

## 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 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 34.00 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:** ARBORVIEW COURT (0013373)

**Address:** 3750 BLUE VIOLET LN, WISCONSIN RAPIDS, WI 54494

**License Status:** REGULAR

**Licensed/Certified/Registered** 11/01/2011 12:00:00AM

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

### Survey History

**Survey ID:** 0144718    **End Date:** 08/30/2023    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #1Z4M11    Served 11/06/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.25	CONTINUING EDUCATION	12/21/23	Yes
83.37(2)(e)	OTHER ADMINISTRATION GIVEN OR DELEGATED BY RN	12/21/23	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	12/21/23	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)

### Facility Information

**Facility Name:** CRANBERRY COURT ASSISTED LIVING I (0015632)

**Address:** 2230 14TH ST SOUTH, WISCONSIN RAPIDS, WI 54494

**License Status:** REGULAR

**Licensed/Certified/Registered** 08/01/2016 12:00:00AM

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

### Survey History

**Survey ID:** 0147162    **End Date:** 06/21/2024    **Type:** ABBREVIATED    **Purpose:** SURVEY/COMPLAINT/SELF REPORT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #LMER11    Served 07/31/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE		
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN		
83.35(3)(c)	IMPLEMENT, FOLLOW THE INDIVIDUAL SERVICE PLAN		
83.36(1)(a)	ADEQUATE STAFF TO MEET RESIDENT NEEDS		
83.36(1)(b)	QUALIFIED STAFF IN CHARGE, ON DUTY AND AWAKE		
83.38(1)(b)	SUPERVISION		
83.44(2)(a)	ROOMS CLEAN AND FREE FROM ODORS		
83.47(2)(d)	FIRE DRILLS		
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:** 0145629    **End Date:** 02/09/2024    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0143904    **End Date:** 06/05/2023    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #6MII1    Served 08/11/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN	9/25/23	Yes

**Survey ID:** 0140059    **End Date:** 07/06/2022    **Type:** ABBREVIATED    **Purpose:** SURVEY/COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

### Enforcement History (CRANBERRY COURT ASSISTED LIVING I--0015632)

**Date:** 07/31/2024    **SOD #**LMER11    **Appealed:**    **Decision:** PENDING

#### Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY  
FORFEITURE---83.20(2)(a)-(d)  
FORFEITURE---83.35(3)(a)  
FORFEITURE---83.36(1)(a)  
FORFEITURE---83.36(1)(b)  
FORFEITURE---83.38(1)(b)  
FORFEITURE---83.47(2)(d)

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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 (CRANBERRY COURT ASSISTED LIVING I--0015632)

**Date Complaint Received: 03/22/2024**

**Date Investigation Completed: 06/21/2024**

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY  
PROGRAM SERVICES

SUBSTANTIATED  
SUBSTANTIATED

LMER11  
LMER11

**Date Complaint Received: 10/16/2023**

**Date Investigation Completed: 02/09/2024**

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: 02/20/2023**

**Date Investigation Completed: 06/05/2023**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

**Date Complaint Received: 06/13/2022**

**Date Investigation Completed: 07/06/2022**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES  
RESIDENT RIGHTS  
STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED  
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:** CRANBERRY COURT ASSISTED LIVING II (0015631)

**Address:** 2230 JAMES CT, WISCONSIN RAPIDS, WI 54494

**License Status:** REGULAR

**Licensed/Certified/Registered** 08/01/2016 12:00:00AM

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

### Survey History

**Survey ID:** 0146812      **End Date:** 06/25/2024      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0139557      **End Date:** 05/12/2022      **Type:** ABBREVIATED      **Purpose:** SURVEY/COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

### Complaint History (CRANBERRY COURT ASSISTED LIVING II--0015631)

**Date Complaint Received:** 03/22/2024

**Date Investigation Completed:** 06/25/2024

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY

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:** HILLTOP ASSISTED LIVING ALPINE TERRACE (0014168)

**Address:** 1610 25TH AVE SOUTH, WISCONSIN RAPIDS, WI 54494

**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:** 0147524    **End Date:** 09/04/2024    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0145218    **End Date:** 01/05/2024    **Type:** OTHER    **Purpose:** COMPLAINT/SELF REPORT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0143806    **End Date:** 05/23/2023    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #6U9B11    Served 08/01/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	9/15/23	Yes
83.19	ORIENTATION	9/15/23	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)

### Complaint History (HILLTOP ASSISTED LIVING ALPINE TERRACE--0014168)

**Date Complaint Received: 05/30/2024**

**Date Investigation Completed: 09/04/2024**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

**Date Complaint Received: 12/21/2023**

**Date Investigation Completed: 01/05/2024**

Subject Area(s)

Result

SOD #

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:** HILLTOP OF PEPPER (0010105)

**Address:** 630 PEPPER AVENUE, WISCONSIN RAPIDS, WI 54494

**License Status:** REGULAR

**Licensed/Certified/Registered** 03/01/2004 12:00:00AM

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

### Survey History

**Survey ID:** 0148081    **End Date:** 10/02/2024    **Type:** OTHER    **Purpose:** COMPLAINT/SELF REPORT/VV

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #9S8813    Served 11/12/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	12/27/24	

**Survey ID:** 0144330    **End Date:** 07/20/2023    **Type:** STANDARD    **Purpose:** SURVEY/SELF REPORT/COMPLAINT/VV

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #9S8812    Served 09/26/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.09(1)(l)	CARE	10/2/24	Yes
83.12(3)(a)	INVESTIGATE INJURIES OF UNKNOWN SOURCE	10/2/24	Yes
83.28(5)	TEMPORARY SERVICE PLAN	10/2/24	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	10/2/24	No

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

83.37(1)(i)	PRN PSYCHOTROPIC MEDICATION	10/2/24	Yes
83.37(2)(e)	OTHER ADMINISTRATION GIVEN OR DELEGATED BY RN	10/2/24	Yes
83.38(1)(c)	LEISURE TIME ACTIVITIES	10/2/24	Yes
83.41(2)(c)	NUTRITION: MENUS	10/2/24	Yes
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	10/2/24	Yes
83.45(3)	TOXIC SUBSTANCES	10/2/24	Yes

Survey ID: 0140542    End Date: 05/05/2022    Type: OTHER    Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #9S8811    Served 08/22/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
50.09(1)(l)	CARE	7/20/23	No
83.12(3)(a)	INVESTIGATE INJURIES OF UNKNOWN SOURCE	7/20/23	No
83.12(4)(c)	REPORTING INCIDENTS WITH SERIOUS INJURY	7/20/23	No
83.37(1)(i)	PRN PSYCHOTROPIC MEDICATION	7/20/23	No

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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 (HILLTOP OF PEPPER--0010105)

**Date:** 09/26/2023      **SOD #**9S8812      **Appealed:**

Sanctions

ORDER TO COMPLY

FORFEITURE---50.09 1L

FORFEITURE---83.12 3A

FORFEITURE---83.35 3D

FORFEITURE---83.37 1I

FORFEITURE---83.37 2E

**Date:** 08/22/2022      **SOD #**9S8811      **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

ORDER TO COMPLY

FORFEITURE---50.09(1)(L)

FORFEITURE---83.12(3)(A)

FORFEITURE---83.12(4)(C)

FORFEITURE---83.37(1)(I)

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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 (HILLTOP OF PEPPER--0010105)

**Date Complaint Received: 05/30/2024**

**Date Investigation Completed: 10/02/2024**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

**Date Complaint Received: 07/19/2023**

**Date Investigation Completed: 07/20/2023**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

**Date Complaint Received: 04/28/2023**

**Date Investigation Completed: 07/20/2023**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

9S8812

**Date Complaint Received: 03/28/2023**

**Date Investigation Completed: 07/20/2023**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

9S8812

RESIDENT RIGHTS

SUBSTANTIATED

9S8812

**Date Complaint Received: 04/14/2022**

**Date Investigation Completed: 05/05/2022**

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 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Date Complaint Received: 03/25/2022**

**Date Investigation Completed: 05/05/2022**

Subject Area(s)

ADMINISTRATION

PROGRAM SERVICES

RESIDENT RIGHTS

STAFF TRAINING AND PROFICIENCY

Result

SUBSTANTIATED

SUBSTANTIATED

SUBSTANTIATED

SUBSTANTIATED

SOD #

9S8811

9S8811

9S8811

9S8811

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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:** OUR HOUSE WI RAPIDS ASSISTED CARE (0013445)

**Address:** 2941 16TH ST SOUTH, WISCONSIN RAPIDS, WI 54494

**License Status:** REGULAR

**Licensed/Certified/Registered** 10/01/2011 12:00:00AM

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

### Survey History

**Survey ID:** 0144035      **End Date:** 08/23/2023      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0139389      **End Date:** 04/26/2022      **Type:** ABBREVIATED      **Purpose:** SURVEY/SELF REPORT

**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)

### Complaint History (OUR HOUSE WI RAPIDS ASSISTED CARE--0013445)

**Date Complaint Received: 05/15/2023**

**Date Investigation Completed: 08/23/2023**

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

**Date Complaint Received: 04/26/2023**

**Date Investigation Completed: 08/23/2023**

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

**Date Complaint Received: 04/17/2023**

**Date Investigation Completed: 08/23/2023**

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

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:** OUR HOUSE WI RAPIDS MEMORY CARE (0013444)

**Address:** 2711 12TH ST SOUTH, WISCONSIN RAPIDS, WI 54494

**License Status:** REGULAR

**Licensed/Certified/Registered** 10/01/2011 12:00:00AM

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

### Survey History

**Survey ID:** 0146658    **End Date:** 05/14/2024    **Type:** OTHER    **Purpose:** COMPLAINT/SELF REPORT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #TS8K11    Served 06/07/2024

Deficiencies Cited  
83.38(1)(b)

Subject Area  
SUPERVISION

Compliance  
Verified

Corrected

**Survey ID:** 0143959    **End Date:** 06/07/2023    **Type:** STANDARD    **Purpose:** SURVEY/VV

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #L26R13    Served 08/18/2023

Deficiencies Cited  
83.39(3)  
83.45(3)

Subject Area  
HAND WASHING  
TOXIC SUBSTANCES

Compliance  
Verified  
10/27/23  
10/27/23

Corrected  
Yes  
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:** 0141733    **End Date:** 12/20/2022    **Type:** OTHER    **Purpose:** COMPLAINT/SELF REPORT/VV

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #L26R12    Served 01/04/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.38(1)(i)	BEHAVIOR MANAGEMENT	6/7/23	Yes
83.39(3)	HAND WASHING	6/7/23	No

### Enforcement History (OUR HOUSE WI RAPIDS MEMORY CARE--0013444)

**Date:** 06/07/2024    **SOD #**TS8K11    **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY  
FORFEITURE---N 425 83.38(1)(b)

**Date:** 01/04/2023    **SOD #**L26R12    **Appealed:** No

Sanctions

ORDER TO COMPLY

### Complaint History (OUR HOUSE WI RAPIDS MEMORY CARE--0013444)

**Date Complaint Received:** 03/12/2024

**Date Investigation Completed:** 05/16/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

TS8K11

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

TS8K11

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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:** SOLARTE RESIDENCE (0013278)

**Address:** 1171 21ST ST NORTH, WISCONSIN RAPIDS, WI 54494

**License Status:** REGULAR

**Licensed/Certified/Registered** 04/01/2011 12:00:00AM

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

### Survey History

**Survey ID:** 0142869    **End Date:** 02/16/2023    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #3GV811    Served 04/27/2023

Deficiencies Cited  
83.48(8)(b)

Subject Area  
SPRINKLER SYSTEM INSTALLATION AND  
MAINTENANCE

Compliance  
Verified  
6/5/23

Corrected  
Yes

**Survey ID:** 0142710    **End Date:** 11/03/2022    **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Complaint History (SOLARTE RESIDENCE--0013278)

**Date Complaint Received: 06/21/2022**

**Date Investigation Completed: 11/03/2022**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

**Date Complaint Received: 04/03/2022**

**Date Investigation Completed: 11/03/2022**

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 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** WATERFORD AT WISCONSIN RAPIDS (THE) (0015957)

**Address:** 491 25TH ST N, WISCONSIN RAPIDS, WI 54494

**License Status:** REGULAR

**Licensed/Certified/Registered** 02/01/2017 12:00:00AM

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

### Survey History

**Survey ID:** 0147842    **End Date:** 08/08/2024    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #BK4Y11    Served 10/15/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(5)(a)	NOTIFICATION: INCIDENT, INJURY, CHANGES		
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION		
83.35(1)(a)	PRE-ADMISSION AND ONGOING ASSESSMENTS		
83.35(3)(c)	IMPLEMENT, FOLLOW THE INDIVIDUAL SERVICE PLAN		
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES		
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION		
83.43(2)(d)	CLEAN SHEETS, PILLOWCASES, AND TOWELS		
83.44(2)(a)	ROOMS CLEAN AND FREE FROM ODORS		

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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:** 0147564    **End Date:** 05/20/2024    **Type:** OTHER    **Purpose:** COMPLAINT/VV

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #FMFT15    Served 09/13/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(6)(am)	FOUR YEAR CAREGIVER BACKGROUND REQUIREMENT		
83.19	ORIENTATION		
83.22(1)-(4)	TASK SPECIFIC TRAINING		
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION		

**Survey ID:** 0145311    **End Date:** 10/04/2023    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT/VV

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #FMFT14    Served 01/24/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(6)(am)	FOUR YEAR CAREGIVER BACKGROUND REQUIREMENT	9/10/24	No
83.12(3)(a)	INVESTIGATE INJURIES OF UNKNOWN SOURCE	9/10/24	Yes
83.19	ORIENTATION	9/10/24	No
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	9/10/24	Yes
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	9/10/24	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	9/10/24	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: 0143749 End Date: 03/10/2023 Type: OTHER Purpose: COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #FMFT13 Served 07/26/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
50.07	PROHIBITED ACTS	10/4/23	Yes
83.38(1)(b)	SUPERVISION	10/4/23	Yes
83.42(1)	RESIDENT RECORD MAINTAINED	10/4/23	Yes

Survey ID: 0140370 End Date: 04/25/2022 Type: OTHER Purpose: COMPLAINT/SELF REPORT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #FMFT12 Served 08/05/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.12(2)(a)	CAREGIVER: INVESTIGATING ABUSE AND NEGLECT	3/10/23	Yes
83.12(3)(a)	INVESTIGATE INJURIES OF UNKNOWN SOURCE	3/10/23	Yes
83.12(4)(c)	REPORTING INCIDENTS WITH SERIOUS INJURY	3/10/23	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	3/10/23	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 (WATERFORD AT WISCONSIN RAPIDS (THE)--0015957)

**Date:** 10/15/2024      **SOD #BK4Y11**      **Appealed:** No

Sanctions

ORDER TO COMPLY

**Date:** 09/13/2024      **SOD #FMFT15**      **Appealed:**      **Decision:** PENDING

Sanctions

ORDER TO COMPLY

FORFEITURE---N 230 83.19

FORFEITURE---N 247 83.22(1)-(4)

FORFEITURE---N 415 83.37(2)(d)

FORFEITURE---Z 019 50.065(6)(am)

**Date:** 01/19/2024      **SOD #FMFT14**      **Appealed:**      **Decision:** PENDING

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

ORDER TO COMPLY

FORFEITURE---N 230 83.19

FORFEITURE---N 237 83.20(2)(a)-(d)

FORFEITURE---N 352 83.32(3)(h)

FORFEITURE---N 389 83.35(3)(d)

**Date:** 07/26/2023      **SOD #FMFT13**      **Appealed:**      **Decision:** PENDING

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

ORDER TO COMPLY

FORFEITURE---50.07

FORFEITURE---83.38(1)(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)

**Date: 08/05/2022**

**SOD #FMFT12**

**Appealed:**

**Decision: PENDING**

### Sanctions

#### ORDER TO COMPLY

FORFEITURE---83.12(2)(a)

FORFEITURE---83.12(3)(a)

FORFEITURE---83.12(4)(c)

FORFEITURE---83.35(3)(d)

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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 (WATERFORD AT WISCONSIN RAPIDS (THE)--0015957)

**Date Complaint Received: 07/01/2024**

**Date Investigation Completed: 08/08/2024**

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PROGRAM SERVICES	SUBSTANTIATED	BK4Y11
RESIDENT RIGHTS	SUBSTANTIATED	BK4Y11
STAFF TRAINING AND PROFICIENCY	SUBSTANTIATED	BK4Y11
PROGRAM SERVICES	SUBSTANTIATED	BK4Y11
STAFF TRAINING AND PROFICIENCY	SUBSTANTIATED	BK4Y11

**Date Complaint Received: 06/13/2024**

**Date Investigation Completed: 08/08/2024**

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PROGRAM SERVICES	SUBSTANTIATED	BK4Y11
STAFF TRAINING AND PROFICIENCY	SUBSTANTIATED	BK4Y11

**Date Complaint Received: 05/09/2024**

**Date Investigation Completed: 05/20/2024**

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
ADMINISTRATION	SUBSTANTIATED	FMFT15
PROGRAM SERVICES	SUBSTANTIATED	FMFT15

**Date Complaint Received: 08/08/2023**

**Date Investigation Completed: 10/04/2023**

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
RESIDENT RIGHTS	NOT SUBSTANTIATED	
STAFF TRAINING AND PROFICIENCY	NOT SUBSTANTIATED	

**Date Complaint Received: 05/03/2022**

**Date Investigation Completed: 03/10/2023**

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
RESIDENT RIGHTS	SUBSTANTIATED	FMFT13

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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:** WATERFORD AT WISCONSIN RAPIDS MEMORY CARE (THE) (0016033)

**Address:** 2440 BAKER ST, WISCONSIN RAPIDS, WI 54494

**License Status:** REGULAR

**Licensed/Certified/Registered** 02/01/2017 12:00:00AM

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

### Survey History

**Survey ID:** 0147837    **End Date:** 08/05/2024    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #HVDX11    Served 10/15/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	11/29/24	Yes
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	11/29/24	Yes
83.44(2)(a)	ROOMS CLEAN AND FREE FROM ODORS	11/29/24	Yes

**Survey ID:** 0146261    **End Date:** 01/30/2024    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #IPTE11    Served 04/29/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.29(3)(a)	REFUNDS RETURNED WITHIN 30 DAYS OF DISCHARGE	6/13/24	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:** 0143919    **End Date:** 06/06/2023    **Type:** STANDARD    **Purpose:** SURVEY/VV

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #THX212    Served 08/14/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.17(1)	LICENSEE CONDUCT CAREGIVER BACKGROUND CHECK	9/28/23	Yes
83.25	CONTINUING EDUCATION	9/28/23	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	9/28/23	Yes

**Survey ID:** 0141416    **End Date:** 11/08/2022    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

### Complaint History (WATERFORD AT WISCONSIN RAPIDS MEMORY CARE (THE)--0016033)

**Date Complaint Received:** 04/25/2024

**Date Investigation Completed:** 08/05/2024

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
ADMINISTRATION	SUBSTANTIATED	HVDX11
PROGRAM SERVICES	SUBSTANTIATED	HVDX11
STAFF TRAINING AND PROFICIENCY	SUBSTANTIATED	HVDX11

**Date Complaint Received:** 01/16/2024

**Date Investigation Completed:** 01/24/2024

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
ADMINISTRATION	SUBSTANTIATED	IPTE11

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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:** WELLINGTON PLACE AT BIRON (0017439)

**Address:** 1661 BIRON DR, WISCONSIN RAPIDS, WI 54494

**License Status:** REGULAR

**Licensed/Certified/Registered** 03/05/2020 12:00:00AM

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

### Survey History

**Survey ID:** 0146323    **End Date:** 04/25/2024    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0146325    **End Date:** 02/06/2024    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #408811    Served 05/07/2024

Deficiencies Cited

83.35(2)

83.37(1)(g)

83.37(2)(d)

Subject Area

TEMPORARY SERVICE PLAN

DISPOSITION OF MEDICATIONS

DOCUMENTATION OF MEDICATION

ADMINISTRATION

Compliance  
Verified

Corrected

**Survey ID:** 0144697    **End Date:** 10/31/2023    **Type:** OTHER    **Purpose:** COMPLAINT/VV

**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: 0144179 End Date: 06/20/2023 Type: OTHER Purpose: COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #F9O312 Served 09/12/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
50.09(1)(l)	CARE	10/31/23	Yes
83.12(3)(a)	INVESTIGATE INJURIES OF UNKNOWN SOURCE	10/31/23	Yes
83.12(5)(a)	NOTIFICATION: INCIDENT, INJURY, CHANGES	10/31/23	Yes
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	10/31/23	Yes
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	10/31/23	Yes
83.59(7)(b)	REQUIRED EXIT SIGNS LIGHTED	10/31/23	Yes

Survey ID: 0142743 End Date: 10/12/2022 Type: STANDARD Purpose: SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #F9O311 Served 04/11/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
50.065(3)(b)	COMPLETE BACKGROUND CHECK PROCESS	6/20/23	Yes
83.12(3)(a)	INVESTIGATE INJURIES OF UNKNOWN SOURCE	6/20/23	No
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	6/20/23	No
83.32(3)(n)	RIGHTS OF RESIDENTS: SAFE ENVIRONMENT	6/20/23	No
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	6/20/23	Yes
83.38(1)(g)	HEALTH MONITORING	6/20/23	Yes
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	6/20/23	No
83.59(7)(b)	REQUIRED EXIT SIGNS LIGHTED	6/20/23	No

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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 (WELLINGTON PLACE AT BIRON--0017439)

**Date: 05/07/2024**

**Appealed: No**

Sanctions

ORDER TO COMPLY

FORFEITURE---N 385 83.35(2)

FORFEITURE---N 406 83.37(1)(g)

**Date: 09/12/2023**

**SOD #F9O312**

**Appealed:**

Sanctions

ORDER TO COMPLY

FORFEITURE---N 161 83.12(3)(a)

FORFEITURE---N352 83.32(3)(h)

**Date: 04/11/2023**

**SOD #F9O311**

**Appealed: No**

Sanctions

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)

### Complaint History (WELLINGTON PLACE AT BIRON--0017439)

**Date Complaint Received: 02/19/2024**

**Date Investigation Completed: 04/25/2024**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

**Date Complaint Received: 02/15/2024**

**Date Investigation Completed: 04/25/2024**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

**Date Complaint Received: 01/29/2024**

**Date Investigation Completed: 04/25/2024**

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

**Date Complaint Received: 01/02/2024**

**Date Investigation Completed: 02/06/2024**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

4O8811

RESIDENT RIGHTS

SUBSTANTIATED

4O8811

**Date Complaint Received: 11/14/2023**

**Date Investigation Completed: 02/06/2024**

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 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Date Complaint Received: 10/03/2023**

Subject Area(s)

PROGRAM SERVICES  
RESIDENT RIGHTS

**Date Investigation Completed: 10/31/2023**

Result

NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 09/19/2023**

Subject Area(s)

PHYSICAL ENVIRONMENT/SAFETY  
RESIDENT RIGHTS

**Date Investigation Completed: 10/31/2023**

Result

NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 09/11/2023**

Subject Area(s)

ADMINISTRATION  
PROGRAM SERVICES  
STAFF TRAINING AND PROFICIENCY

**Date Investigation Completed: 10/31/2023**

Result

NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 07/31/2023**

Subject Area(s)

ADMINISTRATION  
PROGRAM SERVICES  
RESIDENT RIGHTS  
STAFF TRAINING AND PROFICIENCY  
RESIDENT RIGHTS

**Date Investigation Completed: 10/31/2023**

Result

NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 07/10/2023**

Subject Area(s)

PROGRAM SERVICES  
STAFF TRAINING AND PROFICIENCY

**Date Investigation Completed: 10/31/2023**

Result

NOT SUBSTANTIATED  
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)

**Date Complaint Received: 05/16/2023**

**Date Investigation Completed: 06/20/2023**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

F9O312

**Date Complaint Received: 05/09/2023**

**Date Investigation Completed: 06/20/2023**

Subject Area(s)

Result

SOD #

ADMINISTRATION

SUBSTANTIATED

F9O312

PROGRAM SERVICES

SUBSTANTIATED

F9O312

RESIDENT RIGHTS

SUBSTANTIATED

F9O312

PROGRAM SERVICES

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

**Date Complaint Received: 04/05/2023**

**Date Investigation Completed: 06/20/2023**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

**Date Complaint Received: 03/07/2023**

**Date Investigation Completed: 06/20/2023**

Subject Area(s)

Result

SOD #

ADMINISTRATION

SUBSTANTIATED

F9O312

PROGRAM SERVICES

SUBSTANTIATED

F9O312

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

F9O312

**Date Complaint Received: 12/21/2022**

**Date Investigation Completed: 06/20/2023**

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

ADMINISTRATION

SUBSTANTIATED

F9O312

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

F9O312

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***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 01/30/2022 to 01/29/2025  
Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Date Complaint Received: 10/12/2022**

Subject Area(s)  
PROGRAM SERVICES

**Date Investigation Completed: 10/12/2022**

<u>Result</u>	<u>SOD #</u>
SUBSTANTIATED	F9O311

**Date Complaint Received: 03/07/2022**

Subject Area(s)  
ADMINISTRATION  
PROGRAM SERVICES  
STAFF TRAINING AND PROFICIENCY

**Date Investigation Completed: 10/12/2022**

<u>Result</u>	<u>SOD #</u>
SUBSTANTIATED	F9O311
SUBSTANTIATED	F9O311
SUBSTANTIATED	F9O311

**This is Page 34 of 34 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

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