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.
## 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

<table>
<thead>
<tr>
<th>Survey ID</th>
<th>End Date</th>
<th>Type</th>
<th>Purpose</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>0132381</td>
<td>1/10/2020</td>
<td>OTHER</td>
<td>COMPLAINT</td>
<td>NO STATEMENT OF DEFICIENCY ISSUED</td>
</tr>
<tr>
<td>0129031</td>
<td>1/17/2019</td>
<td>OTHER</td>
<td>DESK REVIEW</td>
<td>NO STATEMENT OF DEFICIENCY ISSUED</td>
</tr>
<tr>
<td>0128904</td>
<td>11/26/2018</td>
<td>STANDARD</td>
<td>SURVEY</td>
<td>STATEMENT OF DEFICIENCY ISSUED</td>
</tr>
<tr>
<td>0125782</td>
<td>1/30/2018</td>
<td>OTHER</td>
<td>DESK REVIEW</td>
<td>NO STATEMENT OF DEFICIENCY ISSUED</td>
</tr>
</tbody>
</table>

Statement of Deficiency: #Z3CN11 Served 1/8/2019

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance</th>
<th>Corrected</th>
</tr>
</thead>
<tbody>
<tr>
<td>88.04(5)(b)</td>
<td>TRAINING-8 HOURS ANNUALLY</td>
<td>1/17/19</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.
Provider Inspection Summary
For the period 2/9/2017 to 2/9/2020
Adult Family Home

Survey ID: 0124359  End Date: 9/20/2017  Type: OTHER  Purpose: DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #PPHM11 Served 9/25/2017

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>12.05(1)(a)</td>
<td>ENTITY SANCTION</td>
<td>Verified</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Corrected</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1/30/18</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes</td>
</tr>
</tbody>
</table>

Enforcement History (ALICE & LOUISES ADULT FAMILY HOME--0015448)

Date: 9/21/2017  SOD #PPHM11  Appealed: No
Sanctions
COMPLY WITH REQUIREMENT
OTHER SANCTION

Complaint History (ALICE & LOUISES ADULT FAMILY HOME--0015448)

Date Complaint Received: 11/15/2019  Date Investigation Completed: 1/10/2020

<table>
<thead>
<tr>
<th>Subject Area(s)</th>
<th>Result</th>
<th>SOD #</th>
</tr>
</thead>
<tbody>
<tr>
<td>PROGRAM SERVICES</td>
<td>NOT SUBSTANTIATED</td>
<td></td>
</tr>
</tbody>
</table>

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.
Facility Information

Facility Name: ALTHEA HOUSE (0016208)
Address: 2404 MONIQUE, 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

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: COMFORTS OF HOME AJH 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: 0131006 End Date: 7/31/2019 Type: ABBREVIATED Purpose: CHOW--DESK REVIEW
Results: LICENSE/CERT/REGISTRATION ISSUED

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.
Facility Information

Facility Name: GUIDING HAND ADULT FAMILY HOME (0009806)
Address: 1200 ST JOSEPH AVENUE, 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: 0129141 End Date: 2/4/2019 Type: OTHER Purpose: DESK REVIEW
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0128938 End Date: 12/19/2018 Type: ABBREVIATED Purpose: SURVEY
Results: STATEMENT OF DEFICIENCY ISSUED
Statement of Deficiency: #UGPV11 Served 1/11/2019

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance Verified</th>
<th>Corrected</th>
</tr>
</thead>
<tbody>
<tr>
<td>88.04(5)(b)</td>
<td>TRAINING-8 HOURS ANNUALLY</td>
<td>2/4/19</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.
Provider Inspection Summary
For the period 2/9/2017 to 2/9/2020
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: 0127456 End Date: 7/13/2018 Type: ABBREVIATED Purpose: CHOW--DESK REVIEW
Results: LICENSE/CERT/REGISTRATION ISSUED
Provider Inspection Summary

For the period 2/9/2017 to 2/9/2020

Adult Family Home

<table>
<thead>
<tr>
<th>Facility Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility Name: OUR HOME AFH (0010520)</td>
</tr>
<tr>
<td>Address: 910 SOUTH COLUMBUS AVENUE, MARSHFIELD, WI 54449</td>
</tr>
<tr>
<td>License Status: REGULAR</td>
</tr>
<tr>
<td>Licensed/Certified/Registered 7/19/2005 12:00:00AM</td>
</tr>
<tr>
<td>Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Survey History</th>
</tr>
</thead>
<tbody>
<tr>
<td>Survey ID: 0129866</td>
</tr>
<tr>
<td>End Date: 4/1/2019</td>
</tr>
<tr>
<td>Type: ABBREVIATED</td>
</tr>
<tr>
<td>Purpose: SURVEY</td>
</tr>
<tr>
<td>Results: NO STATEMENT OF DEFICIENCY ISSUED</td>
</tr>
</tbody>
</table>

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.
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

<table>
<thead>
<tr>
<th>Survey ID</th>
<th>End Date</th>
<th>Type</th>
<th>Purpose</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>0123214</td>
<td>5/8/2017</td>
<td>OTHER</td>
<td>DESK REVIEW</td>
<td>NO STATEMENT OF DEFICIENCY ISSUED</td>
</tr>
<tr>
<td>0122898</td>
<td>3/9/2017</td>
<td>STANDARD</td>
<td>SURVEY</td>
<td>STATEMENT OF DEFICIENCY ISSUED</td>
</tr>
</tbody>
</table>

Statement of Deficiency: #7WR612 Served 4/8/2017

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>88.05(4)(a)</td>
<td>FIRE SAFETY-FIRE EXTINGUISHERS</td>
<td>Verified: 5/8/17</td>
</tr>
<tr>
<td>88.05(4)(c)1</td>
<td>EXITING FROM THE FIRST FLOOR</td>
<td>Corrected: Yes</td>
</tr>
</tbody>
</table>

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.
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

<table>
<thead>
<tr>
<th>Survey ID</th>
<th>End Date</th>
<th>Type</th>
<th>Purpose</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>0128698</td>
<td>12/4/2018</td>
<td>OTHER</td>
<td>VERIFICATION VISIT</td>
<td>NO STATEMENT OF DEFICIENCY ISSUED</td>
</tr>
<tr>
<td>0128050</td>
<td>7/19/2018</td>
<td>OTHER</td>
<td>COMPLAINT</td>
<td>ENFORCEMENT ACTION</td>
</tr>
<tr>
<td>0127103</td>
<td>6/4/2018</td>
<td>ABBREVIATED</td>
<td>SURVEY</td>
<td>NO STATEMENT OF DEFICIENCY ISSUED</td>
</tr>
</tbody>
</table>

Statement of Deficiency: #OJCJ11 Served 10/31/2018

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>88.03(5)(e)1</td>
<td>SIGNIFICANT CHANGE TO THE RESIDENT</td>
<td>12/3/18</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Corrected</td>
</tr>
</tbody>
</table>

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

Date: 9/12/2018
SOD #OJCJ11
Appealed: No
Sanctions
OTHER SANCTION

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.
Provider Inspection Summary
For the period 2/9/2017 to 2/9/2020
Adult Family Home

<table>
<thead>
<tr>
<th>Date Complaint Received:</th>
<th>Date Investigation Completed:</th>
</tr>
</thead>
<tbody>
<tr>
<td>7/2/2018</td>
<td>7/19/2018</td>
</tr>
</tbody>
</table>

**Subject Area(s)**
- RESIDENT RIGHTS

**Result**
- NOT SUBSTANTIATED

**SOD #**
Provider Inspection Summary

For the period 2/9/2017 to 2/9/2020

Adult Family Home

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: 0131210 End Date: 8/15/2019 Type: ABBREVIATED Purpose: SURVEY/COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (RIVER CITY ESTATES HERITAGE 8393–0014835)

Date Complaint Received: 7/18/2019 Date Investigation Completed: 8/15/2019
Subject Area(s) Result SOD #
RESIDENT RIGHTS NOT SUBSTANTIATED

This is Page 12 of 15 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.
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: 0123429 End Date: 6/7/2017 Type: OTHER Purpose: COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 13 of 15 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.
Facility Information

Facility Name: WINTER HAVEN ASSISTED LIVING LLC (0016625)
Address: 718 S DRAKE AVE, MARSHFIELD, WI 54449
License Status: REGULAR
Licensed/Certified/Registered 5/8/2017 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0123223   End Date: 5/3/2017   Type: INITIAL   Purpose: SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED
Facility Information

Facility Name: YOUNG AT HEART 3 (0015528)
Address: 301 N SCHMIDT AVE, 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

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