

Provider Inspection Summary

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

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 14.00 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

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 01/07/2008 12:00:00AM

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

Survey History

Survey ID: 0146762 **End Date:** 06/20/2024 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0145462 **End Date:** 11/22/2023 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #N3L512 Served 02/02/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
89.23(2)(a)2.b	SERVICES	6/17/24	Yes
89.23(2)(a)2.c	SERVICES	6/17/24	Yes
89.23(4)(b)1	SERVICES	6/17/24	Yes
89.27(4)	SERVICE AGREEMENT	6/17/24	Yes
89.28(2)(a)1	RISK AGREEMENT	6/17/24	Yes
89.29(3)(b)	ADMISSION & RETENTION OF TENANTS	6/17/24	Yes
89.35(3)	GRIEVANCES	6/17/24	Yes

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Provider Inspection Summary

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

Residential Care Apartment Complex (CERTIFIED)

Survey ID: 0143281 **End Date: 03/02/2023** **Type: OTHER** **Purpose: COMPLAINT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #N3L511 Served 06/06/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
89.23(2)(a)2.c	SERVICES	11/22/23	No
89.23(3)(f)	SERVICES	11/13/23	Yes
89.23(4)(b)1	SERVICES	11/22/23	No
89.26(4)	ANNUAL REVIEW	11/13/23	Yes
89.27(4)	SERVICE AGREEMENT	11/22/23	No
89.35(3)	GRIEVANCES	11/22/23	No

Survey ID: 0141031 **End Date: 09/20/2022** **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 01/30/2022 to 01/29/2025
Residential Care Apartment Complex (CERTIFIED)

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

Date: 02/02/2024 **SOD #**N3L512 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---89.23 2a2b
FORFEITURE---89.23 2a2c
FORFEITURE---89.23 4b1
FORFEITURE---89.27 4
FORFEITURE---89.28 2a1
FORFEITURE---89.29 3b
FORFEITURE---89.35 3

Date: 06/06/2023 **SOD #**N3L511 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
ORDER TO COMPLY
FORFEITURE---89.23 2A2C
FORFEITURE---89.23 4B1
FORFEITURE---89.26 4
FORFEITURE---89.27 4
FORFEITURE---89.35 3

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025
Residential Care Apartment Complex (CERTIFIED)

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

Date Complaint Received: 03/07/2024

Date Investigation Completed: 06/20/2024

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 02/28/2024

Date Investigation Completed: 06/20/2024

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

Date Complaint Received: 07/12/2023

Date Investigation Completed: 11/22/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

N3L512

RESIDENT RIGHTS

SUBSTANTIATED

N3L512

Date Complaint Received: 05/22/2023

Date Investigation Completed: 11/22/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

N3L512

RESIDENT RIGHTS

SUBSTANTIATED

N3L512

Date Complaint Received: 04/11/2023

Date Investigation Completed: 11/22/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

N3L512

RESIDENT RIGHTS

SUBSTANTIATED

N3L512

PROGRAM SERVICES

SUBSTANTIATED

N3L512

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

N3L512

Date Complaint Received: 02/14/2023

Date Investigation Completed: 03/02/2023

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

SUBSTANTIATED

N3L511

PROGRAM SERVICES

SUBSTANTIATED

N3L511

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Provider Inspection Summary

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

Residential Care Apartment Complex (CERTIFIED)

Date Complaint Received: 02/07/2023

Date Investigation Completed: 03/02/2023

Subject Area(s)
ADMINISTRATION
PROGRAM SERVICES

<u>Result</u>	<u>SOD #</u>
SUBSTANTIATED	N3L511
SUBSTANTIATED	N3L511

Date Complaint Received: 01/17/2023

Date Investigation Completed: 03/02/2023

Subject Area(s)
ADMINISTRATION
PROGRAM SERVICES

<u>Result</u>	<u>SOD #</u>
SUBSTANTIATED	N3L511
SUBSTANTIATED	N3L511

Date Complaint Received: 01/06/2023

Date Investigation Completed: 03/02/2023

Subject Area(s)
ADMINISTRATION
PROGRAM SERVICES

<u>Result</u>	<u>SOD #</u>
SUBSTANTIATED	N3L511
SUBSTANTIATED	N3L511

Date Complaint Received: 12/23/2022

Date Investigation Completed: 03/02/2023

Subject Area(s)
ADMINISTRATION
PROGRAM SERVICES

<u>Result</u>	<u>SOD #</u>
SUBSTANTIATED	N3L511
SUBSTANTIATED	N3L511

Date Complaint Received: 09/06/2022

Date Investigation Completed: 09/20/2022

Subject Area(s)
PROGRAM SERVICES

<u>Result</u>	<u>SOD #</u>
NOT SUBSTANTIATED	

Date Complaint Received: 05/24/2022

Date Investigation Completed: 09/20/2022

Subject Area(s)
RESIDENT RIGHTS

<u>Result</u>	<u>SOD #</u>
SUBSTANTIATED	E3LR11

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025
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 10/01/2017 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0146662 **End Date:** 06/05/2024 **Type:** OTHER **Purpose:** COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0145223 **End Date:** 01/08/2024 **Type:** OTHER **Purpose:** COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141002 **End Date:** 10/06/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Residential Care Apartment Complex (CERTIFIED)

Complaint History (NEKOOSA COURT--0016877)

Date Complaint Received: 03/20/2024

Date Investigation Completed: 06/05/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES
STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 10/09/2023

Date Investigation Completed: 01/08/2024

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: 06/02/2023

Date Investigation Completed: 01/08/2024

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 03/18/2022

Date Investigation Completed: 10/06/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 02/27/2022

Date Investigation Completed: 10/06/2022

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
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: 0146107 **End Date:** 03/26/2024 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0144384 **End Date:** 08/23/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0142397 **End Date:** 03/07/2023 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025
Residential Care Apartment Complex (CERTIFIED)

Complaint History (ARBORWOOD LODGE--0012659)

Date Complaint Received: 02/19/2024

Date Investigation Completed: 03/26/2024

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS
STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 04/14/2023

Date Investigation Completed: 08/23/2023

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

Date Complaint Received: 10/25/2022

Date Investigation Completed: 03/07/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025
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 04/11/2017 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0147246 **End Date:** 07/12/2024 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #6RJV11 Served 08/07/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
89.23(2)(a)2.c	SERVICES		
89.23(4)(a)2	SERVICES		
89.23(4)(d)1	SERVICES		
89.29(2)(b)2	ADMISSION & RETENTION OF TENANTS		

Survey ID: 0142763 **End Date:** 04/13/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139846 **End Date:** 05/11/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #N73211 Served 06/14/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
89.23(4)(d)1	SERVICES	7/29/22	

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Provider Inspection Summary

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

Residential Care Apartment Complex (CERTIFIED)

Enforcement History (HILLTOP GRAND VILLAGE INC--0016627)

Date: 08/07/2024 **SOD #**6RJV11 **Appealed:** **Decision:** PENDING

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---89.23(4)(d)1
FORFEITURE---89.29(2)(b)2

Complaint History (HILLTOP GRAND VILLAGE INC--0016627)

Date Complaint Received: 04/08/2024 **Date Investigation Completed:** 07/12/2024

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

Date Complaint Received: 03/16/2023 **Date Investigation Completed:** 04/13/2023

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

Date Complaint Received: 01/25/2023 **Date Investigation Completed:** 04/13/2023

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

Date Complaint Received: 05/09/2022 **Date Investigation Completed:** 05/11/2022

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

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025
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:** 06/16/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025
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 12/01/2019 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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