

Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Lacrosse

Notes

This report includes Provider Inspection Summaries (Facility Profiles) for Community-Based Residential Facilities in Lacrosse County.

The report is a PDF (Adobe Acrobat) document and includes a total of 32.00 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 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: RBI CARING HEARTS A LLC (0016005)

Address: 1612 HENRY JOHNS BLVD, BANGOR, WI 54614

License Status: REGULAR

Licensed/Certified/Registered 04/01/2016 12:00:00AM

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

Survey History

No survey activity during the period 1/21/22 to 1/20/25

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: RBI CARING HEARTS B LLC (0016004)

Address: 1614 HENRY JOHNS BLVD, BANGOR, WI 54614

License Status: REGULAR

Licensed/Certified/Registered 05/01/2016 12:00:00AM

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

Survey History

Survey ID: 0146629 **End Date:** 05/29/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0145862 **End Date:** 02/09/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #6B2W11 Served 03/13/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(4)	RESIDENT SATISFACTION EVALUATION	5/29/24	Yes
83.35(5)(b)	ANNUAL EVALUATION OF EVACUATION LIMITS	5/29/24	Yes

Enforcement History (RBI CARING HEARTS B LLC--0016004)

Date: 03/13/2024 **SOD #**6B2W11 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.35(5)(b)

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (RBI CARING HEARTS B LLC--0016004)

Date Complaint Received: 01/02/2024

Date Investigation Completed: 02/09/2024

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: BLUFFVIEW MEMORY CARE (0014267)

Address: 2101 BLUFFVIEW CT, HOLMEN, WI 54636

License Status: REGULAR

Licensed/Certified/Registered 08/01/2013 12:00:00AM

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

Survey History

Survey ID: 0148547 **End Date:** 11/13/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #T3UM12 Served 01/22/2025

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.44(2)(a)	ROOMS CLEAN AND FREE FROM ODORS		

Survey ID: 0147277 **End Date:** 08/02/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0147156 **End Date:** 06/28/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #T3UM11 Served 07/31/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.44(2)(a)	ROOMS CLEAN AND FREE FROM ODORS	11/13/24	No

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0146260 **End Date: 04/19/2024** **Type: STANDARD** **Purpose: SURVEY/COMPLAINT/VV**

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #SCVQ12 Served 04/26/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.44(1)(a)	ADEQUATE LAUNDRY APPLIANCES AVAILABLE	6/3/24	

Survey ID: 0145119 **End Date: 12/12/2023** **Type: OTHER** **Purpose: COMPLAINT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #SCVQ11 Served 01/02/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(bb)	DETERMINE FINAL DISPOSITION OF CHARGE	4/19/24	Yes
83.32(3)(d)	RIGHTS OF RESIDENTS: FREE OF MISTREATMENT	4/19/24	Yes

Survey ID: 0142440 **End Date: 03/09/2023** **Type: OTHER** **Purpose: COMPLAINT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141834 **End Date: 01/06/2023** **Type: OTHER** **Purpose: COMPLAINT/VV**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141086 **End Date: 10/11/2022** **Type: OTHER** **Purpose: COMPLAINT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #9WPE11 Served 10/19/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.44(2)(a)	ROOMS CLEAN AND FREE FROM ODORS	1/6/23	Yes

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0140366 **End Date: 07/29/2022** **Type: OTHER** **Purpose: COMPLAINT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140155 **End Date: 06/22/2022** **Type: OTHER** **Purpose: VERIFICATION VISIT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139305 **End Date: 04/13/2022** **Type: STANDARD** **Purpose: SURVEY/VV**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #X9RX12 Served 04/20/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.39(3)	HAND WASHING	6/22/22	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	6/22/22	Yes

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (BLUFFVIEW MEMORY CARE--0014267)

Date: 07/31/2024 **SOD #**T3UM11 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.44(2)(a)

Date: 01/02/2024 **SOD #**SCVQ11 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 10/19/2022 **SOD #**9WPE11 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 04/20/2022 **SOD #**X9RX12 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 02/09/2022 **SOD #**X9RX11 **Appealed:** No

Sanctions

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

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (BLUFFVIEW MEMORY CARE--0014267)

Date Complaint Received: 07/23/2024

Date Investigation Completed: 08/02/2024

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES

NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 05/28/2024

Date Investigation Completed: 06/28/2024

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

SUBSTANTIATED

T3UM11

Date Complaint Received: 02/12/2024

Date Investigation Completed: 04/19/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 01/09/2024

Date Investigation Completed: 04/19/2024

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 12/01/2023

Date Investigation Completed: 12/12/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

SCVQ11

Date Complaint Received: 11/10/2023

Date Investigation Completed: 12/12/2024

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES

NOT SUBSTANTIATED
NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date Complaint Received: 11/03/2023

Date Investigation Completed: 12/12/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

SCVQ11

Date Complaint Received: 10/11/2023

Date Investigation Completed: 12/12/2023

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 02/07/2023

Date Investigation Completed: 03/09/2023

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 11/30/2022

Date Investigation Completed: 01/06/2023

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 10/11/2022

Date Investigation Completed: 10/11/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

9WPE11

Date Complaint Received: 09/19/2022

Date Investigation Completed: 10/11/2022

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date Complaint Received: 09/02/2022

Date Investigation Completed: 10/11/2022

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY
RESIDENT RIGHTS

NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 07/25/2022

Date Investigation Completed: 07/29/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: CARETTA SENIOR LIVING HOLMEN CBRF (0019253)

Address: 2120 STAPHORST LANE, HOLMEN, WI 54636

License Status: REGULAR

Licensed/Certified/Registered 03/01/2024 12:00:00AM

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

Survey History

Survey ID: 0145588 **End Date:** 02/09/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0145089 **End Date:** 12/15/2023 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0142399 **End Date:** 03/07/2023 **Type:** INITIAL **Purpose:** SURVEY

Results: PROBATIONARY LICENSE ISSUED

Complaint History (CARETTA SENIOR LIVING HOLMEN CBRF--0019253)

Date Complaint Received: 01/17/2024

Date Investigation Completed: 02/09/2024

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: HEARTEN HOUSE III (510260)

Address: 101 JUNIPER LANE, HOLMEN, WI 54636

License Status: REGULAR

Licensed/Certified/Registered 12/08/1994 12:00:00AM

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

Survey History

Survey ID: 0147563 **End Date:** 09/10/2024 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: HOPE STAY MEMORY CARE (0018289)

Address: 3908 CIRCLE DRIVE, HOLMEN, WI 54636

License Status: REGULAR

Licensed/Certified/Registered 12/23/2020 12:00:00AM

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

Survey History

Survey ID: 0147671 **End Date:** 08/29/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #J0PF13 Served 09/27/2024

<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		

Survey ID: 0146840 **End Date:** 06/04/2024 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #J0PF12 Served 07/01/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.15(3)(a)	ADMINISTRATOR SHALL SUPERVISE DAILY OPERATION	8/29/24	Yes
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	8/29/24	Yes
83.38(1)(a)	PERSONAL CARE	8/29/24	Yes

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0145271 End Date: 01/11/2024 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #GWCS11 Served 01/12/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)(b)	RIGHTS OF RESIDENTS: CONFIDENTIALITY	6/4/24	Yes

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0145182 End Date: 10/06/2023 Type: STANDARD Purpose: SURVEY/COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #J0PF11 Served 01/05/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(4)(b)	REPORTING WHEN LAW ENFORCEMENT IS CALLED	6/4/24	Yes
83.12(4)(c)	REPORTING INCIDENTS WITH SERIOUS INJURY	6/4/24	Yes
83.15(3)(a)	ADMINISTRATOR SHALL SUPERVISE DAILY OPERATION	6/4/24	Yes
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	6/4/24	Yes
83.21(1)-(3)	ALL EMPLOYEE TRAINING	6/4/24	Yes
83.22(1)-(4)	TASK SPECIFIC TRAINING	6/4/24	Yes
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	6/4/24	No
83.37(1)(h)	SCHEDULED PSYCHOTROPIC MEDICATIONS	6/4/24	Yes
83.37(1)(i)	PRN PSYCHOTROPIC MEDICATION	6/4/24	Yes
83.38(1)(a)	PERSONAL CARE	6/4/24	No
83.38(1)(b)	SUPERVISION	6/4/24	Yes
83.38(1)(k)	TRANSPORTATION	6/4/24	Yes
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	6/4/24	Yes
83.45(3)	TOXIC SUBSTANCES	6/4/24	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	6/4/24	Yes
83.47(4)(a)	FIRE EXTINGUISHERS: TYPE AND INSPECTION	6/4/24	Yes
83.59(1)(f)	EXIT PASSAGEWAYS, STAIRWAYS: WIDTH MAINTAINED	6/4/24	Yes
83.59(4)(b)	DELAYED EGRESS: LOCKING DEVICE SIGN POSTED	6/4/24	Yes

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0142864 **End Date: 11/28/2022** **Type: OTHER** **Purpose: VERIFICATION VISIT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141326 **End Date: 11/09/2022** **Type: OTHER** **Purpose: COMPLAINT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141005 **End Date: 09/15/2022** **Type: OTHER** **Purpose: COMPLAINT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #95N711 Served 10/12/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.14(2)(j)	NOT PERMIT A CONDITION OF SUBSTANTIAL RISK	11/28/22	Yes
83.16(2)	RESIDENT CARE STAFF AT LEAST 18 YEARS OLD	11/28/22	Yes
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	11/28/22	Yes
83.37(1)(j)	PROOF-OF-USE RECORD	11/28/22	Yes
83.39(1)	INFECTION CONTROL PROGRAM	11/28/22	Yes

Survey ID: 0140096 **End Date: 06/02/2022** **Type: OTHER** **Purpose: COMPLAINT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #Y23911 Served 07/11/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.38(1)(g)	HEALTH MONITORING	11/28/22	Yes
83.38(1)(h)	MEDICATION ADMINISTRATION	11/28/22	Yes

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0139403 End Date: 04/07/2022 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #H7LH11 Served 04/29/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(5)(a)	NOTIFICATION: INCIDENT, INJURY, CHANGES	11/28/22	Yes
83.14(2)(j)	NOT PERMIT A CONDITION OF SUBSTANTIAL RISK	11/28/22	Yes
83.29(2)	ADMISSION AGREEMENT	11/28/22	Yes
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN	11/28/22	Yes

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (HOPE STAY MEMORY CARE--0018289)

Date: 09/27/2024 **SOD #**J0PF13 **Appealed:** **Decision:** PENDING

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.32(3)(h)

Date: 07/01/2024 **SOD #**J0PF12 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.15(3)(h)
FORFEITURE---83.32(3)(h)
FORFEITURE---83.38(1)(a)

Date: 01/12/2024 **SOD #**GWCS11 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date: 01/05/2024 **SOD #**J0PF11 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.15(3)(a)
FORFEITURE---83.20(2)(a)-(d)
FORFEITURE---83.21(1)-(3)
FORFEITURE---83.22(1)-(4)
FORFEITURE---83.32(3)(h)
FORFEITURE---83.37(1)(h)
FORFEITURE---83.37(1)(i)
FORFEITURE---83.38(1)(a)
FORFEITURE---83.38(1)(b)
FORFEITURE---83.38(1)(k)
FORFEITURE---83.47(2)(e)

Date: 10/12/2022 **SOD #**95N711 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
NNAO EXTENDED
ORDER TO COMPLY
FORFEITURE---83.14(2)(j)
FORFEITURE---83.32(3)(h)
FORFEITURE---83.39(1)

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date: 07/11/2022 **SOD #**Y23911 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
NNAO EXTENDED
ORDER TO COMPLY
FORFEITURE---83.38(1)(g)
FORFEITURE---83.38(1)(h)

Date: 04/29/2022 **SOD #**H7LH11 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
NO NEW ADMISSIONS
ORDER TO COMPLY
FORFEITURE---83.14(2)(j)
FORFEITURE---83.35(3)(a)

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (HOPE STAY MEMORY CARE--0018289)

Date Complaint Received: 05/02/2024

Date Investigation Completed: 06/04/2024

Subject Area(s)
PROGRAM SERVICES

Result
SUBSTANTIATED

SOD #
J0PF12

Date Complaint Received: 11/17/2023

Date Investigation Completed: 01/11/2024

Subject Area(s)
PHYSICAL ENVIRONMENT/SAFETY

Result
SUBSTANTIATED

SOD #
GWCS11

Date Complaint Received: 09/29/2023

Date Investigation Completed: 10/06/2023

Subject Area(s)
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 08/29/2023

Date Investigation Completed: 10/06/2023

Subject Area(s)
PHYSICAL ENVIRONMENT/SAFETY
PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES

Result
SUBSTANTIATED
NOT SUBSTANTIATED
SUBSTANTIATED

SOD #
J0PF11

J0PF11

Date Complaint Received: 08/22/2023

Date Investigation Completed: 10/06/2023

Subject Area(s)
ADMINISTRATION

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 07/27/2023

Date Investigation Completed: 10/06/2023

Subject Area(s)
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date Complaint Received: 08/15/2022

Date Investigation Completed: 09/15/2022

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
ADMINISTRATION	SUBSTANTIATED	95N711
PHYSICAL ENVIRONMENT/SAFETY	NOT SUBSTANTIATED	
PROGRAM SERVICES	SUBSTANTIATED	95N711
STAFF TRAINING AND PROFICIENCY	SUBSTANTIATED	95N711
ADMINISTRATION	SUBSTANTIATED	95N711
PHYSICAL ENVIRONMENT/SAFETY	NOT SUBSTANTIATED	
PROGRAM SERVICES	SUBSTANTIATED	95N711
STAFF TRAINING AND PROFICIENCY	SUBSTANTIATED	95N711

Date Complaint Received: 07/29/2022

Date Investigation Completed: 09/15/2022

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PROGRAM SERVICES	SUBSTANTIATED	95N711

Date Complaint Received: 06/15/2022

Date Investigation Completed: 09/15/2022

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PROGRAM SERVICES	SUBSTANTIATED	95N711
PROGRAM SERVICES	NOT SUBSTANTIATED	

Date Complaint Received: 05/04/2022

Date Investigation Completed: 06/02/2022

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PHYSICAL ENVIRONMENT/SAFETY	NOT SUBSTANTIATED	

Date Complaint Received: 04/27/2022

Date Investigation Completed: 06/02/2022

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PROGRAM SERVICES	SUBSTANTIATED	Y23911

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date Complaint Received: 02/24/2022

Date Investigation Completed: 04/07/2022

Subject Area(s)

ADMINISTRATION
PROGRAM SERVICES
RESIDENT RIGHTS
STAFF TRAINING AND PROFICIENCY

Result

SUBSTANTIATED
SUBSTANTIATED
SUBSTANTIATED
SUBSTANTIATED

SOD #

H7LH11
H7LH11
H7LH11
H7LH11

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS AS (SEMIAMBULATORY)

Facility Information

Facility Name: Tellurian Behavioral Health (0020186)

Address: 1720 Jackson St, La Crosse, WI 546016679

License Status: REGULAR

Licensed/Certified/Registered 11/05/2024 12:00:00AM

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

Survey History

Survey ID: 0148141 **End Date:** 11/18/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: BROOKDALE ONALASKA (510379)

Address: 949 10TH AVENUE NORTH, ONALASKA, WI 54650

License Status: REGULAR

Licensed/Certified/Registered 06/01/1998 12:00:00AM

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

Survey History

Survey ID: 0146874 **End Date:** 06/28/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0144469 **End Date:** 10/04/2023 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0143272 **End Date:** 05/26/2023 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #07VD11 Served 06/05/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.17(1)	LICENSEE CONDUCT CAREGIVER BACKGROUND CHECK	10/4/23	Yes
83.46(1)(f)	COMBUSTIBLES	10/4/23	Yes
83.47(3)	FIRE INSPECTION	10/4/23	Yes

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (BROOKDALE ONALASKA--510379)

Date: 06/05/2023 **SOD #**07VD11 **Appealed:** No

Sanctions
ORDER TO COMPLY

Complaint History (BROOKDALE ONALASKA--510379)

Date Complaint Received: 05/24/2024 **Date Investigation Completed:** 06/28/2024

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

Date Complaint Received: 08/04/2023 **Date Investigation Completed:** 10/04/2023

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
ADMINISTRATION	NOT SUBSTANTIATED	
PHYSICAL ENVIRONMENT/SAFETY	NOT SUBSTANTIATED	

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: EAGLE CREST NORTH MEMORY CARE (0012129)
Address: 351 MASON STREET, ONALASKA, WI 54650
License Status: REGULAR
Licensed/Certified/Registered 01/04/2008 12:00:00AM
Regional Office: NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0142061 **End Date:** 01/19/2023 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (EAGLE CREST NORTH MEMORY CARE--0012129)

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
ADMINISTRATION	NOT SUBSTANTIATED	
PHYSICAL ENVIRONMENT/SAFETY	NOT SUBSTANTIATED	
PROGRAM SERVICES	NOT SUBSTANTIATED	
RESIDENT RIGHTS	NOT SUBSTANTIATED	
STAFF TRAINING AND PROFICIENCY	NOT SUBSTANTIATED	

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: MEADOWS AT SPRINGBROOK (THE) (0013768)

Address: 861 CRITTER CT, ONALASKA, WI 54650

License Status: REGULAR

Licensed/Certified/Registered 11/01/2012 12:00:00AM

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

Survey History

Survey ID: 0143764 **End Date:** 07/21/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (MEADOWS AT SPRINGBROOK (THE)--0013768)

Date Complaint Received: 06/29/2023

Date Investigation Completed: 07/21/2023

Subject Area(s)
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: MAPLEWOOD CBRF (0016342)

Address: 994 E GARLAND ST, WEST SALEM, WI 54669

License Status: REGULAR

Licensed/Certified/Registered 10/18/2016 12:00:00AM

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

Survey History

Survey ID: 0142008 **End Date:** 01/24/2023 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #582V11 Served 02/01/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.37(1)(e)	MEDICATION REGIMEN, ADMINISTRATION REVIEW	3/18/23	

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: MONARCH MANOR (0015070)

Address: 848 EAST GARLAND STREET, WEST SALEM, WI 54669

License Status: REGULAR

Licensed/Certified/Registered 06/16/2014 12:00:00AM

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

Survey History

No survey activity during the period 1/21/22 to 1/20/25

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: NESHONOC MANOR CBRF (0016314)

Address: 998 E GARLAND STREET, WEST SALEM, WI 54669

License Status: REGULAR

Licensed/Certified/Registered 10/18/2016 12:00:00AM

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

Survey History

Survey ID: 0142010 **End Date:** 01/24/2023 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #UX7T11 Served 02/01/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.37(1)(e)	MEDICATION REGIMEN, ADMINISTRATION REVIEW	3/18/23	

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