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 20.00 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: 2ND STREET (0014318)
Address: 3111 2ND ST S, WISCONSIN RAPIDS, WI 54494
License Status: REGULAR
Licensed/Certified/Registered 9/4/2012 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0126801 End Date: 5/21/2018 Type: ABBREVIATED Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY 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: AURORA RESIDENTIAL ALTERNATIVES #092 (0013296)
Address: 2910 KINGSTON RD, WISCONSIN RAPIDS, WI 54494
License Status: REGULAR
Licensed/Certified/Registered 5/18/2010 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

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<tr>
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<th>Purpose</th>
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<td>0125538</td>
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<td>ABBREVIATED</td>
<td>SURVEY</td>
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<tr>
<td>0122459</td>
<td>2/14/2017</td>
<td>OTHER</td>
<td>DESK REVIEW</td>
</tr>
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</table>

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Facility Information

Facility Name: AURORA RESIDENTIAL ALTERNATIVES #093 (0013295)
Address: 3010 KINGSTON RD, WISCONSIN RAPIDS, WI 54494
License Status: REGULAR
Licensed/Certified/Registered 5/18/2010 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0125454       End Date: 12/14/2017       Type: ABBREVIATED       Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0122460       End Date: 2/14/2017        Type: OTHER           Purpose: DESK REVIEW
Results: NO STATEMENT OF DEFICIENCY ISSUED
### Facility Information

Facility Name: BEST PLACE 2 B LLC (0016556)
Address: 2941 SHADY LANE, WISCONSIN RAPIDS, WI 54494
License Status: REGULAR
Licensed/Certified/Registered 6/14/2017 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

### Survey History

Survey ID: 0123437       End Date: 6/12/2017       Type: INITIAL       Purpose: SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED
## Facility Information

**Facility Name:** CLARITY CARE 10TH (0016921)

**Address:** 1030 GROVE AVE, WISCONSIN RAPIDS, WI 54494

**License Status:** REGULAR

Licensed/Certified/Registered 11/9/2017  12:00:00AM

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

## Survey History

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<th>Type: ABBREVIATED</th>
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<th>Type: OTHER</th>
<th>Purpose: CHOW--DESK REVIEW</th>
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## Complaint History (CLARITY CARE 10TH--0016921)

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<th>Date Investigation Completed: 10/3/2019</th>
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<tbody>
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<td>Subject Area(s): PROGRAM SERVICES</td>
<td>Result</td>
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<tr>
<td>NOT SUBSTANTIATED</td>
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<tr>
<th>Date Complaint Received: 9/4/2019</th>
<th>Date Investigation Completed: 10/3/2019</th>
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<tbody>
<tr>
<td>Subject Area(s): RESIDENT RIGHTS</td>
<td>Result</td>
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<tr>
<td>NOT SUBSTANTIATED</td>
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</table>
## Provider Inspection Summary

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

**Adult Family Home**

### Facility Information

<table>
<thead>
<tr>
<th>Facility Name</th>
<th>CLARITY CARE GRANDVIEW (0016977)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td>1340 ROSEWOOD AVE, WISCONSIN RAPIDS, WI 54494</td>
</tr>
<tr>
<td>License Status</td>
<td>REGULAR</td>
</tr>
<tr>
<td>Licensed/Certified/Registered</td>
<td>12/5/2017 12:00:00AM</td>
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<td>Regional Office</td>
<td>NORTHEASTERN REGION (GREEN BAY), (920) 448-5252</td>
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### Survey History

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<tr>
<td>0128778</td>
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<td>OTHER</td>
<td>DESK REVIEW</td>
<td>NO STATEMENT OF DEFICIENCY ISSUED</td>
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<td>0128617</td>
<td>10/25/2018</td>
<td>OTHER</td>
<td>COMPLAINT</td>
<td>STATEMENT OF DEFICIENCY ISSUED</td>
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<td>0127207</td>
<td>06/22/2018</td>
<td>OTHER</td>
<td>DESK REVIEW</td>
<td>NO STATEMENT OF DEFICIENCY ISSUED</td>
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**Statement of Deficiency:** #95DM11 Served 11/23/2018

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<th>Subject Area</th>
<th>Compliance</th>
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<tr>
<td>88.07(2)(b)3</td>
<td>TRANSPORTATION TO MEDICAL</td>
<td>Verified 12/14/18 Corrected Yes</td>
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</table>

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Survey ID: 0126890   End Date: 5/8/2018   Type: OTHER   Purpose: COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #536D11   Served 5/31/2018

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<tr>
<th>Deficiencies Cited</th>
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<th>Compliance</th>
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<tr>
<td>88.06(3)(d)5</td>
<td>SIGNED STATEMENT OF AGREEMENT</td>
<td>Verified</td>
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<tr>
<td></td>
<td></td>
<td>Corrected</td>
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<td>6/22/18</td>
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Survey ID: 0125177   End Date: 11/15/2017   Type: INITIAL   Purpose: DESK REVIEW

Results: LICENSE/CERT/REGISTRATION ISSUED

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<tr>
<th>Subject Area(s)</th>
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<td>PROGRAM SERVICES</td>
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<td>95DM11</td>
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<td>Subject Area(s)</td>
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<td>PROGRAM SERVICES</td>
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<td>Subject Area(s)</td>
<td>Result</td>
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<tr>
<td>RESIDENT RIGHTS</td>
<td>SUBSTANTIATED</td>
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</tbody>
</table>
**Facility Information**

- **Facility Name:** CLARITY CARE ROSEWOOD (0016978)
- **Address:** 1338 ROSEWOOD AVE, WISCONSIN RAPIDS, WI 54494
- **License Status:** REGULAR
- Licensed/Certified/Registered 12/5/2017 12:00:00AM
- **Regional Office:** NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

**Survey History**

- **Survey ID:** 0125179
- **End Date:** 11/15/2017
- **Type:** INITIAL
- **Purpose:** DESK REVIEW
- **Results:** LICENSE/CERT/REGISTRATION ISSUED

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Facility Information

Facility Name: EVERGREEN (0011754)
Address: 2131 CINDY CT, WISCONSIN RAPIDS, WI 54494
License Status: REGULAR
Licensed/Certified/Registered 5/23/2007 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0128871   End Date: 12/20/2018   Type: ABBREVIATED   Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

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Facility Information

Facility Name: HEARTLAND FAMILY CARE (0012915)
Address: 1120 GARDNER ST, WISCONSIN RAPIDS, WI 54495
License Status: REGULAR
Licensed/Certified/Registered 8/20/2009 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0127011  End Date: 5/30/2018  Type: ABBREVIATED  Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

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### Facility Information

Facility Name: HILLTOP ASSISTED LIVING RAVENWOOD (0014167)
Address: 2530 GAYNOR AVE, WISCONSIN RAPIDS, WI 54495
License Status: REGULAR
Licensed/Certified/Registered 4/24/2012 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

<table>
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<td>SURVEY</td>
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Results: NO STATEMENT OF DEFICIENCY ISSUED
Facility Information

Facility Name: PATHWAYS (0011718)
Address: 2121 CINDY COURT, WISCONSIN RAPIDS, WI 54494
License Status: REGULAR
Licensed/Certified/Registered 1/11/2007 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0127152  End Date: 6/20/2018  Type: OTHER  Purpose: DESK REVIEW
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0126871  End Date: 5/21/2018  Type: ABBREVIATED  Purpose: SURVEY
Results: STATEMENT OF DEFICIENCY ISSUED
Statement of Deficiency: #JVCF11 Served 5/30/2018

<table>
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<tr>
<td>88.10(3)(l)</td>
<td>SAFE PHYSICAL ENVIRONMENT</td>
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<td>88.10(5)(c)4</td>
<td>INFORMATION ABOUT ADVOCACY ORGANIZATION</td>
<td>6/20/18</td>
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Facility Information

Facility Name: RIDGEWOOD (0012713)
Address: 1520 MICHAEL CT, WISCONSIN RAPIDS, WI 54494
License Status: REGULAR
Licensed/Certified/Registered 3/3/2009 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0131605    End Date: 8/1/2019    Type: ABBREVIATED    Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary
For the period 2/9/2017 to 2/9/2020
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 9/24/2008 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
Facility Information

Facility Name: RIVER CITY ESTATES LLC II (0011778)
Address: 5510 KELLNER ROAD, WISCONSIN RAPIDS, WI 54494
License Status: REGULAR
Licensed/Certified/Registered 2/27/2007 12:00:00AM
Regional Office: NORTHEASTER REGION (GREEN BAY), (920) 448-5252

Survey History

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Statement of Deficiency: #033311 Served 2/14/2019

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<td>88.03(5)(e)1</td>
<td>SIGNIFICANT CHANGE TO THE RESIDENT</td>
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<td>88.06(3)(f)</td>
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Provider Inspection Summary
For the period 2/9/2017 to 2/9/2020
Adult Family Home

Survey ID: 0123424  End Date: 5/30/2017  Type: ABBREVIATED  Purpose: SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #PT5Z11 Served 6/16/2017

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<tr>
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<td>88.07(3)(a)</td>
<td>PRESCRIPTION MEDICATIONS</td>
<td>Verified</td>
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Enforcement History (RIVER CITY ESTATES LLC II–0011778)

Date: 1/24/2019  SOD #033311  Appealed: No
Sanctions
OTHER SANCTION

Complaint History (RIVER CITY ESTATES LLC II–0011778)

Date Complaint Received: 9/24/2018  Date Investigation Completed: 11/27/2018

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<td>033311</td>
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Provider Inspection Summary
For the period 2/9/2017 to 2/9/2020
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: 0129338   End Date: 2/8/2019   Type: OTHER   Purpose: COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0124469   End Date: 8/23/2017   Type: ABBREVIATED   Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (RIVER CITY ESTATES LLC III–0012115)

Date Complaint Received: 10/31/2018   Date Investigation Completed: 2/8/2019
Subject Area(s)    Result    SOD #
RESIDENT RIGHTS    NOT SUBSTANTIATED

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Facility Information

Facility Name: RIVER CITY ESTATES LLC (0011779)
Address: 5512 KELLNER ROAD, WISCONSIN RAPIDS, WI 54494
License Status: REGULAR
Licensed/Certified/Registered 2/21/2007 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0128674   End Date: 11/27/2018   Type: OTHER   Purpose: COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0124465   End Date: 8/23/2017   Type: ABBREVIATED   Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (RIVER CITY ESTATES LLC--0011779)

Date Complaint Received: 9/24/2018   Date Investigation Completed: 11/27/2018
Subject Area(s): PROGRAM SERVICES
Result: NOT SUBSTANTIATED

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### Facility Information

- **Facility Name:** RIVER CITY ESTATES V (0013045)
- **Address:** 1810 LINCOLN ST, WISCONSIN RAPIDS, WI 54495
- **License Status:** REGULAR
- **Licensed/Certified/Registered:** 10/6/2009 12:00:00AM
- **Regional Office:** NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

### Survey History

- **Survey ID:** 0129293  **End Date:** 2/13/2019  **Type:** ABBREVIATED  **Purpose:** SURVEY
- **Results:** NO STATEMENT OF DEFICIENCY ISSUED

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