

Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

Notes

This report includes Provider Inspection Summaries (Facility Profiles) for Assisted Living Facilities in Barron County. The report is a PDF (Adobe Acrobat) document and includes a total of 90.00 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 03/28/2021 to 03/27/2024

Adult Day Care Center

Facility Information

Facility Name: DAYBREAK II (500018)

Address: 154 MEMORIAL DRIVE, BARRON, WI 54812

License Status: REGULAR

Licensed/Certified/Registered 03/17/1997 12:00:00AM

Regional Office: NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

No survey activity during the period 3/28/21 to 3/27/24

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Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

Adult Day Care Center

Facility Information

Facility Name: DAYBREAK I (500017)

Address: 12 WEST HUMBIRD STREET, RICE LAKE, WI 54868

License Status: REGULAR

Licensed/Certified/Registered 03/17/1997 12:00:00AM

Regional Office: NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

No survey activity during the period 3/28/21 to 3/27/24

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Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

Adult Family Home

Facility Information

Facility Name: WILLOW PINES (0013221)

Address: 1058-6TH STREET, ALMENA, WI 54805

License Status: REGULAR

Licensed/Certified/Registered 03/15/2010 12:00:00AM

Regional Office: NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0145807 **End Date:** 03/05/2024 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

Adult Family Home

Facility Information

Facility Name: CHRISMARK HOME OAK STREET (0019013)

Address: 686 OAK ST, BARRON, WI 548121801

License Status: REGULAR

Licensed/Certified/Registered 07/14/2022 12:00:00AM

Regional Office: NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0140138 **End Date:** 07/14/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

Adult Family Home

Facility Information

Facility Name: REBECCAS ADULT FAMILY HOME (0016155)

Address: 1121 14 1/2 ST, BARRON, WI 54812

License Status: REGULAR

Licensed/Certified/Registered 07/08/2016 12:00:00AM

Regional Office: NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0145356 **End Date:** 01/22/2024 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

Adult Family Home

Facility Information

Facility Name: ACORN COTTAGE (0018050)

Address: 2917 7TH STREET, BARRONETT, WI 54813

License Status: REGULAR

Licensed/Certified/Registered 08/21/2020 12:00:00AM

Regional Office: NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

No survey activity during the period 3/28/21 to 3/27/24

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Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

Adult Family Home

Facility Information

Facility Name: OAK BRANCH BUNGALOW (0018048)

Address: 2913 7TH STREET, BARRONETT, WI 54813

License Status: REGULAR

Licensed/Certified/Registered 08/21/2020 12:00:00AM

Regional Office: NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

No survey activity during the period 3/28/21 to 3/27/24

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Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

Adult Family Home

Facility Information

Facility Name: OAK LEAF LODGE (0018051)

Address: 2919 7TH STREET, BARRONETT, WI 54813

License Status: REGULAR

Licensed/Certified/Registered 08/21/2020 12:00:00AM

Regional Office: NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

No survey activity during the period 3/28/21 to 3/27/24

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Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

Adult Family Home

Facility Information

Facility Name: SAPLING SUITE (0018049)

Address: 2915 7TH STREET, BARRONETT, WI 54813

License Status: REGULAR

Licensed/Certified/Registered 08/21/2020 12:00:00AM

Regional Office: NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0138127 **End Date:** 01/03/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0137529 **End Date:** 08/09/2021 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #K1UN11 Served 10/20/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.10(3)(e)	SELF-DIRECTION	1/3/22	Yes
88.10(3)(n)1	FREEDOM FROM SECLUSION AND RESTRAINTS	1/3/22	Yes

Enforcement History (SAPLING SUITE--0018049)

Date: 10/20/2021 **SOD #**K1UN11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

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Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

Adult Family Home

Complaint History (SAPLING SUITE--0018049)

Date Complaint Received: 07/20/2021

Date Investigation Completed: 08/09/2021

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

Adult Family Home

Facility Information

Facility Name: Bryden Homes LLC Kruger (0019997)

Address: 616 Kruger Ave, Cameron, WI 54822

License Status: REGULAR

Licensed/Certified/Registered 11/02/2023 12:00:00AM

Regional Office: NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0144780 **End Date:** 11/02/2023 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

Adult Family Home

Facility Information

Facility Name: JUST LIKE HOME (590167)

Address: 1117 W STOUT STREET, CHETEK, WI 54728

License Status: REGULAR

Licensed/Certified/Registered 09/09/1998 12:00:00AM

Regional Office: NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0145302 **End Date:** 01/10/2024 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #CSPP11 Served 01/18/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u> <u>Verified</u>	<u>Corrected</u>
50.065(3)(b)	COMPLETE BACKGROUND CHECK PROCESS	3/2/24	
88.05(4)(a)	FIRE SAFETY-FIRE EXTINGUISHERS	3/2/24	
88.07(3)(a)	PRESCRIPTION MEDICATIONS	3/2/24	

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Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

Adult Family Home

Facility Information

Facility Name: LEWALLEN ADULT FAMILY HOME (0014623)

Address: 2630 8 1/4 AVENUE, CHETEK, WI 54728

License Status: REGULAR

Licensed/Certified/Registered 07/15/2013 12:00:00AM

Regional Office: NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0138496 **End Date:** 01/20/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0137250 **End Date:** 07/20/2021 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #EEF512 Served 09/20/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(f)	CONDITION WHICH REPRESENTS RISK OR HARM	1/20/22	Yes
88.05(4)(c)1	EXITING FROM THE FIRST FLOOR	1/20/22	Yes
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT	1/20/22	Yes

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Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

Adult Family Home

Survey ID: 0136165 End Date: 04/07/2021 Type: STANDARD Purpose: SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #EEF511 Served 05/05/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(f)	CONDITION WHICH REPRESENTS RISK OR HARM	7/20/21	No
88.05(4)(c)1	EXITING FROM THE FIRST FLOOR	7/20/21	No
88.06(3)(f)	REVIEW OF ISP	7/20/21	Yes
88.07(2)(b)3	TRANSPORTATION TO MEDICAL	7/20/21	Yes
88.07(3)(c)	MEDICATION ASSISTANCE	7/20/21	Yes
88.07(3)(d)	MEDICATION- WRITTEN ORDER	7/20/21	Yes
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT	7/20/21	No

Enforcement History (LEWALLEN ADULT FAMILY HOME--0014623)

Date: 09/20/2021 SOD #EEF512 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
 NO NEW ADMISSIONS
 ORDER TO COMPLY

Date: 05/05/2021 SOD #EEF511 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
 COMPLY WITH REQUIREMENT
 ORDER TO COMPLY

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Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

Adult Family Home

Facility Information

Facility Name: Pokegama Pines AFH, LLC (0019465)

Address: 886 26 1/4 St, Chetek, WI 54728

License Status: REGULAR

Licensed/Certified/Registered 06/28/2023 12:00:00AM

Regional Office: NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0143547 **End Date:** 06/28/2023 **Type:** INITIAL **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

Adult Family Home

Facility Information

Facility Name: WHOLE LIFE ASSISTED LIVING LLC (0018459)

Address: 26 BIRD STREET, CHETEK, WI 54728

License Status: REGULAR

Licensed/Certified/Registered 04/06/2021 12:00:00AM

Regional Office: NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0136260 **End Date:** 04/06/2021 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

Survey History

No survey activity during the period 3/28/21 to 3/27/24

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Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

Adult Family Home

Facility Information

Facility Name: AUTUMN LEAVES ASSISTED LIVING ESTATES (0016571)

Address: 1515 LLOYD ST, CUMBERLAND, WI 54829

License Status: REGULAR

Licensed/Certified/Registered 05/24/2017 12:00:00AM

Regional Office: NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0138801 **End Date:** 02/22/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

Adult Family Home

Facility Information

Facility Name: Home Again North (0019164)

Address: 565 25 1/4 Street, New Auburn, WI 54757

License Status: REGULAR

Licensed/Certified/Registered 12/12/2022 12:00:00AM

Regional Office: NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0143557 **End Date:** 06/26/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #MRS311 Served 07/05/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(4)(f)	RESIDENT INCAPABLE OF SELF EVACUATION		
88.10(3)(b)	PRIVACY		

Survey ID: 0141588 **End Date:** 12/13/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

Enforcement History (Home Again North--0019164)

Date: 07/05/2023 **SOD #**MRS311 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

Adult Family Home

Complaint History (Home Again North--0019164)

Date Complaint Received: 04/13/2023

Date Investigation Completed: 06/26/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

MRS311

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Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

Adult Family Home

Facility Information

Facility Name: CIRCLE OF HOPE INC (590093)

Address: 180 WAYNE ST EAST, PRAIRIE FARM, WI 54762

License Status: REGULAR

Licensed/Certified/Registered 07/01/1992 12:00:00AM

Regional Office: NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0145284 **End Date:** 01/10/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141276 **End Date:** 09/15/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #4JKO11 Served 11/07/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.03(3)(b)	CRIMINAL RECORDS CHECK	1/10/24	Yes
88.04(2)(g)1	HEALTH SCREENING FOR STAFF	1/10/24	Yes
88.04(2)(h)	COMPLY WITH OSHA	1/10/24	Yes
88.05(3)(i)	BATHROOM LOCK	1/10/24	Yes
88.05(4)(d)2.a	FIRE SAFETY EVACUATION PLAN REVIEW	1/10/24	Yes
88.06(1)(e)	INFORMATION TO DETERMINE SERVICES	1/10/24	Yes
88.06(2)(a)	ADMISSION-HEALTH EXAM	1/10/24	Yes
88.07(3)(a)	PRESCRIPTION MEDICATIONS	1/10/24	Yes
88.07(3)(d)	MEDICATION- WRITTEN ORDER	1/10/24	Yes
88.09(1)(a)	RESIDENT RECORDS	1/10/24	Yes

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Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

Adult Family Home

Enforcement History (CIRCLE OF HOPE INC--590093)

Date: 11/07/2022 **SOD #**4JKO11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Complaint History (CIRCLE OF HOPE INC--590093)

Date Complaint Received: 07/14/2022

Date Investigation Completed: 09/15/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

Adult Family Home

Facility Information

Facility Name: Bryden Homes LLC Barker (0019181)

Address: 510 E Barker Street, Rice Lake, WI 54868

License Status: REGULAR

Licensed/Certified/Registered 06/27/2023 12:00:00AM

Regional Office: NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0143492 **End Date:** 06/27/2023 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

Adult Family Home

Facility Information

Facility Name: Bryden Homes LLC Kern (0019183)

Address: 730 Kern Avenue, Rice Lake, WI 54868

License Status: REGULAR

Licensed/Certified/Registered 06/27/2023 12:00:00AM

Regional Office: NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0143493 **End Date:** 06/27/2023 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

Adult Family Home

Facility Information

Facility Name: Bryden Homes LLC Nelson (0019182)

Address: 831 Nelson Drive, Rice Lake, WI 54868

License Status: REGULAR

Licensed/Certified/Registered 06/27/2023 12:00:00AM

Regional Office: NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0143495 **End Date:** 06/27/2023 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

Adult Family Home

Facility Information

Facility Name: JB SIGNATURE HOMES LLC (0016803)

Address: 706 CARSON STREET, RICE LAKE, WI 54868

License Status: REGULAR

Licensed/Certified/Registered 01/31/2018 12:00:00AM

Regional Office: NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0136818 **End Date:** 07/14/2021 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #IOPM11 Served 07/23/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(g)1	HEALTH SCREENING FOR STAFF	9/6/21	

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Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

Adult Family Home

Facility Information

Facility Name: MITCHELLS FAMILY HOME (0012586)

Address: 103 HILLTOP DR, RICE LAKE, WI 54868

License Status: REGULAR

Licensed/Certified/Registered 11/01/2008 12:00:00AM

Regional Office: NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0143095 **End Date:** 05/09/2023 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

Adult Family Home

Facility Information

Facility Name: WE CARE ASSISTED LIVING (0016271)

Address: 2852 20TH ST, RICE LAKE, WI 54868

License Status: REGULAR

Licensed/Certified/Registered 09/08/2016 12:00:00AM

Regional Office: NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0142922 **End Date:** 04/27/2023 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: HANSENS GROUP HOME (510307)

Address: 1190 17TH ST, BARRON, WI 54812

License Status: REGULAR

Licensed/Certified/Registered 02/01/1986 12:00:00AM

Regional Office: NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0143960 **End Date:** 08/15/2023 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #CHJG11 Served 08/18/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.37(1)(e)	MEDICATION REGIMEN, ADMINISTRATION REVIEW		
83.37(1)(g)	DISPOSITION OF MEDICATIONS		
83.37(3)(a)	MEDICATION STORAGE: ORIGINAL CONTAINERS		

Enforcement History (HANSENS GROUP HOME--510307)

Date: 08/18/2023 **SOD #**CHJG11 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: MONROE MANOR (510311)

Address: 508 E MONROE AVE, BARRON, WI 54812

License Status: REGULAR

Licensed/Certified/Registered 10/20/1984 12:00:00AM

Regional Office: NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0146088 **End Date:** 03/13/2024 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #8ONJ12 Served 04/09/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(2)(a)	CAREGIVER: INVESTIGATING ABUSE AND NEGLECT		
83.12(5)(b)	NOTIFICATION: ABUSE AND NEGLECT ALLEGATIONS		
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS		
83.17(1)	LICENSEE CONDUCT CAREGIVER BACKGROUND CHECK		
83.18(1)	EMPLOYEE RECORDS MAINTAINED AND CURRENT		
83.47(2)(e)	OTHER EVACUATION DRILLS		

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Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0144235 **End Date: 07/31/2023** **Type: OTHER** **Purpose: COMPLAINT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #8ONJ11 Served 09/14/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.12(2)(a)	CAREGIVER: INVESTIGATING ABUSE AND NEGLECT	3/13/24	Yes
83.12(2)(c)	REPORT TO LAW ENFORCEMENT AND CORONER	3/13/24	Yes
83.12(5)(b)	NOTIFICATION: ABUSE AND NEGLECT ALLEGATIONS	3/13/24	Yes
83.32(3)(g)	RIGHTS OF RESIDENTS: FREE OF PHYSICAL RESTRAINTS	3/6/24	Yes
83.34(3)	MORE THAN \$200 PERSONAL FUNDS FROM RESIDENT	3/13/24	Yes
83.35(3)(c)	IMPLEMENT, FOLLOW THE INDIVIDUAL SERVICE PLAN	3/13/24	Yes

Survey ID: 0143630 **End Date: 05/25/2023** **Type: STANDARD** **Purpose: SURVEY/COMPLAINT/VV**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #A12112 Served 07/18/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.12(5)(a)	NOTIFICATION: INCIDENT, INJURY, CHANGES	3/13/24	Yes
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN	3/13/24	Yes
83.35(5)(a)	INITIAL EVALUATION OF EVACUATION LIMITATIONS	3/13/24	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	3/13/24	Yes

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Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0141140 **End Date: 10/03/2022** **Type: OTHER** **Purpose: COMPLAINT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #A12111 Served 10/26/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(2)(a)	CAREGIVER: INVESTIGATING ABUSE AND NEGLECT	5/25/23	Yes
83.32(3)(d)	RIGHTS OF RESIDENTS: FREE OF MISTREATMENT	5/25/23	Yes
83.37(1)(k)	MEDICATION ERROR OR ADVERSE REACTION	5/25/23	Yes

Survey ID: 0138746 **End Date: 02/17/2022** **Type: OTHER** **Purpose: VERIFICATION VISIT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0137248 **End Date: 09/09/2021** **Type: OTHER** **Purpose: VERIFICATION VISIT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #YMCL12 Served 09/20/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.46(1)(f)	COMBUSTIBLES	2/17/22	Yes

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Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0136412 **End Date:** 05/05/2021 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #YMCL11 Served 06/08/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.25	CONTINUING EDUCATION	9/9/21	Yes
83.32(3)(n)	RIGHTS OF RESIDENTS: SAFE ENVIRONMENT	9/9/21	Yes
83.46(1)(f)	COMBUSTIBLES	9/9/21	No
83.47(2)(d)	FIRE DRILLS	9/9/21	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	9/9/21	Yes
83.55(6)(b)	BATH AND TOILET AREAS: WATER TEMPERATURE	9/9/21	Yes
83.59(1)(f)	EXIT PASSAGEWAYS, STAIRWAYS: WIDTH MAINTAINED	9/9/21	Yes
83.59(6)(c)	MOUNTING HEIGHT OF HANDRAILS ON RAMPS	9/9/21	Yes

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Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (MONROE MANOR--510311)

Date: 09/14/2023 **SOD #**8ONJ11 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.12(2)(a)
FORFEITURE---83.35(3)(c)

Date: 07/13/2023 **SOD #**A12112 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.47(2)(e)

Date: 10/26/2022 **SOD #**A12111 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 09/20/2021 **SOD #**YMCL12 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.46(1)(f)

Date: 06/08/2021 **SOD #**YMCL11 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.25
FORFEITURE---83.32(3)(n)
FORFEITURE---83.47(2)(d)
FORFEITURE---83.47(2)(e)

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Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (MONROE MANOR--510311)

Date Complaint Received: 01/03/2024

Date Investigation Completed: 03/13/2024

Subject Area(s)

Result

SOD #

ADMINISTRATION

SUBSTANTIATED

8ONJ12

Date Complaint Received: 07/11/2023

Date Investigation Completed: 07/31/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

RESIDENT RIGHTS

SUBSTANTIATED

8ONJ11

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 07/05/2023

Date Investigation Completed: 07/31/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 06/27/2023

Date Investigation Completed: 07/31/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

8ONJ11

RESIDENT RIGHTS

SUBSTANTIATED

8ONJ11

RESIDENT RIGHTS

SUBSTANTIATED

8ONJ11

RESIDENT RIGHTS

SUBSTANTIATED

8ONJ11

Date Complaint Received: 06/21/2023

Date Investigation Completed: 07/31/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

8ONJ11

RESIDENT RIGHTS

SUBSTANTIATED

8ONJ11

Date Complaint Received: 05/09/2023

Date Investigation Completed: 05/25/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date Complaint Received: 03/17/2023

Date Investigation Completed: 05/25/2023

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 08/02/2022

Date Investigation Completed: 10/03/2022

Subject Area(s)

Result

SOD #

ADMINISTRATION

SUBSTANTIATED

A12111

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

A12111

Date Complaint Received: 07/13/2022

Date Investigation Completed: 10/03/2022

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PROGRAM SERVICES

SUBSTANTIATED

A12111

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Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: LSS BARRON AREA RESIDENTIAL TREATMENT (0016453)

Address: 806 29 1/2 AVE, BARRONETT, WI 54813

License Status: REGULAR

Licensed/Certified/Registered 02/01/2017 12:00:00AM

Regional Office: NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0146139 **End Date:** 03/26/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #OVVY12 Served 04/17/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.37(1)(k)	MEDICATION ERROR OR ADVERSE REACTION		

Survey ID: 0142250 **End Date:** 02/09/2023 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #OVVY11 Served 02/21/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(1)(a)	DEATHS: RESTRAINT, PSYCHOTROPIC MEDS, SUICIDE	3/26/24	Yes
83.28(4)(a)	RESIDENT HEALTH SCREENING AND DOCUMENTATION	3/26/24	Yes
83.35(5)(a)	INITIAL EVALUATION OF EVACUATION LIMITATIONS	3/26/24	Yes
83.37(1)(k)	MEDICATION ERROR OR ADVERSE REACTION	3/26/24	No

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Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

Community Based Residential Facility--CLASS AA (AMBULATORY)

83.38(1)(i)	BEHAVIOR MANAGEMENT	3/26/24	Yes
83.44(1)(c)	CLOTHES DRYERS ENCLOSED AND VENTED	3/26/24	Yes

Enforcement History (LSS BARRON AREA RESIDENTIAL TREATMENT--0016453)

Date: 02/21/2023 **SOD #**OVVY11 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

Community Based Residential Facility--CLASS AS (SEMIAMBULATORY)

Facility Information

Facility Name: AIN DAH ING INC (0017063)

Address: 2113 13 12 1/2 AVE, CAMERON, WI 54822

License Status: REGULAR

Licensed/Certified/Registered 03/16/2018 12:00:00AM

Regional Office: NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0145804 **End Date:** 03/05/2024 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

Community Based Residential Facility--CLASS CA (AMBULATORY)

Facility Information

Facility Name: HANSONS COUNTRY HOME (0018165)

Address: 1372 24 3/8 STREET, CAMERON, WI 54822

License Status: REGULAR

Licensed/Certified/Registered 07/20/2020 12:00:00AM

Regional Office: NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0135924 **End Date:** 04/02/2021 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey History

No survey activity during the period 3/28/21 to 3/27/24

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Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

Facility Information

Facility Name: INTEGRICARE CAMERON (0017730)

Address: 1372 24 3/8 ST, CAMERON, WI 54822

License Status: REGULAR

Licensed/Certified/Registered 01/01/2020 12:00:00AM

Regional Office: NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

No survey activity during the period 3/28/21 to 3/27/24

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Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: CHRISMARK HOME WOODARD ST (0018468)

Address: 251 WOODARD ST, CHETEK, WI 54728

License Status: REGULAR

Licensed/Certified/Registered 06/09/2021 12:00:00AM

Regional Office: NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0145786 **End Date:** 02/29/2024 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #K6UJ11 Served 03/04/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.38(1)(i)	BEHAVIOR MANAGEMENT		

Survey ID: 0136428 **End Date:** 06/01/2023 **Type:** INITIAL **Purpose:** DESK REVIEW

Results: LICENSE/CERT/REGISTRATION ISSUED

Survey ID: 0141732 **End Date:** 12/14/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (CHRISMARK HOME WOODARD ST--0018468)

Date: 03/04/2024 **SOD #**K6UJ11 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

Community Based Residential Facility--CLASS AA (AMBULATORY)

Complaint History (CHRISMARK HOME WOODARD ST--0018468)

Date Complaint Received: 10/07/2022

Date Investigation Completed: 12/14/2022

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: AURORA RES ALTERNATIVES INC 049 (510300)

Address: 1849 HWY 63, COMSTOCK, WI 54826

License Status: REGULAR

Licensed/Certified/Registered 01/01/1995 12:00:00AM

Regional Office: NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0137973 **End Date:** 12/14/2021 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (AURORA RES ALTERNATIVES INC 049--510300)

Date Complaint Received: 10/08/2021

Date Investigation Completed: 12/14/2021

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: CAMBRIDGE SENIOR LIVING (0017325)

Address: 820 BEAR PAW AVE, RICE LAKE, WI 54868

License Status: REGULAR

Licensed/Certified/Registered 03/01/2020 12:00:00AM

Regional Office: NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0145579 **End Date:** 01/02/2024 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #TCA214 Served 02/12/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.09(1)(f)	PRIVACY		
83.12(5)(a)	NOTIFICATION: INCIDENT, INJURY, CHANGES		
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES		

Survey ID: 0143479 **End Date:** 06/21/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #TCA213 Served 06/26/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	1/2/24	Yes

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Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0142903 **End Date: 02/28/2023** **Type: OTHER** **Purpose: COMPLAINT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #9M4F11 Served 04/26/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)(i)	RIGHTS OF RESIDENTS: PROMPT AND ADEQUATE TREATMENT	1/2/24	Yes

Survey ID: 0142630 **End Date: 01/06/2023** **Type: OTHER** **Purpose: COMPLAINT/VV**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #TCA212 Served 04/03/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.15(3)(a)	ADMINISTRATOR SHALL SUPERVISE DAILY OPERATION		
83.38(1)(g)	HEALTH MONITORING		

Survey ID: 0140743 **End Date: 08/24/2022** **Type: OTHER** **Purpose: COMPLAINT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #TCA211 Served 09/13/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)(i)	RIGHTS OF RESIDENTS: PROMPT AND ADEQUATE TREATMENT	1/6/23	Yes

Survey ID: 0138568 **End Date: 01/27/2022** **Type: OTHER** **Purpose: COMPLAINT/VV**

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0137358 **End Date:** 09/23/2021 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #3MMX11 Served 09/30/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	1/27/22	Yes
83.47(3)	FIRE INSPECTION	1/27/22	Yes

Survey ID: 0135983 **End Date:** 04/13/2021 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (CAMBRIDGE SENIOR LIVING--0017325)

Date: 01/02/2024	SOD # TCA214	Appealed:
<u>Sanctions</u> COMPLY WITH DEPARTMENT PLAN OF CORRECTION ORDER TO COMPLY FORFEITURE---83.12(5)(a)		
Date: 06/26/2023	SOD # TCA213	Appealed: No
<u>Sanctions</u> ORDER TO COMPLY		
Date: 04/26/2023	SOD # 9M4F11	Appealed:
<u>Sanctions</u> ORDER TO COMPLY FORFEITURE---83.32(3)(i)		
Date: 04/03/2023	SOD # TCA212	Appealed:
<u>Sanctions</u> COMPLY WITH DEPARTMENT PLAN OF CORRECTION ORDER TO COMPLY FORFEITURE---83.38(1)(g)		
Date: 09/13/2022	SOD # TCA211	Appealed: No
<u>Sanctions</u> ORDER TO COMPLY		
Date: 09/30/2021	SOD # 3MMX11	Appealed: No
<u>Sanctions</u> ORDER TO COMPLY		

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Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (CAMBRIDGE SENIOR LIVING--0017325)

Date Complaint Received: 10/23/2023

Date Investigation Completed: 01/02/2024

Subject Area(s)
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 05/03/2023

Date Investigation Completed: 06/21/2023

Subject Area(s)
ADMINISTRATION
PROGRAM SERVICES

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 04/12/2023

Date Investigation Completed: 06/21/2023

Subject Area(s)
RESIDENT RIGHTS

Result
SUBSTANTIATED

SOD #
TCA213

Date Complaint Received: 01/03/2023

Date Investigation Completed: 02/28/2023

Subject Area(s)
PROGRAM SERVICES

Result
SUBSTANTIATED

SOD #
9M4F11

Date Complaint Received: 12/27/2022

Date Investigation Completed: 02/28/2023

Subject Area(s)
PROGRAM SERVICES
PROGRAM SERVICES

Result
SUBSTANTIATED
SUBSTANTIATED

SOD #
9M4F11
9M4F11

Date Complaint Received: 10/10/2022

Date Investigation Completed: 01/06/2023

Subject Area(s)
RESIDENT RIGHTS
RESIDENT RIGHTS

Result
SUBSTANTIATED
SUBSTANTIATED

SOD #
TCA212
TCA212

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Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date Complaint Received: 07/29/2022

Date Investigation Completed: 08/24/2022

Subject Area(s)
PROGRAM SERVICES

Result SOD #
NOT SUBSTANTIATED

Date Complaint Received: 07/14/2022

Date Investigation Completed: 08/24/2022

Subject Area(s)
PROGRAM SERVICES
RESIDENT RIGHTS
STAFF TRAINING AND PROFICIENCY

Result SOD #
NOT SUBSTANTIATED
SUBSTANTIATED TCA211
NOT SUBSTANTIATED

Date Complaint Received: 11/03/2021

Date Investigation Completed: 01/27/2022

Subject Area(s)
RESIDENT RIGHTS
STAFF TRAINING AND PROFICIENCY
STAFF TRAINING AND PROFICIENCY

Result SOD #
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: CHRISMARK HOME JOHN STREET (0018303)

Address: 320 EAST JOHN STREET, RICE LAKE, WI 54868

License Status: REGULAR

Licensed/Certified/Registered 01/06/2021 12:00:00AM

Regional Office: NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

No survey activity during the period 3/28/21 to 3/27/24

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Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: CHRISMARK HOME LLC (0016735)

Address: 1627 KERN AVE, RICE LAKE, WI 54868

License Status: REGULAR

Licensed/Certified/Registered 06/23/2017 12:00:00AM

Regional Office: NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0143031 **End Date:** 05/09/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #NZ2511 Served 05/11/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	6/25/23	
83.28(4)(a)	RESIDENT HEALTH SCREENING AND DOCUMENTATION	6/25/23	

Survey ID: 0140440 **End Date:** 08/08/2022 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0138284 End Date: 01/12/2022 Type: OTHER Purpose: DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #74Q011 Served 01/13/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS	8/8/22	Yes

Enforcement History (CHRISMARK HOME LLC--0016735)

Date: 01/13/2022 SOD #74Q011 Appealed: No

Sanctions
ORDER TO COMPLY

Complaint History (CHRISMARK HOME LLC--0016735)

Date Complaint Received: 03/09/2023 Date Investigation Completed: 05/09/2023

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

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Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: CHRISMARK HOME MOULLETTE DRIVE (0018704)

Address: 525 MOULLETTE DRIVE, RICE LAKE, WI 54868

License Status: REGULAR

Licensed/Certified/Registered 12/13/2021 12:00:00AM

Regional Office: NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0138401 **End Date:** 12/13/2021 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: INTEGRICARE RICE LAKE (0017729)

Address: 315 E ST PATRICK ST, RICE LAKE, WI 54868

License Status: REGULAR

Licensed/Certified/Registered 01/01/2020 12:00:00AM

Regional Office: NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

No survey activity during the period 3/28/21 to 3/27/24

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Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: MAGNA HOUSE OF BARRON COUNTY LLC (0014442)

Address: 615 E SAWYER ST, RICE LAKE, WI 54868

License Status: REGULAR

Licensed/Certified/Registered 10/22/2013 12:00:00AM

Regional Office: NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0145806 **End Date:** 02/08/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #QCZ911 Served 03/06/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(2)(a)	CAREGIVER: INVESTIGATING ABUSE AND NEGLECT		
83.19	ORIENTATION		
83.26(1)	DOCUMENTATION OF REQUIRED EMPLOYEE TRAINING		

Survey ID: 0140606 **End Date:** 08/24/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

Community Based Residential Facility--CLASS AA (AMBULATORY)

Survey ID: 0139890 End Date: 04/25/2022 Type: OTHER Purpose: VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #F06O12 Served 06/21/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	8/24/22	Yes

Survey ID: 0138799 End Date: 10/13/2021 Type: OTHER Purpose: SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #F06O11 Served 02/23/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(4)(a)	REPORTING WHEN RESIDENT'S WHEREABOUTS UNKNOWN	4/25/22	Yes
83.35(1)(a)	PRE-ADMISSION AND ONGOING ASSESSMENTS	4/25/22	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	4/25/22	No
83.38(1)(b)	SUPERVISION	4/25/22	Yes

Survey ID: 0136815 End Date: 07/20/2021 Type: OTHER Purpose: VERIFICATION VISIT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #ES7Y14 Served 07/23/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(2)	TEMPORARY SERVICE PLAN	9/5/21	

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Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

Community Based Residential Facility--CLASS AA (AMBULATORY)

Survey ID: 0136199 End Date: 04/14/2021 Type: OTHER Purpose: SELF REPORT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #ES7Y13 Served 05/11/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(5)(b)	NOTIFICATION: ABUSE AND NEGLECT ALLEGATIONS	7/20/21	Yes
83.32(3)(d)	RIGHTS OF RESIDENTS: FREE OF MISTREATMENT	7/20/21	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	7/20/21	Yes
83.37(2)(c)	MEDICATION ADMINISTRATION NOT SUPERVISED	7/20/21	Yes
83.38(1)(b)	SUPERVISION	7/20/21	Yes

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Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

Community Based Residential Facility--CLASS AA (AMBULATORY)

Enforcement History (MAGNA HOUSE OF BARRON COUNTY LLC--0014442)

Date: 03/06/2024 **SOD #**QCZ911 **Appealed:** **Decision:** PENDING

Sanctions

ORDER TO COMPLY
FORFEITURE---83.19

Date: 06/20/2022 **SOD #**F06O12 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.35(3)(d)

Date: 02/23/2022 **SOD #**F06O11 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
NO NEW ADMISSIONS
ORDER TO COMPLY
FORFEITURE---83.12(4)(a)
FORFEITURE---83.35(1)(a)
FORFEITURE---83.35(3)(d)
FORFEITURE---83.38(1)(b)

Date: 05/11/2021 **SOD #**ES7Y13 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
ORDER TO COMPLY
FORFEITURE---83.32(3)(d)
FORFEITURE---83.35(3)(d)

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Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

Community Based Residential Facility--CLASS AA (AMBULATORY)

Complaint History (MAGNA HOUSE OF BARRON COUNTY LLC--0014442)

Date Complaint Received: 01/04/2024

Date Investigation Completed: 02/08/2024

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

QCZ911

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Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: NEW BEGINNINGS OF BARRON COUNTY INC (0009905)

Address: 4 CORNELL AVENUE, RICE LAKE, WI 54868

License Status: REGULAR

Licensed/Certified/Registered 07/01/2003 12:00:00AM

Regional Office: NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

No survey activity during the period 3/28/21 to 3/27/24

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Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: NORTHWOOD GABLES (0018291)

Address: 1464 21ST AVENUE, RICE LAKE, WI 54868

License Status: REGULAR

Licensed/Certified/Registered 01/22/2021 12:00:00AM

Regional Office: NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0143299 **End Date:** 04/04/2023 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #Z52712 Served 06/08/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(2)	TEMPORARY SERVICE PLAN		
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES		

Survey ID: 0139508 **End Date:** 02/22/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #Z52711 Served 05/10/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	4/4/23	Yes
83.38(1)(b)	SUPERVISION	4/4/23	Yes

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Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

Community Based Residential Facility--CLASS AA (AMBULATORY)

Enforcement History (NORTHWOOD GABLES--0018291)

Date: 06/08/2023 **SOD #**Z52712 **Appealed:** **Decision:** PENDING

Sanctions

ORDER TO COMPLY
FORFEITURE---83.35(3)(d)

Date: 05/10/2022 **SOD #**Z52711 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.35(3)(d)
FORFEITURE---83.38(1)(b)

Complaint History (NORTHWOOD GABLES--0018291)

Date Complaint Received: 10/21/2021 **Date Investigation Completed:** 02/22/2022

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
RESIDENT RIGHTS	SUBSTANTIATED	Z52711

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Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: OUR HOUSE RICE LAKE ASSISTED CARE (0013421)
Address: 415 E SOUTH ST, RICE LAKE, WI 54868
License Status: REGULAR
Licensed/Certified/Registered 10/01/2011 12:00:00AM
Regional Office: NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0143169 **End Date:** 05/18/2023 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141003 **End Date:** 07/12/2022 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #GGJV11 Served 10/12/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.41(3)(b)	FOOD SAFETY	5/18/23	Yes
83.44(2)(b)	TOILET AND BATHING AREA	5/18/23	Yes
83.46(1)(f)	COMBUSTIBLES	5/18/23	Yes

Enforcement History (OUR HOUSE RICE LAKE ASSISTED CARE--0013421)

Date: 10/12/2022 **SOD #**GGJV11 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.46(1)(f)

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Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (OUR HOUSE RICE LAKE ASSISTED CARE--0013421)

Date Complaint Received: 04/17/2023

Date Investigation Completed: 05/18/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 06/10/2022

Date Investigation Completed: 07/12/2022

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PHYSICAL ENVIRONMENT/SAFETY

SUBSTANTIATED

GGJV11

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: OUR HOUSE RICE LAKE MEMORY CARE (0013426)
Address: 413 E SOUTH ST, RICE LAKE, WI 54868
License Status: REGULAR
Licensed/Certified/Registered 10/01/2011 12:00:00AM
Regional Office: NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0143172	End Date: 05/15/2023	Type: STANDARD	Purpose: SURVEY/COMPLAINT/SELF REPORT
Results: NO STATEMENT OF DEFICIENCY ISSUED			
Survey ID: 0139111	End Date: 03/23/2022	Type: OTHER	Purpose: COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED			
Survey ID: 0138524	End Date: 01/27/2022	Type: OTHER	Purpose: COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED			
Survey ID: 0137528	End Date: 10/13/2021	Type: OTHER	Purpose: COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED			
Survey ID: 0136819	End Date: 07/20/2021	Type: OTHER	Purpose: VERIFICATION VISIT
Results: NO STATEMENT OF DEFICIENCY ISSUED			

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Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0136356 **End Date: 05/18/2021** **Type: ABBREVIATED** **Purpose: SURVEY/COMPLAINT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #0U6D11 Served 05/28/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(3)(a)	INVESTIGATE INJURIES OF UNKNOWN SOURCE	7/20/21	Yes
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	7/20/21	Yes
83.35(3)(c)	IMPLEMENT, FOLLOW THE INDIVIDUAL SERVICE PLAN	7/20/21	Yes
83.47(3)	FIRE INSPECTION	6/16/21	Withdrawn

Enforcement History (OUR HOUSE RICE LAKE MEMORY CARE--0013426)

Date: 05/28/2021 **SOD #0U6D11** **Appealed: Yes** **Decision: STIPULATION**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.17(2)(a)
FORFEITURE---83.35(3)(c)

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Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (OUR HOUSE RICE LAKE MEMORY CARE--0013426)

Date Complaint Received: 03/17/2023

Date Investigation Completed: 05/15/2023

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 03/01/2022

Date Investigation Completed: 03/23/2022

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

Date Complaint Received: 02/09/2022

Date Investigation Completed: 03/23/2022

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 12/08/2021

Date Investigation Completed: 01/27/2022

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 08/23/2021

Date Investigation Completed: 10/13/2021

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 08/19/2021

Date Investigation Completed: 10/13/2021

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: VISTA PRAIRIE AT BRENTWOOD (0018417)

Address: 633 CAMERON ROAD, RICE LAKE, WI 54868

License Status: REGULAR

Licensed/Certified/Registered 03/01/2022 12:00:00AM

Regional Office: NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0145045 **End Date:** 12/12/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0143093 **End Date:** 05/16/2023 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0142624 **End Date:** 03/23/2023 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #J55713 Served 04/03/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.12(4)(c)	REPORTING INCIDENTS WITH SERIOUS INJURY	12/12/23	Yes
83.32(3)(j)	RIGHTS OF RESIDENTS: TREATMENT OPTIONS	12/12/23	Yes
83.32(3)(k)	RIGHTS OF RESIDENTS: SELF-DETERMINATION	12/12/23	Yes

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Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0141756 End Date: 11/08/2022 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #CJ6Q11 Served 01/13/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.17(1)	LICENSEE CONDUCT CAREGIVER BACKGROUND CHECK	5/16/23	Yes
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	5/16/23	Yes

Survey ID: 0140861 End Date: 06/16/2022 Type: STANDARD Purpose: VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #J55712 Served 09/28/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	3/23/23	Yes
83.21(1)-(3)	ALL EMPLOYEE TRAINING	3/23/23	Yes
83.22(1)-(4)	TASK SPECIFIC TRAINING	3/23/23	Yes
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	3/23/23	Yes

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Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0138965 **End Date:** 12/14/2021 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #J55711 Served 03/16/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	6/16/22	Yes
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	6/16/22	Yes
83.26(2)	ORIENTATION, CONTINUING EDUCATION DOCUMENTED	6/16/22	Yes
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	6/16/22	Yes
83.59(1)(g)	PROPER EXIT LOCATIONS, SIDEWALKS, DRIVEWAYS	6/16/22	Yes

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Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (VISTA PRAIRIE AT BRENTWOOD--0018417)

Date: 03/31/2023 **SOD #**J55713 **Appealed:** No

Sanctions
ORDER TO COMPLY

Date: 01/13/2023 **SOD #**CJ6Q11 **Appealed:** No

Sanctions
ORDER TO COMPLY

Date: 09/28/2022 **SOD #**J55712 **Appealed:**

Sanctions
ORDER TO COMPLY
FORFEITURE---83.17(2)(a)
FORFEITURE---83.21(1)-(3)
FORFEITURE---83.22(1)-(4)
FORFEITURE---83.32(3)(h)

Date: 03/16/2022 **SOD #**J55711 **Appealed:**

Sanctions
ORDER TO COMPLY
FORFEITURE---83.20(2)(a)-(d)
FORFEITURE---reassessed d/t bounced ck #20541

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Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (VISTA PRAIRIE AT BRENTWOOD--0018417)

Date Complaint Received: 01/24/2024

Date Investigation Completed: 04/04/2024

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

CLUL11

Date Complaint Received: 10/06/2023

Date Investigation Completed: 12/12/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 05/15/2023

Date Investigation Completed: 05/16/2023

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 03/21/2023

Date Investigation Completed: 05/16/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 01/09/2023

Date Investigation Completed: 03/23/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

J55713

Date Complaint Received: 12/28/2022

Date Investigation Completed: 03/23/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

J55713

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Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date Complaint Received: 08/12/2022

Date Investigation Completed: 11/08/2022

Subject Area(s)

ADMINISTRATION
STAFF TRAINING AND PROFICIENCY

Result

SUBSTANTIATED
SUBSTANTIATED

SOD #

CJ6Q11
CJ6Q11

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Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: VITACARE LIVING - RICE LAKE I (0018761)
Address: 1631 KERN AVE, RICE LAKE, WI 54868
License Status: REGULAR
Licensed/Certified/Registered 02/01/2023 12:00:00AM
Regional Office: NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0143025 **End Date:** 05/09/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #3ITR11 Served 05/11/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)(b)	RIGHTS OF RESIDENTS: CONFIDENTIALITY		

Survey ID: 0142850 **End Date:** 04/18/2023 **Type:** STANDARD **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141776 **End Date:** 01/05/2023 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0141116 **End Date:** 08/17/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #9C5111 Served 10/25/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(2)(a)	CAREGIVER: INVESTIGATING ABUSE AND NEGLECT	1/5/23	Yes
83.12(4)(b)	REPORTING WHEN LAW ENFORCEMENT IS CALLED	1/9/23	Yes
83.15(3)(a)	ADMINISTRATOR SHALL SUPERVISE DAILY OPERATION	1/9/23	Yes
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	1/9/23	Yes
83.19	ORIENTATION	1/5/23	Yes
83.21(1)-(3)	ALL EMPLOYEE TRAINING	1/5/23	Yes
83.22(1)-(4)	TASK SPECIFIC TRAINING	1/5/23	Yes
83.28(3)	PROVIDE ADMISSION AGREEMENT AS REQUIRED	1/5/23	Yes
83.28(5)	TEMPORARY SERVICE PLAN	1/5/23	Yes
83.32(3)(b)	RIGHTS OF RESIDENTS: CONFIDENTIALITY	1/9/23	Yes
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN	1/5/23	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	1/5/23	Yes
83.35(5)(b)	ANNUAL EVALUATION OF EVACUATION LIMITS	1/5/23	Yes
83.36(1)(a)	ADEQUATE STAFF TO MEET RESIDENT NEEDS	1/9/23	Yes
83.42(1)	RESIDENT RECORD MAINTAINED	1/5/23	Yes
83.45(3)	TOXIC SUBSTANCES	1/5/23	Yes

Survey ID: 0138070 **End Date:** 12/08/2021 **Type:** INITIAL **Purpose:** CHOW--DESK REVIEW

Results: PROBATIONARY LICENSE ISSUED

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Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (VITACARE LIVING - RICE LAKE I--0018761)

Date: 05/11/2023 **SOD #**3ITR11 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 10/25/2022 **SOD #**9C5111 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

NO NEW ADMISSIONS

ORDER TO COMPLY

FORFEITURE---83.12(2)(a)

FORFEITURE---83.12(4)(b)

FORFEITURE---83.19

FORFEITURE---83.21(1)-(3)

FORFEITURE---83.22(1)-(4)

FORFEITURE---83.28(5)

FORFEITURE---83.35(3)(a)

FORFEITURE---83.35(3)(d)

FORFEITURE---83.36(1)(a)

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Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (VITACARE LIVING - RICE LAKE I--0018761)

Date Complaint Received: 04/03/2023

Date Investigation Completed: 05/09/2023

Subject Area(s)
RESIDENT RIGHTS

Result
SUBSTANTIATED

SOD #
3ITR11

Date Complaint Received: 01/19/2023

Date Investigation Completed: 04/18/2023

Subject Area(s)
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 11/22/2022

Date Investigation Completed: 01/05/2023

Subject Area(s)
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 10/25/2022

Date Investigation Completed: 01/05/2023

Subject Area(s)
STAFF TRAINING AND PROFICIENCY

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 04/06/2022

Date Investigation Completed: 08/17/2022

Subject Area(s)
ADMINISTRATION
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED
SUBSTANTIATED

SOD #
9C5111

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Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: VITACARE LIVING - RICE LAKE II (0018753)
Address: 1639 KERN AVE, RICE LAKE, WI 54868
License Status: REGULAR
Licensed/Certified/Registered 02/01/2023 12:00:00AM
Regional Office: NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0141887 **End Date:** 01/17/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: LICENSE/CERT/REGISTRATION ISSUED

Survey ID: 0141448 **End Date:** 11/21/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #UB0611 Served 11/29/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	1/17/23	Yes
83.19	ORIENTATION	1/17/23	Yes
83.21(1)-(3)	ALL EMPLOYEE TRAINING	1/17/23	Yes
83.22(1)-(4)	TASK SPECIFIC TRAINING	1/17/23	Yes
83.35(1)(a)	PRE-ADMISSION AND ONGOING ASSESSMENTS	1/17/23	Yes
83.35(2)	TEMPORARY SERVICE PLAN	1/17/23	Yes
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN	1/17/23	Yes
83.37(1)(b)	MEDICATION LABEL PERMANENTLY ATTACHED	1/17/23	Yes

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Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

83.37(1)(g)

DISPOSITION OF MEDICATIONS

1/17/23

Yes

Survey ID: 0138051 End Date: 12/08/2021 Type: INITIAL Purpose: CHOW--DESK REVIEW

Results: PROBATIONARY LICENSE ISSUED

Enforcement History (VITACARE LIVING - RICE LAKE II--0018753)

Date: 11/29/2022 SOD #UB0611 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
ORDER TO COMPLY
FORFEITURE---83.19
FORFEITURE---83.21(1)-(3)
FORFEITURE---83.22(1)-(4)

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Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: WOODSTONE SENIOR LIVING CBRF (0012947)

Address: 950 BEAR PAW AVENUE, RICE LAKE, WI 54868

License Status: REGULAR

Licensed/Certified/Registered 09/28/2010 12:00:00AM

Regional Office: NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0145163 **End Date:** 12/27/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #N5VF11 Served 01/05/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.44(1)(c)	CLOTHES DRYERS ENCLOSED AND VENTED	2/17/24	

Survey ID: 0140153 **End Date:** 07/12/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139329 **End Date:** 01/24/2022 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #1ZP217 Served 04/22/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.39(1)	INFECTION CONTROL PROGRAM	7/12/22	Yes

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Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0137311 **End Date: 09/27/2021** **Type: OTHER** **Purpose: DESK REVIEW**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0137818 **End Date: 09/09/2021** **Type: OTHER** **Purpose: VERIFICATION VISIT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #1ZP216 Served 11/22/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS	1/24/22	Yes
83.39(1)	INFECTION CONTROL PROGRAM	1/24/22	No

Survey ID: 0137155 **End Date: 08/30/2021** **Type: OTHER** **Purpose: DESK REVIEW**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #VQ1H11 Served 09/02/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS	9/27/21	Yes

Survey ID: 0136642 **End Date: 06/02/2021** **Type: OTHER** **Purpose: VERIFICATION VISIT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #1ZP215 Served 06/30/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.41(3)(a)	FOOD SERVICE SANITATION	9/9/21	Yes

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Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (WOODSTONE SENIOR LIVING CBRF--0012947)

Date: 04/22/2022 **SOD #**1ZP217 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.39(1)

Date: 11/22/2021 **SOD #**1ZP216 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.14(2)(a)
FORFEITURE---83.39(1)

Date: 09/02/2021 **SOD #**VQ1H11 **Appealed:**

Sanctions

ORDER TO COMPLY
ACCRUING FORFEITURE

Date: 06/30/2021 **SOD #**1ZP215 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.41(3)(a)

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Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date: 04/06/2021

SOD #1ZP214

Appealed:

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

NO NEW ADMISSIONS

ORDER TO COMPLY

FORFEITURE---83.12(2)(b)

FORFEITURE---83.12(5)(b)

FORFEITURE---83.14(2)(j)

FORFEITURE---83.15(3)(a)

FORFEITURE---83.17(1)

FORFEITURE---83.20(2)(a)-(d)

FORFEITURE---83.21(1)-(3)

FORFEITURE---83.25

FORFEITURE---83.35(3)(d)

FORFEITURE---83.47(2)(d)

FORFEITURE---83.47(2)(e)

FORFEITURE---83.47(3)

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Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (WOODSTONE SENIOR LIVING CBRF--0012947)

Date Complaint Received: 12/07/2023

Date Investigation Completed: 12/27/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 11/27/2023

Date Investigation Completed: 12/27/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 10/19/2023

Date Investigation Completed: 12/27/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 01/12/2022

Date Investigation Completed: 01/24/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

1ZP217

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Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024
Residential Care Apartment Complex (CERTIFIED)

Facility Information

Facility Name: DOVE HEALTHCARE BARRON ASSISTED LIVING (0015804)

Address: 1333 MEMORIAL DRIVE, BARRON, WI 54812

License Status: REGULAR

Licensed/Certified/Registered 10/01/2015 12:00:00AM

Regional Office: NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0143961 **End Date:** 08/17/2023 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024
Residential Care Apartment Complex (CERTIFIED)

Facility Information

Facility Name: MEADOWBROOK AT CHETEK (0017942)

Address: 708 TAINTER STREET, CHETEK, WI 54728

License Status: REGULAR

Licensed/Certified/Registered 12/01/2019 12:00:00AM

Regional Office: NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

No survey activity during the period 3/28/21 to 3/27/24

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Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

Residential Care Apartment Complex (CERTIFIED)

Facility Information

Facility Name: VISTA PRAIRIE AT BRENTWOOD (0018418)

Address: 633 Cameron Road, Rice Lake, WI 54868

License Status: REGULAR

Licensed/Certified/Registered 03/11/2021 12:00:00AM

Regional Office: NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0145067 **End Date:** 12/12/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0143092 **End Date:** 05/16/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0142019 **End Date:** 11/14/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #TX3311 Served 02/03/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
50.065(2)(b)intro	ENTITY BACKGROUND CHECK REQUIREMENTS	5/16/23	Yes
89.23(4)(d)1	SERVICES	5/16/23	Yes
89.34(16)	TENANT RIGHTS	5/16/23	Yes

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Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024
Residential Care Apartment Complex (CERTIFIED)

Enforcement History (VISTA PRAIRIE AT BRENTWOOD--0018418)

Date: 02/03/2023 **SOD #**TX3311 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---89.23(4)(d)1

Complaint History (VISTA PRAIRIE AT BRENTWOOD--0018418)

Date Complaint Received: 10/06/2023

Date Investigation Completed: 12/12/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 08/12/2022

Date Investigation Completed: 11/14/2022

Subject Area(s)

Result

SOD #

ADMINISTRATION

SUBSTANTIATED

TX3311

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Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024
Residential Care Apartment Complex (CERTIFIED)

Facility Information

Facility Name: WOODSTONE SENIOR LIVING RCAC (0012946)
Address: 950 BEAR PAW AVENUE, RICE LAKE, WI 54868
License Status: REGULAR
Licensed/Certified/Registered 09/01/2009 12:00:00AM
Regional Office: NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0137413 **End Date:** 09/27/2021 **Type:** OTHER **Purpose:** DESK REVIEW
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0137153 **End Date:** 08/30/2021 **Type:** OTHER **Purpose:** DESK REVIEW
Results: ENFORCEMENT ACTION

Statement of Deficiency: #B8G411 Served 09/02/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.034(10)	INSPECTION FEE	9/27/21	Yes

Survey ID: 0136406 **End Date:** 06/02/2021 **Type:** OTHER **Purpose:** VERIFICATION VISIT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (WOODSTONE SENIOR LIVING RCAC--0012946)

Date: 09/02/2021 **SOD #**B8G411 **Appealed:**

Sanctions
ORDER TO COMPLY
ACCRUING FORFEITURE

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