

Complaint History (LAKE SHORE ASSISTED LIVING BOLTON COTTAGE--0016399)

Date Complaint Received: 04/18/2023

Date Investigation Completed: 06/21/2023

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 06/02/2022

Date Investigation Completed: 07/26/2022

Subject Area(s)
PROGRAM SERVICES

Result
SUBSTANTIATED

SOD #
TX6C11

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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: LAKE SHORE ASSISTED LIVING CEDAR COTTAGE (0016400)

Address: 12440 WARPATH LN, MINOCQUA, WI 54548

License Status: REGULAR

Licensed/Certified/Registered 01/01/2018 12:00:00AM

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

Survey History

Survey ID: 0147315 **End Date:** 07/18/2024 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #SOB312 Served 08/13/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.36(1)(b)	QUALIFIED STAFF IN CHARGE, ON DUTY AND AWAKE		

Survey ID: 0145520 **End Date:** 12/21/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #SOB311 Served 02/07/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(bb)	DETERMINE FINAL DISPOSITION OF CHARGE	7/18/24	Yes
83.19	ORIENTATION	7/18/24	Yes
83.21(1)-(3)	ALL EMPLOYEE TRAINING	7/18/24	Yes
83.36(1)(b)	QUALIFIED STAFF IN CHARGE, ON DUTY AND AWAKE	7/18/24	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)

Survey ID: 0144721 **End Date:** 09/14/2023 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #F80Q13 Served 11/08/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.12(5)(a)	NOTIFICATION: INCIDENT, INJURY, CHANGES	7/18/24	Yes
83.32(3)(d)	RIGHTS OF RESIDENTS: FREE OF MISTREATMENT	7/18/24	Yes
83.36(1)(b)	QUALIFIED STAFF IN CHARGE, ON DUTY AND AWAKE	7/18/24	No
83.37(3)(c)	MEDICATION STORAGE: LOCKED CABINET	7/18/24	Yes
83.38(1)(h)	MEDICATION ADMINISTRATION	7/18/24	Yes

Survey ID: 0142613 **End Date:** 01/26/2023 **Type:** STANDARD **Purpose:** SURVEY/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #F80Q12 Served 03/30/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.17(1)	LICENSEE CONDUCT CAREGIVER BACKGROUND CHECK	9/14/23	Yes
83.25	CONTINUING EDUCATION	9/14/23	Yes
83.47(2)(d)	FIRE DRILLS	9/14/23	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	9/14/23	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: 0141322 End Date: 11/01/2022 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #F80Q11 Served 11/10/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN	1/26/23	Yes
83.44(2)(c)	INTERIOR FLOORS, WALLS AND CEILINGS	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)

Enforcement History (LAKE SHORE ASSISTED LIVING CEDAR COTTAGE--0016400)

Date: 08/13/2024 **SOD #SOB312** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.36(1)(b)

Date: 02/07/2024 **SOD #SOB311** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
ORDER TO COMPLY
FORFEITURE---83.19
FORFEITURE---83.21(1)-(3)
FORFEITURE---83.36(1)(b)

Date: 11/06/2023 **SOD #F80Q13** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.36(1)(b)

Date: 03/30/2023 **SOD #F80Q12** **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.25

Date: 11/10/2022 **SOD #F80Q11** **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 (LAKE SHORE ASSISTED LIVING CEDAR COTTAGE--0016400)

Date Complaint Received: 06/27/2024

Date Investigation Completed: 07/18/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 05/24/2024

Date Investigation Completed: 07/18/2024

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 12/04/2023

Date Investigation Completed: 12/21/2023

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

Date Complaint Received: 10/26/2023

Date Investigation Completed: 12/21/2023

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 09/28/2023

Date Investigation Completed: 12/21/2023

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 09/06/2023

Date Investigation Completed: 09/14/2023

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date Complaint Received: 07/19/2023

Subject Area(s)

ADMINISTRATION
PROGRAM SERVICES
RESIDENT RIGHTS
STAFF TRAINING AND PROFICIENCY

Date Investigation Completed: 09/14/2023

Result

SUBSTANTIATED
SUBSTANTIATED
SUBSTANTIATED
SUBSTANTIATED

SOD #

F80Q13
F80Q13
F80Q13
F80Q13

Date Complaint Received: 10/03/2022

Subject Area(s)

ADMINISTRATION
PROGRAM SERVICES
RESIDENT RIGHTS

Date Investigation Completed: 11/01/2022

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
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: LAKE SHORE ASSISTED LIVING SPRUCE COTTAGE (0016403)

Address: 12440 WARPATH LN, MINOCQUA, WI 54548

License Status: REGULAR

Licensed/Certified/Registered 01/01/2018 12:00:00AM

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

Survey History

Survey ID: 0145164 **End Date:** 12/21/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (LAKE SHORE ASSISTED LIVING SPRUCE COTTAGE--0016403)

Date Complaint Received: 12/04/2023

Date Investigation Completed: 12/21/2023

Subject Area(s)

Result

SOD #

ADMINISTRATION

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: MILESTONE SENIOR LIVING RAILROAD (0017052)
Address: 2332 RAILROAD ST HWY 45N, EAGLE RIVER, WI 54521
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: 0144447 **End Date:** 10/04/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (MILESTONE SENIOR LIVING RAILROAD--0017052)

Date Complaint Received: 08/16/2023 **Date Investigation Completed:** 10/04/2023

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

Date Complaint Received: 07/25/2023 **Date Investigation Completed:** 10/04/2023

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
ADMINISTRATION	NOT SUBSTANTIATED	
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 (CERTIFIED)

Facility Information

Facility Name: LAKE SHORE CEDAR LODGE (0016374)
Address: 12440 WARPATH LN, MINOCQUA, WI 54548
License Status: REGULAR
Licensed/Certified/Registered 01/06/2017 12:00:00AM
Regional Office: NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0147197 **End Date:** 08/01/2024 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0145605 **End Date:** 12/21/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #JFKQ11 Served 02/14/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(bb)	DETERMINE FINAL DISPOSITION OF CHARGE	8/1/24	Yes
89.23(2)(a)2.a	SERVICES	8/1/24	Yes
89.23(4)(a)1	SERVICES	8/1/24	Yes
89.23(4)(d)1	SERVICES	8/1/24	Yes
89.28(1)	RISK AGREEMENT	8/1/24	Yes

Enforcement History (LAKE SHORE CEDAR LODGE--0016374)

Date: 02/14/2024 **SOD #**JFKQ11 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---89.23(4)(d)1

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Provider Inspection Summary

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

Complaint History (LAKE SHORE CEDAR LODGE--0016374)

Date Complaint Received: 06/27/2024

Date Investigation Completed: 08/01/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 05/24/2024

Date Investigation Completed: 08/01/2024

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 11/21/2023

Date Investigation Completed: 12/21/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 11/14/2023

Date Investigation Completed: 12/21/2023

Subject Area(s)

Result

SOD #

ADMINISTRATION

PROGRAM SERVICES

NOT SUBSTANTIATED

NOT SUBSTANTIATED

Date Complaint Received: 11/08/2023

Date Investigation Completed: 12/21/2023

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

JFKQ11

Date Complaint Received: 11/03/2023

Date Investigation Completed: 12/21/2023

Subject Area(s)

Result

SOD #

ADMINISTRATION

PROGRAM SERVICES

NOT SUBSTANTIATED

NOT SUBSTANTIATED

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