

## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Wood

### Notes

**This report includes Provider Inspection Summaries (Facility Profiles) for Adult Family Homes in Wood County.**

**The report includes only facilities located within the City of MARSHFIELD. Reports for facilities located in other communities are listed separately on the DQA Facility Profile webpage.**

**The report is a PDF (Adobe Acrobat) document and includes a total of 15.00 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 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** ALICE & LOUISES ADULT FAMILY HOME (0015448)

**Address:** 814 E 6TH ST, MARSHFIELD, WI 54449

**License Status:** REGULAR

**Licensed/Certified/Registered** 3/2/2015 12:00:00AM

**Regional Office:** NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

### Survey History

**Survey ID:** 0139037      **End Date:** 3/21/2022      **Type:** ABBREVIATED      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

STATE OF WISCONSIN

Bureau of Assisted Living

P.O. Box 7940

Madison WI 53707-7940

### Facility Information

**Facility Name:** ALTHEA HOUSE (0016208)

**Address:** 2404 MONIQUE LANE, MARSHFIELD, WI 54449

**License Status:** REGULAR

**Licensed/Certified/Registered** 1/17/2017 12:00:00AM

**Regional Office:** NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

### Survey History

**Survey ID:** 0135921      **End Date:** 3/24/2021      **Type:** STANDARD      **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #U3XG11      Served 4/5/2021

Deficiencies Cited  
88.04(2)(h)

Subject Area  
COMPLY WITH OSHA

Compliance  
Verified  
5/20/21

Corrected

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** Epic Home Care LLC (0019084)

**Address:** 1607 Immanuel Ct, Marshfield, WI 54449

**License Status:** REGULAR

**Licensed/Certified/Registered** 9/21/2022 12:00:00AM

**Regional Office:** NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

### Survey History

**Survey ID:** 0140888      **End Date:** 9/20/2022      **Type:** INITIAL      **Purpose:** SURVEY

**Results:** LICENSE/CERT/REGISTRATION ISSUED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** GUIDING HAND ADULT FAMILY HOME (0009806)

**Address:** 1200 ST JOSEPH AVE, MARSHFIELD, WI 54449

**License Status:** REGULAR

**Licensed/Certified/Registered** 1/28/2003 12:00:00AM

**Regional Office:** NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

### Survey History

**Survey ID:** 0142540    **End Date:** 3/20/2023    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0139815    **End Date:** 3/21/2022    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #BSGZ11    Served 6/10/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY	3/20/23	Yes

### Enforcement History (GUIDING HAND ADULT FAMILY HOME--0009806)

**Date:** 6/10/2022    **SOD #**BSGZ11    **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** HILLSIDE HOLLOW C&K LLC (0017192)

**Address:** 11854 COUNTY ROAD T, MARSHFIELD, WI 54449

**License Status:** REGULAR

**Licensed/Certified/Registered** 7/13/2018 12:00:00AM

**Regional Office:** NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

### Survey History

**Survey ID:** 0140610      **End Date:** 8/30/2022      **Type:** STANDARD      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

STATE OF WISCONSIN

Bureau of Assisted Living

P.O. Box 7940

Madison WI 53707-7940

### Facility Information

**Facility Name:** HOLLANDS HOUSE OF HOPE LLC (0017611)

**Address:** 812 E 18TH ST, MARSHFIELD, WI 54449

**License Status:** REGULAR

**Licensed/Certified/Registered** 7/31/2019 12:00:00AM

**Regional Office:** NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

### Survey History

**Survey ID:** 0143083    **End Date:** 3/29/2023    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #OHWD11 Served 5/17/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(3)(b)	COMPLETE BACKGROUND CHECK PROCESS		
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY		
88.07(3)(a)	PRESCRIPTION MEDICATIONS		

**Survey ID:** 0141283    **End Date:** 10/24/2022    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Complaint History (HOLLANDS HOUSE OF HOPE LLC--0017611)

**Date Complaint Received: 2/16/2023**

**Date Investigation Completed: 3/29/2023**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

**Date Complaint Received: 10/14/2021**

**Date Investigation Completed: 10/24/2022**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** JOYFUL HEARTS (0018848)

**Address:** 1704 E MCMILLAN, MARSHFIELD, WI 54449

**License Status:** REGULAR

**Licensed/Certified/Registered** 4/13/2022 12:00:00AM

**Regional Office:** NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

### Survey History

**Survey ID:** 0139270      **End Date:** 4/13/2022      **Type:** INITIAL      **Purpose:** SURVEY

**Results:** LICENSE/CERT/REGISTRATION ISSUED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

STATE OF WISCONSIN

Bureau of Assisted Living

P.O. Box 7940

Madison WI 53707-7940

### Facility Information

**Facility Name:** PARKSIDE POINT (0011327)

**Address:** 503 WEST 17TH STREET, MARSHFIELD, WI 54449

**License Status:** REGULAR

**Licensed/Certified/Registered** 3/7/2006 12:00:00AM

**Regional Office:** NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

### Survey History

**Survey ID:** 0135624      **End Date:** 2/11/2021      **Type:** OTHER      **Purpose:** COMPLAINT/VV

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

STATE OF WISCONSIN

Bureau of Assisted Living

P.O. Box 7940

Madison WI 53707-7940

### Facility Information

**Facility Name:** RIVER CITY ESTATES HERITAGE 8391 (0014834)

**Address:** 8391 HERITAGE DR, MARSHFIELD, WI 54449

**License Status:** REGULAR

**Licensed/Certified/Registered** 11/4/2013 12:00:00AM

**Regional Office:** NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

### Survey History

**Survey ID:** 0142535      **End Date:** 3/20/2023      **Type:** OTHER      **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0138659      **End Date:** 10/6/2021      **Type:** ABBREVIATED      **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #43EE11      Served 2/10/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.03(5)(e)1	SIGNIFICANT CHANGE TO THE RESIDENT	3/20/23	Yes
88.07(2)(b)5	MONITORING HEALTH	3/20/23	Yes

### Enforcement History (RIVER CITY ESTATES HERITAGE 8391--0014834)

**Date:** 2/10/2022      **SOD #**43EE11      **Appealed:** No

#### Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

### Complaint History (RIVER CITY ESTATES HERITAGE 8391--0014834)

**Date Complaint Received: 6/23/2021**

**Date Investigation Completed: 10/6/2021**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

43EE11

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

STATE OF WISCONSIN

Bureau of Assisted Living

P.O. Box 7940

Madison WI 53707-7940

### Facility Information

**Facility Name:** RIVER CITY ESTATES HERITAGE 8393 (0014835)

**Address:** 8393 HERITAGE DR, MARSHFIELD, WI 54449

**License Status:** REGULAR

**Licensed/Certified/Registered** 10/7/2013 12:00:00AM

**Regional Office:** NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

### Survey History

**Survey ID:** 0142531      **End Date:** 3/20/2023      **Type:** STANDARD      **Purpose:** SURVEY/COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

### Complaint History (RIVER CITY ESTATES HERITAGE 8393--0014835)

**Date Complaint Received:** 5/16/2022

**Date Investigation Completed:** 3/20/2023

Subject Area(s)

Result

SOD #

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 5/15/2020 to 5/15/2023

Adult Family Home

### Facility Information

**Facility Name:** RIVER CITY ESTATES HERITAGE 8397 (0014421)

**Address:** 8397 HERITAGE DR, MARSHFIELD, WI 54449

**License Status:** REGULAR

**Licensed/Certified/Registered** 11/15/2012 12:00:00AM

**Regional Office:** NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

### Survey History

**Survey ID:** 0140087      **End Date:** 6/27/2022      **Type:** STANDARD      **Purpose:** SURVEY/VV

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #699112      Served 7/11/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(2)(a)	DIFFICULTY WALKING	8/25/22	

**Survey ID:** 0134797      **End Date:** 8/21/2020      **Type:** STANDARD      **Purpose:** SURVEY/SELF REPORT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #699111      Served 9/14/2020

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(g)1	HEALTH SCREENING FOR STAFF	6/27/22	Yes
88.05(2)(c)	LEVERED HANDLES	6/27/22	Yes
88.06(2)(a)	ADMISSION-HEALTH EXAM	6/27/22	Yes
88.09(1)(d)7	RESIDENT RECORD-MEDICAL EXAMINATIONS	6/27/22	Yes

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## Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Adult Family Home

STATE OF WISCONSIN

Bureau of Assisted Living

P.O. Box 7940

Madison WI 53707-7940

### Enforcement History (RIVER CITY ESTATES HERITAGE 8397--0014421)

**Date:** 9/14/2020

**SOD #**699111

**Appealed:** No

Sanctions

OTHER SANCTION

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