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 10.00 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: 0129530</th>
<th>End Date: 3/7/2019</th>
<th>Type: ABBREVIATED</th>
<th>Purpose: SURVEY/COMPLAINT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Results: NO STATEMENT OF DEFICIENCY ISSUED</td>
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<table>
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<tr>
<th>Survey ID: 0127693</th>
<th>End Date: 7/26/2018</th>
<th>Type: OTHER</th>
<th>Purpose: COMPLAINT</th>
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<tbody>
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<td>Results: NO STATEMENT OF DEFICIENCY ISSUED</td>
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<tr>
<th>Survey ID: 0124174</th>
<th>End Date: 8/29/2017</th>
<th>Type: ABBREVIATED</th>
<th>Purpose: COMPLAINT</th>
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<tbody>
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<th>End Date: 4/11/2017</th>
<th>Type: OTHER</th>
<th>Purpose: COMPLAINT</th>
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<tbody>
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<td>Results: NO STATEMENT OF DEFICIENCY ISSUED</td>
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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>Result</th>
<th>Subject Area(s)</th>
<th>SOD #</th>
</tr>
</thead>
<tbody>
<tr>
<td>12/19/2018</td>
<td>3/7/2019</td>
<td>SOD #</td>
<td>PROGRAM SERVICES</td>
<td>NOT SUBSTANTIATED</td>
</tr>
<tr>
<td>6/15/2018</td>
<td>7/26/2018</td>
<td>SOD #</td>
<td>PROGRAM SERVICES</td>
<td>NOT SUBSTANTIATED</td>
</tr>
<tr>
<td>6/5/2018</td>
<td>7/26/2018</td>
<td>SOD #</td>
<td>PROGRAM SERVICES</td>
<td>NOT SUBSTANTIATED</td>
</tr>
<tr>
<td>8/18/2017</td>
<td>8/29/2017</td>
<td>SOD #</td>
<td>PROGRAM SERVICES</td>
<td>NOT SUBSTANTIATED</td>
</tr>
<tr>
<td>4/7/2017</td>
<td>4/11/2017</td>
<td>SOD #</td>
<td>PROGRAM SERVICES</td>
<td>NOT SUBSTANTIATED</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>RESIDENT RIGHTS</td>
<td>NOT SUBSTANTIATED</td>
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</tbody>
</table>
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

<table>
<thead>
<tr>
<th>Subject Area(s)</th>
<th>Result</th>
<th>SOD #</th>
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</thead>
<tbody>
<tr>
<td>RESIDENT RIGHTS</td>
<td>NOT SUBSTANTIATED</td>
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</table>

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## 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
## 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>
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<th>Survey ID</th>
<th>End Date</th>
<th>Type</th>
<th>Purpose</th>
<th>Results</th>
<th>Statement of Deficiency</th>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance Verified</th>
<th>Corrected</th>
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<tbody>
<tr>
<td>0131496</td>
<td>9/12/2019</td>
<td>OTHER</td>
<td>VERIFICATION VISIT</td>
<td>NO STATEMENT OF DEFICIENCY ISSUED</td>
<td>#D6K212 Served 8/5/2019</td>
<td>89.23(4)(d)1</td>
<td>SERVICES</td>
<td>9/12/19</td>
<td>Yes</td>
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<tr>
<td>0131023</td>
<td>5/17/2019</td>
<td>STANDARD</td>
<td>SURVEY/COMPLAINT</td>
<td>ENFORCEMENT ACTION</td>
<td>#D6K212 Served 5/17/2019</td>
<td>89.23(2)(b)2</td>
<td>SERVICES</td>
<td>5/17/19</td>
<td>Yes</td>
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<tr>
<td>0127990</td>
<td>7/12/2018</td>
<td>OTHER</td>
<td>COMPLAINT</td>
<td>ENFORCEMENT ACTION</td>
<td>#D6K211 Served 9/7/2018</td>
<td>89.35(3)</td>
<td>GRIEVANCES</td>
<td>9/12/19</td>
<td>Yes</td>
</tr>
</tbody>
</table>

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Provider Inspection Summary

For the period 2/9/2017 to 2/9/2020

Residential Care Apartment Complex (CERTIFIED)

Survey ID: 0122945  End Date: 4/11/2017  Type: INITIAL  Purpose: SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

<table>
<thead>
<tr>
<th>Date</th>
<th>SOD #</th>
<th>Appeal</th>
<th>Sanctions</th>
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<tbody>
<tr>
<td>8/2/2019</td>
<td>D6K212</td>
<td></td>
<td>FORFEITURE---89.23(4)(d)1 FORFEITURE---89.35(3)</td>
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<tr>
<td>9/5/2018</td>
<td>D6K211</td>
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<td>COMPLY WITH DEPARTMENT PLAN OF CORRECTION COMPLY WITH REQUIREMENT FORFEITURE---89.23(2)(b)2</td>
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Date Complaint Received: 3/15/2019  Date Investigation Completed: 5/17/2019

Subject Area(s): PHYSICAL ENVIRONMENT/SAFETY
Result: SUBSTANTIATED  SOD # D6K212

Subject Area(s): PROGRAM SERVICES
Result: SUBSTANTIATED  SOD # D6K212

Date Complaint Received: 7/2/2018  Date Investigation Completed: 7/12/2018

Subject Area(s): PROGRAM SERVICES
Result: SUBSTANTIATED  SOD # D6K211

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Provider Inspection Summary
For the period 2/9/2017 to 2/9/2020
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: 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

Survey ID: 0123808  End Date: 5/3/2017  Type: OTHER  Purpose: COMPLAINT
Results: ENFORCEMENT ACTION
Statement of Deficiency: #5A4Y11 Served 7/31/2017

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance</th>
<th>Verified</th>
<th>Corrected</th>
</tr>
</thead>
<tbody>
<tr>
<td>89.23(2)(a.2.c</td>
<td>SERVICES</td>
<td></td>
<td>9/25/17</td>
<td>Yes</td>
</tr>
<tr>
<td>89.34(12)</td>
<td>TENANT RIGHTS</td>
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<td>9/25/17</td>
<td>Yes</td>
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<tr>
<td>89.34(16)</td>
<td>TENANT RIGHTS</td>
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<td>9/25/17</td>
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</table>

Enforcement History (RENAISSANCE (THE)–0013051)
Date: 7/28/2017  SOD #5A4Y11  Appealed:
Sanctions
FORFEITURE---89.34(16)

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Provider Inspection Summary
For the period 2/9/2017 to 2/9/2020
Residential Care Apartment Complex (CERTIFIED)

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## 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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