

Provider Inspection Summary

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

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 WISCONSIN RAPIDS. 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 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

Adult Family Home

Facility Information

Facility Name: 2ND STREET (0014318)

Address: 3111 2ND ST S, WISCONSIN RAPIDS, WI 54494

License Status: REGULAR

Licensed/Certified/Registered 09/04/2012 12:00:00AM

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

Survey History

Survey ID: 0140017 **End Date:** 07/01/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 2 of 22 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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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 RESIDENTIAL ALTERNATIVES 092 (0013296)

Address: 2910 KINGSTON RD, WISCONSIN RAPIDS, WI 54494

License Status: REGULAR

Licensed/Certified/Registered 05/18/2010 12:00:00AM

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

Survey History

Survey ID: 0138670 **End Date:** 02/09/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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: AURORA RESIDENTIAL ALTERNATIVES 093 (0013295)

Address: 3010 KINGSTON RD, WISCONSIN RAPIDS, WI 54494

License Status: REGULAR

Licensed/Certified/Registered 05/18/2010 12:00:00AM

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

Survey History

Survey ID: 0138669 **End Date:** 02/09/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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: Best Place to Be Inc WR1 (0019177)

Address: 2941 Shady Lane, Wisconsin Rapids, WI 54494

License Status: REGULAR

Licensed/Certified/Registered 05/01/2023 12:00:00AM

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

Survey History

Survey ID: 0142912 **End Date:** 04/04/2023 **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: BEST PLACE TO BE INC WR2 (0018719)

Address: 1610 BOLES ST, WISCONSIN RAPIDS, WI 54495

License Status: REGULAR

Licensed/Certified/Registered 02/21/2022 12:00:00AM

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

Survey History

Survey ID: 0138826 **End Date:** 02/21/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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: BEST PLACE TO BE INC WR3 (0018153)

Address: 2920 SHADY LN, WISCONSIN RAPIDS, WI 54494

License Status: REGULAR

Licensed/Certified/Registered 11/23/2020 12:00:00AM

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

Survey History

Survey ID: 0143601 **End Date:** 07/05/2023 **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: CLARITY CARE 10TH (0016921)

Address: 1030 GROVE AVE, WISCONSIN RAPIDS, WI 54494

License Status: REGULAR

Licensed/Certified/Registered 11/09/2017 12:00:00AM

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

Survey History

Survey ID: 0143486 **End Date:** 05/18/2023 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #NJI611 Served 06/27/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
88.05(3)(a)	HOME ENVIRONMENT	8/11/23	Yes
88.06(3)(d)5	SIGNED STATEMENT OF AGREEMENT	8/11/23	Yes
88.07(3)(d)	MEDICATION- WRITTEN ORDER	8/11/23	Yes
88.10(3)(q)	MEDICATIONS	8/11/23	Yes

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: Clarity Care 14th St (0019736)

Address: 1411 E Grand Ave, Wisconsin Rapids, WI 54494

License Status: REGULAR

Licensed/Certified/Registered 07/20/2023 12:00:00AM

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

Survey History

Survey ID: 0143914 **End Date:** 07/20/2023 **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: Clarity Care Sampson (0019995)

Address: 2921 Sampson St, Wisconsin Rapids, WI 54494

License Status: REGULAR

Licensed/Certified/Registered 04/16/2024 12:00:00AM

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

Survey History

Survey ID: 0146171 **End Date:** 04/16/2024 **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: EVERGREEN (0011754)

Address: 2131 CINDY CT, WISCONSIN RAPIDS, WI 54494

License Status: REGULAR

Licensed/Certified/Registered 05/23/2007 12:00:00AM

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

Survey History

Survey ID: 0145035 **End Date:** 12/06/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0142995 **End Date:** 05/08/2023 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (EVERGREEN-0011754)

Date Complaint Received: 10/09/2023

Date Investigation Completed: 12/06/2023

Subject Area(s)

Result

SOD #

ADMINISTRATION
PROGRAM SERVICES
RESIDENT RIGHTS
STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 08/11/2023

Date Investigation Completed: 12/06/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES
RESIDENT RIGHTS

NOT SUBSTANTIATED
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: HEARTLAND FAMILY CARE (0012915)

Address: 1120 GARDNER ST, WISCONSIN RAPIDS, WI 54495

License Status: REGULAR

Licensed/Certified/Registered 08/20/2009 12:00:00AM

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

Survey History

Survey ID: 0142413 **End Date:** 03/08/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141321 **End Date:** 08/23/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #IHRS11 Served 11/10/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.03(3)(b)	CRIMINAL RECORDS CHECK	3/8/23	Yes
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS	3/8/23	Yes
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY	3/8/23	Yes
88.07(3)(a)	PRESCRIPTION MEDICATIONS	3/8/23	Yes

Enforcement History (HEARTLAND FAMILY CARE--0012915)

Date: 11/10/2022 **SOD #IHRS11** **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: HILLTOP ASSISTED LIVING RAVENWOOD (0014167)

Address: 2530 GAYNOR AVE, WISCONSIN RAPIDS, WI 54495

License Status: REGULAR

Licensed/Certified/Registered 04/24/2012 12:00:00AM

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

Survey History

Survey ID: 0146135 **End Date:** 04/11/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0144674 **End Date:** 08/29/2023 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #ZME911 Served 10/30/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(a)	HOME ENVIRONMENT	4/11/24	Yes
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE	4/11/24	Yes
88.06(3)(b)	PERSONS INVOLVED WITH ISP & ASSESSMENT	4/11/24	Yes
88.06(3)(f)	REVIEW OF ISP	4/11/24	Yes

Enforcement History (HILLTOP ASSISTED LIVING RAVENWOOD--0014167)

Date: 10/30/2023 **SOD #**ZME911 **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: Jims Place (0019578)

Address: 2160 James Court, Wisconsin Rapids, WI 54494

License Status: REGULAR

Licensed/Certified/Registered 09/05/2023 12:00:00AM

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

Survey History

Survey ID: 0144128 **End Date:** 09/05/2023 **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: PATHWAYS (0011718)

Address: 2121 CINDY COURT, WISCONSIN RAPIDS, WI 54494

License Status: REGULAR

Licensed/Certified/Registered 01/11/2007 12:00:00AM

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

Survey History

Survey ID: 0140148 **End Date:** 07/08/2022 **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: RIDGEWOOD (0012713)

Address: 1520 MICHAEL CT, WISCONSIN RAPIDS, WI 54494

License Status: REGULAR

Licensed/Certified/Registered 03/03/2009 12:00:00AM

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

Survey History

Survey ID: 0143139 **End Date:** 05/09/2023 **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: RIVER CITY ESTATES IV (0012520)

Address: 541 GARFIELD STREET, WISCONSIN RAPIDS, WI 54495

License Status: REGULAR

Licensed/Certified/Registered 09/24/2008 12:00:00AM

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

Survey History

Survey ID: 0144186 **End Date:** 08/29/2023 **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: RIVER CITY ESTATES LLC II (0011778)

Address: 5510 KELLNER ROAD, WISCONSIN RAPIDS, WI 54494

License Status: REGULAR

Licensed/Certified/Registered 02/27/2007 12:00:00AM

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

Survey History

Survey ID: 0144153 **End Date:** 08/29/2023 **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: RIVER CITY ESTATES LLC III (0012115)

Address: 550 WISCONSIN STREET, WISCONSIN RAPIDS, WI 54494

License Status: REGULAR

Licensed/Certified/Registered 10/30/2007 12:00:00AM

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

Survey History

Survey ID: 0148465 **End Date:** 11/25/2024 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #TW2W11 Served 01/09/2025

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(a)	HOME ENVIRONMENT		

Enforcement History (RIVER CITY ESTATES LLC III--0012115)

Date: 01/09/2025 **SOD #**TW2W11 **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: RIVER CITY ESTATES LLC (0011779)

Address: 5512 KELLNER ROAD, WISCONSIN RAPIDS, WI 54494

License Status: REGULAR

Licensed/Certified/Registered 02/21/2007 12:00:00AM

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

Survey History

Survey ID: 0143613 **End Date:** 07/05/2023 **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: RIVER CITY ESTATES V (0013045)

Address: 1810 LINCOLN ST, WISCONSIN RAPIDS, WI 54495

License Status: REGULAR

Licensed/Certified/Registered 10/06/2009 12:00:00AM

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

Survey History

Survey ID: 0146154 **End Date:** 04/11/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0144338 **End Date:** 08/30/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #9UVY11 Served 09/26/2023

<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	4/11/24	Yes

Survey ID: 0143614 **End Date:** 07/10/2023 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141099 **End Date:** 10/18/2022 **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

Enforcement History (RIVER CITY ESTATES V--0013045)

Date: 09/26/2023 **SOD #**9UVY11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Complaint History (RIVER CITY ESTATES V--0013045)

Date Complaint Received: 08/08/2023

Date Investigation Completed: 08/30/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

9UVY11

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