

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 Monroe County.

The report is a PDF (Adobe Acrobat) document and includes a total of 71.00 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: RASCALS RESORT LLC (0018158)

Address: 29429 COUNTY HIGHWAY V, KENDALL, WI 54638

License Status: REGULAR

Licensed/Certified/Registered 8/19/2020 12:00:00AM

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

Survey History

Survey ID: 0138576 **End Date:** 1/21/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0134662 **End Date:** 8/19/2020 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

Complaint History (RASCALS RESORT LLC--0018158)

Date Complaint Received: 12/8/2021

Date Investigation Completed: 1/21/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

OTHER

NOT SUBSTANTIATED

This is Page 2 of 71 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: ANDERSON YESKE AFH II (0014766)

Address: 18441 ICEBOX ROAD, SPARTA, WI 54656

License Status: REGULAR

Licensed/Certified/Registered 8/8/2013 12:00:00AM

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

Survey History

Survey ID: 0137173 **End Date:** 9/2/2021 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 3 of 71 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: ANDERSON YESKE AFH (0013809)

Address: 18447 ICEBOX ROAD, SPARTA, WI 54656

License Status: REGULAR

Licensed/Certified/Registered 7/6/2011 12:00:00AM

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

Survey History

Survey ID: 0137174 **End Date:** 9/2/2021 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 4 of 71 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: PINE LANE FALLS ADULT FAMILY HOME (0009915)

Address: 515 PEARL STREET, SPARTA, WI 54656

License Status: REGULAR

Licensed/Certified/Registered 2/1/2003 12:00:00AM

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

Survey History

Survey ID: 0138748 **End Date:** 2/14/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 5 of 71 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: RBI CARE LLC HOUSE 2 (0016519)

Address: 11761 STATE HWY 71, SPARTA, WI 54656

License Status: REGULAR

Licensed/Certified/Registered 2/14/2017 12:00:00AM

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

Survey History

Survey ID: 0142090 **End Date:** 2/3/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #MSP011 Served 2/8/2023

Deficiencies Cited
88.07(3)(a)

Subject Area
PRESCRIPTION MEDICATIONS

Compliance
Verified
3/25/23

Corrected

Survey ID: 0139639 **End Date:** 5/18/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (RBI CARE LLC HOUSE 2--0016519)

Date Complaint Received: 2/2/2023

Date Investigation Completed: 2/3/2023

Subject Area(s)
PROGRAM SERVICES

Result
SUBSTANTIATED

SOD #
NOT RECORDED

This is Page 6 of 71 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: RBI CARE LLC HOUSE 3 (0017004)

Address: 11759 STATE HWY 71, SPARTA, WI 54656

License Status: REGULAR

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

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

Survey History

Survey ID: 0142098 **End Date:** 2/3/2023 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141561 **End Date:** 12/1/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141320 **End Date:** 11/2/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #SUDL12 Served 11/10/2022

Deficiencies Cited
50.065(2)(b)intro

Subject Area
ENTITY BACKGROUND CHECK
REQUIREMENTS

Compliance
Verified
2/3/23

Corrected
Yes

This is Page 7 of 71 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Adult Family Home

Survey ID: 0140590 **End Date:** 8/18/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #SUDL11 Served 8/26/2022

Deficiencies Cited

88.05(3)(a)

Subject Area

HOME ENVIRONMENT

Compliance

Verified

11/2/22

Corrected

Yes

Enforcement History (RBI CARE LLC HOUSE 3--0017004)

Date: 11/10/2022 **SOD #**SUDL12 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 8/26/2022 **SOD #**SUDL11 **Appealed:** No

Sanctions

ORDER TO COMPLY

Complaint History (RBI CARE LLC HOUSE 3--0017004)

Date Complaint Received: 1/17/2023

Date Investigation Completed: 2/3/2023

Subject Area(s)

PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 11/23/2022

Date Investigation Completed: 12/1/2022

Subject Area(s)

PHYSICAL ENVIRONMENT/SAFETY

Result

NOT SUBSTANTIATED

SOD #

Date Complaint Received: 8/17/2022

Date Investigation Completed: 8/18/2022

Subject Area(s)

PHYSICAL ENVIRONMENT/SAFETY

Result

SUBSTANTIATED

SOD #

SUDL11

This is Page 8 of 71 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: RBI CARE LLC HOUSE 5 (0017345)

Address: 11765 STATE HWY 71, SPARTA, WI 54656

License Status: REGULAR

Licensed/Certified/Registered 11/1/2018 12:00:00AM

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

Survey History

Survey ID: 0138800 **End Date:** 2/18/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0135002 **End Date:** 10/16/2020 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 9 of 71 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Adult Family Home

Complaint History (RBI CARE LLC HOUSE 5--0017345)

Date Complaint Received: 2/16/2022

Subject Area(s)

PHYSICAL ENVIRONMENT/SAFETY

Date Investigation Completed: 2/18/2022

Result

NOT SUBSTANTIATED

SOD #

Date Complaint Received: 9/30/2020

Subject Area(s)

ADMINISTRATION
RESIDENT RIGHTS

Date Investigation Completed: 10/16/2020

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 9/22/2020

Subject Area(s)

RESIDENT RIGHTS

Date Investigation Completed: 10/16/2020

Result

NOT SUBSTANTIATED

SOD #

This is Page 10 of 71 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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: RBI CARE LLC HOUSE 6 (0017650)

Address: 11757 STATE HWY 71, SPARTA, WI 54656

License Status: REGULAR

Licensed/Certified/Registered 10/14/2019 12:00:00AM

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

Survey History

Survey ID: 0141490 **End Date:** 12/1/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139750 **End Date:** 5/27/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0137232 **End Date:** 8/26/2021 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #VLVS11 Served 9/16/2021

Deficiencies Cited
88.03(5)(e)1

Subject Area
SIGNIFICANT CHANGE TO THE RESIDENT

Compliance
Verified
10/31/21

Corrected

Survey ID: 0134535 **End Date:** 8/11/2020 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 11 of 71 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Adult Family Home

Complaint History (RBI CARE LLC HOUSE 6--0017650)

Date Complaint Received: 11/23/2022

Subject Area(s)

RESIDENT RIGHTS

Date Investigation Completed: 12/1/2022

Result

NOT SUBSTANTIATED

SOD #

Date Complaint Received: 8/23/2021

Subject Area(s)

PROGRAM SERVICES

RESIDENT RIGHTS

Date Investigation Completed: 8/26/2021

Result

NOT SUBSTANTIATED

NOT SUBSTANTIATED

SOD #

Date Complaint Received: 7/1/2020

Subject Area(s)

RESIDENT RIGHTS

STAFF TRAINING AND PROFICIENCY

Date Investigation Completed: 8/11/2020

Result

NOT SUBSTANTIATED

NOT SUBSTANTIATED

SOD #

This is Page 12 of 71 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

For the period 5/16/2020 to 5/16/2023
Adult Family Home

Facility Information

Facility Name: RBI CARE LLC HOUSE 7 (0017651)

Address: 11755 STATE HWY 71, SPARTA, WI 54656

License Status: REGULAR

Licensed/Certified/Registered 10/14/2019 12:00:00AM

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

Survey History

Survey ID: 0142868 **End Date:** 4/19/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0142121 **End Date:** 2/10/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #QX0J11 Served 2/13/2023

Deficiencies Cited
88.06(3)(c)

Subject Area
ASSESSMENT IDENTIFY NEEDS & ABILITIES

Compliance
Verified
4/19/23

Corrected
Yes

Survey ID: 0139988 **End Date:** 6/14/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0136167 **End Date:** 4/28/2021 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 13 of 71 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Adult Family Home

Enforcement History (RBI CARE LLC HOUSE 7--0017651)

Date: 2/13/2023 **SOD #** QX0J11 **Appealed:** No

Sanctions

ORDER TO COMPLY

Complaint History (RBI CARE LLC HOUSE 7--0017651)

Date Complaint Received: 1/17/2023

Date Investigation Completed: 2/3/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 4/14/2021

Date Investigation Completed: 4/28/2021

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

This is Page 14 of 71 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: RBI CARE LLC HOUSE 8 (0018093)

Address: 11749 STATE HIGHWAY 71, SPARTA, WI 54656

License Status: REGULAR

Licensed/Certified/Registered 9/24/2020 12:00:00AM

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

Survey History

Survey ID: 0142023 **End Date:** 1/25/2023 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #MULC12 Served 2/2/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(a)	HOME ENVIRONMENT	3/11/23	

Survey ID: 0141624 **End Date:** 12/6/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #MULC11 Served 12/16/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(b)intro	ENTITY BACKGROUND CHECK	1/25/23	Yes
88.04(2)(g)1	REQUIREMENTS HEALTH SCREENING FOR STAFF	1/25/23	Yes

Survey ID: 0134960 **End Date:** 9/24/2020 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

This is Page 15 of 71 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Adult Family Home

Enforcement History (RBI CARE LLC HOUSE 8--0018093)

Date: 12/16/2022 SOD #MULC11 Appealed: No

Sanctions

ORDER TO COMPLY

Complaint History (RBI CARE LLC HOUSE 8--0018093)

Date Complaint Received: 1/17/2023

Date Investigation Completed: 1/25/2023

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY
RESIDENT RIGHTS

SUBSTANTIATED
NOT SUBSTANTIATED

MULC12

Date Complaint Received: 1/10/2023

Date Investigation Completed: 1/25/2023

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES

NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 11/23/2022

Date Investigation Completed: 12/6/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

This is Page 16 of 71 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

For the period 5/16/2020 to 5/16/2023
Adult Family Home

Facility Information

Facility Name: RBI CARE LLC HOUSE 9 (0018096)

Address: 11747 STATE HIGHWAY 71, SPARTA, WI 54656

License Status: REGULAR

Licensed/Certified/Registered 9/24/2020 12:00:00AM

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

Survey History

Survey ID: 0142110 **End Date:** 2/8/2023 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141611 **End Date:** 12/6/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #DGNG11 Served 12/14/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(g)1	HEALTH SCREENING FOR STAFF	2/8/23	Yes

Survey ID: 0134961 **End Date:** 9/24/2020 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

Enforcement History (RBI CARE LLC HOUSE 9--0018096)

Date: 12/14/2022 **SOD #**DGNG11 **Appealed:** No

Sanctions

ORDER TO COMPLY

This is Page 17 of 71 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Adult Family Home

Complaint History (RBI CARE LLC HOUSE 9--0018096)

Date Complaint Received: 1/17/2023

Date Investigation Completed: 2/8/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 11/23/2022

Date Investigation Completed: 12/6/2022

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

This is Page 18 of 71 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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: ANTONY ADULT FAMILY HOME (0010124)

Address: 21470 HWY 16, TOMAH, WI 54660

License Status: REGULAR

Licensed/Certified/Registered 5/16/2003 12:00:00AM

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

Survey History

No survey activity during the period 5/16/20 to 5/16/23

This is Page 19 of 71 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: CAMBRIA HOUSE (0012026)

Address: 313 W ELIZABETH ST, TOMAH, WI 54660

License Status: REGULAR

Licensed/Certified/Registered 7/12/2007 12:00:00AM

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

Survey History

Survey ID: 0142824 **End Date:** 4/7/2023 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 20 of 71 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: CORNERSTONE AFH (0015189)

Address: 622 WEST VETERANS ST, TOMAH, WI 54660

License Status: REGULAR

Licensed/Certified/Registered 8/15/2014 12:00:00AM

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

Survey History

Survey ID: 0136868 **End Date:** 7/28/2021 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0136227 **End Date:** 5/7/2021 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #4UQ711 Served 5/17/2021

Deficiencies Cited
88.05(4)(a)

Subject Area
FIRE SAFETY-FIRE EXTINGUISHERS

Compliance
Verified
7/1/21

Corrected

This is Page 21 of 71 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Adult Family Home

Complaint History (CORNERSTONE AFH--0015189)

Date Complaint Received: 7/20/2021

Subject Area(s)

PHYSICAL ENVIRONMENT/SAFETY
RESIDENT RIGHTS
STAFF TRAINING AND PROFICIENCY

Date Investigation Completed: 7/28/2021

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 4/13/2021

Subject Area(s)

PHYSICAL ENVIRONMENT/SAFETY

Date Investigation Completed: 5/7/2021

Result

NOT SUBSTANTIATED

SOD #

This is Page 22 of 71 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: GENESIS ADULT FAMILY HOME (0017172)

Address: 218 NICHOLAS ST, TOMAH, WI 54660

License Status: REGULAR

Licensed/Certified/Registered 7/6/2018 12:00:00AM

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

Survey History

Survey ID: 0136867 **End Date:** 7/28/2021 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (GENESIS ADULT FAMILY HOME--0017172)

Date Complaint Received: 7/20/2021

Date Investigation Completed: 7/28/2021

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

This is Page 23 of 71 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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: HEWUSE FAMILY HOMES LLC (0018870)

Address: 21344 INSHORE AVE, TOMAH, WI 54660

License Status: REGULAR

Licensed/Certified/Registered 3/25/2022 12:00:00AM

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

Survey History

Survey ID: 0139112 **End Date:** 3/25/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

This is Page 24 of 71 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: LIVING WELL ADULT FAMILY HOME (0015233)

Address: 620 WEST VETERANS STREET, TOMAH, WI 54660

License Status: REGULAR

Licensed/Certified/Registered 8/25/2014 12:00:00AM

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

Survey History

Survey ID: 0136866 **End Date:** 7/28/2021 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (LIVING WELL ADULT FAMILY HOME--0015233)

Date Complaint Received: 7/20/2021

Date Investigation Completed: 7/28/2021

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

This is Page 25 of 71 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: NEW DAY AFH INC 2 (0012644)

Address: 31219 FRESNO AVENUE, TOMAH, WI 54660

License Status: REGULAR

Licensed/Certified/Registered 12/1/2008 12:00:00AM

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

Survey History

No survey activity during the period 5/16/20 to 5/16/23

This is Page 26 of 71 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: NEW DAY AFH INC (0011829)

Address: 31221 FRESNO AVENUE, TOMAH, WI 54660

License Status: REGULAR

Licensed/Certified/Registered 2/27/2007 12:00:00AM

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

Survey History

No survey activity during the period 5/16/20 to 5/16/23

This is Page 27 of 71 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: Osprey House (0019096)

Address: 26004 Osprey Avenue, Kendall, WI 546388596

License Status: PROBATIONARY

Licensed/Certified/Registered 3/21/2023 12:00:00AM

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

Survey History

Survey ID: 0142525 **End Date:** 3/16/2023 **Type:** INITIAL **Purpose:** SURVEY

Results: PROBATIONARY LICENSE ISSUED

This is Page 28 of 71 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

Facility Information

Facility Name: DEER VALLEY CARES LLC (0018340)

Address: 18067 COUNTY HIGHWAY F, NORWALK, WI 54648

License Status: REGULAR

Licensed/Certified/Registered 2/1/2022 12:00:00AM

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

Survey History

Survey ID: 0143084 **End Date:** 5/10/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #132S11 Served 5/17/2023

Deficiencies Cited
83.12(4)(b)

Subject Area
REPORTING WHEN LAW ENFORCEMENT IS
CALLED

Compliance
Verified
7/1/23

Corrected

Survey ID: 0137478 **End Date:** 10/8/2021 **Type:** STANDARD **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

Survey ID: 0135467 **End Date:** 1/4/2021 **Type:** INITIAL **Purpose:** CHOW--DESK REVIEW

Results: PROBATIONARY LICENSE ISSUED

This is Page 29 of 71 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

Complaint History (DEER VALLEY CARES LLC--0018340)

Date Complaint Received: 5/9/2023

Date Investigation Completed: 5/10/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

This is Page 30 of 71 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: BRIDGE PATH (0013540)

Address: 503 S WATER STREET, SPARTA, WI 54656

License Status: REGULAR

Licensed/Certified/Registered 2/1/2012 12:00:00AM

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

Survey History

Survey ID: 0137660 **End Date:** 10/30/2021 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 31 of 71 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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 (THE) (0013299)

Address: 14345 CTY HWY B, SPARTA, WI 54656

License Status: REGULAR

Licensed/Certified/Registered 9/1/2011 12:00:00AM

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

Survey History

Survey ID: 0139807 **End Date:** 6/1/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 32 of 71 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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 (THE) (0019128)

Address: 14400 COUNTY HWY B, SPARTA, WI 54656

License Status: REGULAR

Licensed/Certified/Registered 8/23/2022 12:00:00AM

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

Survey History

Survey ID: 0140681 **End Date:** 8/17/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

This is Page 33 of 71 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: OAK ST HOUSE (0017351)

Address: 220 OAK ST, SPARTA, WI 54656

License Status: REGULAR

Licensed/Certified/Registered 12/21/2018 12:00:00AM

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

Survey History

Survey ID: 0139339 **End Date:** 4/20/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0138954 **End Date:** 3/8/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #D2Y611 Served 3/11/2022

<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	5/16/22	
83.12(4)(b)	REPORTING WHEN LAW ENFORCEMENT IS CALLED	5/16/22	

Survey ID: 0138476 **End Date:** 10/21/2021 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #83W611 Served 1/26/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.39(1)	INFECTION CONTROL PROGRAM	4/20/22	Yes

This is Page 34 of 71 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS AA (AMBULATORY)

Enforcement History (OAK ST HOUSE--0017351)

Date: 3/11/2022 **SOD #**D2Y611 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 1/26/2022 **SOD #**83W611 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---SOD 83W611

Complaint History (OAK ST HOUSE--0017351)

Date Complaint Received: 2/22/2022

Date Investigation Completed: 3/8/2022

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

This is Page 35 of 71 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: River Road Estates (0019545)

Address: 1848 River Road, Sparta, WI 54656

License Status: PROBATIONARY

Licensed/Certified/Registered 5/1/2023 12:00:00AM

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

Survey History

Survey ID: 0142959 **End Date:** 5/1/2023 **Type:** INITIAL **Purpose:** CHOW--DESK REVIEW

Results: PROBATIONARY LICENSE ISSUED

This is Page 36 of 71 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

Facility Information

Facility Name: ANN ST HOUSE (0017991)

Address: 321 ANN STREET, TOMAH, WI 54660

License Status: REGULAR

Licensed/Certified/Registered 3/25/2020 12:00:00AM

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

Survey History

Survey ID: 0138593 **End Date:** 1/25/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0135502 **End Date:** 1/15/2021 **Type:** STANDARD **Purpose:** SURVEY/VV

Results: LICENSE/CERT/REGISTRATION ISSUED

Survey ID: 0135340 **End Date:** 11/18/2020 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #EK2G11 Served 12/22/2020

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.12(4)(b)	REPORTING WHEN LAW ENFORCEMENT IS CALLED	1/15/21	Yes
83.31(4)(a)	NOTICE OF FACILITY INITIATED DISCHARGES	1/15/21	Yes
83.38(1)(i)	BEHAVIOR MANAGEMENT	1/15/21	Yes

This is Page 37 of 71 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

Enforcement History (ANN ST HOUSE--0017991)

Date: 12/22/2020 SOD #EK2G11 Appealed:

Sanctions

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

Complaint History (ANN ST HOUSE--0017991)

Date Complaint Received: 1/13/2022

Date Investigation Completed: 1/25/2022

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

Date Complaint Received: 9/15/2020

Date Investigation Completed: 11/18/2020

Subject Area(s)

Result

SOD #

ADMINISTRATION

SUBSTANTIATED

EK2G11

RESIDENT RIGHTS

SUBSTANTIATED

EK2G11

Date Complaint Received: 9/4/2020

Date Investigation Completed: 11/18/2020

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

SUBSTANTIATED

EK2G11

This is Page 38 of 71 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: CLOSE TO HOME INC (510383)

Address: 1206 MARK AVE, TOMAH, WI 54660

License Status: REGULAR

Licensed/Certified/Registered 3/1/1999 12:00:00AM

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

Survey History

Survey ID: 0141461 **End Date:** 11/28/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139049 **End Date:** 3/22/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0134888 **End Date:** 9/14/2020 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #MYPR11 Served 9/28/2020

Deficiencies Cited

83.12(4)(b)

83.34(6)(d)

Subject Area

REPORTING WHEN LAW ENFORCEMENT IS
CALLED
RETURN OF SECURITY DEPOSIT AND
INTEREST

Compliance
Verified

Corrected

This is Page 39 of 71 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (CLOSE TO HOME INC--510383)

Date Complaint Received: 11/22/2022

Subject Area(s)
ADMINISTRATION

Date Investigation Completed: 11/28/2022

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 1/20/2022

Subject Area(s)
STAFF TRAINING AND PROFICIENCY

Date Investigation Completed: 3/22/2022

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 6/12/2020

Subject Area(s)
ADMINISTRATION
PHYSICAL ENVIRONMENT/SAFETY

Date Investigation Completed: 9/28/2020

Result
SUBSTANTIATED
NOT SUBSTANTIATED

SOD #
MYPR11

Date Complaint Received: 5/26/2020

Subject Area(s)
PHYSICAL ENVIRONMENT/SAFETY

Date Investigation Completed: 9/28/2020

Result
SUBSTANTIATED

SOD #
MYPR11

This is Page 40 of 71 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: CRANBERRY COURT I LLC (0010457)

Address: 1031 HEELER AVE, TOMAH, WI 54660

License Status: REGULAR

Licensed/Certified/Registered 6/1/2004 12:00:00AM

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

Survey History

Survey ID: 0137294 **End Date:** 9/17/2021 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0134734 **End Date:** 9/2/2020 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 41 of 71 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: CRANBERRY COURT LLC BLDG 2 (0010577)

Address: 1025 HEELER AVE, TOMAH, WI 54660

License Status: REGULAR

Licensed/Certified/Registered 10/4/2004 12:00:00AM

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

Survey History

Survey ID: 0142776 **End Date:** 4/7/2023 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 42 of 71 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: GREENFIELD HOUSE (THE) (0009602)

Address: 21444 FLATIRON AVENUE, TOMAH, WI 54660

License Status: REGULAR

Licensed/Certified/Registered 4/1/2003 12:00:00AM

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

Survey History

Survey ID: 0140697 **End Date:** 8/19/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #999I11 Served 9/8/2022

Deficiencies Cited
83.17(1)

Subject Area
LICENSEE CONDUCT CAREGIVER
BACKGROUND CHECK

Compliance
Verified

Corrected

This is Page 43 of 71 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: HOLTON HOUSE (0016508)

Address: 315 E HOLTON, TOMAH, WI 54660

License Status: REGULAR

Licensed/Certified/Registered 5/1/2018 12:00:00AM

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

Survey History

Survey ID: 0142656 **End Date:** 3/31/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139779 **End Date:** 6/2/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #ETVN11 Served 6/7/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.28(4)(a)	RESIDENT HEALTH SCREENING AND DOCUMENTATION	3/31/23	Yes
83.35(3)(b)	SERVICE PLAN DEVELOPMENT: PARTIES INVOLVED	3/31/23	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	3/31/23	Yes
83.35(5)(b)	ANNUAL EVALUATION OF EVACUATION LIMITS	3/31/23	Yes

This is Page 44 of 71 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS AA (AMBULATORY)

Enforcement History (HOLTON HOUSE--0016508)

Date: 6/7/2022

SOD #ETVN11

Appealed: No

Sanctions

ORDER TO COMPLY

This is Page 45 of 71 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: JACKSON ST HOUSE (0017999)

Address: 300 BUTTS AVENUE, TOMAH, WI 54660

License Status: REGULAR

Licensed/Certified/Registered 3/25/2020 12:00:00AM

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

Survey History

Survey ID: 0135494 **End Date:** 1/15/2021 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #X7FL11 Served 1/27/2021

Deficiencies Cited
83.17(1)

Subject Area
LICENSEE CONDUCT CAREGIVER
BACKGROUND CHECK

Compliance
Verified
3/13/21

Corrected

Enforcement History (JACKSON ST HOUSE--0017999)

Date: 1/27/2021

SOD #X7FL11

Appealed: No

Sanctions

ORDER TO COMPLY

This is Page 46 of 71 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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 TOMAH CENTER (0018443)

Address: 321 BUTTS AVENUE, TOMAH, WI 54660

License Status: REGULAR

Licensed/Certified/Registered 1/16/2022 12:00:00AM

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

Survey History

Survey ID: 0142050 **End Date:** 1/25/2023 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141184 **End Date:** 10/26/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141758 **End Date:** 10/11/2022 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #FJOM12 Served 1/6/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	1/25/23	Yes

This is Page 47 of 71 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

Survey ID: 0139954 **End Date:** 6/14/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #FJOM11 Served 6/24/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.17(1)	LICENSEE CONDUCT CAREGIVER BACKGROUND CHECK	10/11/22	Yes
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	10/11/22	Yes
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	10/11/22	Yes
83.28(4)(a)	RESIDENT HEALTH SCREENING AND DOCUMENTATION	10/11/22	Yes

Survey ID: 0138867 **End Date:** 2/28/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0138139 **End Date:** 11/30/2021 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

Enforcement History (LAKE TOMAH CENTER--0018443)

Date: 1/6/2023 **SOD #**FJOM12 **Appealed:** No

Sanctions

ORDER TO COMPLY
FORFEITURE---83.17(2)(a)

Date: 6/24/2022 **SOD #**FJOM11 **Appealed:**

Sanctions

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

This is Page 48 of 71 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

Complaint History (LAKE TOMAH CENTER--0018443)

Date Complaint Received: 1/6/2023

Date Investigation Completed: 1/25/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 12/12/2022

Date Investigation Completed: 1/25/2023

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

Date Complaint Received: 10/25/2022

Date Investigation Completed: 10/26/2022

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

Date Complaint Received: 9/20/2022

Date Investigation Completed: 10/11/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 5/19/2022

Date Investigation Completed: 6/14/2022

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

Date Complaint Received: 2/22/2022

Date Investigation Completed: 2/25/2022

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

This is Page 49 of 71 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: LIBERTY VILLAGE LLC (0013967)

Address: 200 LIBERTY PLACE, TOMAH, WI 54660

License Status: REGULAR

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

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

Survey History

Survey ID: 0143346 **End Date:** 4/26/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #09N711 Served 6/14/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.28(4)(a)	RESIDENT HEALTH SCREENING AND DOCUMENTATION		
83.45(3)	TOXIC SUBSTANCES		
83.46(1)(c)	HEATING SYSTEM MAINTENANCE		
83.46(1)(f)	COMBUSTIBLES		

Survey ID: 0142294 **End Date:** 2/21/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139330 **End Date:** 4/12/2022 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 50 of 71 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0136411 End Date: 6/2/2021 Type: STANDARD Purpose: SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #77DQ12 Served 6/7/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.39(3)	HAND WASHING	4/12/22	Yes
83.45(3)	TOXIC SUBSTANCES	4/12/22	Yes
83.47(2)(d)	FIRE DRILLS	4/12/22	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	4/12/22	Yes

Enforcement History (LIBERTY VILLAGE LLC--0013967)

Date: 6/7/2021 SOD #77DQ12 Appealed: No

Sanctions

ORDER TO COMPLY

This is Page 51 of 71 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (LIBERTY VILLAGE LLC--0013967)

Date Complaint Received: 4/4/2023

Date Investigation Completed: 4/26/2023

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY
RESIDENT RIGHTS
STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

09N711

Date Complaint Received: 1/13/2023

Date Investigation Completed: 2/21/2023

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

Date Complaint Received: 12/12/2022

Date Investigation Completed: 2/21/2023

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

Date Complaint Received: 3/24/2022

Date Investigation Completed: 4/12/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

This is Page 52 of 71 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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 TOWN TOMAH (0018730)

Address: 1330 N SUPERIOR AVE, TOMAH, WI 54660

License Status: REGULAR

Licensed/Certified/Registered 5/18/2022 12:00:00AM

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

Survey History

Survey ID: 0142655 **End Date:** 3/24/2023 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #RWBY11 Served 4/4/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.44(1)(c)	CLOTHES DRYERS ENCLOSED AND VENTED	5/19/23	
83.45(3)	TOXIC SUBSTANCES	5/19/23	
83.46(1)(f)	COMBUSTIBLES	5/19/23	

Survey ID: 0139695 **End Date:** 5/18/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: PROBATIONARY LICENSE ISSUED

This is Page 53 of 71 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: SCHNEIDER HOUSE (THE) (0018580)

Address: 607 SCHNEIDER AVE, TOMAH, WI 54660

License Status: REGULAR

Licensed/Certified/Registered 10/18/2021 12:00:00AM

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

Survey History

Survey ID: 0140458 **End Date:** 8/9/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #UYQX11 Served 8/16/2022

Deficiencies Cited
83.12(4)(b)

Subject Area
REPORTING WHEN LAW ENFORCEMENT IS
CALLED

Compliance
Verified
9/30/22

Corrected

Survey ID: 0140212 **End Date:** 7/15/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 54 of 71 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS AA (AMBULATORY)

Survey ID: 0139519 **End Date:** 4/28/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #930N11 Served 5/10/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(3)(b)	SERVICE PLAN DEVELOPMENT: PARTIES INVOLVED	7/15/22	Yes
83.55(6)(b)	BATH AND TOILET AREAS: WATER TEMPERATURE	7/15/22	Yes

Survey ID: 0137715 **End Date:** 10/1/2021 **Type:** INITIAL **Purpose:** SURVEY

Results: PROBATIONARY LICENSE ISSUED

Enforcement History (SCHNEIDER HOUSE (THE)--0018580)

Date: 5/10/2022 **SOD #** 930N11 **Appealed:** No

Sanctions

ORDER TO COMPLY

Complaint History (SCHNEIDER HOUSE (THE)--0018580)

Date Complaint Received: 4/22/2022 **Date Investigation Completed:** 8/9/2022

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

This is Page 55 of 71 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

Facility Information

Facility Name: Sun Haven (0018800)

Address: 20035 Junco Road, Tomah, WI 54660

License Status: REGULAR

Licensed/Certified/Registered 3/1/2023 12:00:00AM

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

Survey History

Survey ID: 0142186 **End Date:** 2/10/2023 **Type:** STANDARD **Purpose:** SURVEY/VV

Results: LICENSE/CERT/REGISTRATION ISSUED

Survey ID: 0141232 **End Date:** 10/20/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #T95911 Served 11/3/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(b)intro	ENTITY BACKGROUND CHECK REQUIREMENTS	2/10/23	Yes
83.21(1)-(3)	ALL EMPLOYEE TRAINING	2/10/23	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	2/10/23	Yes
83.44(1)(c)	CLOTHES DRYERS ENCLOSED AND VENTED	2/10/23	Yes

Survey ID: 0138736 **End Date:** 2/17/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: PROBATIONARY LICENSE ISSUED

This is Page 56 of 71 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

Enforcement History (Sun Haven--0018800)

Date: 11/3/2022 **SOD #**T95911 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

ORDER TO COMPLY

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

This is Page 57 of 71 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: WINDY RIDGE CARE INC HOLLISTER HOUSE (0017143)

Address: 325 HOLLISTER AVE, TOMAH, WI 54660

License Status: REGULAR

Licensed/Certified/Registered 6/11/2018 12:00:00AM

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

Survey History

Survey ID: 0137023 **End Date:** 8/13/2021 **Type:** STANDARD **Purpose:** SURVEY/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0133955 **End Date:** 6/9/2020 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (WINDY RIDGE CARE INC HOLLISTER HOUSE--0017143)

Date Complaint Received: 5/22/2020

Date Investigation Completed: 6/9/2020

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

This is Page 58 of 71 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: Agape Acres (0018918)

Address: 3737 Blueberry Rd, Warrens, WI 54666

License Status: REGULAR

Licensed/Certified/Registered 7/25/2022 12:00:00AM

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

Survey History

Survey ID: 0140255 **End Date:** 7/26/2022 **Type:** INITIAL **Purpose:** CHOW--DESK REVIEW

Results: LICENSE/CERT/REGISTRATION ISSUED

This is Page 59 of 71 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: WARRENS HOUSE (0016507)

Address: 611 COLTON CT, WARRENS, WI 54666

License Status: REGULAR

Licensed/Certified/Registered 5/1/2018 12:00:00AM

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

Survey History

Survey ID: 0141869 **End Date:** 1/13/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141452 **End Date:** 11/23/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140279 **End Date:** 7/26/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #0LO811 Served 7/27/2022

Deficiencies Cited
83.28(4)(a)

Subject Area
RESIDENT HEALTH SCREENING AND
DOCUMENTATION

Compliance
Verified
9/10/22

Corrected

Enforcement History (WARRENS HOUSE--0016507)

Date: 7/27/2022 **SOD #**0LO811 **Appealed:** No

Sanctions

ORDER TO COMPLY

This is Page 60 of 71 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS AA (AMBULATORY)

Complaint History (WARRENS HOUSE--0016507)

Date Complaint Received: 1/3/2023

Date Investigation Completed: 1/13/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 11/22/2022

Date Investigation Completed: 11/23/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

This is Page 61 of 71 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

Facility Information

Facility Name: FARM (THE) (0018336)

Address: 23785 MILLSTONE AVE, WILTON, WI 54670

License Status: REGULAR

Licensed/Certified/Registered 3/12/2021 12:00:00AM

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

Survey History

Survey ID: 0137473 **End Date:** 10/12/2021 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: LICENSE/CERT/REGISTRATION ISSUED

Survey ID: 0135892 **End Date:** 3/11/2021 **Type:** INITIAL **Purpose:** SURVEY

Results: PROBATIONARY LICENSE ISSUED

Complaint History (FARM (THE)--0018336)

Date Complaint Received: 10/1/2021

Date Investigation Completed: 10/12/2021

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

This is Page 62 of 71 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Facility Information

Facility Name: CREEKSIDE ASSISTED LIVING (0018591)
Address: 325 SOUTH WATER ST, SPARTA, WI 54656
License Status: REGULAR
Licensed/Certified/Registered 9/28/2021 12:00:00AM
Regional Office: NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0141779 **End Date:** 1/6/2023 **Type:** OTHER **Purpose:** COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0137685 **End Date:** 9/21/2021 **Type:** INITIAL **Purpose:** SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED

Complaint History (CREEKSIDE ASSISTED LIVING--0018591)

Date Complaint Received: 12/13/2022	Date Investigation Completed: 1/6/2023
<u>Subject Area(s)</u> RESIDENT RIGHTS	<u>Result</u> NOT SUBSTANTIATED
	<u>SOD #</u>

This is Page 63 of 71 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Facility Information

Facility Name: MARYCREST ASSISTED LIVING (0011029)
Address: 401 S WATER ST, SPARTA, WI 54656
License Status: REGULAR
Licensed/Certified/Registered 6/6/2005 12:00:00AM
Regional Office: NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

No survey activity during the period 5/16/20 to 5/16/23

This is Page 64 of 71 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Facility Information

Facility Name: PRAIRIE HILLS RCAC (0019110)

Address: 14350 COUNTY HWY B, SPARTA, WI 54656

License Status: REGULAR

Licensed/Certified/Registered 10/1/2022 12:00:00AM

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

Survey History

Survey ID: 0140929 **End Date:** 9/23/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

This is Page 65 of 71 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Facility Information

Facility Name: A TOUCH OF HOME (0010271)

Address: 1211 MARK AVENUE, TOMAH, WI 54660

License Status: REGULAR

Licensed/Certified/Registered 1/1/2002 12:00:00AM

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

Survey History

Survey ID: 0138584 **End Date:** 1/25/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0136991 **End Date:** 6/18/2021 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0135291 **End Date:** 12/8/2020 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 66 of 71 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Complaint History (A TOUCH OF HOME--0010271)

Date Complaint Received: 11/4/2021

Date Investigation Completed: 1/25/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 6/14/2021

Date Investigation Completed: 6/18/2021

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

4COQ11

Date Complaint Received: 10/26/2020

Date Investigation Completed: 12/8/2020

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

This is Page 67 of 71 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Facility Information

Facility Name: CLOSE TO HOME INC (0010255)

Address: 1206 MARK AVENUE, TOMAH, WI 54660

License Status: REGULAR

Licensed/Certified/Registered 2/1/1998 12:00:00AM

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

Survey History

No survey activity during the period 5/16/20 to 5/16/23

This is Page 68 of 71 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Facility Information

Facility Name: LIBERTY VILLAGE RCAC (0012805)
Address: 200 LIBERTY PLACE, TOMAH, WI 54660
License Status: REGULAR
Licensed/Certified/Registered 6/1/2009 12:00:00AM
Regional Office: NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0141440 **End Date:** 11/2/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141027 **End Date:** 10/7/2022 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139378 **End Date:** 4/12/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #TSJP11 Served 4/27/2022

Deficiencies Cited
89.23(2)(a)2.c

Subject Area
SERVICES

Compliance
Verified
10/7/22

Corrected
Yes

Survey ID: 0137229 **End Date:** 7/29/2021 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 69 of 71 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Survey ID: 0136857 End Date: 7/14/2021 Type: ABBREVIATED Purpose: SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #9K1H11 Served 7/28/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u> <u>Verified</u>	<u>Corrected</u>
89.34(17)	TENANT RIGHTS	9/11/21	

Enforcement History (LIBERTY VILLAGE RCAC--0012805)

Date: 4/27/2022 SOD #TSJP11 Appealed: No

Sanctions

ORDER TO COMPLY

This is Page 70 of 71 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Complaint History (LIBERTY VILLAGE RCAC--0012805)

Date Complaint Received: 11/1/2022

Date Investigation Completed: 11/2/2022

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

Date Complaint Received: 10/5/2022

Date Investigation Completed: 10/7/2022

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 9/13/2022

Date Investigation Completed: 10/7/2022

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

Date Complaint Received: 12/28/2021

Date Investigation Completed: 4/12/2022

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

TSJP11

Date Complaint Received: 7/19/2021

Date Investigation Completed: 7/29/2021

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

This is Page 71 of 71 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.