

Provider Inspection Summary

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

Lacrosse

Notes

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

The report is a PDF (Adobe Acrobat) document and includes a total of 20.00 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
Residential Care Apartment Complex (REGISTERED)

Facility Information

Facility Name: CARETTA SENIOR LIVING HOLMEN RCAC (0019254)
Address: 2120 STAPHORST LANE, HOLMEN, WI 54636
License Status: REGULAR
Licensed/Certified/Registered 03/07/2023 12:00:00AM
Regional Office: NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0147495 **End Date:** 08/29/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0142398 **End Date:** 03/07/2023 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

Complaint History (CARETTA SENIOR LIVING HOLMEN RCAC--0019254)

Date Complaint Received: 08/15/2024

Date Investigation Completed: 08/29/2024

Subject Area(s)
ADMINISTRATION

Result
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025
Residential Care Apartment Complex (CERTIFIED)

Facility Information

Facility Name: HEIGHTS (THE) (0011373)
Address: 112 JUNIPER LANE, HOLMEN, WI 54636
License Status: REGULAR
Licensed/Certified/Registered 06/20/2006 12:00:00AM
Regional Office: NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0139856 **End Date:** 06/15/2022 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (HEIGHTS (THE)--0011373)

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
Date Complaint Received: 05/05/2022	Date Investigation Completed: 06/15/2022	
PROGRAM SERVICES	NOT SUBSTANTIATED	
RESIDENT RIGHTS	NOT SUBSTANTIATED	

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025
Residential Care Apartment Complex (CERTIFIED)

Facility Information

Facility Name: PRAIRIE HOME (0011629)
Address: 620 MALIN COURT, HOLMEN, WI 54636
License Status: REGULAR
Licensed/Certified/Registered 10/01/2006 12:00:00AM
Regional Office: NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0145056 **End Date:** 12/07/2023 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Residential Care Apartment Complex (CERTIFIED)

Facility Information

Facility Name: EAGLE CREST SOUTH ASSISTED LIVING (0018121)

Address: 622 BENNORA LEE COURT, LA CROSSE, WI 54601

License Status: REGULAR

Licensed/Certified/Registered 05/18/2020 12:00:00AM

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

Survey History

Survey ID: 0143429 **End Date:** 06/16/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (EAGLE CREST SOUTH ASSISTED LIVING--0018121)

Date Complaint Received: 05/25/2023

Date Investigation Completed: 06/16/2023

Subject Area(s)
ADMINISTRATION

Result
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025
Residential Care Apartment Complex (REGISTERED)

Facility Information

Facility Name: BENEDICTINE VILLA ASSISTED LIVING (0010258)
Address: 2904 EAST AVENUE SOUTH, LACROSSE, WI 54601
License Status: REGULAR
Licensed/Certified/Registered 11/24/1998 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

Residential Care Apartment Complex (CERTIFIED)

Facility Information

Facility Name: BROOKDALE LACROSSE (0012328)

Address: 3141 EAST AVE S, LACROSSE, WI 54601

License Status: REGULAR

Licensed/Certified/Registered 07/01/2008 12:00:00AM

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

Survey History

Survey ID: 0141344 **End Date:** 11/10/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140668 **End Date:** 08/24/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139752 **End Date:** 05/26/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #L16G11 Served 06/03/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
89.28(1)	RISK AGREEMENT	8/24/22	Yes

Enforcement History (BROOKDALE LACROSSE--0012328)

Date: 06/03/2022 **SOD #**L16G11 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025
Residential Care Apartment Complex (CERTIFIED)

Complaint History (BROOKDALE LACROSSE--0012328)

Date Complaint Received: 11/09/2022

Date Investigation Completed: 11/10/2022

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
Residential Care Apartment Complex (CERTIFIED)

Facility Information

Facility Name: CASS STREET (0010447)

Address: 1315 CASS STREET, LACROSSE, WI 54601

License Status: REGULAR

Licensed/Certified/Registered 11/04/2003 12:00:00AM

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

Survey History

Survey ID: 0139922 **End Date:** 06/21/2022 **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
Residential Care Apartment Complex (REGISTERED)

Facility Information

Facility Name: EAGLE CREST SOUTH RCAC (0015684)
Address: 622 BENNORA LEE COURT, LACROSSE, WI 54601
License Status: REGULAR
Licensed/Certified/Registered 06/15/2015 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
Residential Care Apartment Complex (CERTIFIED)

Facility Information

Facility Name: HILLVIEW TERRACE (0013997)

Address: 3503 PARK LN, LACROSSE, WI 54601

License Status: REGULAR

Licensed/Certified/Registered 01/05/2012 12:00:00AM

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

Survey History

Survey ID: 0146152 **End Date:** 04/12/2024 **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
Residential Care Apartment Complex (CERTIFIED)

Facility Information

Facility Name: SHELBY TERRACE (0012093)

Address: 2525 SHELBY ROAD, LACROSSE, WI 54601

License Status: REGULAR

Licensed/Certified/Registered 09/10/2007 12:00:00AM

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

Survey History

Survey ID: 0139453 **End Date:** 04/29/2022 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025
Residential Care Apartment Complex (CERTIFIED)

Facility Information

Facility Name: WILLOWS (THE) (0019206)

Address: 2555 7TH ST S, LACROSSE, WI 54601

License Status: REGULAR

Licensed/Certified/Registered 11/29/2022 12:00:00AM

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

Survey History

Survey ID: 0144899 **End Date:** 11/28/2023 **Type:** INITIAL **Purpose:** CHOW--DESK REVIEW

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025
Residential Care Apartment Complex (CERTIFIED)

Facility Information

Facility Name: EAGLE CREST NORTH ASSISTED LIVING (0012206)
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: 0139333 **End Date:** 04/20/2022 **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
Residential Care Apartment Complex (REGISTERED)

Facility Information

Facility Name: EAGLE CREST NORTH INDEPENDENT LIVING PLUS (0012207)

Address: 351 MASON ST, ONALASKA, WI 54650

License Status: REGULAR

Licensed/Certified/Registered 10/25/2007 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
Residential Care Apartment Complex (REGISTERED)

Facility Information

Facility Name: LAUREL MANOR (0010274)

Address: 108 17TH AVENUE SOUTHWEST, ONALASKA, WI 54650

License Status: REGULAR

Licensed/Certified/Registered 11/01/2002 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
Residential Care Apartment Complex (REGISTERED)

Facility Information

Facility Name: ONALASKA SENIOR LIVING (0017881)

Address: 3770 EMERALD DR EAST, ONALASKA, WI 54650

License Status: REGULAR

Licensed/Certified/Registered 01/03/2020 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
Residential Care Apartment Complex (CERTIFIED)

Facility Information

Facility Name: SPRINGBROOK COMMUNITY ASSISTED LIVING INC (0011819)

Address: 861 CRITTER COURT, ONALASKA, WI 54650

License Status: REGULAR

Licensed/Certified/Registered 06/15/2007 12:00:00AM

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

Survey History

Survey ID: 0140954 **End Date:** 08/22/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139235 **End Date:** 03/24/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #5U7W11 Served 04/14/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
89.34(18)	TENANT RIGHTS	8/22/22	Yes

Enforcement History (SPRINGBROOK COMMUNITY ASSISTED LIVING INC--0011819)

Date: 04/13/2022 **SOD #**5U7W11 **Appealed:** No

Sanctions

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025
Residential Care Apartment Complex (CERTIFIED)

Facility Information

Facility Name: MILL STREET MANOR (0013753)

Address: 840 MILL ST, WEST SALEM, WI 54669

License Status: REGULAR

Licensed/Certified/Registered 06/01/2011 12:00:00AM

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

Survey History

Survey ID: 0144406 **End Date:** 09/27/2023 **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
Residential Care Apartment Complex (CERTIFIED)

Facility Information

Facility Name: SALEM TERRACE (0012008)
Address: 104 LEWIS ST, WEST SALEM, WI 54669
License Status: REGULAR
Licensed/Certified/Registered 07/01/2007 12:00:00AM
Regional Office: NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0144405 **End Date:** 09/27/2023 **Type:** ABBREVIATED **Purpose:** SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

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