Notes

This report includes Provider Inspection Summaries (Facility Profiles) for Residential Care Apartment Complexes in Wood County.

The report is a PDF (Adobe Acrobat) document and includes a total of 9.00 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: ASTER ASSISTED LIVING OF MARSHFIELD (0012240)
- Address: 305 S CHESTNUT AVENUE, MARSHFIELD, WI 54449
- License Status: REGULAR
- Licensed/Certified/Registered 1/7/2008 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>0129530</td>
<td>3/7/2019</td>
<td>ABBREVIATED</td>
<td>SURVEY/COMPLAINT</td>
<td>NO STATEMENT OF DEFICIENCY ISSUED</td>
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<tr>
<td>0127693</td>
<td>7/26/2018</td>
<td>OTHER</td>
<td>COMPLAINT</td>
<td>NO STATEMENT OF DEFICIENCY ISSUED</td>
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<tr>
<td>0124174</td>
<td>8/29/2017</td>
<td>ABBREVIATED</td>
<td>COMPLAINT</td>
<td>NO STATEMENT OF DEFICIENCY ISSUED</td>
</tr>
</tbody>
</table>

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### Complaint History (ASTER ASSISTED LIVING OF MARSHFIELD--0012240)

<table>
<thead>
<tr>
<th>Date Complaint Received</th>
<th>Date Investigation Completed</th>
<th>Subject Area(s)</th>
<th>Result</th>
<th>SOD #</th>
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<tr>
<td>12/19/2018</td>
<td>3/7/2019</td>
<td>PROGRAM SERVICES</td>
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<tr>
<td>6/15/2018</td>
<td>7/26/2018</td>
<td>PROGRAM SERVICES</td>
<td>NOT SUBSTANTIATED</td>
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<tr>
<td>6/5/2018</td>
<td>7/26/2018</td>
<td>PROGRAM SERVICES</td>
<td>NOT SUBSTANTIATED</td>
<td></td>
</tr>
<tr>
<td>8/18/2017</td>
<td>8/29/2017</td>
<td>PROGRAM SERVICES</td>
<td>NOT SUBSTANTIATED</td>
<td></td>
</tr>
</tbody>
</table>

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Facility Information

Facility Name: NEKOOSA COURT (0016877)
Address: 145 N CEDAR ST, NEKOOSA, WI 54457
License Status: REGULAR
Licensed/Certified/Registered 10/1/2017 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0128659  End Date: 11/26/2018  Type: OTHER  Purpose: COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0124585  End Date: 9/29/2017  Type: OTHER  Purpose: CHOW--DESK REVIEW
Results: LICENSE/CERT/REGISTRATION ISSUED

Complaint History (NEKOOSA COURT--0016877)

Date Complaint Received: 11/8/2018  Date Investigation Completed: 11/26/2018
Subject Area(s)  Result  SOD #
RESIDENT RIGHTS  NOT SUBSTANTIATED
Facility Information

Facility Name: ARBORWOOD LODGE (0012659)
Address: 1175 BLUE IRIS CT, WISCONSIN RAPIDS, WI 54494
License Status: REGULAR
Licensed/Certified/Registered 12/22/2008 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0129437 End Date: 2/26/2019 Type: ABBREVIATED Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (ARBORWOOD LODGE--0012659)

Date Complaint Received: 7/21/2020 Date Investigation Completed: 8/11/2020
Subject Area(s) Result SOD #
PHYSICAL ENVIRONMENT/SAFETY NOT SUBSTANTIATED

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### Facility Information

Facility Name: HILLTOP GRAND VILLAGE INC (0016627)  
Address:  1400 24TH ST S, WISCONSIN RAPIDS, WI 54494  
License Status: REGULAR  
Licensed/Certified/Registered 4/11/2017 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>
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<td>0131496</td>
<td>9/12/2019</td>
<td>OTHER</td>
<td>VERIFICATION VISIT</td>
<td>NO STATEMENT OF DEFICIENCY ISSUED</td>
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<td>0131023</td>
<td>5/17/2019</td>
<td>STANDARD</td>
<td>SURVEY/COMPLAINT</td>
<td>ENFORCEMENT ACTION</td>
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<td>0127990</td>
<td>7/12/2018</td>
<td>OTHER</td>
<td>COMPLAINT</td>
<td>ENFORCEMENT ACTION</td>
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#### Statement of Deficiency: #D6K212  Served 8/5/2019

<table>
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<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Verified</th>
<th>Corrected</th>
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<tr>
<td>89.23(4)(d)1</td>
<td>SERVICES</td>
<td>9/12/19</td>
<td>Yes</td>
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<td>89.35(3)</td>
<td>GRIEVANCES</td>
<td>9/12/19</td>
<td>Yes</td>
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#### Statement of Deficiency: #D6K211  Served 9/7/2018

<table>
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<tr>
<th>Deficiencies Cited</th>
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<th>Corrected</th>
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</thead>
<tbody>
<tr>
<td>89.23(2)(b)2</td>
<td>SERVICES</td>
<td>5/17/19</td>
<td>Yes</td>
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</table>

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## Enforcement History (HILLTOP GRAND VILLAGE INC--0016627)

<table>
<thead>
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<th>Date</th>
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<th>Sanctions</th>
<th>Appealed:</th>
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<td>8/2/2019</td>
<td>D6K212</td>
<td>FORFEITURE---89.23(d)1</td>
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</tr>
<tr>
<td></td>
<td></td>
<td>FORFEITURE---89.35(3)</td>
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<tr>
<td>9/5/2018</td>
<td>D6K211</td>
<td>COMPLY WITH DEPARTMENT PLAN OF CORRECTION</td>
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<tr>
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<td></td>
<td>FORFEITURE---89.23(2)b2</td>
<td></td>
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</tbody>
</table>

## Complaint History (HILLTOP GRAND VILLAGE INC--0016627)

<table>
<thead>
<tr>
<th>Date Complaint Received</th>
<th>Date Investigation Completed</th>
<th>Subject Area(s)</th>
<th>Result</th>
<th>SOD #</th>
</tr>
</thead>
<tbody>
<tr>
<td>3/15/2019</td>
<td>5/17/2019</td>
<td>PHYSICAL ENVIRONMENT/SAFETY</td>
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<td>7/2/2018</td>
<td>7/12/2018</td>
<td>PROGRAM SERVICES</td>
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<td>D6K211</td>
</tr>
</tbody>
</table>

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Facility Information

Facility Name: RENAISSANCE (THE) (0013051)
Address: 1500 PEPPER AVE, WISCONSIN RAPIDS, WI 54494
License Status: REGULAR
Licensed/Certified/Registered 10/27/2009 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0130577  End Date: 6/7/2019  Type: STANDARD  Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0124736  End Date: 9/25/2017  Type: OTHER  Purpose: VERIFICATION VISIT
Results: NO STATEMENT OF DEFICIENCY ISSUED
Provider Inspection Summary
For the period 8/11/2017 to 8/10/2020
Residential Care Apartment Complex (REGISTERED)

Facility Information

Facility Name: RIVER RUN ASSISTED LIVING (0017953)
Address: 1400 RIVER RUN DR, WISCONSIN RAPIDS, WI 54494
License Status: REGULAR
Licensed/Certified/Registered 12/1/2019 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0132074 End Date: 12/1/2019 Type: ABBREVIATED Purpose: CHOW--DESK REVIEW
Results: LICENSE/CERT/REGISTRATION ISSUED

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