

## Provider Inspection Summary

For the period 03/31/2021 to 03/30/2024

Chippewa

### Notes

**This report includes Provider Inspection Summaries (Facility Profiles) for Residential Care Apartment Complexes in Chippewa County.**

**The report is a PDF (Adobe Acrobat) document and includes a total of 10.00 pages. If you wish to read the profile for a particular facility without scrolling through the rest of the document, use the Search feature in the Acrobat Reader to specify part of the name of the facility you wish to review.**

**If you wish to print the profile for a particular facility, be sure to send only the desired pages to your computer printer.**

**Otherwise you will be printing all pages in the document.**

## Provider Inspection Summary

For the period 03/31/2021 to 03/30/2024  
Residential Care Apartment Complex (CERTIFIED)

### Facility Information

**Facility Name:** DOVE HEALTHCARE BLOOMER ASSISTED LIVING (0019134)

**Address:** 2207 DUNCAN RD, BLOOMER, WI 54724

**License Status:** REGULAR

**Licensed/Certified/Registered** 09/26/2022 12:00:00AM

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

### Survey History

**Survey ID:** 0141019    **End Date:** 09/26/2022    **Type:** INITIAL    **Purpose:** SURVEY

**Results:** LICENSE/CERT/REGISTRATION ISSUED

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## Provider Inspection Summary

For the period 03/31/2021 to 03/30/2024  
Residential Care Apartment Complex (CERTIFIED)

### Facility Information

**Facility Name:** MEADOWBROOK AT BLOOMER (0017938)  
**Address:** 1900 PRIDDY STREET, BLOOMER, WI 54724  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 12/01/2019 12:00:00AM  
**Regional Office:** NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

### Survey History

**Survey ID:** 0144704    **End Date:** 10/26/2023    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #0QM511    Served 11/02/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
441.301(c)(4)(iii)	ENSURES RIGHT TO PRIVACY, RESPECT, FREEDOM	12/17/23	
89.33	TENANT RIGHTS	12/17/23	

**Survey ID:** 0141025    **End Date:** 10/11/2022    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0140879    **End Date:** 09/26/2022    **Type:** OTHER    **Purpose:** DESK REVIEW

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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### Provider Inspection Summary

For the period 03/31/2021 to 03/30/2024

Residential Care Apartment Complex (CERTIFIED)

**Survey ID: 0140300**    **End Date: 07/19/2022**    **Type: OTHER**    **Purpose: DESK REVIEW**

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #CRS111    Served 07/28/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.034(10)	INSPECTION FEE	9/26/22	Yes

**Survey ID: 0138535**    **End Date: 01/27/2022**    **Type: STANDARD**    **Purpose: SURVEY/COMPLAINT/VV**

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID: 0138265**    **End Date: 01/06/2022**    **Type: OTHER**    **Purpose: DESK REVIEW**

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #WWMA11

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
89.23(4)(b)1	SERVICES		

#### Enforcement History (MEADOWBROOK AT BLOOMER--0017938)

**Date: 07/28/2022**    **SOD #CRS111**    **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY

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## Provider Inspection Summary

For the period 03/31/2021 to 03/30/2024

Residential Care Apartment Complex (CERTIFIED)

### Complaint History (MEADOWBROOK AT BLOOMER--0017938)

**Date Complaint Received: 10/16/2023**

**Date Investigation Completed: 10/26/2023**

Subject Area(s)

Result

SOD #

ADMINISTRATION  
PHYSICAL ENVIRONMENT/SAFETY  
PROGRAM SERVICES  
RESIDENT RIGHTS  
STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

**Date Complaint Received: 08/14/2023**

**Date Investigation Completed: 10/26/2023**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

**Date Complaint Received: 09/26/2022**

**Date Investigation Completed: 10/11/2022**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES  
RESIDENT RIGHTS

NOT SUBSTANTIATED  
NOT SUBSTANTIATED

**Date Complaint Received: 08/03/2022**

**Date Investigation Completed: 10/11/2022**

Subject Area(s)

Result

SOD #

ADMINISTRATION  
PHYSICAL ENVIRONMENT/SAFETY  
PROGRAM SERVICES

NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

**Date Complaint Received: 12/01/2021**

**Date Investigation Completed: 01/27/2022**

Subject Area(s)

Result

SOD #

ADMINISTRATION  
PROGRAM SERVICES

NOT SUBSTANTIATED  
NOT SUBSTANTIATED

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## Provider Inspection Summary

For the period 03/31/2021 to 03/30/2024  
Residential Care Apartment Complex (REGISTERED)

### Facility Information

**Facility Name:** CHIPPEWA MANOR LIVING SERVICES CORPORATION (0010254)

**Address:** 756 IRVINE STREET, CHIPPEWA FALLS, WI 54729

**License Status:** REGULAR

**Licensed/Certified/Registered** 06/20/1997 12:00:00AM

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

### Survey History

No survey activity during the period 3/31/21 to 3/30/24

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### Provider Inspection Summary

For the period 03/31/2021 to 03/30/2024

Residential Care Apartment Complex (CERTIFIED)

#### Facility Information

**Facility Name:** COMFORTS OF HOME CHIPPEWA FALLS RCAC (0011498)

**Address:** 1224 PUMPHOUSE RD, CHIPPEWA FALLS, WI 54729

**License Status:** REGULAR

**Licensed/Certified/Registered** 07/01/2006 12:00:00AM

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

#### Survey History

**Survey ID:** 0139193    **End Date:** 04/07/2022    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0138616    **End Date:** 01/21/2022    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #BJCR11    Served 02/04/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
89.34(3)	TENANT RIGHTS	4/7/22	Yes

#### Enforcement History (COMFORTS OF HOME CHIPPEWA FALLS RCAC--0011498)

**Date:** 02/04/2022    **SOD #**BJCR11    **Appealed:** No

Sanctions

ORDER TO COMPLY

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## Provider Inspection Summary

For the period 03/31/2021 to 03/30/2024  
Residential Care Apartment Complex (REGISTERED)

### Facility Information

**Facility Name:** LakeHouse Chippewa Falls (0019860)

**Address:** 2801 County Highway I, Chippewa Falls, WI 54729

**License Status:** REGULAR

**Licensed/Certified/Registered** 04/25/2024 12:00:00AM

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

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### Provider Inspection Summary

For the period 03/31/2021 to 03/30/2024  
Residential Care Apartment Complex (CERTIFIED)

#### Facility Information

**Facility Name:** HOMEPLACE OF STANLEY LLC (THE) (0011165)  
**Address:** 225 E FOURTH AVE, STANLEY, WI 54768  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 11/04/2005 12:00:00AM  
**Regional Office:** NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

#### Survey History

**Survey ID:** 0145667    **End Date:** 01/25/2024    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #3FIL12    Served 02/20/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
89.34(17)	TENANT RIGHTS		

**Survey ID:** 0143832    **End Date:** 07/28/2023    **Type:** ABBREVIATED    **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #3FIL11    Served 08/03/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
89.34(17)	TENANT RIGHTS	1/25/24	No

**Survey ID:** 0136701    **End Date:** 06/30/2021    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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### Provider Inspection Summary

For the period 03/31/2021 to 03/30/2024

Residential Care Apartment Complex (CERTIFIED)

Survey ID: 0136077    End Date: 04/16/2021    Type: OTHER    Purpose: COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

#### Enforcement History (HOMEPLACE OF STANLEY LLC (THE)--0011165)

Date: 02/20/2024    SOD #3FIL12    Appealed:    Decision: PENDING

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY  
FORFEITURE---89.34(17)

Date: 08/03/2023    SOD #3FIL11    Appealed: No

Sanctions

ORDER TO COMPLY

#### Complaint History (HOMEPLACE OF STANLEY LLC (THE)--0011165)

Date Complaint Received: 06/27/2023    Date Investigation Completed: 07/28/2023

Subject Area(s)    Result    SOD #  
PROGRAM SERVICES    NOT SUBSTANTIATED

Date Complaint Received: 06/18/2023    Date Investigation Completed: 07/28/2023

Subject Area(s)    Result    SOD #  
PROGRAM SERVICES    NOT SUBSTANTIATED

Date Complaint Received: 06/24/2021    Date Investigation Completed: 06/30/2021

Subject Area(s)    Result    SOD #  
PROGRAM SERVICES    NOT SUBSTANTIATED

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