

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 Washburn 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 Day Care Center

Facility Information

Facility Name: ALZHEIMERS DAY RESPITE PROGRAM (0010161)

Address: 1790 SCRIBNER STREET, SPOONER, WI 54801

License Status: REGULAR

Licensed/Certified/Registered 06/01/2004 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: ARCH OF MINONG LLC (0018444)

Address: 715 W HOKAH STREET, MINONG, WI 54859

License Status: REGULAR

Licensed/Certified/Registered 05/24/2021 12:00:00AM

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

Survey History

Survey ID: 0147551 **End Date:** 09/05/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #GI4V11 Served 09/11/2024

Deficiencies Cited
88.07(1)(c)

Subject Area
ACTIVITIES AND SERVICES

Compliance
Verified

Corrected

Survey ID: 0146606 **End Date:** 05/30/2024 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0143746 **End Date:** 06/19/2023 **Type:** STANDARD **Purpose:** SURVEY/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #H6XM12 Served 07/26/2023

Deficiencies Cited
88.07(2)(b)5

Subject Area
MONITORING HEALTH

Compliance
Verified
5/30/24

Corrected
Yes

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Provider Inspection Summary

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

Adult Family Home

Survey ID: 0136392 **End Date:** 05/31/2023 **Type:** INITIAL **Purpose:** CHOW--DESK REVIEW

Results: LICENSE/CERT/REGISTRATION ISSUED

Survey ID: 0140328 **End Date:** 07/20/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #H6XM11 Served 08/01/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
88.04(2)(b)	AWAKE STAFF FOR CONTINUOUS CARE	6/19/23	Yes
88.07(2)(b)5	MONITORING HEALTH	6/19/23	No

Enforcement History (ARCH OF MINONG LLC--0018444)

Date: 09/11/2024 **SOD #**GI4V11 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 07/25/2023 **SOD #**H6XM12 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 08/01/2022 **SOD #**H6XM11 **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

Complaint History (ARCH OF MINONG LLC--0018444)

Date Complaint Received: 06/26/2024

Date Investigation Completed: 09/05/2024

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

PROGRAM SERVICES

SUBSTANTIATED

GI4V11

RESIDENT RIGHTS

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 03/20/2024

Date Investigation Completed: 05/30/2024

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 04/19/2022

Date Investigation Completed: 07/20/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 04/07/2022

Date Investigation Completed: 07/20/2022

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: RIPLEY SHORES AFH (0016533)

Address: N1989 RIPLEY SHORES DRIVE, SARONA, WI 54870

License Status: REGULAR

Licensed/Certified/Registered 03/28/2017 12:00:00AM

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

Survey History

Survey ID: 0145712 **End Date:** 01/08/2024 **Type:** STANDARD **Purpose:** SURVEY/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #BOLC13 Served 02/22/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.03(3)(b)	CRIMINAL RECORDS CHECK		
88.04(2)(g)1	HEALTH SCREENING FOR STAFF		
88.07(3)(d)	MEDICATION- WRITTEN ORDER		
88.07(3)(e)1	MEDICATION- RECORD KEEPING		

Survey ID: 0141207 **End Date:** 08/01/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #BOLC12 Served 11/02/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.06(3)(f)	REVIEW OF ISP	1/8/24	Yes
88.07(3)(a)	PRESCRIPTION MEDICATIONS	1/8/24	Yes
88.07(3)(d)	MEDICATION- WRITTEN ORDER	1/8/24	Yes
88.07(3)(e)1	MEDICATION- RECORD KEEPING	1/8/24	Yes

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Provider Inspection Summary

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

Adult Family Home

Enforcement History (RIPLEY SHORES AFH--0016533)

Date: 02/22/2024 **SOD #**BOLC13 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 11/02/2022 **SOD #**BOLC12 **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: AURORA RES ALTERNATIVES SPOONER 082 (590137)

Address: 525 BLACK BEAR AVENUE, SPOONER, WI 54801

License Status: REGULAR

Licensed/Certified/Registered 05/21/1997 12:00:00AM

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

Survey History

Survey ID: 0140293 **End Date:** 07/26/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (AURORA RES ALTERNATIVES SPOONER 082--590137)

Date: 02/23/2022 **SOD #**VR2X11 **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: DAGO SPRINGS (0011699)

Address: N5517 DAGO SPRINGS DR, SPOONER, WI 54801

License Status: REGULAR

Licensed/Certified/Registered 02/08/2007 12:00:00AM

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

Survey History

Survey ID: 0146861 **End Date:** 06/13/2024 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #YW1811 Served 07/03/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS		

Enforcement History (DAGO SPRINGS--0011699)

Date: 07/03/2024 **SOD #**YW1811 **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: HARMON HOME (590109)

Address: 1109 HARMON STREET, SPOONER, WI 54801

License Status: REGULAR

Licensed/Certified/Registered 09/30/1992 12:00:00AM

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

Survey History

Survey ID: 0146713 **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

Adult Family Home

Facility Information

Facility Name: Lockhaven Homes I LLC (0020345)

Address: 417 E Beaver st, Spooner, WI 54801

License Status: REGULAR

Licensed/Certified/Registered 08/20/2024 12:00:00AM

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

Survey History

Survey ID: 0147393 **End Date:** 08/20/2024 **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

Adult Family Home

Facility Information

Facility Name: Oak Pond AFH (0018996)

Address: W9333 County Highway A, Spooner, WI 54801

License Status: REGULAR

Licensed/Certified/Registered 09/01/2022 12:00:00AM

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

Survey History

Survey ID: 0140644 **End Date:** 09/01/2022 **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

Adult Family Home

Facility Information

Facility Name: ROCKY RIDGE ADULT FAMILY HOME (0013305)

Address: W9081 FOX RD, SPOONER, WI 54801

License Status: REGULAR

Licensed/Certified/Registered 06/01/2010 12:00:00AM

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

Survey History

Survey ID: 0147274 **End Date:** 08/08/2024 **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: SHADY OAKS (0016274)

Address: 502 RUSK ST, SPOONER, WI 54801

License Status: REGULAR

Licensed/Certified/Registered 10/10/2016 12:00:00AM

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

Survey History

Survey ID: 0142900 **End Date:** 04/24/2023 **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

Adult Family Home

Facility Information

Facility Name: WHISPERING PINES (0010672)

Address: 800 COLLEGE STREET, SPOONER, WI 54801

License Status: REGULAR

Licensed/Certified/Registered 09/21/2004 12:00:00AM

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

Survey History

Survey ID: 0148510 **End Date:** 11/04/2024 **Type:** STANDARD **Purpose:** SURVEY/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #8G6S13 Served 01/15/2025

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(g)1	HEALTH SCREENING FOR STAFF		
88.04(2)(h)	COMPLY WITH OSHA		
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS		
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY		
88.06(3)(f)	REVIEW OF ISP		
88.07(3)(d)	MEDICATION- WRITTEN ORDER		
88.09(1)(d)11	RESIDENT FUNDS		
88.09(2)(c)	LOCATION AND RETENTION PERIOD		

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Provider Inspection Summary

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

Adult Family Home

Survey ID: 0144789 **End Date: 09/06/2023** **Type: OTHER** **Purpose: VERIFICATION VISIT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #8G6S12 Served 11/09/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY	11/4/24	No

Survey ID: 0143835 **End Date: 08/02/2023** **Type: OTHER** **Purpose: DESK REVIEW**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141065 **End Date: 06/28/2022** **Type: ABBREVIATED** **Purpose: SURVEY**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #8G6S11 Served 10/18/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.03(3)(b)	CRIMINAL RECORDS CHECK	9/6/23	Yes
88.04(2)(g)1	HEALTH SCREENING FOR STAFF	9/6/23	Yes
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY	9/6/23	No
88.05(3)(b)	FREE OF HAZARDS	9/6/23	Yes
88.10(3)(e)	SELF-DIRECTION	9/6/23	Yes

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Provider Inspection Summary

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

Adult Family Home

Enforcement History (WHISPERING PINES--0010672)

Date: 01/15/2025 **SOD #**8G6S13 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 11/09/2023 **SOD #**8G6S12 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 10/18/2022 **SOD #**8G6S11 **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)

Facility Information

Facility Name: GLENVIEW SPECIAL CARE WING (0012418)
Address: 201 GLENVIEW LANE, SHELL LAKE, WI 54871
License Status: REGULAR
Licensed/Certified/Registered 06/01/2009 12:00:00AM
Regional Office: NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0142911 **End Date:** 04/26/2023 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (GLENVIEW SPECIAL CARE WING--0012418)

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
ADMINISTRATION	NOT SUBSTANTIATED	
PROGRAM SERVICES	NOT SUBSTANTIATED	
RESIDENT RIGHTS	NOT SUBSTANTIATED	
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: Dove Healthcare Spooner Assisted Living (0020199)

Address: 819 Ash Street, Spooner, WI 54801

License Status: PENDING

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: VILLAS AT MAPLE RIDGE (THE) (0016828)

Address: 819 ASH STREET, SPOONER, WI 54801

License Status: REGULAR

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

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

Survey History

Survey ID: 0147595 **End Date:** 08/22/2024 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #71FJ12 Served 09/17/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.28(4)(a)	RESIDENT HEALTH SCREENING AND DOCUMENTATION		
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES		
83.45(1)(e)	ELECTRICAL, MECHANICAL, WATER SUPPLY		

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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: 0143889 **End Date: 08/08/2023** **Type: STANDARD** **Purpose: SURVEY/COMPLAINT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #71FJ11 Served 08/10/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.28(4)(a)	RESIDENT HEALTH SCREENING AND DOCUMENTATION	8/22/24	No
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	8/22/24	No

Survey ID: 0142318 **End Date: 02/21/2023** **Type: OTHER** **Purpose: VERIFICATION VISIT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140992 **End Date: 06/20/2022** **Type: OTHER** **Purpose: VERIFICATION VISIT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #7DQD12 Served 10/11/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	2/21/23	Yes
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	2/21/23	Yes
83.22(1)-(4)	TASK SPECIFIC TRAINING	2/21/23	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 (VILLAS AT MAPLE RIDGE (THE)--0016828)

Date: 09/17/2024 **SOD #**71FJ12 **Appealed:** **Decision:** PENDING

Sanctions

ORDER TO COMPLY
FORFEITURE---83.28(4)(a)
FORFEITURE---83.35(3)(d)

Date: 08/10/2023 **SOD #**71FJ11 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 10/11/2022 **SOD #**7DQD12 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.17(2)(a)
FORFEITURE---83.20(2)(a)-(d)
FORFEITURE---83.22(1)-(4)

Date: 04/07/2022 **SOD #**7DQD11 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.38(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 (VILLAS AT MAPLE RIDGE (THE)--0016828)

Date Complaint Received: 07/26/2024

Date Investigation Completed: 08/22/2024

Subject Area(s)
PROGRAM SERVICES
RESIDENT RIGHTS

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

Date Complaint Received: 06/17/2024

Date Investigation Completed: 08/22/2024

Subject Area(s)
PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES

<u>Result</u>	<u>SOD #</u>
SUBSTANTIATED	71FJ12
NOT SUBSTANTIATED	

Date Complaint Received: 06/19/2023

Date Investigation Completed: 08/08/2023

Subject Area(s)
PHYSICAL ENVIRONMENT/SAFETY
RESIDENT RIGHTS
PHYSICAL ENVIRONMENT/SAFETY
RESIDENT RIGHTS

<u>Result</u>	<u>SOD #</u>
NOT SUBSTANTIATED	
NOT SUBSTANTIATED	
NOT SUBSTANTIATED	
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: VITACARE LIVING - SPOONER I (0018757)

Address: N4810 Hill Drive, Spooner, WI 54801

License Status: REGULAR

Licensed/Certified/Registered 12/28/2022 12:00:00AM

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

Survey History

Survey ID: 0144207 **End Date:** 09/11/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0143650 **End Date:** 07/13/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #NGA911 Served 07/17/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(2)(a)	CAREGIVER: INVESTIGATING ABUSE AND NEGLECT	9/11/23	Yes
83.38(1)(b)	SUPERVISION	9/11/23	Yes
83.39(1)	INFECTION CONTROL PROGRAM	9/11/23	Yes
83.39(5)	PETS VACCINATED	9/11/23	Yes
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	9/11/23	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: 0143009 End Date: 03/15/2023 Type: OTHER Purpose: COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #TSBJ11 Served 05/09/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(2)(a)	CAREGIVER: INVESTIGATING ABUSE AND NEGLECT	9/11/23	Yes
83.38(1)(b)	SUPERVISION	9/11/23	Yes
83.41(1)(a)	FOOD SUPPLY	9/11/23	Yes
83.45(1)(e)	ELECTRICAL, MECHANICAL, WATER SUPPLY	9/11/23	Yes

Survey ID: 0138066 End Date: 12/27/2022 Type: INITIAL Purpose: SURVEY

Results: PROBATIONARY LICENSE ISSUED

Enforcement History (VITACARE LIVING - SPOONER I--0018757)

Date: 07/17/2023 SOD #NGA911 Appealed: No

Sanctions

ORDER TO COMPLY

Date: 05/09/2023 SOD #TSBJ11 Appealed:

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

ORDER TO COMPLY

FORFEITURE---83.38(1)(b)

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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 (VITACARE LIVING - SPOONER I--0018757)

Date Complaint Received: 06/08/2023

Date Investigation Completed: 07/13/2023

Subject Area(s)
RESIDENT RIGHTS

Result
SUBSTANTIATED

SOD #
NGA911

Date Complaint Received: 05/05/2023

Date Investigation Completed: 07/13/2023

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 02/14/2023

Date Investigation Completed: 03/07/2023

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

Result
SUBSTANTIATED
SUBSTANTIATED
NOT SUBSTANTIATED

SOD #
TSBJ11
TSBJ11

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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: VitaCare Living Spooner II (0018752)

Address: W7184 Green Valley Rd, Spooner, WI 54801

License Status: REGULAR

Licensed/Certified/Registered 02/28/2024 12:00:00AM

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

Survey History

Survey ID: 0144538 **End Date:** 10/10/2023 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0138050 **End Date:** 03/30/2023 **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 (REGISTERED)

Facility Information

Facility Name: GLENVIEW (0010257)

Address: 201 GLENVIEW LANE, SHELL LAKE, WI 54871

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: 0142909 **End Date:** 04/27/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (GLENVIEW--0010257)

Date Complaint Received: 02/13/2023

Date Investigation Completed: 04/27/2023

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

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