



State of Wisconsin  
Department of Health Services

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Tony Evers, Governor  
Kirsten L. Johnson, Secretary

June 11, 2026

The Honorable Howard Marklein  
Joint Committee on Finance, Senate Co-Chair  
Room 316 East State Capitol  
Madison, WI 53708

The Honorable Mark Born  
Joint Committee on Finance, Assembly Co-Chair  
309 East State Capitol  
Madison, WI 53708

Dear Senator Marklein and Representative Born:

In accordance with Wis. Stat. § 51.06 (8), the Department of Health Services (DHS) is providing a Report on Transitions from Institutions. This year's report submission includes reporting for State Fiscal Year (SFY) 2025.

The DHS transition programs have been successful, providing the opportunity for frail elders and people with physical and developmental disabilities to live in community-based settings, who otherwise would have resided in ICFs-IID and nursing facilities. Transitioned individuals historically participated in one of the DHS Medicaid Home and Community-Based Waiver Programs. With the statewide expansion of Family Care in 2018, many of the individual programs were discontinued. This report provides information on transitions from nursing homes to the community in SFY 2025 as part of enrolling in the Family Care program, the Family Care Partnership program, or the Program of All-Inclusive Care for the Elderly (PACE). Information from programs that have since been discontinued is included for historical context and to show the trends in nursing home transitions over time.

Please contact my office if you have any questions.

Sincerely,

A handwritten signature in blue ink that reads "Kirsten Johnson".

Kirsten L. Johnson  
Secretary-designee

Enclosure:

1. SFY 2025 Report on Transitions

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**Protecting and promoting the health and safety of the people of Wisconsin**

## **SFY 2025 REPORT on TRANSITIONS** **as required by Wis. Stat. § 51.06 (8)**

The Department of Health Services (DHS) has been providing frail elders and people with physical and developmental disabilities residing in nursing facilities the opportunity to transition to community-based settings through a variety of programs since 2006. With the statewide expansion of Family Care in 2018, many of the individual programs were discontinued. This report provides information on transitions from nursing homes to the community in state fiscal year (SFY) 2025 as part of enrolling in a managed long-term care program, including Family Care, Family Care Partnership, and the Program of All-Inclusive Care for the Elderly (PACE). Information from programs that have since been discontinued is included for historical context and to show the trends in nursing home transitions over time.

It is possible for a person enrolled in a managed long-term care program who is living in the community to enter a nursing home when necessary due to health conditions and remain enrolled in the managed long-term care program. Transitions that occur entirely within a managed long-term care program do not meet the definition for transitions used in this report and are not reflected in this data.

The DHS transition programs have been highly successful over the years. In SFY 2025, 496 elderly people and people with physical and developmental disabilities transitioned to live in community settings closer to family and friends and community activities. As shown in the summary table below, 299 (60.28%) transitions were for elderly people, 101 (20.36%) were for people with physical disabilities, and 96 (19.35%) were for people with developmental disabilities.

<b>Community Transitions in SFY 2025</b>				
	<b>Elderly People</b>	<b>Persons with Physical Disabilities</b>	<b>Persons with Developmental Disabilities</b>	<b>Total Persons</b>
Transitions	299	101	96	<b>496</b>
% of Total	60.28%	20.36%	19.35%	

Movement from the legacy waiver programs (Community Options Program (COP) and Community Integration Program (CIP)) to managed long-term care programs has significantly altered the way people transition from institutional settings to the community.

Since SFY 2006, 10,073 elders and people with physical and developmental disabilities have successfully transitioned from institutional settings. The quality of life for these 10,073 people has been enhanced through the opportunity to live in the community near family and friends, and more fully engage in community activities. The table below displays transitions by target group and year.

<b>Community Transitions SFY 2006 to Present<sup>1</sup></b>				
<b>SFY</b>	<b>Frail Elders</b>	<b>Persons with Physical Disabilities</b>	<b>Persons with Developmental Disabilities</b>	<b>Total Persons</b>
2006	409	152	372	933
2007	484	240	176	900
2008	438	222	52	712
2009	379	188	54	621
2010	477	216	81	774
2011	223	136	20	379
2012	270	117	38	425
2013	284	111	64	459
2014	293	160	49	502
2015	288	112	35	435
2016	329	121	25	475
2017	240	97	13	350
2018	174	41	12	227
2019	194	25	17	236
2020	402	83	25	510
2021	96	16	10	122
2022	352	119	82	553
2023	321	112	62	495
2024	285	119	65	469
2025	299	101	96	496
<b>Total</b>	<b>6,237</b>	<b>2,488</b>	<b>1,348</b>	<b>10,073</b>

Highlights of the transition initiative over the past 20 years (SFYs 2006-2025) include:

- 6,237 elders who resided in nursing facilities chose to live in the community near their families and friends. Prior to this initiative, these people would have been on a waiting list for Medicaid home and community-based services waiver care, and few would have had the opportunity to return to the community.
- 2,488 people with physical disabilities chose to live in the community where they can access community activities rather than live in nursing facilities.
- 1,348 people with developmental disabilities moved to the community and participated in community activities that were not available to them when they resided in institutions.

People are served in the community at a cost below that of institutional care, resulting in savings to the Medicaid program of \$16,759,287 for the people transitioned in SFY 2025.

In 2007, DHS was awarded a federal “Money Follows the Person” (MFP) grant to support rebalancing of the long-term care system through further transitions from institutions to the community. Starting October 2007 and continuing until service dollars are exhausted, the federal government pays a match rate that is higher than the standard Medicaid matching rate for the costs of certain transitioned people during their first 365 days in the community. During SFY 2025, there were 142 new participants and 306 total participants.

<sup>1</sup>Starting in 2018, Target group is defined by the Adult Long Term Care Functional Screen tool. Therefore, numbers prior to 2018 are not comparable to 2018 and after. For more information, visit <https://www.dhs.wisconsin.gov/functionalscreen/index.htm>.

## Age and Length of Stay Prior to Transition

DHS provides elders and people with physical and developmental disabilities residing in nursing facilities the opportunity to transition to community-based living arrangements as part of their care plans in the Family Care, Family Care Partnership, and PACE programs. People residing in nursing homes have a choice to remain in their current setting in Medicaid fee for service or enroll in a waiver long-term care program such as Family Care, Family Care Partnership, PACE, or Include, Respect, I Self-Direct (IRIS). If they enroll in one of those long-term care programs, the person can choose whether to stay in their nursing home or move to the community when their care needs can be met at home, in an apartment, or in an assisted living setting.

The following tables display transitioned members by age and length of stay in a nursing home prior to transition for SFY 2025:

Age of People Transitioned: SFY 2025						
18-49	50-64	65-74	75-84	85-99	>99	Total
30	115	159	142	50	0	496

Length of Time in Nursing Home Prior to Transition: SFY 2025				
≤100 days	101-179 days	6 mo-1 year	> 1 year	Total
129	132	112	123	496

## Nature of Living Arrangement

The following tables show the living arrangement for people transitioned in SFY 2025. The largest number of people transitioned to a home or apartment setting, and the second largest transition was to a Community Based Residential Facility (CBRF). 270 (54.44%) people moved to a home or apartment, and 173 (34.88%) people moved to a CBRF.

Living Arrangement for People Transitioned in SFY 2025				
	Frail Elders	Persons with Physical Disabilities	Persons with Developmental Disabilities	Total Persons
Home or Apartment	154	61	55	270
Adult Family Home	5	7	4	16
Community Based Residential Facility	115	21	37	173
Residential Care Apartment Complex	25	12	0	37
<b>Total</b>	<b>299</b>	<b>101</b>	<b>96</b>	<b>496</b>

*Appendix A provides information about the living arrangements for people transitioned by the program under which they were served.*

## Costs Under the Medicaid Program

Medicaid costs were calculated for both the period when the person was in an institution and the period when the person was living in the community to determine the net Medicaid cost of the transition programs. The analysis examined the following two components: (a) the institutional or Medicaid home and community-based services waiver costs; and (b) other Medicaid costs, termed Medicaid Card Costs, which include the Medicaid costs for personal care services, therapeutic services, and all other Medicaid services. This provides a comprehensive presentation of the person's Medicaid costs in each setting.

In 2021, DHS instituted a risk corridor in the Family Care and Family Care Partnership programs. The final risk corridor recoupments and payments would modify cost comparisons, but the final risk corridor results are not available at the time of this report. Final risk corridor results are typically available 18 months after the end of the Family Care contract period. Based on the presently available risk corridor results for calendar year (CY) 2023, the daily rate impact of the risk corridor is \$0.14.

As summarized in the table below, in SFY 2025, the average daily cost in the nursing facility for people before they transitioned to a managed long-term care program was \$351.53. In contrast, the average daily cost in the community after transition for these same people was \$152.29. Community transitions under the managed long-term care programs were cost effective, producing an average daily savings of \$199.24 representing a 56.67% cost reduction.

Cost Information - Average Daily Costs for People Transitioned in SFY 2025								
Program	Persons	Facility Costs	Facility Card Costs	Facility Total	Waiver Program Costs	Community Card Costs	Community Total	Average Savings
Family Care	452	\$330.90	\$19.61	\$350.51	\$129.24	\$21.55	\$150.80	\$199.71
Family Care Partnership	38	\$319.98	\$50.23	\$370.21	\$162.89	\$6.94	\$169.83	\$200.38
PACE	6	\$303.72	\$2.12	\$305.84	\$145.31	\$0.21	\$145.52	\$160.32
<b>All Managed Long-Term Care</b>	<b>496</b>	<b>\$329.78</b>	<b>\$21.75</b>	<b>\$351.53</b>	<b>\$132.15</b>	<b>\$20.13</b>	<b>\$152.29</b>	<b>\$199.24</b>

### Notes

1. All Medicaid costs are based on paid claims as reported in the Medicaid Management Information System.
2. Family Care, Family Care Partnership, and PACE costs are based on the capitation payments paid to the managed care organization on behalf of the member.

As shown in the table below, the total Medicaid cost in SFY 2025 of serving the 496 people who transitioned to the community under Family Care, Family Care Partnership, or PACE during the period they lived in their new community settings was approximately \$12.8 million. If these people had instead remained in their institutional settings during this time, their Medicaid cost of services would have been approximately \$29.5 million for SFY 2025. Due to the difference between institutional and community costs, the managed long-term care programs produced total savings of more than \$16.7 million in SFY 2025.

<b>Estimated Total SFY 2025 Costs</b>				
<b>Managed Long-Term Care Program</b>	<b>Persons</b>	<b>Total Medicaid Costs in Community</b>	<b>Total Medicaid Costs in Facility</b>	<b>Difference Between Facility and Community Costs</b>
<i>Family Care</i>	452	\$11,510,505	\$26,755,001	\$15,244,496
<i>Partnership</i>	38	\$1,161,991	\$2,532,977	\$1,370,985
<i>PACE</i>	6	\$130,531	\$274,337	\$143,806
<b>Total</b>	<b>496</b>	<b>\$12,803,027</b>	<b>\$29,562,315</b>	<b>\$16,759,287</b>

## **Impact on Health and Safety**

### **Medicaid Home and Community-Based Services Waiver Quality Assurance**

Assuring the health and safety of elders and people with developmental and physical disabilities is a paramount goal of DHS whether people live in an institution or in the community. The Family Care, Family Care Partnership, and PACE programs operate under federally approved plans through the Centers for Medicare & Medicaid Services, which include extensive risk assessment and mitigation, as well as quality assurance and improvement protocols intended to ensure health and safety for participants.

All participants have highly individualized support and service plans that promote person-centered outcomes, informed choices, and community participation, in addition to addressing health and safety needs. Care management staff are required to have contact with participants at regular intervals, including face-to-face visits, to ensure that services and supports are being delivered as required and to address new needs that might arise. For persons transitioning from institutions, a visit will occur shortly after the move to the community to assess the adequacy of the support and service plan and identify any issues that occurred after the move.

For all participants, ongoing assessments are methodically completed and updated. In Family Care, care planning is carried out by an interdisciplinary team, which includes a nurse. When unmet needs are identified, the care plan is modified. In addition to home and community-based waiver services and supports, people also receive community health services, such as physician and dental visits, hospital care, personal care in their home, and pharmacy.

DHS requires managed care organizations to have a system to ensure participants are adequately protected from physical, verbal, and sexual abuse, as well as maltreatment, neglect, financial exploitation and violation of their rights under law. DHS also requires these entities to have mechanisms for reporting incidents to DHS and effective response systems.

DHS uses state staff or contractors to monitor compliance with program requirements. This oversight uses a variety of sources, such as case records, satisfaction surveys, and visits with program participants.

## **Regulatory Oversight**

The Division of Quality Assurance conducts regular on-site surveys of licensed three- to four-bed adult family homes and community-based residential facilities using state guidelines and standards. Managed care organizations are responsible for ensuring high-quality services and environments for people living in smaller settings. Residential and day-service providers also have procedures that maintain each person's health and safety. They interact with each person on a constant basis, monitor medical conditions, provide structured social and environmental situations, and give sufficient supports to people with special needs.

DHS oversees these programs and service delivery systems by having staff throughout the state conduct several types of activities, including random unannounced visits, in-depth annual plan review, and ongoing dialogue with all stakeholders (including consumers and their families and guardians). DHS issues guidelines and establishes policies and procedures whenever necessary to address gaps that are identified or suspected.

### **Actual or suspected events**

Any actual or suspected event that threatens the health or safety of an individual is investigated and reviewed by each provider and managed care organization. Managed care organizations are required to report all such instances to state quality assurance staff or contractors, who, depending on the nature and seriousness of the report, may investigate or involve others, such as police or the judicial system.

All deaths in licensed or certified settings are reported to and scrutinized by the State to identify negative trends associated with providers, managed care organizations, or the approaches that are used by the service delivery system with the intent of preventing further instances. Concerns are then shared with appropriate entities that are required to make systemic improvements or take corrective actions to create a constant cycle of improvement. Instances of abuse or neglect are remedied swiftly and access to necessary medical services is closely monitored.

## **Involvement of Guardians or Family Members**

Counties are required to prepare a plan for home or community-based care for all people residing in ICFs-IID and nursing homes who are at a developmental disability level of care. For ICFs-IIDs other than the state centers, these plans are part of the statutorily required annual court review, known as the Watts review, to determine the most integrated setting appropriate to the person's needs. Counties involve guardians in the preparation of these plans and state law requires that the county provide a copy of the plan to the guardian prior to the Watts review.

When a person is transitioned from a state center or other ICFs-IID or nursing home facility, the plan for a person's care is signed by the guardian indicating their acceptance of the plan.

Most elderly people and people with physical disabilities transitioned under a managed long-term care program do not have guardians. However, in cases where people do have guardians, the guardians are involved in the efforts to transition or divert people from institutions.

For persons who are competent to make their own decisions, family members are involved to the extent preferred by the individual participant. DHS does not keep a record of family involvement in care planning for people who are competent to make their own decisions.

## Staff turnover

Since CY 2024, the turnover measures are derived based on data from the Centers for Medicare and Medicaid Services (CMS) Payroll-Based Journal (PBJ) system, which contains staffing information submitted by all certified skilled nursing facilities (SNF). Turnover is identified based on gaps in days worked, allowing the creation of a turnover measure that is defined the same way across all nursing homes and that does not depend on termination dates reported by nursing homes. Individuals are identified based on the employee system ID. The turnover rate is calculated as the total number of employment spells that ended in turnover divided by the total number of eligible employment spells. Using this formula, the maximum turnover rate is 100 percent.

The 2024 calendar year statewide turnover rates are provided in the table below:

<b>State Nursing Home Staff Turnover Rate: CY 2024</b>	
Total Registered Nurses	43%
Total All Nursing Staff	49%

# Appendix A

## Placement Locations for Transitions by Program - SFY 2025

	Home/Apartment	CBRF <sup>2</sup>	RCAC <sup>3</sup>	AFH <sup>4</sup>	Total Persons
<b>Frail Elders</b>					
Family Care	137	110	22	5	<b>274</b>
Partnership	14	4	2	0	<b>20</b>
PACE	3	1	1	0	<b>5</b>
<b>Total</b>	<b>154</b>	<b>115</b>	<b>25</b>	<b>5</b>	<b>299</b>
% of Total	51.51%	38.46%	8.36%	1.67%	60.28%
<b>Persons with Physical Disabilities</b>					
Family Care	57	19	12	4	<b>92</b>
Partnership	4	2	0	3	<b>9</b>
PACE	0	0	0	0	<b>0</b>
<b>Total</b>	<b>61</b>	<b>21</b>	<b>12</b>	<b>7</b>	<b>101</b>
% of Total	60.40%	20.79%	11.88%	6.93%	20.36%
<b>Persons with Developmental Disabilities</b>					
Family Care	47	35	0	4	<b>86</b>
Partnership	7	2	0	0	<b>9</b>
PACE	1	0	0	0	<b>1</b>
<b>Total</b>	<b>55</b>	<b>37</b>	<b>0</b>	<b>4</b>	<b>96</b>
% of Total	57.29%	38.54%	0.00%	4.17%	19.35%
<b>Total</b>					
<b>Family Care</b>	<b>241</b>	<b>164</b>	<b>34</b>	<b>13</b>	<b>452</b>
<b>Partnership</b>	<b>25</b>	<b>8</b>	<b>2</b>	<b>3</b>	<b>38</b>
<b>PACE</b>	<b>4</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>6</b>
<b>TOTAL</b>	<b>270</b>	<b>173</b>	<b>37</b>	<b>16</b>	<b>496</b>
% of Total	54.44%	34.88%	7.46%	3.23%	

<sup>2</sup> Community Based Residential Facility

<sup>3</sup> Residential Care Apartment Complex

<sup>4</sup> Adult Family Home

## Appendix B

### Turnover Rates for Skilled Nursing Facilities - CY 2024

Facility Name	Total Registered Nurses	Total All Nursing Staff
ABBOTSFORD HEALTH CARE CENTER	39	50
ALDEN ESTATES OF COUNTRYSIDE, INC	NS	NS
ALDEN MEADOW PARK HCC	NS	NS
ALEXIAN VILLAGE OF MILWAUKEE	30	53
ALLIS CARE CENTER	79	67
AMERICAN LUTHERAN HOME-MENOMONIE	25	43
AMERICAN LUTHERAN HOME-MONDOVI	NS	30
ANNA JOHN RESIDENT CENTERED CARE COMMUNITY	NS	NS
ARIA AT MITCHELL MANOR	43	46
ARIA OF BROOKFIELD	58	65
ARIA OF WAUKESHA	55	63
ASCENSION LIVING - LAKESHORE AT SIENA	65	69
ASHLAND HEALTH SERVICES	64	65
ASPIRUS CARE & REHAB-MEDFORD	23	31
AUGUSTA HEALTH AND REHABILITATION	0	37
AUTUMN LAKE HEALTHCARE AT БЕЛОIT	29	30
AUTUMN LAKE HEALTHCARE AT GREENFIELD	60	75
BADGER PRAIRIE HCC	6	9
BALDWIN CARE CENTER	30	45
BARRON CARE AND REHABILITATION	75	60
BEAVER DAM HEALTH CARE CENTER	69	77
BEЛОIT HEALTH AND REHABILITATION CENTER	29	51
BENEDICTINE MANOR OF LACROSSE	12	54
BENEDICTINE MANOR OF WAUSAU	NS	NS
BETHANY HOME	48	33
BETHANY ST JOSEPH CARE CTR	56	34
BETHEL HOME	25	49
BIRCH HILL HEALTH SERVICES	50	36
BRADLEY ESTATES NURSING AND REHAB LLC	76	75
BREWSTER VILLAGE	18	32
BROOKSIDE CARE CENTER	22	24
BROWN CTY COMM TREATMENT CTR-BAYSHORE VILLAGE	55	35
BURLINGTON HEALTH AND REHABILITATION CENTER	59	72
BURNETT MEDICAL CENTER	33	34
CAPITOL LAKES HEALTH CENTER	8	50
CARE & REHAB - LADYSMITH 1	33	29
CARE & REHAB - LADYSMITH 2	NS	37
CARE AGE OF BROOKFIELD	10	51
CARE AND REHAB - BOSCOBEL	11	54
CARE AND REHAB - CUMBERLAND	0	9
CAREVIEW HEALTH AND REHAB OF MINOCQUA	73	74
CCC OF PEWAUKEE	25	41
CCC OF WEST GREEN BAY	78	64
CEDAR CREST HEALTH CENTER	18	29

NS = No Staff for reported category at this facility.

**All Nursing Staff** includes registered nurses, licensed practical nurses, and nurse aides.

Facility Name	Total Registered Nurses	Total All Nursing Staff
CEDAR LAKE HEALTH AND REHAB CENTER	19	36
CEDARBURG HEALTH SERVICES	50	41
CHI FRANCISCAN VILLA	NS	NS
CHIPPEWA MANOR NURSING AND REHABILITATION	29	31
CHRISTIAN COMMUNITY HOME	NS	NS
CHRISTIAN COMMUNITY HOME OF OSCEOLA, INC	64	65
CHRISTIAN HOME CARE AND REHAB CENTER	33	39
CLAIRIDGE HOUSE	40	52
CLARK COUNTY REHABILITATION & LIVING CENTER	50	56
CLEARVIEW	35	42
CLEARVIEW BRAIN INJURY CENTER	NS	29
CLEMENT MANOR HEALTH CARE CENTER	50	49
COLONIAL HEALTH SERVICES	20	37
COLUMBIA HEALTH CARE CENTER	15	33
COLUMBUS HEALTH AND REHAB	33	38
CONGREGATIONAL HOME, INC	46	43
CORNELL HEALTH SERVICES	22	26
COURT MANOR HEALTH SERVICES	46	39
CREST VIEW NURSING HOME	53	56
CROSSROADS CARE CENTER OF FOND DU LAC	NS	40
CROSSROADS CARE CENTER OF KENOSHA	29	48
CROSSROADS CARE CENTER OF MAYVILLE	50	61
CROSSROADS CARE CENTER OF MILWAUKEE	17	54
CROSSROADS CARE CENTER OF SUN PRAIRIE	50	49
CROSSROADS CARE CENTER OF WEYAUWEGA	50	47
DEERFIELD CARE CENTER, LLC	29	27
DELAVAN HEALTH SERVICES	10	44
DOOR COUNTY MEMORIAL HOSPITAL SNF	13	27
DOVE HEALTHCARE - BLOOMER	11	32
DOVE HEALTHCARE - FENNIMORE	100	100
DOVE HEALTHCARE - LODI	100	98
DOVE HEALTHCARE - OSSEO	27	39
DOVE HEALTHCARE - REGIONAL VENT CENTER	NS	NS
DOVE HEALTHCARE - RICE LAKE	0	28
DOVE HEALTHCARE - SOUTH EAU CLAIRE	40	55
DOVE HEALTHCARE - SPOONER	25	55
DOVE HEALTHCARE - ST CROIX FALLS	100	100
DOVE HEALTHCARE - SUPERIOR	100	100
DOVE HEALTHCARE - WEST EAU CLAIRE	47	51
EAST TROY MANOR	33	49
EASTCASTLE PL BRADFORD TER CONV CTR	44	57
EASTVIEW HEALTH AND REHABILITATION CENTER	25	44
EDEN REHAB SUITES AND GREEN HOUSE HOMES	82	80
EDENBROOK LAKESIDE	38	59
EDENBROOK OF APPLETON NORTH	NS	NS
EDENBROOK OF FOND DU LAC	46	52
EDENBROOK OF GREEN BAY	50	44
EDENBROOK OF OSHKOSH	75	58
EDENBROOK OF PLATTEVILLE	62	40

NS = No Staff for reported category at this facility.

**All Nursing Staff** includes registered nurses, licensed practical nurses, and nurse aides.

Facility Name	Total Registered Nurses	Total All Nursing Staff
EDENBROOK OF WISCONSIN RAPIDS	46	56
EDGERTON CARE CENTER, INC	62	63
EDGEWATER HAVEN NURSING HOME	31	17
ELLSWORTH HEALTH SERVICES	22	27
ELROY HEALTH SERVICES	42	43
EVANSVILLE MANOR NURSING AND REHAB, LLC	62	58
EVERGREEN HEALTH CENTER	20	55
EVERGREEN HEALTH SERVICES	50	50
FAIR VIEW NURSING AND REHABILITATION CENTER	58	35
FLORENCE HEALTH SERVICES	44	49
FOND DU LAC LUTHERAN HOME	78	71
FORT ATKINSON CARE CENTER	93	73
FOUR WINDS MANOR	60	65
FRANCISCAN WOODS	46	58
FREDERIC NURSING AND REHAB COMMUNITY	40	50
FRIENDLY VILLAGE NURSING AND REHAB CENTER	47	48
GENEVA LAKE MANOR	44	74
GLENDALE CARE AND REHAB CENTER LLC	43	57
GLENHAVEN	NS	73
GOLDEN AGE MANOR	22	42
GOLDEN YEARS OF LAKE GENEVA	NS	NS
GOOD SHEPHERD SERVICES LTD	50	40
GRACE LUTHERAN COMMUNITIES - RIVER PINES	65	72
GRANCARE NURSING CENTER	11	40
GRAND VIEW CARE CTR	43	55
GRANDE PRAIRIE CARE AND REHAB CTR LLC	38	55
GREEN BAY HEALTH SERVICES	67	55
GREENTREE HEALTH AND REHABILITATION CENTER	60	42
GREENWAY MANOR	15	47
HALES CORNERS CARE CTR	27	43
HAMILTON HEALTH SERVICES	73	68
HAMMOND HEALTH SERVICES	13	30
HARBOR HAVEN HEALTH & REHABILITATION	11	37
HAYWARD HEALTH SERVICES	14	19
HEARTLAND COUNTRY VILLAGE	NS	NS
HEBRON OAKS	NS	NS
HERITAGE HEALTH SERVICES	100	71
HERITAGE LAKESIDE	NS	NS
HERITAGE SQUARE HEALTH CARE CENTER	88	81
HILLSIDE MANOR	40	41
HILLVIEW HEALTH CARE CTR	12	33
HOLTON MANOR	33	57
HOMESTEAD HEALTH SERVICES	14	55
HOPE HEALTH AND REHAB	43	44
INGLESIDE MANOR	15	59
JEWISH HOME AND CARE CENTER	43	41
JULIETTE MANOR	59	60
KENSINGTON CARE AND REHAB CENTER	79	57
KEWAUNEE HEALTH SERVICES	57	48

NS = No Staff for reported category at this facility.

**All Nursing Staff** includes registered nurses, licensed practical nurses, and nurse aides.

Facility Name	Total Registered Nurses	Total All Nursing Staff
KINNICK HEALTH AND REHABILITATION CENTER	18	32
LAFAYETTE MANOR	55	57
LAKE COUNTRY HEALTH SERVICES	70	66
LAKE MILLS HEALTH SERVICES	43	31
LAKELAND HEALTH CARE CTR	15	30
LAKEVIEW HEALTH CENTER	19	45
LANCASTER HEALTH SERVICES	67	52
LASATA CARE CENTER	NS	NS
LINCOLN PARK NURSING AND REHAB LLC	55	62
LINDENGROVE MENOMONEE FALLS	85	71
LINDENGROVE MUKWONAGO	62	80
LINDENGROVE NEW BERLIN	42	49
LINDENGROVE WAUKESHA	94	83
LITTLE CHUTE HEALTH SERVICES	50	57
LUTHER HOME	67	48
LUTHER MANOR	55	56
LUTHERAN HOME	17	31
MADISON HEALTH AND REHABILITATION CENTER	77	69
MANAWA COM NUR CTR	NS	59
MANITOWOC HEALTHCARE CENTER	44	38
MANOR OF FOND DU LAC	33	39
MANOR OF KENOSHA (THE)	33	52
MAPLE RIDGE HEALTH SERVICES	75	62
MAPLEWOOD CENTER	19	44
MAPLEWOOD OF SAUK PRAIRIE	31	40
MARINUKA MANOR	14	17
MARKESAN RESIDENT HOME	40	50
MARQUARDT MEMORIAL MANOR	50	66
MARYHILL MANOR	20	42
MASONIC CENTER FOR HEALTH & REHAB INC	24	34
MEADOW VIEW HEALTH SERVICES	38	36
MEADOWBROOK AT APPLETON	58	41
MEADOWBROOK AT BLACK RIVER FALLS	75	65
MEADOWBROOK AT BLOOMER	17	53
MEADOWBROOK AT CHETEK	18	38
MEADOWBROOK AT OCONTO FALLS	50	52
MEDICAL SUITES AT OAK CREEK (THE)	73	74
MENOMONEE FALLS HEALTH SERVICES	63	66
MERCY HEALTH SERVICES	79	62
MERCY MANOR TRANSITION CENTER	62	62
MIDDLE RIVER HEALTH AND REHABILITATION CENTER	50	75
MIDDLETON VILLAGE NURSING AND REHAB	65	64
MILWAUKEE CATHOLIC HOME	15	37
MINERAL POINT HEALTH SERVICES	17	26
MONROE HEALTH SERVICES	67	58
MONTELLO CARE CENTER	80	74
MORNINGSIDE HEALTH SERVICES	14	54
MORROW MEMORIAL HOME	NS	NS
MULDER HEALTH CARE FACILITY	46	44

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Facility Name	Total Registered Nurses	Total All Nursing Staff
MUSKEGO HEALTH AND REHABILITATION CENTER	NS	59
NAZARETH HEALTH AND REHAB CENTER	63	60
NEIGHBORS - CENTRAL NEIGHBORHOOD (THE)	42	47
NEIGHBORS - EAST NEIGHBORHOOD (THE)	46	59
NEIGHBORS - WEST NEIGHBORHOOD (THE)	56	66
NEW GLARUS HOME	74	68
NEWCARE	20	31
NEWCASTLE PLACE	81	84
NORSELAND NURSING HOME	46	38
NORTH CENTRAL HEALTH CARE	18	29
NORTH RIDGE HEALTH AND REHABILITATION CENTER	40	51
NORTH SHORE HEALTHCARE AT MARSHFIELD	27	29
NORTHERN LIGHTS HCC	46	43
NORWOOD HEALTH CTR-CENTRAL	13	44
NU ROC HEALTH AND REHABILITATION CTR	56	68
OAK PARK NURSING AND REHAB CTR	46	45
OAK PARK PLACE OF JANESVILLE	NS	NS
OAK PARK PLACE OF NAKOMA	67	59
OAK RIDGE CARE CENTER	50	50
OAKBROOK HEALTH AND REHABILITATION	57	44
OAKRIDGE GARDENS NUR CTR, INC	48	61
OAKWOOD HEALTH SERVICES	59	38
OAKWOOD VILLAGE EAST HEALTH AND REHAB CENTER	NS	NS
OCONTO HEALTH AND REHAB CENTER	NS	42
ODD FELLOW HOME	NS	NS
OMRO CARE CENTER	58	51
ONALASKA CARE CENTER	17	43
ORCHARD MANOR	31	33
PARK MANOR LTD	24	47
PARK VIEW HEALTH CENTER	37	40
PARK VIEW HOME	11	36
PAVILION AT GLACIER VALLEY	27	47
PEABODY MANOR	52	57
PIGEON FALLS HCC	33	25
PINE CREST NURSING HOME	33	39
PINE VALLEY COMMUNITY VILLAGE	26	33
PINE VIEW CARE CENTER	25	27
PLEASANT VIEW NURSING HOME	25	47
PLUM CITY CARE CTR	25	36
PLYMOUTH HEALTH SERVICES	89	68
PORTAGE CTY HLTH CARE CTR	22	33
PRAIRIE MAISON	57	53
PRESCOTT NURSING AND REHAB COMMUNITY	78	60
PRIDE TLC THERAPY AND LIVING CAMPUS	25	37
RANDOLPH HEALTH SERVICES	37	42
RENNES HEALTH AND REHAB CENTER- APPLETON	46	50
RENNES HEALTH AND REHAB CENTER-DEPERE	28	40
RENNES HEALTH AND REHAB CENTER-EAST	31	31
RENNES HEALTH AND REHAB CENTER-RHINELANDER	32	46

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Facility Name	Total Registered Nurses	Total All Nursing Staff
RENNES HEALTH AND REHAB CENTER-WEST	41	48
RENNES HEALTH AND REHAB CENTER-WESTON	46	54
RIB LAKE HEALTH SERVICES	36	51
RIDGEVIEW TERRACE LONG TERM CARE	30	32
RIDGEWOOD CARE CTR	41	54
RIVERDALE HEALTH CARE CENTER	60	69
RIVER'S BEND HEALTH SERVICES	33	42
RIVERSIDE	27	57
RIVERVIEW HEALTH SERVICES	33	36
ROCK HAVEN	41	32
ROCKY KNOLL HEALTH CARE	41	47
ROLLING HILLS REHAB CTR	25	53
SAINT JOHNS ON THE LAKE	13	37
SAMARITAN NURSING AND REHAB	41	57
SAUK CO HEALTH CARE CENTER	79	61
SCHMITT WOODLAND HILLS	29	30
SERENITY SPRING SENIOR LIVING AT SCANDIA VILLAGE	77	81
SHADY LANE NURSING CARE CENTER	31	37
SHAWANO HEALTH SERVICES	57	33
SHEBOYGAN HEALTH SERVICES	17	48
SHEBOYGAN PROGRESSIVE HEALTH SERVICES	0	29
SHEBOYGAN SENIOR COMMUNITY INC	40	28
SHELL LAKE HEALTH CARE CENTER	17	51
SHERIDAN HEALTH AND REHABILITATION CENTER	56	57
SHOREHAVEN HLTH & REHAB CTR	13	42
SILVER SPRINGS HEALTH CARE CENTER	63	53
SKAALEN NURSING AND REHABILITATION CENTER	46	53
SKY VIEW NURSING CENTER	33	24
SOLDIERS GROVE HEALTH SERVICES	57	35
SOUTHPOINTE CARE AND REHAB CENTER LLC	29	54
SPRING VALLEY HEALTH AND REHAB CENTER	86	78
ST ANN HEALTH AND REHABILITATION CENTER	NS	NS
ST ANNE'S SALVATORIAN CAMPUS	67	57
ST CAMILLUS HEALTH CENTER	8	40
ST CLARE CARE AND REHAB CENTER	21	34
ST CROIX HEALTH CENTER	20	55
ST DOMINIC VILLA	62	69
ST ELIZABETH NURSING HOME	86	74
ST FRANCIS HEALTH SERVICES	NS	58
ST FRANCIS HOME	52	51
ST JOSEPH RESIDENCE	13	41
ST MARY'S CARE AND REHAB CENTER	52	55
ST MARYS HOME FOR THE AGED	39	55
ST PAUL ELDER SERVICES, INC	25	40
STEVENS POINT HEALTH SERVICES	71	63
STURGEON BAY HEALTH SERVICES	50	59
SUN PRAIRIE SENIOR LIVING	100	68
SUNNY RIDGE OPERATIONS LLC	47	59
SUNRISE HEALTH SERVICES	36	35

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Facility Name	Total Registered Nurses	Total All Nursing Staff
SURING HEALTH AND REHAB CENTER	33	63
THE PINES POST ACUTE AND MEMORY CARE	33	33
THREE OAKS HEALTH SERVICES	33	41
TOMAH NURSING AND REHAB	50	68
TOMAHAWK HEALTH SERVICES	44	51
TREMPEALEAU CTY HCC IMD	NS	NS
TUDOR OAKS HEALTH CENTER	67	65
TWIN PORTS HEALTH SERVICES	10	27
UNITED PIONEER HOME	63	41
UPLAND HILLS NURSING AND REHAB	6	43
VERNON MANOR	50	48
VILLA MARIA HEALTH AND REHAB CTR	0	27
VILLA MARINA HEALTH AND REHAB CTR	11	26
VILLA PINES LIVING CENTER	30	29
VIRGINIA HIGHLANDS CARE AND REHAB LLC	44	61
WATERFALL HEALTH OF ALGOMA	57	32
WATERFALL HEALTH OF BROWN DEER	56	59
WATERFALL HEALTH OF WAUSAU	63	46
WATER'S EDGE	36	49
WATERS EDGE HEALTH AND REHABILITATION CENTER	67	54
WATERTOWN HEALTH CARE CENTER	33	52
WAUNAKEE VALLEY SENIOR LIVING	64	44
WAUSAU MANOR HEALTH SERVICES	19	38
WHEATON FRANCISCAN HC - TERRACE AT ST FRANCIS	83	74
WHISPERING PINES NURSING AND REHAB, LLC	11	53
WI VETERANS HM AINSWORTH HALL	18	34
WI VETERANS HOME AT CHIPPEWA FALLS	60	64
WI VETERANS HOME MOSES HALL	26	34
WI VETERANS HOME-BOLAND HALL	48	59
WILLIAMS BAY HEALTH SERVICES	38	53
WILLOW RIDGE HEALTHCARE	38	48
WILLOWCREST HEALTH SERVICES	NS	NS
WILLOWDALE HEALTH SERVICES	17	21
WISCONSIN DELLS HEALTH SERVICES	42	34
WISCONSIN RAPIDS HEALTH SERVICES	42	54
WOODSIDE LUTHERAN HOME	27	32

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