

Provider Inspection Summary

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

Wood

Notes

This report includes Provider Inspection Summaries (Facility Profiles) for Community-Based Residential Facilities 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 24.00 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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: ADAMS AVENUE GROUP HOME (0013144)

Address: 613 W 11TH ST, MARSHFIELD, WI 54449

License Status: REGULAR

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

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

Survey History

Survey ID: 0144951 **End Date:** 10/09/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #3HEX11 Served 12/05/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.12(2)(b)	NON-CAREGIVER: INVESTIGATING ABUSE AND NEGLECT	1/19/24	Yes
83.12(4)(b)	REPORTING WHEN LAW ENFORCEMENT IS CALLED	1/19/24	Yes

Survey ID: 0140550 **End Date:** 08/22/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (ADAMS AVENUE GROUP HOME--0013144)

Date Complaint Received: 05/17/2023

Date Investigation Completed: 10/09/2023

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
ADMINISTRATION	SUBSTANTIATED	3HEX11
RESIDENT RIGHTS	SUBSTANTIATED	3HEX11

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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: Alice & Louises III LLC (0019609)

Address: 800 South Drake Avenue, Marshfield, WI 54449

License Status: REGULAR

Licensed/Certified/Registered 11/01/2024 12:00:00AM

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

Survey History

Survey ID: 0147630 **End Date:** 09/19/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0146886 **End Date:** 06/18/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #O3LU11 Served 07/09/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.18(2)	EMPLOYEE RECORDS AVAILABLE UPON REQUEST	9/19/24	Yes
83.26(1)	DOCUMENTATION OF REQUIRED EMPLOYEE TRAINING	9/19/24	Yes
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN	9/19/24	Yes
83.36(1)(b)	QUALIFIED STAFF IN CHARGE, ON DUTY AND AWAKE	9/19/24	Yes
83.37(2)(e)	OTHER ADMINISTRATION GIVEN OR DELEGATED BY RN	9/19/24	Yes
83.42(3)	ACCESS TO RESIDENT RECORDS	9/19/24	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: 0144578 End Date: 09/27/2023 Type: INITIAL Purpose: SURVEY

Results: PROBATIONARY LICENSE ISSUED

Enforcement History (Alice & Louises III LLC--0019609)

Date: 07/09/2024 SOD #O3LU11 Appealed: No

Sanctions

ORDER TO COMPLY

Complaint History (Alice & Louises III LLC--0019609)

Date Complaint Received: 03/11/2024

Date Investigation Completed: 06/18/2024

Subject Area(s)

ADMINISTRATION

PROGRAM SERVICES

STAFF TRAINING AND PROFICIENCY

Result

SUBSTANTIATED

SUBSTANTIATED

SUBSTANTIATED

SOD

O3LU11

O3LU11

O3LU11

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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: APPLE AVENUE GROUP HOME (0013143)

Address: 1406 S APPLE AVE, MARSHFIELD, WI 54449

License Status: REGULAR

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

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

Survey History

Survey ID: 0147790 **End Date:** 08/15/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #CPHC11 Served 10/09/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(4m)(b)intro	CAREGIVER HIRING AND CONTRACTING PROCESS		
83.12(2)(a)	CAREGIVER: INVESTIGATING ABUSE AND NEGLECT		
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION		
83.33(1)(d)	GRIEVANCE PROCEDURE: WRITTEN SUMMARY		
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES		
83.38(1)(c)	LEISURE TIME ACTIVITIES		

Survey ID: 0144383 **End Date:** 08/29/2023 **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0142653 End Date: 02/01/2023 Type: STANDARD Purpose: SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #2CHP11 Served 04/04/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u> <u>Verified</u>	<u>Corrected</u>
83.38(1)(g)	HEALTH MONITORING	5/19/23	Yes

Enforcement History (APPLE AVENUE GROUP HOME--0013143)

Date: 10/09/2024 SOD #CPHC11 Appealed: Decision: PENDING

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

FORFEITURE---N0158 DHS 83.12(2)(a)2
FORFEITURE---N0362 DHS 83.33(1)(d)
FORFEITURE---N0389 DHS 83.35(3)(d)
FORFEITURE---N0427 DHS 83.38(1)(c)
FORFEITURE---Z0023 DHS 50.065(4m)(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 (APPLE AVENUE GROUP HOME--0013143)

Date Complaint Received: 07/29/2024

Date Investigation Completed: 08/15/2024

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
ADMINISTRATION	SUBSTANTIATED	CPHC11
PROGRAM SERVICES	SUBSTANTIATED	CPHC11
RESIDENT RIGHTS	SUBSTANTIATED	CPHC11
STAFF TRAINING AND PROFICIENCY	SUBSTANTIATED	CPHC11
ADMINISTRATION	SUBSTANTIATED	CPHC11
PROGRAM SERVICES	SUBSTANTIATED	CPHC11
RESIDENT RIGHTS	SUBSTANTIATED	CPHC11
STAFF TRAINING AND PROFICIENCY	SUBSTANTIATED	CPHC11

Date Complaint Received: 04/18/2023

Date Investigation Completed: 08/29/2023

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PROGRAM SERVICES	NOT SUBSTANTIATED	
RESIDENT RIGHTS	NOT SUBSTANTIATED	

Date Complaint Received: 01/11/2023

Date Investigation Completed: 02/01/2021

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PROGRAM SERVICES	SUBSTANTIATED	2CHP11

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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: DRAKE HOUSE II (THE) (0017386)

Address: 212 COLUMBUS DR, MARSHFIELD, WI 54449

License Status: REGULAR

Licensed/Certified/Registered 04/01/2020 12:00:00AM

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

Survey History

Survey ID: 0144867 **End Date:** 11/09/2023 **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: PEACH AVENUE GROUP HOME (0013145)

Address: 2401 S PEACH AVE, MARSHFIELD, WI 54449

License Status: REGULAR

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

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

Survey History

Survey ID: 0147318 **End Date:** 08/09/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141938 **End Date:** 01/23/2023 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (PEACH AVENUE GROUP HOME--0013145)

Date Complaint Received: 05/24/2024

Date Investigation Completed: 08/09/2024

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

RESIDENT RIGHTS

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: SAFE HAVEN SENIOR CARE LLC (0017226)

Address: 414 E 19TH ST, MARSHFIELD, WI 54449

License Status: REGULAR

Licensed/Certified/Registered 03/01/2020 12:00:00AM

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

Survey History

Survey ID: 0144082 **End Date:** 08/25/2023 **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: SERENITY LIVING 1 A TOUCH OF HOME (0018400)

Address: 1301 E DOEGE ST, MARSHFIELD, WI 54449

License Status: REGULAR

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

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

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: SERENITY LIVING 2 A TOUCH OF HOME (0018403)

Address: 612 E 25TH ST, MARSHFIELD, WI 54449

License Status: REGULAR

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

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

Survey History

Survey ID: 0144251 **End Date:** 06/27/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #WQEK11 Served 09/15/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.37(3)(g)	MEDICATION STORAGE: CONTROLLED SUBSTANCES	11/14/23	Yes

Complaint History (SERENITY LIVING 2 A TOUCH OF HOME--0018403)

Date Complaint Received: 03/11/2022

Date Investigation Completed: 06/27/2023

Subject Area(s)

Result

SOD #

OTHER

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: SERENITY LIVING 3 A TOUCH OF HOME (0018402)

Address: 720 S CYPRESS AVENUE, MARSHFIELD, WI 54449

License Status: REGULAR

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

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

Survey History

Survey ID: 0148038 **End Date:** 11/04/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0145334 **End Date:** 10/25/2023 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #SQYY11 Served 01/23/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.45(1)(e)	ELECTRICAL, MECHANICAL, WATER SUPPLY	11/4/24	Yes
83.48(6)(d)	INTEGRATED HEAT DETECTOR IN FURNACE ROOM	11/4/24	Yes

Enforcement History (SERENITY LIVING 3 A TOUCH OF HOME--0018402)

Date: 01/23/2024 **SOD #**SQYY11 **Appealed:** No

Sanctions

COMPLY WITH FACILITY PLAN OF CORRECTION
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: SERENITY LIVING 4 A TOUCH OF HOME (0018401)

Address: 9787 WEST IVES STREET, MARSHFIELD, WI 54449

License Status: REGULAR

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

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

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: STONEY RIVER ASSISTED LIVING (0014626)
Address: 1204 W MCMILLAN ST, MARSHFIELD, WI 54449
License Status: REGULAR
Licensed/Certified/Registered 06/25/2013 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0145754 **End Date:** 02/23/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (STONEY RIVER ASSISTED LIVING--0014626)

Date Complaint Received: 12/18/2023	Date Investigation Completed: 02/23/2024
<u>Subject Area(s)</u>	<u>Result</u>
RESIDENT RIGHTS	NOT SUBSTANTIATED
STAFF TRAINING AND PROFICIENCY	NOT SUBSTANTIATED

SOD #

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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: STONEY RIVER MEMORY CARE (0017202)

Address: 1606 N ST JOSEPH AVE, MARSHFIELD, WI 54449

License Status: REGULAR

Licensed/Certified/Registered 11/01/2019 12:00:00AM

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

Survey History

Survey ID: 0145631 **End Date:** 02/09/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141632 **End Date:** 12/14/2022 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140627 **End Date:** 05/17/2022 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #0I0D12 Served 08/31/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	12/13/22	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	12/13/22	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 (STONEY RIVER MEMORY CARE--0017202)

Date: 08/31/2022 **SOD #**010D12 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
ORDER TO COMPLY
FORFEITURE---83.35(3)(d)

Complaint History (STONEY RIVER MEMORY CARE--0017202)

Date Complaint Received: 11/19/2023 **Date Investigation Completed:** 02/09/2024

Subject Area(s)
ADMINISTRATION

Result SOD #
NOT SUBSTANTIATED

Date Complaint Received: 11/14/2022

Date Investigation Completed: 12/14/2022

Subject Area(s)
PROGRAM SERVICES
RESIDENT RIGHTS

Result SOD #
NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 11/07/2022

Date Investigation Completed: 12/14/2022

Subject Area(s)
PROGRAM SERVICES

Result SOD #
NOT SUBSTANTIATED

Date Complaint Received: 06/18/2022

Date Investigation Completed: 12/14/2022

Subject Area(s)
PROGRAM SERVICES

Result SOD #
NOT SUBSTANTIATED

Date Complaint Received: 04/24/2022

Date Investigation Completed: 05/17/2022

Subject Area(s)
PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES

Result SOD #
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: WELLS NATURE VIEW I (610269)

Address: 1016 SOUTH ADAMS AVENUE, MARSHFIELD, WI 54449

License Status: REGULAR

Licensed/Certified/Registered 08/31/1996 12:00:00AM

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

Survey History

Survey ID: 0142476 **End Date:** 03/15/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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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: WELLS NATURE VIEW II (611047)

Address: 601 EAST 21ST STREET, MARSHFIELD, WI 54449

License Status: REGULAR

Licensed/Certified/Registered 04/30/1998 12:00:00AM

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

Survey History

Survey ID: 0142474 **End Date:** 03/14/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139605 **End Date:** 02/08/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #N7OL11 Served 05/20/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	3/14/23	Yes
83.21(1)-(3)	ALL EMPLOYEE TRAINING	3/14/23	Yes
83.25	CONTINUING EDUCATION	3/14/23	Yes
83.37(1)(e)	MEDICATION REGIMEN, ADMINISTRATION REVIEW	3/14/23	Yes
83.46(1)(b)	PORTABLE SPACE HEATERS PROHIBITED	3/14/23	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 (WELLS NATURE VIEW II--611047)

Date: 05/20/2022

SOD #N7OL11

Appealed:

Sanctions

ORDER TO COMPLY

FORFEITURE---83.21(1)-(3)

FORFEITURE---83.25

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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: WELLS NATURE VIEW III (0009393)

Address: 2711 SOUTH APPLE AVENUE, MARSHFIELD, WI 54449

License Status: REGULAR

Licensed/Certified/Registered 01/01/2003 12:00:00AM

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

Survey History

Survey ID: 0146888 **End Date:** 06/25/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #BBM811 Served 07/09/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.37(3)(c)	MEDICATION STORAGE: LOCKED CABINET		
83.38(1)(h)	MEDICATION ADMINISTRATION		
83.45(3)	TOXIC SUBSTANCES		
83.55(6)(b)	BATH AND TOILET AREAS: WATER TEMPERATURE		

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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: 0143511 **End Date:** 05/15/2023 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #KKK612 Served 06/28/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.12(2)(a)	CAREGIVER: INVESTIGATING ABUSE AND NEGLECT	8/27/23	Yes
83.39(1)	INFECTION CONTROL PROGRAM	8/27/23	Yes

Survey ID: 0139610 **End Date:** 02/08/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #KKK611 Served 05/20/2022

<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	5/15/23	Yes
83.25	CONTINUING EDUCATION	5/15/23	Yes
83.37(1)(e)	MEDICATION REGIMEN, ADMINISTRATION REVIEW	5/15/23	Yes

Enforcement History (WELLS NATURE VIEW III--0009393)

Date: 07/09/2024 **SOD #BBM811** **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 05/20/2022 **SOD #KKK611** **Appealed:**

Sanctions

ORDER TO COMPLY

FORFEITURE---83.25

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (WELLS NATURE VIEW III--0009393)

Date Complaint Received: 03/07/2024

Date Investigation Completed: 06/25/2024

Subject Area(s)
PROGRAM SERVICES
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 10/31/2022

Date Investigation Completed: 05/15/2023

Subject Area(s)
RESIDENT RIGHTS

Result
SUBSTANTIATED

SOD #
KKK612

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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: WELLS NATURE VIEW IV (0014746)

Address: 2807 S APPLE AVE, MARSHFIELD, WI 54449

License Status: REGULAR

Licensed/Certified/Registered 08/12/2013 12:00:00AM

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

Survey History

Survey ID: 0139829 **End Date:** 05/03/2022 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #7IH111 Served 06/13/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u> <u>Verified</u>	<u>Corrected</u>
83.12(4)(c)	REPORTING INCIDENTS WITH SERIOUS INJURY	7/28/22	
83.25	CONTINUING EDUCATION	7/23/22	
83.37(1)(e)	MEDICATION REGIMEN, ADMINISTRATION REVIEW	7/23/22	

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