

Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Marathon

Notes

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

The report includes only facilities located within the City of WAUSAU. Reports for facilities located in other communities are listed separately on the DQA Facility Profile webpage.

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 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: APPLGATE REFLECTIONS (0016883)

Address: 3001 WESTHILL DR, WAUSAU, WI 54401

License Status: REGULAR

Licensed/Certified/Registered 10/1/2017 12:00:00AM

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

Survey History

Survey ID: 0142858 **End Date:** 2/16/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #060E13 Served 4/20/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.25	CONTINUING EDUCATION		
83.35(4)	RESIDENT SATISFACTION EVALUATION		
83.46(1)(c)	HEATING SYSTEM MAINTENANCE		
83.46(1)(f)	COMBUSTIBLES		
83.47(2)(d)	FIRE DRILLS		
83.47(2)(e)	OTHER EVACUATION DRILLS		

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0141599 **End Date:** 10/27/2022 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #060E12 Served 12/13/2022

<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	2/16/23	Yes
83.37(1)(k)	MEDICATION ERROR OR ADVERSE REACTION	2/16/23	Yes

Survey ID: 0140355 **End Date:** 7/25/2022 **Type:** OTHER **Purpose:** SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #060E11 Served 8/4/2022

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

Survey ID: 0135985 **End Date:** 4/13/2021 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #7Q4E11 Served 4/15/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(2)(e)	NOTIFY WITHIN 7 DAYS OF ADMINISTRATOR CHANGE	5/30/21	

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (APPLEGATE REFLECTIONS--0016883)

Date: 4/20/2023 **SOD #**060E13 **Appealed:** **Decision:** PENDING

Sanctions

ORDER TO COMPLY
FORFEITURE---83.25

Date: 12/13/2022 **SOD #**060E12 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 8/3/2022 **SOD #**060E11 **Appealed:** No

Sanctions

ORDER TO COMPLY

Complaint History (APPLEGATE REFLECTIONS--0016883)

Date Complaint Received: 12/5/2022 **Date Investigation Completed:** 2/16/2023

Subject Area(s)

PROGRAM SERVICES
STAFF TRAINING AND PROFICIENCY

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 10/3/2022 **Date Investigation Completed:** 10/27/2022

Subject Area(s)

ADMINISTRATION
PHYSICAL ENVIRONMENT/SAFETY

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 9/22/2020 **Date Investigation Completed:** 4/13/2021

Subject Area(s)

PHYSICAL ENVIRONMENT/SAFETY

Result

NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: AZURA MEMORY CARE OF WAUSAU (0013419)

Address: 226446 HUMMINGBIRD RD, WAUSAU, WI 54401

License Status: REGULAR

Licensed/Certified/Registered 8/1/2011 12:00:00AM

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

Survey History

Survey ID: 0136504 **End Date:** 6/11/2021 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: BISSELL STREET COMMUNITY RESIDENCE (610159)

Address: 1408 BISSELL STREET, WAUSAU, WI 54401

License Status: REGULAR

Licensed/Certified/Registered 11/12/1992 12:00:00AM

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

Survey History

Survey ID: 0143061 **End Date:** 5/11/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0142208 **End Date:** 2/7/2023 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140939 **End Date:** 10/4/2022 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139671 **End Date:** 3/16/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #GDIM11 Served 5/27/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.14(2)(e)	NOTIFY WITHIN 7 DAYS OF ADMINISTRATOR CHANGE	10/4/22	Yes
83.25	CONTINUING EDUCATION	10/4/22	Yes
83.39(3)	HAND WASHING	10/4/22	Yes

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (BISSELL STREET COMMUNITY RESIDENCE--610159)

Date: 5/27/2022 **SOD #**GDIM11 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.25

Complaint History (BISSELL STREET COMMUNITY RESIDENCE--610159)

Date Complaint Received: 5/4/2023 **Date Investigation Completed:** 5/11/2023

Subject Area(s)

PHYSICAL ENVIRONMENT/SAFETY
RESIDENT RIGHTS

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 12/12/2022

Date Investigation Completed: 2/7/2023

Subject Area(s)

ADMINISTRATION
PROGRAM SERVICES

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 8/5/2022

Date Investigation Completed: 10/4/2022

Subject Area(s)

RESIDENT RIGHTS

Result

NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: CADY HOME WEST 1 (0017995)

Address: 1805 NORTH 6TH AVENUE, WAUSAU, WI 54401

License Status: REGULAR

Licensed/Certified/Registered 3/6/2020 12:00:00AM

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

Survey History

Survey ID: 0135759 **End Date:** 2/22/2021 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (CADY HOME WEST 1--0017995)

Date Complaint Received: 2/4/2021

Date Investigation Completed: 2/22/2021

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: CADY HOME WEST 2 (0017996)

Address: 1815 NORTH 6TH AVENUE, WAUSAU, WI 54401

License Status: REGULAR

Licensed/Certified/Registered 3/6/2020 12:00:00AM

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

Survey History

No survey activity during the period 5/15/20 to 5/15/23

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: MOUNTAIN TERRACE SENIOR LIVING CBRF (0015628)

Address: 3402 TERRACE COURT, WAUSAU, WI 54401

License Status: REGULAR

Licensed/Certified/Registered 8/1/2016 12:00:00AM

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

Survey History

Survey ID: 0140483 **End Date:** 8/9/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139166 **End Date:** 3/30/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #5MKL11 Served 4/5/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(4)(a)	REPORTING WHEN RESIDENT'S WHEREABOUTS UNKNOWN	8/9/22	Yes
83.16(2)	RESIDENT CARE STAFF AT LEAST 18 YEARS OLD	8/9/22	Yes

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0138985 **End Date:** 12/6/2021 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #IVLX12 Served 3/16/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	8/9/22	Yes
83.36(1)(a)	ADEQUATE STAFF TO MEET RESIDENT NEEDS	8/9/22	Yes
83.36(1)(b)	QUALIFIED STAFF IN CHARGE, ON DUTY AND AWAKE	8/9/22	Yes
83.44(2)(b)	TOILET AND BATHING AREA	8/9/22	Yes

Survey ID: 0137132 **End Date:** 7/1/2021 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #IVLX11 Served 8/31/2021

<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	12/6/21	Yes
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	12/6/21	Yes
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN	12/6/21	Yes
83.37(1)(e)	MEDICATION REGIMEN, ADMINISTRATION REVIEW	12/6/21	Yes
83.38(1)(c)	LEISURE TIME ACTIVITIES	12/6/21	Yes
83.41(3)(b)	FOOD SAFETY	12/6/21	Yes
83.44(2)(b)	TOILET AND BATHING AREA	12/6/21	Yes
83.47(2)(d)	FIRE DRILLS	12/6/21	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	12/6/21	Yes
83.48(3)(a)	FIRE DETECTION SYSTEMS INSPECTED ANNUALLY	12/6/21	Yes

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (MOUNTAIN TERRACE SENIOR LIVING CBRF--0015628)

Date: 4/5/2022 **SOD #**5MKL11 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 3/16/2022 **SOD #**IVLX12 **Appealed:**

Sanctions

ORDER TO COMPLY

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

FORFEITURE---83.36(1)(b)

FORFEITURE---83.44(2)(b)

Date: 8/31/2021 **SOD #**IVLX11 **Appealed:**

Sanctions

ORDER TO COMPLY

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

FORFEITURE---83.47(2)(d)

FORFEITURE---83.47(2)(e)

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (MOUNTAIN TERRACE SENIOR LIVING CBRF--0015628)

Date Complaint Received: 2/26/2022

Date Investigation Completed: 3/30/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES
RESIDENT RIGHTS

NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 1/6/2022

Date Investigation Completed: 3/30/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES
RESIDENT RIGHTS

SUBSTANTIATED
SUBSTANTIATED

5MKL11
5MKL11

Date Complaint Received: 8/16/2021

Date Investigation Completed: 12/6/2021

Subject Area(s)

Result

SOD #

PROGRAM SERVICES
STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED
SUBSTANTIATED

IVLX12
IVLX12

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS AS (SEMIAMBULATORY)

Facility Information

Facility Name: NORTH CENTRAL HEALTH CARE CRISIS CBRF (0018428)

Address: 2370 MARSHALL STREET, WAUSAU, WI 54403

License Status: REGULAR

Licensed/Certified/Registered 5/7/2021 12:00:00AM

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

Survey History

Survey ID: 0136211 **End Date:** 5/6/2021 **Type:** INITIAL **Purpose:** DESK REVIEW

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: OUR HOUSE WAUSAU ASSISTED CARE (0013424)

Address: 210 W CAMPUS DR, WAUSAU, WI 54401

License Status: REGULAR

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

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

Survey History

Survey ID: 0140459 **End Date:** 8/15/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0138955 **End Date:** 3/10/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0137665 **End Date:** 11/1/2021 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0137117 **End Date:** 8/3/2021 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #CLTU11 Served 8/30/2021

Deficiencies Cited
83.15(3)(a)

Subject Area
ADMINISTRATOR SHALL SUPERVISE DAILY
OPERATION

Compliance
Verified
11/1/21

Corrected
Yes

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0136294 End Date: 5/20/2021 Type: OTHER Purpose: COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (OUR HOUSE WAUSAU ASSISTED CARE--0013424)
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Date: 8/30/2021 SOD #CLTU11 Appealed: No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (OUR HOUSE WAUSAU ASSISTED CARE--0013424)

Date Complaint Received: 4/5/2023

Date Investigation Completed: 5/24/2023

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 6/5/2022

Date Investigation Completed: 8/15/2022

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 11/24/2021

Date Investigation Completed: 3/10/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 6/11/2021

Date Investigation Completed: 8/3/2021

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

CLTU11

Date Complaint Received: 4/27/2021

Date Investigation Completed: 5/20/2021

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: OUR HOUSE WAUSAU MEMORY CARE (0013422)

Address: 220 W CAMPUS DR, WAUSAU, WI 54401

License Status: REGULAR

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

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

Survey History

Survey ID: 0143058 **End Date:** 3/22/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #G3TG11 Served 5/15/2023

Deficiencies Cited
83.21(1)-(3)

Subject Area
ALL EMPLOYEE TRAINING

Compliance
Verified

Corrected

Survey ID: 0142622 **End Date:** 1/23/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #R21Q11 Served 3/31/2023

Deficiencies Cited
83.39(3)

Subject Area
HAND WASHING

Compliance
Verified
5/24/23

Corrected
Yes

Survey ID: 0138527 **End Date:** 1/27/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0136376 **End Date:** 5/27/2021 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0135734 **End Date:** 3/3/2021 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (OUR HOUSE WAUSAU MEMORY CARE--0013422)

Date: 5/15/2023 **SOD #**G3TG11 **Appealed:** No

Sanctions

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

Date: 3/31/2023 **SOD #**R21Q11 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.39(3)

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (OUR HOUSE WAUSAU MEMORY CARE--0013422)

Date Complaint Received: 4/5/2023

Date Investigation Completed: 5/24/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

ADMINISTRATION

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 3/20/2023

Date Investigation Completed: 3/22/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 3/13/2023

Date Investigation Completed: 3/22/2023

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

SUBSTANTIATED

G3TG11

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 2/2/2023

Date Investigation Completed: 3/22/2023

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

G3TG11

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date Complaint Received: 11/29/2022

Subject Area(s)

PROGRAM SERVICES
RESIDENT RIGHTS
STAFF TRAINING AND PROFICIENCY

Date Investigation Completed: 1/23/2023

Result

SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

R21Q11

Date Complaint Received: 11/11/2021

Subject Area(s)

RESIDENT RIGHTS

Date Investigation Completed: 1/27/2022

Result

NOT SUBSTANTIATED

SOD #

Date Complaint Received: 4/29/2021

Subject Area(s)

PROGRAM SERVICES

Date Investigation Completed: 5/27/2021

Result

NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: SPRING CREST (0018300)

Address: 5601 SHERMAN STREET, WAUSAU, WI 54401

License Status: REGULAR

Licensed/Certified/Registered 2/11/2021 12:00:00AM

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

Survey History

Survey ID: 0135611 **End Date:** 2/11/2023 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

Survey ID: 0141203 **End Date:** 10/17/2022 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT/COMPLAINT/VV

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #U2D313 Served 11/1/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.46(1)(f)	COMBUSTIBLES	12/16/22	
83.47(4)(a)	FIRE EXTINGUISHERS: TYPE AND INSPECTION	12/16/22	

Survey ID: 0140143 **End Date:** 7/12/2022 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #U2D312 Served 7/15/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.37(1)(e)	MEDICATION REGIMEN, ADMINISTRATION REVIEW	10/17/22	Yes

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0139052 **End Date:** 3/21/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #U2D311 Served 3/25/2022

<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	7/12/22	Yes
83.12(5)(b)	NOTIFICATION: ABUSE AND NEGLECT ALLEGATIONS	7/12/22	Yes

Survey ID: 0137374 **End Date:** 9/30/2021 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0136935 **End Date:** 6/30/2021 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #SDM311 Served 8/6/2021

<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	9/30/21	Yes
83.12(2)(c)	REPORT TO LAW ENFORCEMENT AND CORONER	9/30/21	Yes
83.12(5)(b)	NOTIFICATION: ABUSE AND NEGLECT ALLEGATIONS	9/30/21	Yes
83.32(3)(d)	RIGHTS OF RESIDENTS: FREE OF MISTREATMENT	9/30/21	Yes

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (SPRING CREST--0018300)

Date: 7/15/2022 **SOD #**U2D312 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 3/25/2022 **SOD #**U2D311 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 8/6/2021 **SOD #**SDM311 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

ORDER TO COMPLY

FORFEITURE---83.12(2)(a)

FORFEITURE---83.12(2)(c)

FORFEITURE---83.12(5)(b)

FORFEITURE---83.32(3)(d)

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (SPRING CREST--0018300)

Date Complaint Received: 8/12/2022

Date Investigation Completed: 10/17/2022

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 12/21/2021

Date Investigation Completed: 3/21/2022

Subject Area(s)
RESIDENT RIGHTS
PROGRAM SERVICES

Result
SUBSTANTIATED
SUBSTANTIATED

SOD #
U2D311
U2D312

Date Complaint Received: 6/21/2021

Date Investigation Completed: 6/30/2021

Subject Area(s)
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 6/9/2021

Date Investigation Completed: 6/30/2021

Subject Area(s)
RESIDENT RIGHTS

Result
SUBSTANTIATED

SOD #
SDM311

Date Complaint Received: 6/4/2021

Date Investigation Completed: 6/30/2021

Subject Area(s)
RESIDENT RIGHTS
RESIDENT RIGHTS

Result
SUBSTANTIATED
NOT SUBSTANTIATED

SOD #
SDM311

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: STEVES HOME (610201)

Address: 309 BELLIS STREET, WAUSAU, WI 54403

License Status: REGULAR

Licensed/Certified/Registered 6/9/1994 12:00:00AM

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

Survey History

No survey activity during the period 5/15/20 to 5/15/23

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: STONE CREST RESIDENCE (0009226)

Address: 805 PARCHER STREET, WAUSAU, WI 54403

License Status: REGULAR

Licensed/Certified/Registered 9/1/2001 12:00:00AM

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

Survey History

Survey ID: 0142095 **End Date:** 2/2/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0135976 **End Date:** 4/12/2021 **Type:** STANDARD **Purpose:** SURVEY/VV

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #USYR12 Served 4/14/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.47(2)(d)	FIRE DRILLS	5/29/21	
83.47(2)(e)	OTHER EVACUATION DRILLS	5/29/21	
83.55(6)(b)	BATH AND TOILET AREAS: WATER TEMPERATURE	5/29/21	

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0135619 End Date: 2/9/2021 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #USYR11 Served 2/15/2021

Deficiencies Cited

83.35(3)(c)

Subject Area

IMPLEMENT, FOLLOW THE INDIVIDUAL
SERVICE PLAN

Compliance

Verified

4/12/21

Corrected

Yes

Enforcement History (STONE CREST RESIDENCE--0009226)

Date: 2/15/2021

SOD #USYR11

Appealed: No

Sanctions

ORDER TO COMPLY

Complaint History (STONE CREST RESIDENCE--0009226)

Date Complaint Received: 11/29/2022

Date Investigation Completed: 2/2/2023

Subject Area(s)

PROGRAM SERVICES

Result

NOT SUBSTANTIATED

SOD #

Date Complaint Received: 1/11/2021

Date Investigation Completed: 2/9/2021

Subject Area(s)

RESIDENT RIGHTS

STAFF TRAINING AND PROFICIENCY

Result

SUBSTANTIATED

SUBSTANTIATED

SOD #

USYR11

USYR11

Date Complaint Received: 8/21/2020

Date Investigation Completed: 2/9/2021

Subject Area(s)

PROGRAM SERVICES

RESIDENT RIGHTS

Result

NOT SUBSTANTIATED

NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: SYLVAN CROSSINGS ON EVERGREEN (0008655)

Address: 1605 EVERGREEN ROAD, WAUSAU, WI 54403

License Status: REGULAR

Licensed/Certified/Registered 1/1/2000 12:00:00AM

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

Survey History

Survey ID: 0140443 **End Date:** 8/11/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139210 **End Date:** 4/6/2022 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #RD5C11 Served 4/12/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.09(1)(f)	PRIVACY	8/11/22	Yes

Enforcement History (SYLVAN CROSSINGS ON EVERGREEN--0008655)

Date: 4/12/2022 **SOD #**RD5C11 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (SYLVAN CROSSINGS ON EVERGREEN--0008655)

Date Complaint Received: 2/17/2022

Date Investigation Completed: 4/6/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

RD5C11

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

RD5C11

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: WELLINGTON PLACE AT RIB MOUNTAIN (0018302)

Address: 149500 COUNTY ROAD NN, WAUSAU, WI 54401

License Status: REGULAR

Licensed/Certified/Registered 11/18/2020 12:00:00AM

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

Survey History

Survey ID: 0142321 **End Date:** 2/23/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141918 **End Date:** 1/19/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140448 **End Date:** 8/5/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0135241 **End Date:** 11/18/2020 **Type:** INITIAL **Purpose:** CHOW--DESK REVIEW

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (WELLINGTON PLACE AT RIB MOUNTAIN--0018302)

Date Complaint Received: 1/31/2023

Date Investigation Completed: 2/23/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 11/29/2022

Date Investigation Completed: 1/19/2023

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

Date Complaint Received: 7/13/2022

Date Investigation Completed: 8/5/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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