

## Provider Inspection Summary

For the period 5/16/2020 to 5/16/2023

### Notes

**This report includes Provider Inspection Summaries (Facility Profiles) for Assisted Living Facilities in Columbia County.**

**The report is a PDF (Adobe Acrobat) document and includes a total of 80.00 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 5/16/2020 to 5/16/2023

Adult Family Home

### Facility Information

**Facility Name:** MENDOTA ASSISTED LIVING (0017523)

**Address:** 115 STRANGWAY AVE, LODI, WI 53555

**License Status:** REGULAR

**Licensed/Certified/Registered** 4/16/2019 12:00:00AM

**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

### Survey History

**Survey ID:** 0142837    **End Date:** 3/16/2023    **Type:** STANDARD    **Purpose:** SURVEY/VV

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #Z64513    Served 4/19/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(g)1	HEALTH SCREENING FOR STAFF		
88.05(3)(a)	HOME ENVIRONMENT		
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION		
88.06(2)(a)	ADMISSION-HEALTH EXAM		
88.07(3)(a)	PRESCRIPTION MEDICATIONS		

**Survey ID:** 0141593    **End Date:** 9/6/2022    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #Z64512    Served 12/13/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(a)	HOME ENVIRONMENT		

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## Provider Inspection Summary

For the period 5/16/2020 to 5/16/2023

Adult Family Home

**Survey ID:** 0136639    **End Date:** 6/17/2021    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #Z64511    Served 7/2/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(a)	HOME ENVIRONMENT	9/6/22	No
88.07(4)(c)	FOOD PREPARED AND STORED SANITARY WAY	9/6/22	Yes

### Enforcement History (MENDOTA ASSISTED LIVING--0017523)

**Date:** 4/19/2023    **SOD #**Z64513    **Appealed:** No

Sanctions

ORDER TO COMPLY

**Date:** 12/13/2022    **SOD #**Z64512    **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY

**Date:** 6/30/2021    **SOD #**Z64511    **Appealed:** No

Sanctions

ORDER TO COMPLY

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## Provider Inspection Summary

For the period 5/16/2020 to 5/16/2023

Adult Family Home

STATE OF WISCONSIN

Bureau of Assisted Living

P.O. Box 7940

Madison WI 53707-7940

### Facility Information

**Facility Name:** INFINITE ABILITY INC (DBA: Little Koepp) (0012965)

**Address:** N3480 KOEPP RD, MERRIMAC, WI 53561

**License Status:** REGULAR

**Licensed/Certified/Registered** 10/14/2009 12:00:00AM

**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

### Survey History

**Survey ID:** 0137003      **End Date:** 8/5/2021      **Type:** ABBREVIATED      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 5/16/2020 to 5/16/2023

Adult Family Home

### Facility Information

**Facility Name:** INFINITE ABILITY KRISTEN (0010830)

**Address:** W7353 KRISTEN DR, PARDEEVILLE, WI 53954

**License Status:** REGULAR

**Licensed/Certified/Registered** 3/1/2005 12:00:00AM

**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

### Survey History

**Survey ID:** 0138988    **End Date:** 2/14/2022    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #GMRK12    Served 3/17/2022

Deficiencies Cited  
88.05(3)(e)1

Subject Area  
HEATING SYSTEM REQUIREMENTS

Compliance  
Verified  
5/1/22

Corrected  
Yes

**Survey ID:** 0137834    **End Date:** 8/23/2021    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #GMRK11

Deficiencies Cited  
88.04(5)(a)  
88.05(4)(b)1  
88.05(4)(b)2  
  
88.10(3)(l)

Subject Area  
TRAINING-15 HOURS WITHIN 6 MONTHS  
FIRE SAFETY-SMOKE DETECTORS  
SMOKE DETECTORS-TESTING AND  
MAINTENANCE  
SAFE PHYSICAL ENVIRONMENT

Compliance  
Verified

Corrected

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## Provider Inspection Summary

For the period 5/16/2020 to 5/16/2023

Adult Family Home

STATE OF WISCONSIN

Bureau of Assisted Living

P.O. Box 7940

Madison WI 53707-7940

### Enforcement History (INFINITE ABILITY KRISTEN--0010830)

Date: 3/17/2022

SOD #GMRK12

Appealed: No

Sanctions

ORDER TO COMPLY

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## Provider Inspection Summary

For the period 5/16/2020 to 5/16/2023

Adult Family Home

### Facility Information

**Facility Name:** INFINITE ABILITY INC II (0010619)

**Address:** W9141 THUNDERBIRD RD, PORTAGE, WI 53901

**License Status:** REGULAR

**Licensed/Certified/Registered** 7/1/2004 12:00:00AM

**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

### Survey History

**Survey ID:** 0140354    **End Date:** 7/27/2021    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #6WKR11    Served 8/3/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u> <u>Verified</u>	<u>Corrected</u>
88.10(3)(i)	CHOICE OF PROVIDERS	9/17/22	Yes

### Enforcement History (INFINITE ABILITY INC II--0010619)

**Date:** 8/3/2022    **SOD #**6WKR11    **Appealed:** No

Sanctions

ORDER TO COMPLY

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## Provider Inspection Summary

For the period 5/16/2020 to 5/16/2023

Adult Family Home

### Facility Information

**Facility Name:** INFINITE ABILITY INC (0010022)

**Address:** W9188 REHDANTZ RD, PORTAGE, WI 53901

**License Status:** REGULAR

**Licensed/Certified/Registered** 6/2/2003 12:00:00AM

**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

### Survey History

**Survey ID:** 0142816      **End Date:** 4/6/2023      **Type:** STANDARD      **Purpose:** SURVEY/COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0139903      **End Date:** 6/9/2022      **Type:** OTHER      **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0137900      **End Date:** 8/11/2021      **Type:** OTHER      **Purpose:** VERIFICATION VISIT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #1WK812      Served 1/11/2022

Deficiencies Cited  
88.05(3)(a)

Subject Area  
HOME ENVIRONMENT

Compliance  
Verified  
6/9/22

Corrected  
Yes

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## Provider Inspection Summary

For the period 5/16/2020 to 5/16/2023

Adult Family Home

**Survey ID:** 0136424    **End Date:** 5/25/2021    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #1WK811    Served 6/16/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY	8/9/21	Yes
88.05(3)(a)	HOME ENVIRONMENT	8/9/21	No

### Enforcement History (INFINITE ABILITY INC--0010022)

**Date:** 1/11/2022    **SOD #**1WK812    **Appealed:** No

Sanctions

COMPLY WITH REQUIREMENT  
ORDER TO COMPLY

**Date:** 6/9/2021    **SOD #**1WK811    **Appealed:** No

Sanctions

ORDER TO COMPLY

### Complaint History (INFINITE ABILITY INC--0010022)

**Date Complaint Received:** 3/29/2023

**Date Investigation Completed:** 4/6/2023

Subject Area(s)

PROGRAM SERVICES

Result

NOT SUBSTANTIATED

SOD #

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## Provider Inspection Summary

For the period 5/16/2020 to 5/16/2023

Adult Family Home

STATE OF WISCONSIN

Bureau of Assisted Living

P.O. Box 7940

Madison WI 53707-7940

### Facility Information

**Facility Name:** JACKIES TLC HOME (0012319)

**Address:** N8813 CTY RD EE, PORTAGE, WI 53901

**License Status:** REGULAR

**Licensed/Certified/Registered** 4/18/2008 12:00:00AM

**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

### Survey History

**Survey ID:** 0136395      **End Date:** 5/27/2021      **Type:** ABBREVIATED      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 5/16/2020 to 5/16/2023

Adult Family Home

### Facility Information

**Facility Name:** REM EPONYMOUS (0009563)

**Address:** W8137 HWY 33, PORTAGE, WI 53901

**License Status:** REGULAR

**Licensed/Certified/Registered** 2/27/2002 12:00:00AM

**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

### Survey History

**Survey ID:** 0137087      **End Date:** 8/12/2021      **Type:** OTHER      **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0136214      **End Date:** 4/29/2021      **Type:** STANDARD      **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #Y42Q11      Served 5/13/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS	8/12/21	Yes
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY	8/12/21	Yes
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE	8/12/21	Yes

### Enforcement History (REM EPONYMOUS--0009563)

**Date:** 5/13/2021      **SOD #**Y42Q11      **Appealed:** No

#### Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY

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## Provider Inspection Summary

For the period 5/16/2020 to 5/16/2023

Adult Family Home

### Facility Information

**Facility Name:** REM EVERGREEN TRAIL (199036)

**Address:** 657/659 EVERGREEN TRAIL, PORTAGE, WI 53901

**License Status:** REGULAR

**Licensed/Certified/Registered** 2/12/1998 12:00:00AM

**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

### Survey History

**Survey ID:** 0141260    **End Date:** 10/26/2022    **Type:** OTHER    **Purpose:** OTHER

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0140524    **End Date:** 8/17/2022    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0137860    **End Date:** 8/16/2021    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #T6KQ12    Served 12/14/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
88.05(3)(a)	HOME ENVIRONMENT	8/17/22	Yes
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE	8/17/22	Yes
88.05(4)(d)2.c	SEMI-ANNUAL FIRE DRILLS	8/17/22	Yes
88.06(3)(d)5	SIGNED STATEMENT OF AGREEMENT	8/17/22	Yes
88.07(3)(a)	PRESCRIPTION MEDICATIONS	8/17/22	Yes

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## Provider Inspection Summary

For the period 5/16/2020 to 5/16/2023

Adult Family Home

**Survey ID:** 0136520    **End Date:** 5/15/2021    **Type:** STANDARD    **Purpose:** SURVEY/SELF REPORT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #T6KQ11    Served 6/22/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
88.05(3)(a)	HOME ENVIRONMENT	8/16/21	Yes
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE	8/16/21	No
88.05(4)(d)2.c	SEMI-ANNUAL FIRE DRILLS	8/16/21	Yes
88.06(3)(d)5	SIGNED STATEMENT OF AGREEMENT	8/16/21	No
88.11(3)	INVESTIGATION OF ABUSE OR NEGLECT	8/16/21	Yes

### Enforcement History (REM EVERGREEN TRAIL--199036)

**Date:** 11/29/2021    **SOD #**T6KQ12    **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY

**Date:** 6/17/2021    **SOD #**T6KQ11    **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY

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## Provider Inspection Summary

For the period 5/16/2020 to 5/16/2023

Adult Family Home

### Facility Information

**Facility Name:** REM MOORELAND CIRCLE (0016060)

**Address:** 708 MOORELAND CIRCLE DR, PORTAGE, WI 53901

**License Status:** REGULAR

**Licensed/Certified/Registered** 6/23/2017 12:00:00AM

**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

### Survey History

**Survey ID:** 0139616      **End Date:** 2/24/2022      **Type:** STANDARD      **Purpose:** SURVEY/COMPLAINT/VV

**Results:** ENFORCEMENT ACTION

### Complaint History (REM MOORELAND CIRCLE--0016060)

**Date Complaint Received:** 2/11/2022

**Date Investigation Completed:** 2/23/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

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## Provider Inspection Summary

For the period 5/16/2020 to 5/16/2023

Adult Family Home

### Facility Information

**Facility Name:** REM RONALD LEE CIRCLE (0013852)

**Address:** 500 / 504 RONALD LEE CIRCLE, RIO, WI 53960

**License Status:** REGULAR

**Licensed/Certified/Registered** 11/8/2011 12:00:00AM

**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

### Survey History

**Survey ID:** 0140835    **End Date:** 9/20/2022    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0139986    **End Date:** 3/31/2022    **Type:** OTHER    **Purpose:** SELF REPORT/VV

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #QGU813    Served 6/29/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.07(2)(b)5	MONITORING HEALTH	9/20/22	Yes
88.10(3)(m)	FREEDOM FROM ABUSE	9/20/22	Yes

**Survey ID:** 0138388    **End Date:** 9/21/2021    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #QGU812    Served 3/25/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(4)(d)1	FIRE SAFETY EVACUATION PLAN	3/25/22	Yes
88.05(4)(d)2.a	FIRE SAFETY EVACUATION PLAN REVIEW	3/25/22	Yes

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## Provider Inspection Summary

For the period 5/16/2020 to 5/16/2023

Adult Family Home

**Survey ID:** 0136588    **End Date:** 6/17/2021    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #QGU811    Served 6/25/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
50.065(2)(b)intro	ENTITY BACKGROUND CHECK REQUIREMENTS	9/21/22	Yes
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS	9/21/22	Yes
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY	9/21/22	Yes
88.05(3)(a)	HOME ENVIRONMENT	9/21/22	Yes
88.05(4)(d)1	FIRE SAFETY EVACUATION PLAN	9/21/21	No

### Enforcement History (REM RONALD LEE CIRCLE--0013852)

**Date:** 6/28/2022    **SOD #**QGU813    **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY

**Date:** 3/25/2022    **SOD #**QGU812    **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY

**Date:** 6/24/2021    **SOD #**QGU811    **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY

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## Provider Inspection Summary

For the period 5/16/2020 to 5/16/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** AT HOME AGAIN COLUMBUS LLC (0013676)  
**Address:** 110 STUART ST, COLUMBUS, WI 53925  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 5/1/2012 12:00:00AM  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

### Survey History

**Survey ID:** 0141317    **End Date:** 11/4/2022    **Type:** OTHER    **Purpose:** VERIFICATION VISIT  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0140467    **End Date:** 5/18/2022    **Type:** OTHER    **Purpose:** COMPLAINT  
**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #Y5M811    Served 8/17/2022

<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	11/4/22	Yes

**Survey ID:** 0136640    **End Date:** 6/25/2021    **Type:** ABBREVIATED    **Purpose:** SURVEY  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

### Enforcement History (AT HOME AGAIN COLUMBUS LLC--0013676)

**Date:** 8/17/2022    **SOD #**Y5M811    **Appealed:**

Sanctions

ORDER TO COMPLY  
FORFEITURE---83.32(3)(h)

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## Provider Inspection Summary

For the period 5/16/2020 to 5/16/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Complaint History (AT HOME AGAIN COLUMBUS LLC--0013676)

**Date Complaint Received: 4/22/2022**

**Date Investigation Completed: 5/18/2022**

Subject Area(s)

Result

SOD #

ADMINISTRATION

SUBSTANTIATED

Y5M811

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

Y5M811

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## Provider Inspection Summary

For the period 5/16/2020 to 5/16/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** AT HOME AGAIN COLUMBUS MEMORY CARE (0016591)

**Address:** 110 STUART STREET, COLUMBUS, WI 53925

**License Status:** REGULAR

**Licensed/Certified/Registered** 3/9/2017 12:00:00AM

**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

### Survey History

**Survey ID:** 0140362      **End Date:** 12/23/2021      **Type:** OTHER      **Purpose:** DESK REVIEW

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0137890      **End Date:** 10/11/2021      **Type:** OTHER      **Purpose:** DESK REVIEW

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #MPPF11      Served 12/3/2021

Deficiencies Cited  
83.09

Subject Area  
BIENNIAL REPORT AND FEES

Compliance  
Verified  
12/23/21

Corrected  
Yes

**Survey ID:** 0136643      **End Date:** 6/24/2021      **Type:** STANDARD      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 5/16/2020 to 5/16/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Enforcement History (AT HOME AGAIN COLUMBUS MEMORY CARE--0016591)

**Date:** 12/3/2021

**SOD #**MPPF11

**Appealed:**

Sanctions

COMPLY WITH REQUIREMENT

NO NEW ADMISSIONS

ORDER TO COMPLY

FORFEITURE---83.09

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## Provider Inspection Summary

For the period 5/16/2020 to 5/16/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** LARSON HOUSE SOUTH (0016818)

**Address:** 550 RIVER ROAD, COLUMBUS, WI 53925

**License Status:** REGULAR

**Licensed/Certified/Registered** 11/1/2017 12:00:00AM

**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

### Survey History

**Survey ID:** 0141032    **End Date:** 10/7/2022    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #O5I011    Served 10/14/2022

Deficiencies Cited  
83.37(2)(d)

Subject Area  
DOCUMENTATION OF MEDICATION  
ADMINISTRATION

Compliance  
Verified  
1/12/23

Corrected  
No

**Survey ID:** 0139588    **End Date:** 4/25/2022    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0138841    **End Date:** 2/24/2022    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0137688    **End Date:** 10/28/2021    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 5/16/2020 to 5/16/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Survey ID:** 0135721    **End Date:** 2/11/2021    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #R4SB12    Served 3/4/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)(b)	RIGHTS OF RESIDENTS: CONFIDENTIALITY	2/24/22	Yes
83.32(3)(k)	RIGHTS OF RESIDENTS: SELF-DETERMINATION	2/24/22	Yes

**Survey ID:** 0134507    **End Date:** 7/16/2020    **Type:** OTHER    **Purpose:** COMPLAINT/SELF REPORT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #R4SB11    Served 8/18/2020

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(3)(a)	INVESTIGATE INJURIES OF UNKNOWN SOURCE	2/11/21	Yes
83.15(3)(a)	ADMINISTRATOR SHALL SUPERVISE DAILY OPERATION	2/11/21	Yes
83.35(1)(a)	PRE-ADMISSION AND ONGOING ASSESSMENTS	2/11/21	Yes
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN	2/11/21	Yes

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## Provider Inspection Summary

For the period 5/16/2020 to 5/16/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Enforcement History (LARSON HOUSE SOUTH--0016818)

**Date:** 3/28/2023      **SOD #**O5I012      **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY  
FORFEITURE---83.37(2)(d)

**Date:** 10/14/2022      **SOD #**O5I011      **Appealed:** No

Sanctions

ORDER TO COMPLY

**Date:** 3/3/2021      **SOD #**R4SB12      **Appealed:** No

Sanctions

ORDER TO COMPLY

**Date:** 8/17/2020      **SOD #**R4SB11      **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
OTHER SANCTION  
FORFEITURE---83.35(1)(a)  
FORFEITURE---83.35(3)(a)

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## Provider Inspection Summary

For the period 5/16/2020 to 5/16/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Complaint History (LARSON HOUSE SOUTH--0016818)

**Date Complaint Received: 9/27/2022**

**Date Investigation Completed: 10/7/2022**

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY  
PROGRAM SERVICES

NOT SUBSTANTIATED  
NOT SUBSTANTIATED

**Date Complaint Received: 9/9/2022**

**Date Investigation Completed: 10/7/2022**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES  
RESIDENT RIGHTS

NOT SUBSTANTIATED  
NOT SUBSTANTIATED

**Date Complaint Received: 4/4/2022**

**Date Investigation Completed: 4/25/2022**

Subject Area(s)

Result

SOD #

ADMINISTRATION  
PHYSICAL ENVIRONMENT/SAFETY  
PROGRAM SERVICES

NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

**Date Complaint Received: 2/9/2022**

**Date Investigation Completed: 2/24/2022**

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

**Date Complaint Received: 10/14/2021**

**Date Investigation Completed: 10/28/2021**

Subject Area(s)

Result

SOD #

ADMINISTRATION  
PROGRAM SERVICES  
STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

**Date Complaint Received: 2/1/2021**

**Date Investigation Completed: 3/4/2021**

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

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## Provider Inspection Summary

For the period 5/16/2020 to 5/16/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Date Complaint Received: 6/8/2020**

**Date Investigation Completed: 7/16/2020**

Subject Area(s)  
ADMINISTRATION

Result  
SUBSTANTIATED

SOD #  
R4SB11

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## Provider Inspection Summary

For the period 5/16/2020 to 5/16/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** LARSON HOUSE (0015679)

**Address:** 550 RIVER RD, COLUMBUS, WI 53925

**License Status:** REGULAR

**Licensed/Certified/Registered** 9/1/2016 12:00:00AM

**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

### Survey History

**Survey ID:** 0143118      **End Date:** 5/4/2023      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0143165      **End Date:** 3/29/2023      **Type:** OTHER      **Purpose:** VERIFICATION VISIT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #5C0S13      Served 5/22/2023

Deficiencies Cited  
83.32(3)(h)

Subject Area  
RIGHTS OF RESIDENTS: TO RECEIVE  
MEDICATION

Compliance  
Verified

Corrected

**Survey ID:** 0141829      **End Date:** 10/7/2022      **Type:** OTHER      **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #5C0S12      Served 1/13/2023

Deficiencies Cited  
83.37(2)(d)

Subject Area  
DOCUMENTATION OF MEDICATION  
ADMINISTRATION

Compliance  
Verified  
3/29/23

Corrected  
No

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## Provider Inspection Summary

For the period 5/16/2020 to 5/16/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Survey ID:** 0140195    **End Date:** 6/17/2022    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0139952    **End Date:** 4/4/2022    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #5C0S11    Served 6/24/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	10/7/22	No
83.38(1)(g)	HEALTH MONITORING	10/7/22	Yes

**Survey ID:** 0138334    **End Date:** 1/12/2022    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0135330    **End Date:** 12/10/2020    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #CD9B11    Served 12/20/2020

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.46(1)(c)	HEATING SYSTEM MAINTENANCE	2/3/20	

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## Provider Inspection Summary

For the period 5/16/2020 to 5/16/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Enforcement History (LARSON HOUSE--0015679)

**Date:** 1/13/2023      **SOD #**5C0S12      **Appealed:**

Sanctions

ORDER TO COMPLY  
FORFEITURE---83.37(2)(d)

**Date:** 6/24/2022      **SOD #**5C0S11      **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY

**Date:** 12/20/2020      **SOD #**CD9B11      **Appealed:** No

Sanctions

ORDER TO COMPLY

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## Provider Inspection Summary

For the period 5/16/2020 to 5/16/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Complaint History (LARSON HOUSE--0015679)

**Date Complaint Received: 4/12/2023**

**Date Investigation Completed: 4/27/2023**

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY  
PROGRAM SERVICES  
RESIDENT RIGHTS

NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

**Date Complaint Received: 9/27/2022**

**Date Investigation Completed: 1/12/2023**

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

**Date Complaint Received: 3/24/2022**

**Date Investigation Completed: 4/4/2022**

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY  
PROGRAM SERVICES

SUBSTANTIATED  
NOT SUBSTANTIATED  
5C0S11

**Date Complaint Received: 11/19/2020**

**Date Investigation Completed: 12/10/2020**

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY  
PROGRAM SERVICES  
RESIDENT RIGHTS

NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

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## Provider Inspection Summary

For the period 5/16/2020 to 5/16/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** MEADOWS OF FALL RIVER CBRF (THE) (0016760)

**Address:** 101 HOMETOWN AVE, FALL RIVER, WI 53932

**License Status:** REGULAR

**Licensed/Certified/Registered** 9/5/2017 12:00:00AM

**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

### Survey History

**Survey ID:** 0142462      **End Date:** 3/7/2023      **Type:** OTHER      **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0141435      **End Date:** 7/20/2022      **Type:** OTHER      **Purpose:** SELF REPORT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #S9J511      Served 11/30/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
50.09(1)(e)	TREATMENT	3/7/23	Yes
83.12(2)(a)	CAREGIVER: INVESTIGATING ABUSE AND NEGLECT	3/7/23	Yes
83.32(3)(m)	RIGHTS OF RESIDENTS: RECORDING AND FILMING	3/7/23	Yes

**Survey ID:** 0139103      **End Date:** 3/16/2022      **Type:** OTHER      **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 5/16/2020 to 5/16/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Survey ID:** 0137740    **End Date:** 10/13/2021    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #7XCT11    Served 11/11/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.37(3)(c)	MEDICATION STORAGE: LOCKED CABINET	3/16/22	Yes
83.44(2)(a)	ROOMS CLEAN AND FREE FROM ODORS	3/16/22	Yes
83.59(4)(b)	DELAYED EGRESS: LOCKING DEVICE SIGN POSTED	3/16/22	Yes
83.60(1)	TOTAL/OPENABLE WINDOW AREA	3/16/22	Yes

### Enforcement History (MEADOWS OF FALL RIVER CBRF (THE)--0016760)

**Date:** 11/30/2022    **SOD #**S9J511    **Appealed:**

Sanctions

ORDER TO COMPLY  
FORFEITURE---50.09(1)(e)  
FORFEITURE---83.32(3)(m)

**Date:** 11/11/2021    **SOD #**7XCT11    **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY

### Complaint History (MEADOWS OF FALL RIVER CBRF (THE)--0016760)

**Date Complaint Received:** 10/6/2021    **Date Investigation Completed:** 10/13/2021

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

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## Provider Inspection Summary

For the period 5/16/2020 to 5/16/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** HAVEN HILLS (0016343)

**Address:** 215 DALE DRIVE, LODI, WI 53555

**License Status:** REGULAR

**Licensed/Certified/Registered** 9/1/2017 12:00:00AM

**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

### Survey History

**Survey ID:** 0143170      **End Date:** 4/25/2023      **Type:** OTHER      **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0142392      **End Date:** 12/21/2022      **Type:** OTHER      **Purpose:** VERIFICATION VISIT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #5P9912      Served 3/7/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(bb)	DETERMINE FINAL DISPOSITION OF CHARGE	4/25/23	Yes
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	4/25/23	Yes

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## Provider Inspection Summary

For the period 5/16/2020 to 5/16/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Survey ID:** 0140789      **End Date:** 6/2/2022      **Type:** STANDARD      **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #5P9911      Served 9/19/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
50.065(2)(bb)	DETERMINE FINAL DISPOSITION OF CHARGE	12/21/22	Yes
50.065(4m)(b)intro	CAREGIVER HIRING AND CONTRACTING PROCESS	12/21/22	No
83.13(1)(j)	MAINTAIN RECORDS DETECTION SYSTEM TESTING	12/21/22	Yes
83.17(1)	LICENSEE CONDUCT CAREGIVER BACKGROUND CHECK	12/21/22	Yes
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	12/21/22	No
83.21(1)-(3)	ALL EMPLOYEE TRAINING	12/21/22	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	12/21/22	Yes
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	12/21/22	Yes
83.44(1)(c)	CLOTHES DRYERS ENCLOSED AND VENTED	12/21/22	Yes
83.46(1)(c)	HEATING SYSTEM MAINTENANCE	12/21/22	Yes

---

**Survey ID:** 0135741      **End Date:** 2/26/2021      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 5/16/2020 to 5/16/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Enforcement History (HAVEN HILLS--0016343)

**Date:** 3/7/2023      **SOD #**5P9912      **Appealed:**

Sanctions

ORDER TO COMPLY

FORFEITURE---50.065 (2)(bb)

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

**Date:** 9/19/2022      **SOD #**5P9911      **Appealed:**

Sanctions

ORDER TO COMPLY

FORFEITURE---50.065 (4m)(b)

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

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

### Complaint History (HAVEN HILLS--0016343)

**Date Complaint Received:** 12/17/2020

**Date Investigation Completed:** 2/26/2021

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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## Provider Inspection Summary

For the period 5/16/2020 to 5/16/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** OUR HOUSE LODI ASSISTED CARE (0013382)

**Address:** 121 SECOND STREET, LODI, WI 53555

**License Status:** REGULAR

**Licensed/Certified/Registered** 10/1/2011 12:00:00AM

**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

### Survey History

**Survey ID:** 0138474      **End Date:** 1/24/2022      **Type:** ABBREVIATED      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0134403      **End Date:** 6/26/2020      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

### Complaint History (OUR HOUSE LODI ASSISTED CARE--0013382)

**Date Complaint Received:** 6/22/2020

**Date Investigation Completed:** 6/24/2020

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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## Provider Inspection Summary

For the period 5/16/2020 to 5/16/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** Aspirus Tivoli Community (0013388)

**Address:** 2805 HUNTERS TRAIL, PORTAGE, WI 53901

**License Status:** REGULAR

**Licensed/Certified/Registered** 12/27/2010 12:00:00AM

**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

### Survey History

**Survey ID:** 0142510      **End Date:** 3/15/2023      **Type:** OTHER      **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0141736      **End Date:** 9/29/2022      **Type:** OTHER      **Purpose:** COMPLAINT/VV

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #JFHZ12      Served 1/4/2023

<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	3/15/23	Yes
83.32(3)(i)	RIGHTS OF RESIDENTS: PROMPT AND ADEQUATE TREATMENT	3/15/23	Yes
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	3/15/23	Yes

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## Provider Inspection Summary

For the period 5/16/2020 to 5/16/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Survey ID:** 0139337    **End Date:** 1/6/2022    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #JFHZ11    Served 4/25/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	9/29/22	Yes
83.44(1)(c)	CLOTHES DRYERS ENCLOSED AND VENTED	9/29/22	Yes
83.47(2)(c)	EMERGENCY PROCEDURES COMMUNICATED	9/29/22	Yes

### Enforcement History (Aspirus Tivoli Community--0013388)

**Date:** 1/4/2023    **SOD #**JFHZ12    **Appealed:**

Sanctions

ORDER TO COMPLY  
FORFEITURE---83.32(3)(h)  
FORFEITURE---83.32(3)(i)  
FORFEITURE---83.37(2)(d)

**Date:** 4/25/2022    **SOD #**JFHZ11    **Appealed:**

Sanctions

ORDER TO COMPLY  
FORFEITURE---83.20(2)(a)-(d)

### Complaint History (Aspirus Tivoli Community--0013388)

**Date Complaint Received:** 8/16/2022    **Date Investigation Completed:** 9/29/2022

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PROGRAM SERVICES	SUBSTANTIATED	JFHZ12
RESIDENT RIGHTS	SUBSTANTIATED	JFHZ12

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## Provider Inspection Summary

For the period 5/16/2020 to 5/16/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** HAMILTON PARK PLACE (0015335)

**Address:** 2525 HAMILTON STREET, PORTAGE, WI 53901

**License Status:** REGULAR

**Licensed/Certified/Registered** 1/1/2016 12:00:00AM

**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

### Survey History

**Survey ID:** 0143163      **End Date:** 2/15/2023      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0142391      **End Date:** 12/11/2022      **Type:** OTHER      **Purpose:** COMPLAINT/VV

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #WHTX12    Served 3/7/2023

<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		
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION		
83.41(2)(c)	NUTRITION: MENUS		

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## Provider Inspection Summary

For the period 5/16/2020 to 5/16/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Survey ID:** 0140628    **End Date:** 5/25/2022    **Type:** OTHER    **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #WHTX11    Served 9/1/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.21(1)-(3)	ALL EMPLOYEE TRAINING	12/12/22	Yes
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	12/12/22	No
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	12/12/22	Yes
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	12/12/22	
83.38(1)(g)	HEALTH MONITORING	12/12/22	Yes
83.47(2)(d)	FIRE DRILLS	12/12/22	No
83.47(2)(e)	OTHER EVACUATION DRILLS	12/12/22	Yes
83.48(4)(f)	SMOKE DETECTOR IN NON-RESIDENT LIVING AREAS	12/12/22	

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**Survey ID:** 0137597    **End Date:** 10/28/2021    **Type:** OTHER    **Purpose:** COMPLAINT/VV

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 5/16/2020 to 5/16/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Enforcement History (HAMILTON PARK PLACE--0015335)

**Date:** 3/7/2023      **SOD #**WHTX12      **Appealed:**      **Decision:** PENDING

Sanctions

ORDER TO COMPLY  
FORFEITURE---83.32(3)(h)  
FORFEITURE---83.37(2)(d)

**Date:** 9/1/2022      **SOD #**WHTX11      **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY  
FORFEITURE---83.21 (1)-(3)  
FORFEITURE---83.38(1)(g)  
FORFEITURE---83.47(2)(d)  
FORFEITURE---83.47(2)(e)

**Date:** 7/2/2020      **SOD #**SZPT11      **Appealed:**

Sanctions

OTHER SANCTION  
FORFEITURE---83.25  
FORFEITURE---83.37(1)(h)

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## Provider Inspection Summary

For the period 5/16/2020 to 5/16/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Complaint History (HAMILTON PARK PLACE--0015335)

**Date Complaint Received: 2/10/2023**

**Date Investigation Completed: 2/15/2023**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

**Date Complaint Received: 11/1/2022**

**Date Investigation Completed: 12/1/2022**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

**Date Complaint Received: 5/3/2022**

**Date Investigation Completed: 5/25/2022**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

WHTX11

RESIDENT RIGHTS

SUBSTANTIATED

WHTX11

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

WHTX11

**Date Complaint Received: 10/21/2021**

**Date Investigation Completed: 10/28/2021**

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

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## Provider Inspection Summary

For the period 5/16/2020 to 5/16/2023

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

### Facility Information

**Facility Name:** LAKE PLACE GROUP HOME (110023)

**Address:** 105 LAKE RD, PORTAGE, WI 53901

**License Status:** REGULAR

**Licensed/Certified/Registered** 7/1/1981 12:00:00AM

**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

### Survey History

**Survey ID:** 0142726      **End Date:** 3/21/2023      **Type:** ABBREVIATED      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0136094      **End Date:** 4/12/2021      **Type:** OTHER      **Purpose:** SURVEY/VV

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 5/16/2020 to 5/16/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** OUR HOUSE PORTAGE ASSISTED CARE (0013665)

**Address:** 2876 VILLAGE RD, PORTAGE, WI 53901

**License Status:** REGULAR

**Licensed/Certified/Registered** 4/1/2012 12:00:00AM

**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

### Survey History

**Survey ID:** 0142255    **End Date:** 2/21/2023    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0141688    **End Date:** 11/30/2022    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #PRNC11    Served 12/23/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(2)(a)	CAREGIVER: INVESTIGATING ABUSE AND NEGLECT	1/20/23	Yes
83.12(4)(b)	REPORTING WHEN LAW ENFORCEMENT IS CALLED	1/20/23	Yes

**Survey ID:** 0142177    **End Date:** 11/11/2022    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0140975    **End Date:** 10/5/2022    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 5/16/2020 to 5/16/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Survey ID:** 0138846    **End Date:** 1/27/2022    **Type:** OTHER    **Purpose:** SELF REPORT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #GXQE11    Served 3/2/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)(n)	RIGHTS OF RESIDENTS: SAFE ENVIRONMENT	11/11/22	Yes

**Survey ID:** 0135263    **End Date:** 11/16/2020    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

### Enforcement History (OUR HOUSE PORTAGE ASSISTED CARE--0013665)

**Date:** 12/23/2022    **SOD #**PRNC11    **Appealed:** No

Sanctions

ORDER TO COMPLY

**Date:** 3/2/2022    **SOD #**GXQE11    **Appealed:** No

Sanctions

ORDER TO COMPLY

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## Provider Inspection Summary

For the period 5/16/2020 to 5/16/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Complaint History (OUR HOUSE PORTAGE ASSISTED CARE--0013665)

**Date Complaint Received: 2/15/2023**

**Date Investigation Completed: 2/21/2023**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

**Date Complaint Received: 11/10/2022**

**Date Investigation Completed: 11/30/2022**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

**Date Complaint Received: 9/16/2022**

**Date Investigation Completed: 10/5/2022**

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

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## Provider Inspection Summary

For the period 5/16/2020 to 5/16/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** RIVERS-BARABOO (THE) (0018332)

**Address:** 601 LATTON LANE, PORTAGE, WI 53901

**License Status:** REGULAR

**Licensed/Certified/Registered** 12/28/2020 12:00:00AM

**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

### Survey History

**Survey ID:** 0142550    **End Date:** 2/24/2023    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #25BU11    Served 3/23/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.35(1)(a)	PRE-ADMISSION AND ONGOING ASSESSMENTS	5/18/23	Yes
83.41(3)(b)	FOOD SAFETY	5/18/23	Yes
83.44(1)(c)	CLOTHES DRYERS ENCLOSED AND VENTED	5/18/23	Yes
83.59(1)(g)	PROPER EXIT LOCATIONS, SIDEWALKS, DRIVEWAYS	5/18/23	Yes

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## Provider Inspection Summary

For the period 5/16/2020 to 5/16/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Survey ID:** 0142483    **End Date:** 12/16/2022    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #W6LC11    Served 3/16/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.12(2)(a)	CAREGIVER: INVESTIGATING ABUSE AND NEGLECT	5/18/23	Yes
83.14(2)(e)	NOTIFY WITHIN 7 DAYS OF ADMINISTRATOR CHANGE	5/18/23	Yes
83.15(3)(a)	ADMINISTRATOR SHALL SUPERVISE DAILY OPERATION	5/18/23	Yes
83.15(3)(b)	ADMINISTRATOR RESPONSIBLE FOR STAFF TRAINING	5/18/23	Yes
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	5/18/23	No
83.21(1)-(3)	ALL EMPLOYEE TRAINING	5/18/23	Yes
83.22(1)-(4)	TASK SPECIFIC TRAINING	5/18/23	Yes
83.36(1)(b)	QUALIFIED STAFF IN CHARGE, ON DUTY AND AWAKE	5/18/23	Yes
83.36(2)	MAINTAIN CURRENT WRITTEN STAFFING SCHEDULE	5/18/23	Yes
83.37(1)(g)	DISPOSITION OF MEDICATIONS	5/18/23	Yes

**Survey ID:** 0139882    **End Date:** 5/20/2022    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0139804    **End Date:** 4/21/2022    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #ULNR11    Served 6/9/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.44(2)(b)	TOILET AND BATHING AREA	4/21/22	No

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## Provider Inspection Summary

For the period 5/16/2020 to 5/16/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Survey ID:** 0139060    **End Date:** 3/9/2022    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0138038    **End Date:** 9/13/2021    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #YGNC11    Served 12/21/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.21(1)-(3)	ALL EMPLOYEE TRAINING	3/9/22	Yes
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	3/9/22	Yes

**Survey ID:** 0135437    **End Date:** 1/13/2021    **Type:** INITIAL    **Purpose:** CHOW--DESK REVIEW

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

**Survey ID:** 0135638    **End Date:** 12/8/2020    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT/VV

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #NZY812    Served 2/17/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.12(4)(c)	REPORTING INCIDENTS WITH SERIOUS INJURY	5/13/21	
83.17(1)	LICENSEE CONDUCT CAREGIVER BACKGROUND CHECK	5/13/21	
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	5/13/21	
83.37(2)(e)	OTHER ADMINISTRATION GIVEN OR DELEGATED BY RN	5/13/21	
83.46(1)(f)	COMBUSTIBLES	5/13/21	
83.48(8)(b)	SPRINKLER SYSTEM INSTALLATION AND MAINTENANCE	5/13/21	

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## Provider Inspection Summary

For the period 5/16/2020 to 5/16/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Enforcement History (RIVERS-BARABOO (THE)--0018332)

**Date:** 3/23/2023      **SOD #**25BU11      **Appealed:** No

Sanctions

ORDER TO COMPLY

**Date:** 3/16/2023      **SOD #**W6LC11      **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

ORDER TO COMPLY

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

FORFEITURE---83.21(1-3)

FORFEITURE---83.22(1-4)

FORFEITURE---83.37(1)(g)

**Date:** 6/9/2022      **SOD #**ULNR11      **Appealed:** No

Sanctions

ORDER TO COMPLY

**Date:** 12/21/2021      **SOD #**YGNC11      **Appealed:**

Sanctions

ORDER TO COMPLY

FORFEITURE---83.21(1-3)

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## Provider Inspection Summary

For the period 5/16/2020 to 5/16/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Complaint History (RIVERS-BARABOO (THE)--0018332)

**Date Complaint Received: 4/28/2023**

**Date Investigation Completed: 5/17/2023**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

W6LC12

**Date Complaint Received: 2/3/2023**

**Date Investigation Completed: 2/24/2023**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

25BU11

**Date Complaint Received: 11/29/2022**

**Date Investigation Completed: 12/1/2022**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

W6LC11

**Date Complaint Received: 11/14/2022**

**Date Investigation Completed: 12/1/2022**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

W6LC11

**Date Complaint Received: 5/17/2022**

**Date Investigation Completed: 5/20/2022**

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

**Date Complaint Received: 4/4/2022**

**Date Investigation Completed: 4/21/2022**

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

SUBSTANTIATED

ULNR11

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## Provider Inspection Summary

For the period 5/16/2020 to 5/16/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** RIVERS-FOX (THE) (0018330)

**Address:** 611 EAST ALBERT ST, PORTAGE, WI 53901

**License Status:** REGULAR

**Licensed/Certified/Registered** 12/28/2020 12:00:00AM

**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

### Survey History

**Survey ID:** 0142866    **End Date:** 4/12/2023    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #DZNW11    Served 4/21/2023

<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		
83.12(5)(a)	NOTIFICATION: INCIDENT, INJURY, CHANGES		
83.13(3)(a)	POSTING LICENSE, DEFICIENCIES, REVOCATIONS		
83.38(1)(i)	BEHAVIOR MANAGEMENT		

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## Provider Inspection Summary

For the period 5/16/2020 to 5/16/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Survey ID:** 0142631    **End Date:** 3/16/2023    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #JQFH11    Served 4/4/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.09(1)(e)	TREATMENT		
83.12(2)(a)	CAREGIVER: INVESTIGATING ABUSE AND NEGLECT		
83.12(4)(c)	REPORTING INCIDENTS WITH SERIOUS INJURY		
83.12(5)(b)	NOTIFICATION: ABUSE AND NEGLECT ALLEGATIONS		
83.14(2)(j)	NOT PERMIT A CONDITION OF SUBSTANTIAL RISK		
83.15(3)(a)	ADMINISTRATOR SHALL SUPERVISE DAILY OPERATION		
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE		
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE		
83.25	CONTINUING EDUCATION		
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION		
83.32(3)(i)	RIGHTS OF RESIDENTS: PROMPT AND ADEQUATE TREATMENT		
83.35(3)(c)	IMPLEMENT, FOLLOW THE INDIVIDUAL SERVICE PLAN		
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES		
83.35(5)(b)	ANNUAL EVALUATION OF EVACUATION LIMITS		
83.37(1)(i)	PRN PSYCHOTROPIC MEDICATION		
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION		

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## Provider Inspection Summary

For the period 5/16/2020 to 5/16/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

83.38(1)(c)	LEISURE TIME ACTIVITIES
83.38(1)(g)	HEALTH MONITORING
83.41(3)(b)	FOOD SAFETY
83.42(1)	RESIDENT RECORD MAINTAINED
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE
83.45(3)	TOXIC SUBSTANCES
83.55(6)(b)	BATH AND TOILET AREAS: WATER TEMPERATURE
83.59(2)(b)	SOLID CORE WOOD DOORS OR EQUIVALENT

---

**Survey ID:** 0138672    **End Date:** 12/27/2021    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

---

**Survey ID:** 0137076    **End Date:** 8/5/2021    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #KE7211    Served 8/24/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)(n)	RIGHTS OF RESIDENTS: SAFE ENVIRONMENT	12/27/21	Yes

---

**Survey ID:** 0135436    **End Date:** 1/13/2021    **Type:** INITIAL    **Purpose:** CHOW--DESK REVIEW

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

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## Provider Inspection Summary

For the period 5/16/2020 to 5/16/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Enforcement History (RIVERS-FOX (THE)--0018330)

**Date:** 4/21/2023      **SOD #**DZNW11      **Appealed:** No

Sanctions

ORDER TO COMPLY  
FORFEITURE---83.38(1)(i)

**Date:** 4/4/2023      **SOD #**JQFH11      **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
NO NEW ADMISSIONS  
ORDER TO COMPLY  
FORFEITURE---50.09(1)(e)  
FORFEITURE---83.12(2)(a)  
FORFEITURE---83.20(2)(a-d)  
FORFEITURE---83.25  
FORFEITURE---83.32(3)(h)  
FORFEITURE---83.32(3)(i)  
FORFEITURE---83.35(3)(c)  
FORFEITURE---83.35(3)(d)  
FORFEITURE---83.37(2)(d)  
FORFEITURE---83.38(1)(g)  
FORFEITURE---83.14(2)(j)

**Date:** 8/24/2021      **SOD #**KE7211      **Appealed:** No

Sanctions

ORDER TO COMPLY

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## Provider Inspection Summary

For the period 5/16/2020 to 5/16/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Complaint History (RIVERS-FOX (THE)--0018330)

**Date Complaint Received: 3/30/2023**

**Date Investigation Completed: 4/11/2023**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

DZNV11

**Date Complaint Received: 3/13/2023**

**Date Investigation Completed: 3/16/2023**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

JQFH11

**Date Complaint Received: 2/2/2023**

**Date Investigation Completed: 3/16/2023**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

JQFH11

RESIDENT RIGHTS

SUBSTANTIATED

JQFH11

**Date Complaint Received: 1/24/2023**

**Date Investigation Completed: 2/15/2023**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

JQFH11

**Date Complaint Received: 1/4/2023**

**Date Investigation Completed: 1/17/2023**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

**Date Complaint Received: 7/16/2021**

**Date Investigation Completed: 8/5/2021**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

KE7211

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## Provider Inspection Summary

For the period 5/16/2020 to 5/16/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Date Complaint Received: 6/22/2021**

**Date Investigation Completed: 8/5/2021**

Subject Area(s)  
PROGRAM SERVICES

Result  
NOT SUBSTANTIATED

SOD #

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## Provider Inspection Summary

For the period 5/16/2020 to 5/16/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** RIVERS-WISCONSIN (THE) (0018327)

**Address:** 621 LATTON LANE, PORTAGE, WI 53901

**License Status:** REGULAR

**Licensed/Certified/Registered** 12/28/2020 12:00:00AM

**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

### Survey History

**Survey ID:** 0142925    **End Date:** 3/24/2023    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #744X11    Served 5/5/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(4)(c)	REPORTING INCIDENTS WITH SERIOUS INJURY		
83.17(1)	LICENSEE CONDUCT CAREGIVER BACKGROUND CHECK		
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE		
83.19	ORIENTATION		
83.25	CONTINUING EDUCATION		
83.28(4)(a)	RESIDENT HEALTH SCREENING AND DOCUMENTATION		
83.35(1)(a)	PRE-ADMISSION AND ONGOING ASSESSMENTS		
83.35(1)(c)	LISTED AREAS FOR ASSESSMENTS		
83.38(1)(c)	LEISURE TIME ACTIVITIES		
83.38(1)(h)	MEDICATION ADMINISTRATION		

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## Provider Inspection Summary

For the period 5/16/2020 to 5/16/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

83.42(1)	RESIDENT RECORD MAINTAINED
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE
83.44(1)(c)	CLOTHES DRYERS ENCLOSED AND VENTED
83.45(3)	TOXIC SUBSTANCES
83.46(1)(c)	HEATING SYSTEM MAINTENANCE
83.47(2)(d)	FIRE DRILLS
83.48(3)(a)	FIRE DETECTION SYSTEMS INSPECTED ANNUALLY
83.48(3)(b)	SENSITIVITY TESTING PERFORMED

Survey ID: 0142620    End Date: 2/24/2023    Type: OTHER    Purpose: COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #QDKR13    Served 4/5/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(2)(j)	NOT PERMIT A CONDITION OF SUBSTANTIAL RISK		
83.35(3)(b)	SERVICE PLAN DEVELOPMENT: PARTIES INVOLVED		
83.35(3)(c)	IMPLEMENT, FOLLOW THE INDIVIDUAL SERVICE PLAN		
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION		
83.38(1)(g)	HEALTH MONITORING		
83.40	OXYGEN STORAGE		
83.41(3)(b)	FOOD SAFETY		
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE		
83.59(1)(g)	PROPER EXIT LOCATIONS, SIDEWALKS, DRIVEWAYS		

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## Provider Inspection Summary

For the period 5/16/2020 to 5/16/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Survey ID:** 0142530    **End Date:** 12/16/2022    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #ZK0811    Served 3/21/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.04(2)(a)	CLASS A AMBULATORY (AA)	5/17/23	Yes
83.12(3)(b)	DOCUMENTATION OF INVESTIGATIONS OF INJURIES	5/17/23	Yes
83.14(2)(e)	NOTIFY WITHIN 7 DAYS OF ADMINISTRATOR CHANGE	5/17/23	Yes
83.15(3)(b)	ADMINISTRATOR RESPONSIBLE FOR STAFF TRAINING	5/17/23	Yes
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	5/17/23	No
83.21(1)-(3)	ALL EMPLOYEE TRAINING	5/17/23	Yes
83.22(1)-(4)	TASK SPECIFIC TRAINING	5/17/23	Yes
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	5/17/23	Yes
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN	5/17/23	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	5/17/23	Yes
83.36(1)(a)	ADEQUATE STAFF TO MEET RESIDENT NEEDS	5/17/23	Yes
83.36(2)	MAINTAIN CURRENT WRITTEN STAFFING SCHEDULE	5/17/23	Yes
83.37(1)(j)	PROOF-OF-USE RECORD	5/17/23	Yes
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	5/17/23	Yes

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## Provider Inspection Summary

For the period 5/16/2020 to 5/16/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Survey ID:** 0141159    **End Date:** 9/20/2022    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #QDKR12    Served 10/27/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.35(1)(c)	LISTED AREAS FOR ASSESSMENTS	2/24/23	Yes
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	2/24/23	No

---

**Survey ID:** 0139835    **End Date:** 3/30/2022    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #QDKR11    Served 6/13/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.35(1)(c)	LISTED AREAS FOR ASSESSMENTS	9/20/22	No
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	9/20/22	No
83.44(2)(b)	TOILET AND BATHING AREA	9/20/22	Yes

---

**Survey ID:** 0139085    **End Date:** 3/9/2022    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 5/16/2020 to 5/16/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Survey ID:** 0138246      **End Date:** 9/13/2021      **Type:** STANDARD      **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #TBCF11      Served 1/11/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(1)-(3)	ALL EMPLOYEE TRAINING	3/9/22	Yes
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	3/9/22	Yes

---

**Survey ID:** 0135434      **End Date:** 1/13/2021      **Type:** INITIAL      **Purpose:** CHOW--DESK REVIEW

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

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## Provider Inspection Summary

For the period 5/16/2020 to 5/16/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Enforcement History (RIVERS-WISCONSIN (THE)--0018327)

**Date: 5/5/2023**      **SOD #744X11**      **Appealed: No**

#### Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY  
FORFEITURE---83.19  
FORFEITURE---83.25  
FORFEITURE---83.35(1)(C)  
FORFEITURE---83.38 (1)(h)  
FORFEITURE---83.43(1)

**Date: 4/5/2023**      **SOD #QDKR13**      **Appealed: No**

#### Sanctions

ORDER TO COMPLY  
FORFEITURE---83.14(2)(i)  
FORFEITURE---83.35(3)(c)  
FORFEITURE---83.37(2)(d)  
FORFEITURE---83.38(1)(g)  
FORFEITURE---83.43(1)

**Date: 3/21/2023**      **SOD #ZK0811**      **Appealed: No**

#### Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
NO NEW ADMISSIONS  
ORDER TO COMPLY  
FORFEITURE---83.14(2)(a)  
FORFEITURE---83.20(2)(a-d)  
FORFEITURE---83.22(1-4)  
FORFEITURE---83.32(3)(h)  
FORFEITURE---83.35(3)(d)  
FORFEITURE---83.36(1)(a)  
FORFEITURE---83.43(1)

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## Provider Inspection Summary

For the period 5/16/2020 to 5/16/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Date:** 10/27/2022      **SOD #**QDKR12      **Appealed:** No

Sanctions

ORDER TO COMPLY

FORFEITURE---83.35(1)(C)

FORFEITURE---83.37 (2)(d)

---

**Date:** 6/13/2022      **SOD #**QDKR11      **Appealed:**

Sanctions

ORDER TO COMPLY

FORFEITURE---83.35(1)(c)

---

**Date:** 1/11/2021      **SOD #**TBCF11      **Appealed:**

Sanctions

ORDER TO COMPLY

FORFEITURE---83.21(1-3)

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## Provider Inspection Summary

For the period 5/16/2020 to 5/16/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Complaint History (RIVERS-WISCONSIN (THE)--0018327)

**Date Complaint Received: 3/15/2023**

**Date Investigation Completed: 3/23/2023**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

744X11

**Date Complaint Received: 11/14/2022**

**Date Investigation Completed: 12/1/2022**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

**Date Complaint Received: 10/18/2022**

**Date Investigation Completed: 12/1/2022**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

**Date Complaint Received: 3/23/2022**

**Date Investigation Completed: 6/13/2022**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

**Date Complaint Received: 3/1/2022**

**Date Investigation Completed: 3/9/2022**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

**Date Complaint Received: 1/14/2022**

**Date Investigation Completed: 3/9/2022**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

**Date Complaint Received: 8/24/2021**

**Date Investigation Completed: 8/25/2021**

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PHYSICAL ENVIRONMENT/SAFETY

SUBSTANTIATED

TBCF11

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## Provider Inspection Summary

For the period 5/16/2020 to 5/16/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** ROWAN TRAIL (0015147)

**Address:** 237 W SEWARD STREET, POYNETTE, WI 53955

**License Status:** REGULAR

**Licensed/Certified/Registered** 11/1/2015 12:00:00AM

**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

### Survey History

**Survey ID:** 0136939    **End Date:** 8/2/2021    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0136333    **End Date:** 5/17/2021    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #OQ8K11    Served 5/26/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.28(4)(a)	RESIDENT HEALTH SCREENING AND DOCUMENTATION	8/2/21	Yes
83.35(5)(a)	INITIAL EVALUATION OF EVACUATION LIMITATIONS	8/2/21	Yes

### Enforcement History (ROWAN TRAIL--0015147)

**Date:** 5/26/2021    **SOD #**OQ8K11    **Appealed:** No

Sanctions

ORDER TO COMPLY

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## Provider Inspection Summary

For the period 5/16/2020 to 5/16/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** AT HOME AGAIN MEMORY CARE RIO (0017005)

**Address:** 403 LOWVILLE ROAD, RIO, WI 53960

**License Status:** REGULAR

**Licensed/Certified/Registered** 6/15/2018 12:00:00AM

**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

### Survey History

**Survey ID:** 0138475      **End Date:** 1/24/2022      **Type:** ABBREVIATED      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 5/16/2020 to 5/16/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** AT HOME AGAIN RIO (0016559)

**Address:** 405 LOWVILLE RD, RIO, WI 53960

**License Status:** REGULAR

**Licensed/Certified/Registered** 3/1/2018 12:00:00AM

**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

### Survey History

**Survey ID:** 0135659      **End Date:** 2/16/2021      **Type:** ABBREVIATED      **Purpose:** SURVEY/COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

### Complaint History (AT HOME AGAIN RIO--0016559)

**Date Complaint Received:** 12/18/2020

**Date Investigation Completed:** 2/16/2021

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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## Provider Inspection Summary

For the period 5/16/2020 to 5/16/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** OUR HOUSE WISCONSIN DELLS ASSISTED CARE (0013385)

**Address:** 1954 STATE RD 23, WISCONSIN DELLS, WI 53965

**License Status:** REGULAR

**Licensed/Certified/Registered** 10/1/2011 12:00:00AM

**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

### Survey History

**Survey ID:** 0141871      **End Date:** 10/20/2022      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0137019      **End Date:** 8/9/2021      **Type:** ABBREVIATED      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

### Complaint History (OUR HOUSE WISCONSIN DELLS ASSISTED CARE--0013385)

**Date Complaint Received:** 10/19/2022

**Date Investigation Completed:** 10/20/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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## Provider Inspection Summary

For the period 5/16/2020 to 5/16/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** OUR HOUSE WISCONSIN DELLS MEMORY CARE (0013383)

**Address:** 1950 STATE ROAD 23, WISCONSIN DELLS, WI 53965

**License Status:** REGULAR

**Licensed/Certified/Registered** 10/1/2011 12:00:00AM

**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

### Survey History

**Survey ID:** 0142271    **End Date:** 11/8/2022    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #1COL11    Served 2/23/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(2)(a)	CAREGIVER: INVESTIGATING ABUSE AND NEGLECT	5/30/23	Yes
83.38(1)(a)	PERSONAL CARE	5/30/23	Yes

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## Provider Inspection Summary

For the period 5/16/2020 to 5/16/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Survey ID:** 0141863    **End Date:** 9/12/2022    **Type:** OTHER    **Purpose:** COMPLAINT/VV

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #OF1X13    Served 1/17/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.12(3)(a)	INVESTIGATE INJURIES OF UNKNOWN SOURCE	5/30/23	Yes
83.12(5)(a)	NOTIFICATION: INCIDENT, INJURY, CHANGES	5/30/23	Yes
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	5/30/23	Yes
83.33(1)(a)	GRIEVANCE PROCEDURE: INFORMATION REQUIRED	5/30/23	Yes
83.38(1)(a)	PERSONAL CARE	5/30/23	Yes
83.39(3)	HAND WASHING	5/30/23	Yes

**Survey ID:** 0139315    **End Date:** 2/21/2022    **Type:** OTHER    **Purpose:** COMPLAINT/VV

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #OF1X12    Served 4/21/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.12(2)(a)	CAREGIVER: INVESTIGATING ABUSE AND NEGLECT		
83.32(3)(d)	RIGHTS OF RESIDENTS: FREE OF MISTREATMENT		
83.35(3)(c)	IMPLEMENT, FOLLOW THE INDIVIDUAL SERVICE PLAN		
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION		
83.39(1)	INFECTION CONTROL PROGRAM		

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## Provider Inspection Summary

For the period 5/16/2020 to 5/16/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Survey ID:** 0137052    **End Date:** 8/4/2021    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #OF1X11    Served 8/23/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.39(1)	INFECTION CONTROL PROGRAM	2/21/22	No

### Enforcement History (OUR HOUSE WISCONSIN DELLS MEMORY CARE--0013383)

**Date:** 2/23/2023    **SOD #**1COL11    **Appealed:**

Sanctions

ORDER TO COMPLY  
FORFEITURE---83.12(2)(a)

**Date:** 1/17/2023    **SOD #**OF1X13    **Appealed:** No

Sanctions

ORDER TO COMPLY

**Date:** 4/21/2022    **SOD #**OF1X12    **Appealed:** Yes    **Decision:** STIPULATION

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
NO NEW ADMISSIONS  
ORDER TO COMPLY  
FORFEITURE---83.12(2)(a)  
FORFEITURE---83.32(3)(d)  
FORFEITURE---83.35(3)(c)  
FORFEITURE---83.37(2)(d)  
FORFEITURE---83.39(1)

**Date:** 8/4/2021    **SOD #**OF1X11    **Appealed:** No

Sanctions

ORDER TO COMPLY

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## Provider Inspection Summary

For the period 5/16/2020 to 5/16/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Complaint History (OUR HOUSE WISCONSIN DELLS MEMORY CARE--0013383)

**Date Complaint Received: 11/7/2022**

**Date Investigation Completed: 11/8/2022**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

1COL11

**Date Complaint Received: 9/8/2022**

**Date Investigation Completed: 9/12/2022**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

OF1X13

RESIDENT RIGHTS

SUBSTANTIATED

OF1X13

**Date Complaint Received: 2/8/2022**

**Date Investigation Completed: 4/21/2022**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

OF1X12

**Date Complaint Received: 7/9/2021**

**Date Investigation Completed: 8/4/2021**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

OF1X11

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## Provider Inspection Summary

For the period 5/16/2020 to 5/16/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** RIVERWOOD SENIOR LIVING EAGLES NEST (0018398)

**Address:** 115 BOWMAN ROAD, WISCONSIN DELLS, WI 53965

**License Status:** REGULAR

**Licensed/Certified/Registered** 1/1/2022 12:00:00AM

**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

### Survey History

**Survey ID:** 0142492    **End Date:** 3/9/2023    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #GW1911    Served 3/17/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE		
83.37(1)(i)	PRN PSYCHOTROPIC MEDICATION		
83.44(1)(c)	CLOTHES DRYERS ENCLOSED AND VENTED		
83.45(3)	TOXIC SUBSTANCES		
83.59(2)(d)	LEVERED DOOR HANDLES PROVIDED		

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## Provider Inspection Summary

For the period 5/16/2020 to 5/16/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Survey ID:** 0142105    **End Date:** 10/25/2022    **Type:** OTHER    **Purpose:** OTHER

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #IXAF11    Served 2/10/2023

Deficiencies Cited

83.32(3)(i)

Subject Area

RIGHTS OF RESIDENTS: PROMPT AND  
ADEQUATE TREATMENT

Compliance  
Verified

Corrected

---

**Survey ID:** 0140727    **End Date:** 8/18/2022    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

---

**Survey ID:** 0137222    **End Date:** 9/8/2021    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

---

**Survey ID:** 0136659    **End Date:** 6/24/2021    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

---

**Survey ID:** 0135982    **End Date:** 4/1/2021    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

---

**Survey ID:** 0136900    **End Date:** 12/30/2020    **Type:** ABBREVIATED    **Purpose:** CHOW--DESK REVIEW

**Results:** PROBATIONARY LICENSE ISSUED

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## Provider Inspection Summary

For the period 5/16/2020 to 5/16/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Enforcement History (RIVERWOOD SENIOR LIVING EAGLES NEST--0018398)

**Date:** 3/17/2023      **SOD #** GWI911      **Appealed:** No

Sanctions

ORDER TO COMPLY

**Date:** 2/9/2023      **SOD #** IXAF11      **Appealed:**      **Decision:** PENDING

Sanctions

ORDER TO COMPLY

FORFEITURE---83.32(3)(i)

### Complaint History (RIVERWOOD SENIOR LIVING EAGLES NEST--0018398)

**Date Complaint Received:** 1/18/2023      **Date Investigation Completed:** 3/8/2023

Subject Area(s)

PROGRAM SERVICES

Result

NOT SUBSTANTIATED

SOD #

**Date Complaint Received:** 9/29/2022      **Date Investigation Completed:** 10/25/2022

Subject Area(s)

PROGRAM SERVICES

Result

SUBSTANTIATED

SOD #

IXAF11

**Date Complaint Received:** 8/11/2022      **Date Investigation Completed:** 8/18/2022

Subject Area(s)

PROGRAM SERVICES

Result

NOT SUBSTANTIATED

SOD #

**Date Complaint Received:** 6/14/2021      **Date Investigation Completed:** 6/30/2021

Subject Area(s)

RESIDENT RIGHTS

Result

NOT SUBSTANTIATED

SOD #

**Date Complaint Received:** 3/3/2021      **Date Investigation Completed:** 4/1/2021

Subject Area(s)

PROGRAM SERVICES

Result

NOT SUBSTANTIATED

SOD #

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## Provider Inspection Summary

For the period 5/16/2020 to 5/16/2023  
Residential Care Apartment Complex (CERTIFIED)

### Facility Information

**Facility Name:** MEADOWS OF FALL RIVER (THE) (0013097)  
**Address:** 101 HOMETOWN AVE, FALL RIVER, WI 53932  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 1/1/2010 12:00:00AM  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

### Survey History

**Survey ID:** 0142929    **End Date:** 3/7/2023    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #8GOY11    Served 5/4/2023

Deficiencies Cited  
50.065(4m)(b)intro

Subject Area  
CAREGIVER HIRING AND CONTRACTING  
PROCESS

Compliance  
Verified

Corrected

**Survey ID:** 0140594    **End Date:** 8/25/2022    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0139108    **End Date:** 3/16/2022    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

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## Provider Inspection Summary

For the period 5/16/2020 to 5/16/2023  
Residential Care Apartment Complex (CERTIFIED)

**Survey ID:** 0138845    **End Date:** 12/1/2021    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #GKXK11    Served 3/25/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
89.23(4)(a)2	SERVICES	8/25/22	Yes
89.28(5)	RISK AGREEMENT	8/25/22	Yes
89.34(17)	TENANT RIGHTS	8/25/22	Yes

### Enforcement History (MEADOWS OF FALL RIVER (THE)--0013097)

**Date:** 5/4/2023    **SOD #**8GOY11    **Appealed:**    **Decision:** PENDING

Sanctions

ORDER TO COMPLY  
FORFEITURE---50.065 (4m)(b)

**Date:** 3/25/2022    **SOD #**GKXK11    **Appealed:** No

Sanctions

ORDER TO COMPLY

### Complaint History (MEADOWS OF FALL RIVER (THE)--0013097)

**Date Complaint Received:** 2/1/2023    **Date Investigation Completed:** 3/7/2023

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
RESIDENT RIGHTS	SUBSTANTIATED	8GOY11

**Date Complaint Received:** 2/9/2022    **Date Investigation Completed:** 3/31/2022

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
RESIDENT RIGHTS	SUBSTANTIATED	D3HI11

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## Provider Inspection Summary

For the period 5/16/2020 to 5/16/2023  
Residential Care Apartment Complex (CERTIFIED)

### Facility Information

**Facility Name:** HERITAGE HOUSE OF PORTAGE (0015503)  
**Address:** 2685 AIRPORT ROAD, PORTAGE, WI 53901  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 4/7/2015 12:00:00AM  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

### Survey History

**Survey ID:** 0141073      **End Date:** 10/14/2022      **Type:** ABBREVIATED      **Purpose:** SURVEY  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0134582      **End Date:** 8/18/2020      **Type:** ABBREVIATED      **Purpose:** SURVEY/COMPLAINT  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

### Complaint History (HERITAGE HOUSE OF PORTAGE--0015503)

<b>Date Complaint Received:</b> 8/14/2020	<b>Date Investigation Completed:</b> 8/18/2020
<u>Subject Area(s)</u> OTHER	<u>Result</u> NOT SUBSTANTIATED
	<u>SOD #</u>

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## Provider Inspection Summary

For the period 5/16/2020 to 5/16/2023  
Residential Care Apartment Complex (CERTIFIED)

### Facility Information

**Facility Name:** OUR HOUSE PORTAGE RCAC (0013662)  
**Address:** 215 NORTHRIDGE DR, PORTAGE, WI 53901  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 4/15/2011 12:00:00AM  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

### Survey History

<b>Survey ID:</b> 0142004	<b>End Date:</b> 1/25/2023	<b>Type:</b> OTHER	<b>Purpose:</b> COMPLAINT
<b>Results:</b> NO STATEMENT OF DEFICIENCY ISSUED			
<b>Survey ID:</b> 0140973	<b>End Date:</b> 10/5/2022	<b>Type:</b> OTHER	<b>Purpose:</b> COMPLAINT
<b>Results:</b> NO STATEMENT OF DEFICIENCY ISSUED			
<b>Survey ID:</b> 0140827	<b>End Date:</b> 9/20/2022	<b>Type:</b> OTHER	<b>Purpose:</b> COMPLAINT
<b>Results:</b> NO STATEMENT OF DEFICIENCY ISSUED			
<b>Survey ID:</b> 0139197	<b>End Date:</b> 3/22/2022	<b>Type:</b> ABBREVIATED	<b>Purpose:</b> SURVEY
<b>Results:</b> NO STATEMENT OF DEFICIENCY ISSUED			
<b>Survey ID:</b> 0139122	<b>End Date:</b> 12/22/2021	<b>Type:</b> OTHER	<b>Purpose:</b> COMPLAINT
<b>Results:</b> NO STATEMENT OF DEFICIENCY ISSUED			

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## Provider Inspection Summary

For the period 5/16/2020 to 5/16/2023  
Residential Care Apartment Complex (CERTIFIED)

### Complaint History (OUR HOUSE PORTAGE RCAC--0013662)

**Date Complaint Received:** 12/28/2022

**Date Investigation Completed:** 1/24/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

**Date Complaint Received:** 9/14/2022

**Date Investigation Completed:** 10/5/2022

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY  
PROGRAM SERVICES

NOT SUBSTANTIATED  
NOT SUBSTANTIATED

**Date Complaint Received:** 11/30/2021

**Date Investigation Completed:** 12/22/2021

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

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