

Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Wood

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 11.00 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 5/15/2020 to 5/15/2023
Residential Care Apartment Complex (CERTIFIED)

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

Survey ID: 0143281 **End Date:** 3/2/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #N3L511 Served 6/6/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
89.23(2)(a)2.c	SERVICES		
89.23(3)(f)	SERVICES		
89.23(4)(b)1	SERVICES		
89.26(4)	ANNUAL REVIEW		
89.27(4)	SERVICE AGREEMENT		
89.35(3)	GRIEVANCES		

Survey ID: 0141031 **End Date:** 9/20/2022 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #E3LR11 Served 10/14/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
89.23(2)(a)2.a	SERVICES	11/28/22	
89.23(4)(d)1	SERVICES	11/28/22	

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023
Residential Care Apartment Complex (CERTIFIED)

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023
Residential Care Apartment Complex (CERTIFIED)

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

Date Complaint Received: 2/14/2023

Date Investigation Completed: 3/2/2023

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES

SUBSTANTIATED
SUBSTANTIATED

N3L511
N3L511

Date Complaint Received: 2/7/2023

Date Investigation Completed: 3/2/2023

Subject Area(s)

Result

SOD #

ADMINISTRATION
PROGRAM SERVICES

SUBSTANTIATED
SUBSTANTIATED

N3L511
N3L511

Date Complaint Received: 1/17/2023

Date Investigation Completed: 3/2/2023

Subject Area(s)

Result

SOD #

ADMINISTRATION
PROGRAM SERVICES

SUBSTANTIATED
SUBSTANTIATED

N3L511
N3L511

Date Complaint Received: 1/6/2023

Date Investigation Completed: 3/2/2023

Subject Area(s)

Result

SOD #

ADMINISTRATION
PROGRAM SERVICES

SUBSTANTIATED
SUBSTANTIATED

N3L511
N3L511

Date Complaint Received: 12/23/2022

Date Investigation Completed: 3/2/2023

Subject Area(s)

Result

SOD #

ADMINISTRATION
PROGRAM SERVICES

SUBSTANTIATED
SUBSTANTIATED

N3L511
N3L511

Date Complaint Received: 9/6/2022

Date Investigation Completed: 9/20/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023
Residential Care Apartment Complex (CERTIFIED)

Date Complaint Received: 5/24/2022

Subject Area(s)
RESIDENT RIGHTS

Date Investigation Completed: 9/20/2022

Result
SUBSTANTIATED

SOD #
E3LR11

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023
Residential Care Apartment Complex (CERTIFIED)

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: 0141002 **End Date:** 10/6/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (NEKOOSA COURT--0016877)

Date Complaint Received: 3/18/2022	Date Investigation Completed: 10/6/2022
<u>Subject Area(s)</u> PROGRAM SERVICES	<u>Result</u> NOT SUBSTANTIATED <u>SOD #</u>
Date Complaint Received: 2/27/2022	Date Investigation Completed: 10/6/2022
<u>Subject Area(s)</u> OTHER	<u>Result</u> NOT SUBSTANTIATED <u>SOD #</u>
Date Complaint Received: 9/23/2021	Date Investigation Completed: 10/6/2022
<u>Subject Area(s)</u> PHYSICAL ENVIRONMENT/SAFETY PROGRAM SERVICES	<u>Result</u> NOT SUBSTANTIATED NOT SUBSTANTIATED <u>SOD #</u>

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023
Residential Care Apartment Complex (CERTIFIED)

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: 0142397 **End Date:** 3/7/2023 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0134462 **End Date:** 8/11/2020 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (ARBORWOOD LODGE--0012659)

Date Complaint Received: 10/25/2022 **Date Investigation Completed:** 3/7/2023

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

Date Complaint Received: 7/21/2020 **Date Investigation Completed:** 8/11/2020

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PHYSICAL ENVIRONMENT/SAFETY	NOT SUBSTANTIATED	

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023
Residential Care Apartment Complex (CERTIFIED)

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

Survey ID: 0142763 **End Date:** 4/13/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139846 **End Date:** 5/11/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #N73211 Served 6/14/2022

Deficiencies Cited
89.23(4)(d)1

Subject Area
SERVICES

Compliance
Verified
7/29/22

Corrected

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023
Residential Care Apartment Complex (CERTIFIED)

Complaint History (HILLTOP GRAND VILLAGE INC--0016627)

Date Complaint Received: 3/16/2023

Date Investigation Completed: 4/13/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 1/25/2023

Date Investigation Completed: 4/13/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 5/9/2022

Date Investigation Completed: 5/11/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 12/13/2021

Date Investigation Completed: 5/11/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023
Residential Care Apartment Complex (CERTIFIED)

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: 0139932 **End Date:** 6/16/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (RENAISSANCE (THE)--0013051)

Date Complaint Received: 6/2/2021	Date Investigation Completed: 6/16/2022
<u>Subject Area(s)</u> RESIDENT RIGHTS	<u>Result</u> NOT SUBSTANTIATED
<u>SOD #</u>	
<hr/>	
Date Complaint Received: 9/9/2020	Date Investigation Completed: 6/16/2022
<u>Subject Area(s)</u> PROGRAM SERVICES	<u>Result</u> NOT SUBSTANTIATED
<u>SOD #</u>	

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023
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

No survey activity during the period 5/15/20 to 5/15/23

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