

## Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

### Notes

**This report includes Provider Inspection Summaries (Facility Profiles) for Assisted Living Facilities in Pierce County. The report is a PDF (Adobe Acrobat) document and includes a total of 43.00 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 03/28/2021 to 03/27/2024

Adult Day Care Center

### Facility Information

**Facility Name:** ALWAYS SUNNY CONNECTIONS LLC (0018987)

**Address:** W5602 260TH AVE, BAY CITY, WI 54723

**License Status:** REGULAR

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

### Survey History

No survey activity during the period 3/28/21 to 3/27/24

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## Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

Adult Day Care Center

### Facility Information

**Facility Name:** HAVE-A-HEART ADULT DAY CARE (0012348)

**Address:** W10356 HWY 29, RIVER FALLS, WI 54022

**License Status:** REGULAR

**Licensed/Certified/Registered** 04/15/2008 12:00:00AM

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

### Enforcement History (HAVE-A-HEART ADULT DAY CARE--0012348)

**Date:** 09/08/2021      **SOD #**8ZB511      **Appealed:** No

Sanctions

ORDER TO COMPLY

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## Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

Adult Family Home

### Facility Information

**Facility Name:** BROOKSIDE (0015040)

**Address:** N5335A 760TH ST, ELLSWORTH, WI 54011

**License Status:** REGULAR

**Licensed/Certified/Registered** 04/01/2014 12:00:00AM

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

### Survey History

**Survey ID:** 0145146    **End Date:** 12/20/2023    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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### Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

Adult Family Home

#### Facility Information

**Facility Name:** CEDAR HOUSE (0015561)

**Address:** 145 W SUMMIT AVENUE, ELLSWORTH, WI 54011

**License Status:** REGULAR

**Licensed/Certified/Registered** 04/01/2015 12:00:00AM

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

#### Survey History

**Survey ID:** 0139647    **End Date:** 05/12/2022    **Type:** ABBREVIATED    **Purpose:** SURVEY/COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

#### Complaint History (CEDAR HOUSE--0015561)

**Date Complaint Received:** 01/19/2022

**Date Investigation Completed:** 05/12/2022

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY  
PROGRAM SERVICES

NOT SUBSTANTIATED  
NOT SUBSTANTIATED

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**Provider Inspection Summary**

For the period 03/28/2021 to 03/27/2024

Adult Family Home

**Facility Information**

**Facility Name:** COUNTRYSIDE (0015041)

**Address:** N5335B 760TH STREET, ELLSWORTH, WI 54011

**License Status:** REGULAR

**Licensed/Certified/Registered** 04/01/2014 12:00:00AM

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

**Survey History**

**Survey ID:** 0141979    **End Date:** 01/17/2023    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0141093    **End Date:** 09/30/2022    **Type:** ABBREVIATED    **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #MX6J11    Served 10/20/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.07(2)(a)	SERVICES	1/17/23	Yes
88.10(3)(a)	FAIR TREATMENT	1/17/23	Yes

**Enforcement History (COUNTRYSIDE--0015041)**

**Date:** 10/20/2022    **SOD #**MX6J11    **Appealed:** No

Sanctions

ORDER TO COMPLY

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**Provider Inspection Summary**

For the period 03/28/2021 to 03/27/2024

Adult Family Home

**Complaint History (COUNTRYSIDE--0015041)**

**Date Complaint Received: 06/16/2022**

**Date Investigation Completed: 09/30/2022**

Subject Area(s)  
ADMINISTRATION  
RESIDENT RIGHTS

Result  
NOT SUBSTANTIATED  
SUBSTANTIATED

SOD #  
  
MX6J11

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### Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

Adult Family Home

#### Facility Information

**Facility Name:** MAPLE VIEW (590044)

**Address:** 301 N MAPLE ST, ELLSWORTH, WI 54011

**License Status:** REGULAR

**Licensed/Certified/Registered** 01/31/1995 12:00:00AM

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

#### Survey History

**Survey ID:** 0139775    **End Date:** 05/05/2022    **Type:** ABBREVIATED    **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #CE3I11    Served 06/07/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(a)	HOME ENVIRONMENT		
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE		
88.05(4)(d)1	FIRE SAFETY EVACUATION PLAN		
88.07(4)(e)	SPECIAL DIETS		

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### Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

Adult Family Home

#### Complaint History (MAPLE VIEW--590044)

**Date Complaint Received: 03/04/2022**

**Date Investigation Completed: 05/05/2022**

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

CE3I11

**Date Complaint Received: 01/14/2022**

**Date Investigation Completed: 05/05/2022**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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**Provider Inspection Summary**

For the period 03/28/2021 to 03/27/2024

Adult Family Home

**Facility Information**

**Facility Name:** WILLOW VIEW (590127)

**Address:** 140 W HUMBLE AVENUE, ELLSWORTH, WI 54011

**License Status:** REGULAR

**Licensed/Certified/Registered** 02/26/1997 12:00:00AM

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

**Survey History**

**Survey ID:** 0141246    **End Date:** 10/14/2022    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #MOEO11    Served 11/03/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(g)	WINDOWS AND VENTILATION	12/18/22	

**Survey ID:** 0136616    **End Date:** 06/23/2021    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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### Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

Adult Family Home

#### Complaint History (WILLOW VIEW--590127)

**Date Complaint Received: 08/24/2022**

**Date Investigation Completed: 10/14/2022**

Subject Area(s)  
PROGRAM SERVICES  
RESIDENT RIGHTS

Result  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 07/20/2022**

**Date Investigation Completed: 10/14/2022**

Subject Area(s)  
PROGRAM SERVICES  
RESIDENT RIGHTS

Result  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

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## Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

Adult Family Home

### Facility Information

**Facility Name:** ABILITIES MIDWEST (0018480)

**Address:** 1218 STATE ST, RIVER FALLS, WI 54022

**License Status:** REGULAR

**Licensed/Certified/Registered** 06/29/2021 12:00:00AM

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

### Survey History

**Survey ID:** 0145290    **End Date:** 01/10/2024    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #KW4Y11    Served 01/17/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(bm)	OUT OF STATE BACKGROUND CHECKS		
88.03(3)(b)	CRIMINAL RECORDS CHECK		
88.04(2)(g)1	HEALTH SCREENING FOR STAFF		
88.05(4)(a)	FIRE SAFETY-FIRE EXTINGUISHERS		
88.05(4)(b)1	FIRE SAFETY-SMOKE DETECTORS		
88.06(2)(a)	ADMISSION-HEALTH EXAM		
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT		

**Survey ID:** 0143700    **End Date:** 07/18/2023    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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**Provider Inspection Summary**

For the period 03/28/2021 to 03/27/2024

Adult Family Home

**Survey ID: 0142577 End Date: 03/14/2023 Type: OTHER Purpose: COMPLAINT**

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #N9Y911 Served 03/28/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT	7/18/23	Yes

**Survey ID: 0137751 End Date: 11/02/2021 Type: OTHER Purpose: COMPLAINT**

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #4JGM11 Served 11/12/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.03(5)(e)1	SIGNIFICANT CHANGE TO THE RESIDENT	12/27/21	
88.07(3)(a)	PRESCRIPTION MEDICATIONS	12/27/21	
88.07(3)(e)1	MEDICATION- RECORD KEEPING	12/27/21	
88.09(1)(a)	RESIDENT RECORDS	12/27/21	
88.10(3)(n)2	RESTRAINTS IN EMERGENCY	12/27/21	

**Survey ID: 0136647 End Date: 06/29/2021 Type: INITIAL Purpose: SURVEY**

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

**Enforcement History (ABILITIES MIDWEST--0018480)**

**Date: 01/17/2024 SOD #KW4Y11 Appealed: No**

Sanctions  
 ORDER TO COMPLY

**Date: 03/28/2023 SOD #N9Y911 Appealed: No**

Sanctions  
 ORDER TO COMPLY

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### Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

Adult Family Home

#### Complaint History (ABILITIES MIDWEST--0018480)

**Date Complaint Received: 11/08/2022**

**Date Investigation Completed: 03/14/2023**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

N9Y911

**Date Complaint Received: 09/13/2021**

**Date Investigation Completed: 11/02/2021**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

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## Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

Adult Family Home

### Facility Information

**Facility Name:** AURORA RES ALT BARTOSH LANE 029 (590029)

**Address:** 1310 BARTOSH LANE, RIVER FALLS, WI 54022

**License Status:** REGULAR

**Licensed/Certified/Registered** 01/31/1992 12:00:00AM

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

### Survey History

**Survey ID:** 0145087    **End Date:** 12/14/2023    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

Adult Family Home

### Facility Information

**Facility Name:** ENCOURAGE ADULT FAMILY HOME (0015166)

**Address:** 425 N 3RD STREET, RIVER FALLS, WI 54022

**License Status:** REGULAR

**Licensed/Certified/Registered** 08/04/2014 12:00:00AM

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

### Survey History

**Survey ID:** 0142384    **End Date:** 02/28/2023    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

Adult Family Home

### Facility Information

**Facility Name:** REM WISCONSIN III INC CUDD (590031)

**Address:** 211 SOUTH CUDD AVENUE, RIVER FALLS, WI 54022

**License Status:** REGULAR

**Licensed/Certified/Registered** 10/04/1988 12:00:00AM

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

### Survey History

No survey activity during the period 3/28/21 to 3/27/24

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## Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

Adult Family Home

### Facility Information

**Facility Name:** REM WISCONSIN INC COVEY (0012316)

**Address:** 1535 COVEY DR, RIVER FALLS, WI 54022

**License Status:** REGULAR

**Licensed/Certified/Registered** 03/01/2008 12:00:00AM

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

### Survey History

No survey activity during the period 3/28/21 to 3/27/24

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### Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

#### Facility Information

**Facility Name:** PARKSIDE (0009712)

**Address:** 258 N BEULAH ST, ELLSWORTH, WI 54011

**License Status:** REGULAR

**Licensed/Certified/Registered** 05/01/2003 12:00:00AM

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

#### Survey History

**Survey ID:** 0145143    **End Date:** 12/20/2023    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #OVL311    Served 01/02/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.37(3)(c)	MEDICATION STORAGE: LOCKED CABINET	2/16/24	

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### Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

#### Facility Information

**Facility Name:** PREFERRED SENIOR LIVING OF ELLSWORTH (0014905)

**Address:** 429 W WAYNE ST, ELLSWORTH, WI 54011

**License Status:** REGULAR

**Licensed/Certified/Registered** 11/01/2015 12:00:00AM

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

#### Survey History

**Survey ID:** 0145209    **End Date:** 01/03/2024    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #L2EM11    Served 01/08/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)(m)	RIGHTS OF RESIDENTS: RECORDING AND FILMING		
83.37(1)(e)	MEDICATION REGIMEN, ADMINISTRATION REVIEW		
83.47(4)(a)	FIRE EXTINGUISHERS: TYPE AND INSPECTION		

**Survey ID:** 0135996    **End Date:** 04/14/2021    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

#### Enforcement History (PREFERRED SENIOR LIVING OF ELLSWORTH--0014905)

**Date:** 01/08/2024    **SOD #**L2EM11    **Appealed:** No

Sanctions

ORDER TO COMPLY

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### Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

Community Based Residential Facility--CLASS AS (SEMIAMBULATORY)

#### Facility Information

**Facility Name:** SUMMIT VIEW (510279)

**Address:** 278 N BEULAH STREET, ELLSWORTH, WI 54011

**License Status:** REGULAR

**Licensed/Certified/Registered** 03/05/1996 12:00:00AM

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

#### Survey History

**Survey ID:** 0145144    **End Date:** 12/20/2023    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0143263    **End Date:** 05/31/2023    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #GN7V11    Served 06/05/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(5)(a)	NOTIFICATION: INCIDENT, INJURY, CHANGES	12/20/23	Yes
83.35(2)	TEMPORARY SERVICE PLAN	12/20/23	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	12/20/23	Yes
83.36(1)(a)	ADEQUATE STAFF TO MEET RESIDENT NEEDS	12/20/23	Yes
83.38(1)(c)	LEISURE TIME ACTIVITIES	12/20/23	Yes

**Survey ID:** 0141942    **End Date:** 01/18/2023    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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**Provider Inspection Summary**

For the period 03/28/2021 to 03/27/2024

Community Based Residential Facility--CLASS AS (SEMIAMBULATORY)

**Survey ID: 0139958    End Date: 06/22/2022    Type: ABBREVIATED    Purpose: SURVEY/COMPLAINT**

**Results: ENFORCEMENT ACTION**

**Statement of Deficiency: #ETTQ11    Served 06/27/2022**

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)(n)	RIGHTS OF RESIDENTS: SAFE ENVIRONMENT	1/18/23	Yes

**Enforcement History (SUMMIT VIEW--510279)**

**Date: 06/05/2023    SOD #GN7V11    Appealed: No**

Sanctions  
 ORDER TO COMPLY

**Date: 06/27/2022    SOD #ETTQ11    Appealed: No**

Sanctions  
 ORDER TO COMPLY

**Complaint History (SUMMIT VIEW--510279)**

**Date Complaint Received: 05/11/2023    Date Investigation Completed: 05/31/2023**

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PROGRAM SERVICES	SUBSTANTIATED	GN7V11
STAFF TRAINING AND PROFICIENCY	SUBSTANTIATED	GN7V11

**Date Complaint Received: 03/04/2022    Date Investigation Completed: 06/22/2022**

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

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## Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** SEASONS (THE) (0015047)

**Address:** 301 CHERRY AVE W, PLUM CITY, WI 54761

**License Status:** REGULAR

**Licensed/Certified/Registered** 06/01/2014 12:00:00AM

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

### Survey History

No survey activity during the period 3/28/21 to 3/27/24

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### Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

#### Facility Information

**Facility Name:** COMFORTS OF HOME RIVER FALLS CBRF (0012426)

**Address:** 2328 AURORA CIRCLE, RIVER FALLS, WI 54022

**License Status:** REGULAR

**Licensed/Certified/Registered** 07/01/2009 12:00:00AM

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

#### Survey History

**Survey ID:** 0144916    **End Date:** 10/04/2023    **Type:** OTHER    **Purpose:** COMPLAINT/VV

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #1DMC13    Served 11/29/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION		
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION		

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### Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Survey ID: 0142798**    **End Date: 02/03/2023**    **Type: OTHER**    **Purpose: COMPLAINT/VV**

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #1DMC12    Served 04/17/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	10/4/23	No
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	10/4/23	Yes
83.37(1)(j)	PROOF-OF-USE RECORD	10/4/23	Yes

**Survey ID: 0141431**    **End Date: 08/23/2022**    **Type: OTHER**    **Purpose: COMPLAINT**

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #1DMC11    Served 11/28/2022

<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	2/3/23	No
83.35(3)(c)	IMPLEMENT, FOLLOW THE INDIVIDUAL SERVICE PLAN	2/3/23	Yes

**Survey ID: 0136721**    **End Date: 07/01/2021**    **Type: STANDARD**    **Purpose: SURVEY/COMPLAINT**

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #MKI111    Served 07/09/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	8/23/21	
83.46(1)(c)	HEATING SYSTEM MAINTENANCE	8/23/21	
83.47(3)	FIRE INSPECTION	8/23/21	

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### Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

#### Enforcement History (COMFORTS OF HOME RIVER FALLS CBRF--0012426)

**Date:** 11/29/2023      **SOD #**1DMC13      **Appealed:** No

Sanctions

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

**Date:** 04/17/2023      **SOD #**1DMC12      **Appealed:**

Sanctions

ORDER TO COMPLY  
FORFEITURE---83.32(3)(h)  
FORFEITURE---83.37(1)(j)

**Date:** 11/28/2022      **SOD #**1DMC11      **Appealed:**

Sanctions

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

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**Provider Inspection Summary**

For the period 03/28/2021 to 03/27/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Complaint History (COMFORTS OF HOME RIVER FALLS CBRF--0012426)**

**Date Complaint Received: 07/11/2023**

**Date Investigation Completed: 10/04/2023**

Subject Area(s)  
 PROGRAM SERVICES

Result  
 SUBSTANTIATED

SOD #  
 1DMC13

**Date Complaint Received: 11/01/2022**

**Date Investigation Completed: 02/03/2023**

Subject Area(s)  
 RESIDENT RIGHTS  
 ADMINISTRATION  
 ADMINISTRATION  
 PROGRAM SERVICES

Result  
 NOT SUBSTANTIATED  
 SUBSTANTIATED  
 NOT SUBSTANTIATED  
 NOT SUBSTANTIATED

SOD #  
 1DMC12

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

**Date Investigation Completed: 02/03/2023**

Subject Area(s)  
 PROGRAM SERVICES

Result  
 NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 08/02/2022**

**Date Investigation Completed: 08/23/2022**

Subject Area(s)  
 PHYSICAL ENVIRONMENT/SAFETY  
 PROGRAM SERVICES  
 RESIDENT RIGHTS  
 ADMINISTRATION  
 PROGRAM SERVICES

Result  
 NOT SUBSTANTIATED  
 NOT SUBSTANTIATED  
 NOT SUBSTANTIATED  
 NOT SUBSTANTIATED  
 SUBSTANTIATED

SOD #  
 1DMC11

**Date Complaint Received: 05/12/2022**

**Date Investigation Completed: 08/23/2022**

Subject Area(s)  
 ADMINISTRATION  
 PROGRAM SERVICES

Result  
 NOT SUBSTANTIATED  
 SUBSTANTIATED

SOD #  
 1DMC11

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### Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Date Complaint Received: 05/05/2022**

Subject Area(s)  
PROGRAM SERVICES  
STAFF TRAINING AND PROFICIENCY

**Date Investigation Completed: 08/23/2022**

<u>Result</u>	<u>SOD #</u>
SUBSTANTIATED	1DMC11
NOT SUBSTANTIATED	

**Date Complaint Received: 11/05/2021**

Subject Area(s)  
ADMINISTRATION  
PROGRAM SERVICES  
RESIDENT RIGHTS

**Date Investigation Completed: 08/23/2022**

<u>Result</u>	<u>SOD #</u>
NOT SUBSTANTIATED	
NOT SUBSTANTIATED	
NOT SUBSTANTIATED	

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## Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

Community Based Residential Facility--CLASS AA (AMBULATORY)

### Facility Information

**Facility Name:** KINNIC FALLS ALCOHOL DRUG SERVS INC (0008581)

**Address:** 900 SOUTH ORANGE STREET, RIVER FALLS, WI 54022

**License Status:** REGULAR

**Licensed/Certified/Registered** 12/31/1981 12:00:00AM

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

### Survey History

No survey activity during the period 3/28/21 to 3/27/24

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### Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

#### Facility Information

**Facility Name:** OUR HOUSE RIVER FALLS MEMORY CARE (0013425)

**Address:** 902 S WASSON LANE, RIVER FALLS, WI 54022

**License Status:** REGULAR

**Licensed/Certified/Registered** 10/01/2011 12:00:00AM

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

#### Survey History

**Survey ID:** 0145147    **End Date:** 12/19/2023    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0143545    **End Date:** 06/27/2023    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #52JK11    Served 06/30/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	12/19/23	Yes
83.35(3)(b)	SERVICE PLAN DEVELOPMENT: PARTIES INVOLVED	12/19/23	Yes
83.35(5)(a)	INITIAL EVALUATION OF EVACUATION LIMITATIONS	12/19/23	Yes
83.39(5)	PETS VACCINATED	12/19/23	Yes
83.46(1)(c)	HEATING SYSTEM MAINTENANCE	12/19/23	Yes

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**Provider Inspection Summary**

For the period 03/28/2021 to 03/27/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Survey ID: 0142099    End Date: 02/03/2023    Type: OTHER    Purpose: VERIFICATION VISIT**

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID: 0139892    End Date: 04/11/2022    Type: OTHER    Purpose: COMPLAINT/VV**

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #QO8Z12    Served 06/21/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.32(3)(a)	RIGHTS OF RESIDENTS: COMMUNICATIONS	2/3/23	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	2/3/23	Yes
83.39(1)	INFECTION CONTROL PROGRAM	2/3/23	Yes
83.41(1)(b)	EQUIPMENT	2/3/23	Yes
83.44(1)(c)	CLOTHES DRYERS ENCLOSED AND VENTED	2/3/23	Yes
83.45(1)(f)	FURNISHINGS CLEAN, SAFE, AND MAINTAINED	2/3/23	Yes

**Survey ID: 0137780    End Date: 10/25/2021    Type: STANDARD    Purpose: SURVEY**

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #QO8Z11    Served 11/16/2021

<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	4/11/22	Yes
83.25	CONTINUING EDUCATION	4/11/22	Yes
83.44(1)(c)	CLOTHES DRYERS ENCLOSED AND VENTED	4/11/22	No
83.45(1)(d)	HAZARDS	4/11/22	Yes
83.59(2)(a)	ONE-HAND, ONE-MOTION DOOR OPERATION	4/11/22	Yes

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### Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

#### Enforcement History (OUR HOUSE RIVER FALLS MEMORY CARE--0013425)

**Date:** 06/30/2023      **SOD #**52JK11      **Appealed:** No

Sanctions

ORDER TO COMPLY

**Date:** 06/21/2022      **SOD #**QO8Z12      **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY  
FORFEITURE---83.35(3)(d)  
FORFEITURE---83.39(1)  
FORFEITURE---83.44(1)(c)

**Date:** 11/16/2021      **SOD #**QO8Z11      **Appealed:** No

Sanctions

ORDER TO COMPLY

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### Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

#### Complaint History (OUR HOUSE RIVER FALLS MEMORY CARE--0013425)

**Date Complaint Received: 02/27/2023**

**Date Investigation Completed: 06/27/2023**

Subject Area(s)  
PROGRAM SERVICES

Result  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 03/17/2022**

**Date Investigation Completed: 04/11/2022**

Subject Area(s)  
PROGRAM SERVICES

Result  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 03/01/2022**

**Date Investigation Completed: 04/11/2022**

Subject Area(s)  
PHYSICAL ENVIRONMENT/SAFETY  
PROGRAM SERVICES  
STAFF TRAINING AND PROFICIENCY  
PHYSICAL ENVIRONMENT/SAFETY  
RESIDENT RIGHTS  
STAFF TRAINING AND PROFICIENCY

Result  
SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
SUBSTANTIATED  
SUBSTANTIATED

SOD #  
QO8Z12  
  
  
  
QO8Z12  
QO8Z12

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### Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

Community Based Residential Facility--CLASS AS (SEMIAMBULATORY)

#### Facility Information

**Facility Name:** RIDGEWOOD CBRF (510281)

**Address:** N7211 HWY 65, RIVER FALLS, WI 54022

**License Status:** REGULAR

**Licensed/Certified/Registered** 02/15/1996 12:00:00AM

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

#### Survey History

**Survey ID:** 0139479    **End Date:** 05/05/2022    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0137812    **End Date:** 08/31/2021    **Type:** STANDARD    **Purpose:** SURVEY/VV

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #ZTD212    Served 11/19/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.41(3)(b)	FOOD SAFETY	5/5/22	Yes

#### Enforcement History (RIDGEWOOD CBRF--510281)

**Date:** 11/19/2021    **SOD #**ZTD212    **Appealed:**

Sanctions

ORDER TO COMPLY  
FORFEITURE---83.41(3)(b)

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### Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

#### Facility Information

**Facility Name:** RIVER FALLS CBRF II LLC (0015130)

**Address:** 2354 AURORA CIRCLE, RIVER FALLS, WI 54022

**License Status:** REGULAR

**Licensed/Certified/Registered** 06/09/2014 12:00:00AM

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

#### Survey History

**Survey ID:** 0144917    **End Date:** 10/05/2023    **Type:** OTHER    **Purpose:** COMPLAINT/VV

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #HQFY12

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.28(4)(a)	RESIDENT HEALTH SCREENING AND DOCUMENTATION		

**Survey ID:** 0143191    **End Date:** 03/27/2023    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #HQFY11    Served 05/25/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.28(4)(a)	RESIDENT HEALTH SCREENING AND DOCUMENTATION	10/5/23	No
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	10/5/23	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	10/5/23	Yes

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### Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

83.38(1)(h)	MEDICATION ADMINISTRATION	10/5/23	Yes
83.39(1)	INFECTION CONTROL PROGRAM	10/5/23	Yes

---

**Survey ID: 0140176    End Date: 07/14/2022    Type: OTHER    Purpose: COMPLAINT**

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

---

**Survey ID: 0136722    End Date: 06/30/2021    Type: OTHER    Purpose: COMPLAINT**

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

---

**Survey ID: 0136246    End Date: 05/17/2021    Type: OTHER    Purpose: VERIFICATION VISIT**

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Enforcement History (RIVER FALLS CBRF II LLC--0015130)**

**Date: 11/29/2023    SOD #HQFY12    Appealed: No**

Sanctions

ORDER TO COMPLY  
FORFEITURE---83.28(4)(a)

---

**Date: 05/25/2023    SOD #HQFY11    Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY  
FORFEITURE---83.28(4)(a)  
FORFEITURE---83.32(3)(h)  
FORFEITURE---83.35(3)(d)

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## Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Complaint History (RIVER FALLS CBRF II LLC--0015130)

**Date Complaint Received: 05/15/2023**

**Date Investigation Completed: 10/05/2023**

Subject Area(s)  
ADMINISTRATION  
PROGRAM SERVICES

Result  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 02/07/2023**

**Date Investigation Completed: 03/27/2023**

Subject Area(s)  
RESIDENT RIGHTS

Result  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 01/10/2023**

**Date Investigation Completed: 03/27/2023**

Subject Area(s)  
ADMINISTRATION  
PROGRAM SERVICES

Result  
SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #  
HQFY11

**Date Complaint Received: 10/24/2022**

**Date Investigation Completed: 03/27/2023**

Subject Area(s)  
PROGRAM SERVICES

Result  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 05/01/2022**

**Date Investigation Completed: 07/14/2022**

Subject Area(s)  
PHYSICAL ENVIRONMENT/SAFETY  
RESIDENT RIGHTS

Result  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 11/15/2021**

**Date Investigation Completed: 07/14/2022**

Subject Area(s)  
PROGRAM SERVICES

Result  
NOT SUBSTANTIATED

SOD #

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## Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Date Complaint Received: 06/21/2021**

**Date Investigation Completed: 06/30/2021**

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

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## Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** Sycamore of River Falls (The) (0019594)

**Address:** 745 Sycamore St, River Falls, WI 54022

**License Status:** PROBATIONARY

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

### Survey History

**Survey ID:** 0145972    **End Date:** 03/08/2024    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #OVN511    Served 03/25/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.28(4)(a)	RESIDENT HEALTH SCREENING AND DOCUMENTATION		
83.35(5)(a)	INITIAL EVALUATION OF EVACUATION LIMITATIONS		
83.47(2)(d)	FIRE DRILLS		

**Survey ID:** 0143710    **End Date:** 07/18/2023    **Type:** INITIAL    **Purpose:** SURVEY

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

### Enforcement History (Sycamore of River Falls (The)--0019594)

**Date:** 03/25/2024    **SOD #**OVN511    **Appealed:** No

Sanctions

ORDER TO COMPLY

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**Provider Inspection Summary**

For the period 03/28/2021 to 03/27/2024  
Residential Care Apartment Complex (CERTIFIED)

**Facility Information**

**Facility Name:** COMFORTS OF HOME RIVER FALLS RCAC (0012053)  
**Address:** 2348 AURORA CIRCLE, RIVER FALLS, WI 54022  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 08/13/2007 12:00:00AM  
**Regional Office:** NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

**Survey History**

**Survey ID:** 0142766    **End Date:** 04/12/2023    **Type:** OTHER    **Purpose:** COMPLAINT  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0141079    **End Date:** 10/14/2022    **Type:** ABBREVIATED    **Purpose:** SURVEY/COMPLAINT  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024  
Residential Care Apartment Complex (CERTIFIED)

### Complaint History (COMFORTS OF HOME RIVER FALLS RCAC--0012053)

**Date Complaint Received: 02/21/2023**

**Date Investigation Completed: 04/12/2023**

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY  
STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED  
NOT SUBSTANTIATED

**Date Complaint Received: 02/06/2023**

**Date Investigation Completed: 04/12/2023**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

**Date Complaint Received: 02/11/2022**

**Date Investigation Completed: 10/14/2022**

Subject Area(s)

Result

SOD #

ADMINISTRATION  
PHYSICAL ENVIRONMENT/SAFETY  
PROGRAM SERVICES

NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

**Date Complaint Received: 12/14/2021**

**Date Investigation Completed: 10/14/2022**

Subject Area(s)

Result

SOD #

ADMINISTRATION  
PHYSICAL ENVIRONMENT/SAFETY  
PROGRAM SERVICES  
RESIDENT RIGHTS

NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

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## Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024  
Residential Care Apartment Complex (REGISTERED)

### Facility Information

**Facility Name:** SYCAMORE OF RIVER FALLS (THE) (0019451)  
**Address:** 745 SYCAMORE ST, RIVER FALLS, WI 54022  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 06/01/2023 12:00:00AM  
**Regional Office:** NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

### Survey History

**Survey ID:** 0143248    **End Date:** 06/01/2023    **Type:** INITIAL    **Purpose:** SURVEY  
**Results:** LICENSE/CERT/REGISTRATION ISSUED

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### Provider Inspection Summary

For the period 03/28/2021 to 03/27/2024  
Residential Care Apartment Complex (CERTIFIED)

#### Facility Information

**Facility Name:** VALLEY VILLAS ASSISTED LIVING (0013449)

**Address:** S820 WESTLAND DR, SPRING VALLEY, WI 54767

**License Status:** REGULAR

**Licensed/Certified/Registered** 08/16/2010 12:00:00AM

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

#### Survey History

**Survey ID:** 0145026    **End Date:** 12/06/2023    **Type:** ABBREVIATED    **Purpose:** SURVEY/COMPLAINT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #W3NC11    Served 12/11/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
89.23(4)(a)2	SERVICES	2/15/23	
89.23(5)	SERVICES	2/15/23	

#### Complaint History (VALLEY VILLAS ASSISTED LIVING--0013449)

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

**Date Investigation Completed:** 12/06/2023

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

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