

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 Portage County. The report is a PDF (Adobe Acrobat) document and includes a total of 61.00 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: CAHOOTS ADULT DAY SERVICES LLC (0017748)

Address: 128 CTY RD KK, AMHERST, WI 54406

License Status: REGULAR

Licensed/Certified/Registered 08/08/2019 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

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: ADULT DAY CENTER OF PORTAGE COUNTY (600005)

Address: 1519 WATER STREET, STEVENS POINT, WI 54481

License Status: REGULAR

Licensed/Certified/Registered 11/29/1990 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0136763 **End Date:** 07/09/2021 **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: AURORA RESIDENTIAL ALT INC 053 (0013774)

Address: 4525 RIVER DR, PLOVER, WI 54467

License Status: REGULAR

Licensed/Certified/Registered 06/15/2011 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0141483 **End Date:** 12/02/2022 **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: AURORA RESIDENTIAL ALTERNATIVES 52 (0008822)

Address: 1421 ROGERS DRIVE, PLOVER, WI 54467

License Status: REGULAR

Licensed/Certified/Registered 09/18/1999 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0138570 **End Date:** 02/01/2022 **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: BEST PLACE TO BE INC (0017303)

Address: 3940 MAPLE DR, PLOVER, WI 54467

License Status: REGULAR

Licensed/Certified/Registered 01/09/2019 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0138231 **End Date:** 01/10/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (BEST PLACE TO BE INC--0017303)

Date Complaint Received: 09/10/2021

Date Investigation Completed: 01/10/2022

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

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: EVERGREEN MANOR II (0011268)

Address: 3430 LARRY COURT, PLOVER, WI 54467

License Status: REGULAR

Licensed/Certified/Registered 01/11/2006 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0138636 **End Date:** 02/03/2022 **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: OUR PLACE (690022)

Address: 2420 CRESCENT CT, PLOVER, WI 54467

License Status: REGULAR

Licensed/Certified/Registered 11/11/1995 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0138574 **End Date:** 02/01/2022 **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: APPLEWOOD RESIDENCE (0018784)

Address: 1528 TREDER AVENUE, STEVENS POINT, WI 54482

License Status: REGULAR

Licensed/Certified/Registered 12/17/2021 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0145063 **End Date:** 12/12/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0144886 **End Date:** 09/27/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #TLEO11 Served 11/27/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS		
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY		
88.05(3)(a)	HOME ENVIRONMENT		
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE		
88.05(4)(d)2.a	FIRE SAFETY EVACUATION PLAN REVIEW		
88.06(2)(a)	ADMISSION-HEALTH EXAM		
88.06(3)(a)	INDIVIDUAL SERVICE PLAN & ASSESSMENT		
88.06(3)(f)	REVIEW OF ISP		
88.10(3)(p)	PROMPT AND ADEQUATE TREATMENT		

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Provider Inspection Summary

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

Adult Family Home

Survey ID: 0138408 End Date: 12/17/2021 Type: INITIAL Purpose: SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

Enforcement History (APPLEWOOD RESIDENCE--0018784)

Date: 11/27/2023 SOD #TLEO11 Appealed: No

Sanctions

ORDER TO COMPLY

Complaint History (APPLEWOOD RESIDENCE--0018784)

Date Complaint Received: 11/28/2023

Date Investigation Completed: 12/12/2023

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

Date Complaint Received: 09/12/2023

Date Investigation Completed: 09/27/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

TLEO11

Date Complaint Received: 08/22/2023

Date Investigation Completed: 09/27/2023

Subject Area(s)

Result

SOD #

ADMINISTRATION

SUBSTANTIATED

TLEO11

PROGRAM SERVICES

SUBSTANTIATED

TLEO11

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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 RESIDENTIAL ALT 057 (0013785)

Address: 5741 SANDPIPER DR, STEVENS POINT, WI 54481

License Status: REGULAR

Licensed/Certified/Registered 06/15/2011 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0141519 **End Date:** 12/05/2022 **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: AURORA RESIDENTIAL ALTERNATIVES INC 59 (0012036)

Address: 724 HAWK LANE, STEVENS POINT, WI 54481

License Status: REGULAR

Licensed/Certified/Registered 11/07/2007 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0145478 **End Date:** 02/05/2024 **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: BIRCHWOOD AVE (0018533)
Address: 5564 JEFFERSON STREET, STEVENS POINT, WI 54482
License Status: REGULAR
Licensed/Certified/Registered 12/17/2021 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0145062 **End Date:** 12/12/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0144934 **End Date:** 09/27/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #XILS11 Served 12/01/2023

<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		
88.06(2)(b)	SERVICE AGREEMENT EXCEPT RESPITE		
88.06(2)(c)8	RESIDENT RIGHTS AND GRIEVANCE		
88.06(3)(d)5	SIGNED STATEMENT OF AGREEMENT		
88.07(3)(d)	MEDICATION- WRITTEN ORDER		
88.09(1)(d)11	RESIDENT FUNDS		

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Provider Inspection Summary

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

Adult Family Home

Survey ID: 0142418 **End Date: 03/08/2023** **Type: OTHER** **Purpose: COMPLAINT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0138406 **End Date: 12/17/2021** **Type: INITIAL** **Purpose: SURVEY**

Results: LICENSE/CERT/REGISTRATION ISSUED

Enforcement History (BIRCHWOOD AVE--0018533)

Date: 12/01/2023 **SOD #XILS11** **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 (BIRCHWOOD AVE--0018533)

Date Complaint Received: 11/28/2023

Date Investigation Completed: 12/12/2023

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

Date Complaint Received: 09/12/2023

Date Investigation Completed: 09/27/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 08/22/2023

Date Investigation Completed: 09/27/2023

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 02/24/2023

Date Investigation Completed: 03/08/2023

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: GENERATIONS ASSISTED LIVING 2 (0018376)

Address: 2610 WASHINGTON AVENUE, PLOVER, WI 54467

License Status: REGULAR

Licensed/Certified/Registered 06/11/2021 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0146138 **End Date:** 01/24/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #3TF811 Served 04/16/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.37(1)(g)	DISPOSITION OF MEDICATIONS	5/31/24	Yes

Survey ID: 0136750 **End Date:** 06/11/2021 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

Complaint History (GENERATIONS ASSISTED LIVING 2--0018376)

Date Complaint Received: 08/07/2023

Date Investigation Completed: 01/24/2024

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PHYSICAL ENVIRONMENT/SAFETY

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: MAPLE RIDGE OF PLOVER MEMORY CARE (0012043)

Address: 2841 MAPLE DRIVE, PLOVER, WI 54467

License Status: REGULAR

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

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0142204 **End Date:** 02/13/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140066 **End Date:** 06/14/2022 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #N2RK11 Served 07/08/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.55(6)(b)	BATH AND TOILET AREAS: WATER TEMPERATURE	8/22/22	

Complaint History (MAPLE RIDGE OF PLOVER MEMORY CARE--0012043)

Date Complaint Received: 01/25/2023

Date Investigation Completed: 02/13/2023

Subject Area(s)
RESIDENT RIGHTS

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)

Facility Information

Facility Name: MAPLE RIDGE OF PLOVER (0012042)

Address: 2831 MAPLE DRIVE, PLOVER, WI 54467

License Status: REGULAR

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

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0145128 **End Date:** 12/07/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #11X711 Served 12/28/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	2/26/24	Yes
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	2/26/24	Yes

Survey ID: 0142721 **End Date:** 04/10/2023 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0142205 **End Date:** 02/15/2023 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141006 **End Date:** 10/07/2022 **Type:** OTHER **Purpose:** COMPLAINT

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 CNA (NONAMBULATORY)

Complaint History (MAPLE RIDGE OF PLOVER--0012042)

Date Complaint Received: 08/24/2023

Date Investigation Completed: 12/07/2023

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
ADMINISTRATION	SUBSTANTIATED	11X711
PROGRAM SERVICES	SUBSTANTIATED	11X711
STAFF TRAINING AND PROFICIENCY	SUBSTANTIATED	11X711

Date Complaint Received: 06/06/2022

Date Investigation Completed: 02/15/2023

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
ADMINISTRATION	NOT SUBSTANTIATED	
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: Seasons of Life Assisted Living (0018783)

Address: 3120 Rosalie Parkway, Plover, WI 54467

License Status: REGULAR

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

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0144524 **End Date:** 10/12/2023 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0144527 **End Date:** 02/20/2023 **Type:** INITIAL **Purpose:** SURVEY

Results: PROBATIONARY LICENSE ISSUED

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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: WHISPERING PINES CBRF (0012331)

Address: 3380 BRIDLEWOOD DR, PLOVER, WI 54467

License Status: REGULAR

Licensed/Certified/Registered 03/01/2009 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0144499 End Date: 10/11/2023 Type: OTHER Purpose: VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0143916 End Date: 06/05/2023 Type: ABBREVIATED Purpose: SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #1C1611 Served 08/11/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.17(1)	LICENSEE CONDUCT CAREGIVER BACKGROUND CHECK	10/11/23	Yes
83.19	ORIENTATION	10/11/23	Yes
83.25	CONTINUING EDUCATION	10/11/23	Yes
83.37(1)(a)	WRITTEN ORDER FOR MEDICATIONS, SUPPLEMENTS	10/11/23	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)

Enforcement History (WHISPERING PINES CBRF--0012331)

Date: 08/11/2023 **SOD #**1C1611 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---N 230 83.19
FORFEITURE---N 277 83.25

Complaint History (WHISPERING PINES CBRF--0012331)

Date Complaint Received: 05/09/2023 **Date Investigation Completed:** 06/05/2023

Subject Area(s)
ADMINISTRATION

Result SOD #
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: AURORA RESIDENTIAL ALTERNATIVES INC 062 (0013089)

Address: 651 2ND ST N, STEVENS POINT, WI 54481

License Status: REGULAR

Licensed/Certified/Registered 12/17/2009 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0140146 **End Date:** 07/12/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #FBNW11 Served 07/15/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.25	CONTINUING EDUCATION	8/29/22	
83.37(1)(e)	MEDICATION REGIMEN, ADMINISTRATION REVIEW	8/29/22	

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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: CARE PARTNERS STEVENS POINT 1 (0011953)

Address: 3349 BLDG A WHITING AVENUE, STEVENS POINT, WI 54481

License Status: REGULAR

Licensed/Certified/Registered 07/02/2007 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0144490 **End Date:** 08/16/2023 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT/COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #5MV215 Served 10/12/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(2)(a)	CAREGIVER: INVESTIGATING ABUSE AND NEGLECT		
83.12(3)(a)	INVESTIGATE INJURIES OF UNKNOWN SOURCE		
83.19	ORIENTATION		
83.25	CONTINUING EDUCATION		
83.32(3)(d)	RIGHTS OF RESIDENTS: FREE OF MISTREATMENT		
83.38(1)(c)	LEISURE TIME ACTIVITIES		
83.44(2)(a)	ROOMS CLEAN AND FREE FROM ODORS		
83.44(2)(c)	INTERIOR FLOORS, WALLS AND CEILINGS		

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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: 0140998 **End Date: 09/01/2022** **Type: OTHER** **Purpose: COMPLAINT/SELF REPORT/VV**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #5MV214 Served 10/11/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS	8/8/23	Yes
83.32(3)(b)	RIGHTS OF RESIDENTS: CONFIDENTIALITY	8/8/23	Yes
83.37(3)(c)	MEDICATION STORAGE: LOCKED CABINET	8/8/23	Yes
83.39(1)	INFECTION CONTROL PROGRAM	8/8/23	Yes

Survey ID: 0137024 **End Date: 06/30/2021** **Type: OTHER** **Purpose: VERIFICATION VISIT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #5MV213 Served 08/18/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS	9/1/22	
83.39(1)	INFECTION CONTROL PROGRAM	9/1/22	
83.44(2)(c)	INTERIOR FLOORS, WALLS AND CEILINGS	8/22/22	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 (CARE PARTNERS STEVENS POINT 1--0011953)

Date: 10/12/2023 **SOD #**5MV215 **Appealed:** **Decision:** PENDING

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.12 2a
FORFEITURE---83.12 3a
FORFEITURE---83.19
FORFEITURE---83.25
FORFEITURE---83.32 3d
FORFEITURE---83.38 1c
FORFEITURE---83.44 2a
FORFEITURE---83.44 2c

Date: 10/11/2022 **SOD #**5MV214 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.14(2)(a)
FORFEITURE---83.39(1)

Date: 08/18/2021 **SOD #**5MV213 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.14(2)(a)
FORFEITURE---83.44(2)(c)

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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: 04/06/2021

SOD #5MV212

Appealed:

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

NO NEW ADMISSIONS

ORDER TO COMPLY

FORFEITURE---50.09(1)(1)

FORFEITURE---83.12(2)(a)

FORFEITURE---83.19

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

FORFEITURE---83.32(3)(h)

FORFEITURE---83.35(3)(d)

FORFEITURE---83.38(1)(g) 2nd cite

FORFEITURE---83.39(1)

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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 (CARE PARTNERS STEVENS POINT 1--0011953)

Date Complaint Received: 12/19/2022

Date Investigation Completed: 08/16/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

5MV215

Date Complaint Received: 07/01/2022

Date Investigation Completed: 09/01/2022

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 06/16/2022

Date Investigation Completed: 09/01/2022

Subject Area(s)

Result

SOD #

ADMINISTRATION

SUBSTANTIATED

5MV214

PROGRAM SERVICES

SUBSTANTIATED

5MV214

RESIDENT RIGHTS

SUBSTANTIATED

5MV214

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

5MV214

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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: CARE PARTNERS STEVENS POINT 2 (0011954)

Address: 3349 BLDG B WHITING AVENUE, STEVENS POINT, WI 54481

License Status: REGULAR

Licensed/Certified/Registered 07/02/2007 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0144489 **End Date:** 08/16/2023 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT/COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #YU9Z14 Served 10/12/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(2)(a)	CAREGIVER: INVESTIGATING ABUSE AND NEGLECT		
83.32(3)(d)	RIGHTS OF RESIDENTS: FREE OF MISTREATMENT		
83.38(1)(c)	LEISURE TIME ACTIVITIES		
83.44(2)(c)	INTERIOR FLOORS, WALLS AND CEILINGS		

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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: 0141114 **End Date:** 09/01/2022 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #YU9Z13 Served 10/25/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS	8/8/23	Yes
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	8/8/23	Yes
83.35(1)(a)	PRE-ADMISSION AND ONGOING ASSESSMENTS	8/8/23	Yes
83.37(1)(k)	MEDICATION ERROR OR ADVERSE REACTION	8/8/23	Yes
83.39(1)	INFECTION CONTROL PROGRAM	8/8/23	Yes
83.42(2)	RESIDENT RECORDS SAFEGUARDED	8/8/23	Yes
83.44(2)(c)	INTERIOR FLOORS, WALLS AND CEILINGS	8/16/23	No

Survey ID: 0137026 **End Date:** 06/29/2021 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #YU9Z12 Served 08/18/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.28(7)	ADVANCED DIRECTIVES	8/22/22	Yes
83.39(1)	INFECTION CONTROL PROGRAM	9/1/22	
83.44(2)(c)	INTERIOR FLOORS, WALLS AND CEILINGS	9/1/22	

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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 (CARE PARTNERS STEVENS POINT 2--0011954)

Date: 10/12/2023 **SOD #**YU9Z14 **Appealed:** **Decision:** PENDING

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.12 2a
FORFEITURE---83.32 3d
FORFEITURE---83.38 1c
FORFEITURE---83.44 2c

Date: 10/25/2022 **SOD #**YU9Z13 **Appealed:** **Decision:** PENDING

Sanctions

ORDER TO COMPLY
FORFEITURE---83.14(2)(a)
FORFEITURE---83.32(3)(h)
FORFEITURE---83.35(1)(a)
FORFEITURE---83.37(1)(k)
FORFEITURE---83.39(1)
FORFEITURE---83.44(2)(c)

Date: 08/18/2021 **SOD #**YU9Z12 **Appealed:** **Decision:** PENDING

Sanctions

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

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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: 03/31/2021 **SOD #** YU9Z11 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
NO NEW ADMISSIONS
ORDER TO COMPLY
FORFEITURE---83.12(2)(a)
FORFEITURE---83.19
FORFEITURE---83.32(3)(d)
FORFEITURE---83.35(1)(a)

Complaint History (CARE PARTNERS STEVENS POINT 2--0011954)

Date Complaint Received: 03/27/2023

Date Investigation Completed: 08/16/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

YU9Z14

Date Complaint Received: 06/20/2022

Date Investigation Completed: 09/01/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

YU9Z13

Date Complaint Received: 09/15/2021

Date Investigation Completed: 09/01/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

YU9Z13

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

YU9Z13

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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: DIMENSIONS LIVING STEVENS POINT (0015134)

Address: 5625 SANDPIPER DR, STEVENS POINT, WI 54481

License Status: REGULAR

Licensed/Certified/Registered 08/29/2014 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0144010 **End Date:** 08/22/2023 **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: NORTH CREST (0016408)

Address: 2225 EAGLE SUMMIT, STEVENS POINT, WI 54482

License Status: REGULAR

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

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0141445 **End Date:** 11/22/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (NORTH CREST--0016408)

Date Complaint Received: 09/29/2022

Date Investigation Completed: 11/22/2022

Subject Area(s)
PROGRAM SERVICES
RESIDENT RIGHTS

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

Date Complaint Received: 03/21/2022

Date Investigation Completed: 11/22/2022

Subject Area(s)
ADMINISTRATION
PROGRAM SERVICES
RESIDENT RIGHTS
STAFF TRAINING AND PROFICIENCY

<u>Result</u>	<u>SOD #</u>
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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: NORTH HAVEN (0008672)

Address: 2301 EAGLE SUMMIT, STEVENS POINT, WI 54482

License Status: REGULAR

Licensed/Certified/Registered 04/01/2000 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0144507 **End Date:** 08/02/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #241F12 Served 10/13/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.37(1)(g)	DISPOSITION OF MEDICATIONS	4/17/24	Yes

Survey ID: 0141787 **End Date:** 11/09/2022 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #241F11 Served 01/10/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(4)(c)	REPORTING INCIDENTS WITH SERIOUS INJURY	8/2/23	Yes
83.12(6)	DOCUMENTATION REQUIREMENTS FOR WRITTEN REPORT	8/2/23	Yes
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	8/2/23	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)

83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	8/2/23	Yes
83.37(1)(g)	DISPOSITION OF MEDICATIONS	8/2/23	No
83.37(1)(i)	PRN PSYCHOTROPIC MEDICATION	8/2/23	Yes
83.41(3)(b)	FOOD SAFETY	8/2/23	Yes
83.42(1)	RESIDENT RECORD MAINTAINED	8/2/23	Yes
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	8/2/23	Yes
83.59(2)(a)	ONE-HAND, ONE-MOTION DOOR OPERATION	8/2/23	Yes

Enforcement History (NORTH HAVEN--0008672)

Date: 10/13/2023 **SOD #241F12** **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---N 406 83.37(1)(g)

Date: 01/10/2023 **SOD #241F11** **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 (NORTH HAVEN--0008672)

Date Complaint Received: 11/01/2023

Date Investigation Completed: 04/17/2024

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

Date Complaint Received: 07/21/2023

Date Investigation Completed: 08/02/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 06/01/2023

Date Investigation Completed: 08/02/2023

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 03/23/2023

Date Investigation Completed: 08/02/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 09/29/2022

Date Investigation Completed: 11/09/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

241F11

RESIDENT RIGHTS

SUBSTANTIATED

241F11

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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: 09/14/2022

Date Investigation Completed: 11/09/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

241F11

RESIDENT RIGHTS

SUBSTANTIATED

241F11

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

241F11

Date Complaint Received: 05/11/2021

Date Investigation Completed: 11/09/2022

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

SUBSTANTIATED

241F11

RESIDENT RIGHTS

SUBSTANTIATED

241F11

Date Complaint Received: 04/27/2021

Date Investigation Completed: 11/09/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

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: NORTH RIDGE (0010600)

Address: 2201 EAGLE SUMMIT, STEVENS POINT, WI 54482

License Status: REGULAR

Licensed/Certified/Registered 12/01/2004 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0145167 **End Date:** 11/28/2023 **Type:** OTHER **Purpose:** SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #GTOD11 Served 01/03/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(5)(a)	NOTIFICATION: INCIDENT, INJURY, CHANGES		
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES		

Survey ID: 0143850 **End Date:** 07/31/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/VV

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 CNA (NONAMBULATORY)

Survey ID: 0141786 End Date: 11/08/2022 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #SJQG11 Served 01/10/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN	7/31/23	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	7/31/23	Yes
83.37(1)(b)	MEDICATION LABEL PERMANENTLY ATTACHED	7/31/23	Yes
83.37(1)(g)	DISPOSITION OF MEDICATIONS	7/31/23	Yes
83.37(2)(c)	MEDICATION ADMINISTRATION NOT SUPERVISED	7/31/23	Yes
83.37(3)(g)	MEDICATION STORAGE: CONTROLLED SUBSTANCES	7/31/23	Yes
83.39(1)	INFECTION CONTROL PROGRAM	7/31/23	Yes
83.39(3)	HAND WASHING	7/31/23	Yes
83.41(3)(b)	FOOD SAFETY	7/31/23	Yes
83.59(2)(a)	ONE-HAND, ONE-MOTION DOOR OPERATION	7/31/23	Yes

Enforcement History (NORTH RIDGE--0010600)

Date: 01/03/2024 SOD #GTOD11 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION ORDER TO COMPLY
 FORFEITURE---N 169 83.12(5)(a)
 FORFEITURE---N389 83.35(3)(d)

Date: 01/10/2023 SOD #SJQG11 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)

Date Complaint Received: 01/19/2022

Date Investigation Completed: 11/08/2022

Subject Area(s)

PROGRAM SERVICES
RESIDENT RIGHTS
STAFF TRAINING AND PROFICIENCY

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
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)

Facility Information

Facility Name: POINT MANOR ASSISTED LIVING (0017960)
Address: 1800 SHERMAN AVENUE, STEVENS POINT, WI 54481
License Status: REGULAR
Licensed/Certified/Registered 12/01/2020 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0146214 **End Date:** 01/19/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #KBOU11 Served 04/23/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	6/7/24	Yes

Survey ID: 0142939 **End Date:** 04/24/2023 **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 CNA (NONAMBULATORY)

Survey ID: 0140907 End Date: 09/15/2022 Type: ABBREVIATED Purpose: SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #ZVSY11 Served 10/03/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.09(1)(l)	CARE	4/24/23	Yes
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	4/24/23	Yes
83.19	ORIENTATION	4/24/23	Yes
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	4/24/23	Yes
83.21(1)-(3)	ALL EMPLOYEE TRAINING	4/24/23	Yes
83.25	CONTINUING EDUCATION	4/24/23	Yes
83.28(3)	PROVIDE ADMISSION AGREEMENT AS REQUIRED	4/24/23	Yes
83.28(4)(a)	RESIDENT HEALTH SCREENING AND DOCUMENTATION	4/24/23	Yes
83.32(2)(a)	EXPLANATION OF RIGHTS, GRIEVANCE PROCEDURE	4/24/23	Yes
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	4/24/23	Yes
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN	4/24/23	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	4/24/23	Yes
83.35(3)(f)	STAFF ACCESS TO ASSESSMENT AND ISP	4/24/23	Yes
83.35(5)(a)	INITIAL EVALUATION OF EVACUATION LIMITATIONS	4/24/23	Yes
83.37(2)(e)	OTHER ADMINISTRATION GIVEN OR DELEGATED BY RN	4/24/23	Yes

Survey ID: 0136668 End Date: 06/29/2021 Type: OTHER Purpose: COMPLAINT

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 CNA (NONAMBULATORY)

Enforcement History (POINT MANOR ASSISTED LIVING--0017960)

Date: 10/03/2022 SOD #ZVSY11 Appealed:

Sanctions

- COMPLY WITH REQUIREMENT
- ORDER TO COMPLY
- FORFEITURE---50.09(1)(l)
- FORFEITURE---83.19
- FORFEITURE---83.20(2)(a)-(d) 2nd cite
- FORFEITURE---83.21(1)-(3)
- FORFEITURE---83.25
- FORFEITURE---83.32(2)(h)
- FORFEITURE---83.32(3)(a)
- FORFEITURE---83.35(3)(d)
- FORFEITURE---83.35(5)(a)
- FORFEITURE---83.37(2)(e)

Complaint History (POINT MANOR ASSISTED LIVING--0017960)

Date Complaint Received: 09/12/2023 Date Investigation Completed: 01/19/2024

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
ADMINISTRATION	SUBSTANTIATED	KBOU11
PHYSICAL ENVIRONMENT/SAFETY	SUBSTANTIATED	KBOU11
RESIDENT RIGHTS	SUBSTANTIATED	KBOU11
STAFF TRAINING AND PROFICIENCY	SUBSTANTIATED	KBOU11

Date Complaint Received: 08/16/2022 Date Investigation Completed: 09/15/2022

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PROGRAM SERVICES	SUBSTANTIATED	ZVSY11

Date Complaint Received: 06/14/2021 Date Investigation Completed: 06/29/2021

<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 AA (AMBULATORY)

Facility Information

Facility Name: PORTAGE HOUSE (610004)

Address: 1019 ARLINGTON PLACE, STEVENS POINT, WI 54481

License Status: REGULAR

Licensed/Certified/Registered 03/31/1981 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

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: SYLVAN CROSSINGS OF STEVENS POINT (0011469)

Address: 100 NORTH GREEN AVENUE, STEVENS POINT, WI 54481

License Status: REGULAR

Licensed/Certified/Registered 11/01/2006 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0141959 **End Date:** 01/26/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141225 **End Date:** 08/03/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #S9LD11 Served 11/03/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)(n)	RIGHTS OF RESIDENTS: SAFE ENVIRONMENT	1/26/23	Yes
83.38(1)(b)	SUPERVISION	1/26/23	Yes
83.40	OXYGEN STORAGE	1/26/23	Yes
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	1/26/23	Yes
83.44(1)(c)	CLOTHES DRYERS ENCLOSED AND VENTED	1/26/23	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)

Enforcement History (SYLVAN CROSSINGS OF STEVENS POINT--0011469)

Date: 11/03/2022 **SOD #**S9LD11 **Appealed:** **Decision:** PENDING

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.32(3)(n)
FORFEITURE---83.38(1)(b)

Complaint History (SYLVAN CROSSINGS OF STEVENS POINT--0011469)

Date Complaint Received: 07/13/2022 **Date Investigation Completed:** 08/03/2022
Subject Area(s) Result SOD #
PROGRAM SERVICES SUBSTANTIATED S9LD11

Date Complaint Received: 03/28/2022 **Date Investigation Completed:** 08/03/2022
Subject Area(s) Result SOD #
RESIDENT RIGHTS SUBSTANTIATED S9LD11

Date Complaint Received: 05/04/2021 **Date Investigation Completed:** 08/03/2022
Subject Area(s) Result SOD #
ADMINISTRATION NOT SUBSTANTIATED
PHYSICAL ENVIRONMENT/SAFETY NOT SUBSTANTIATED
PROGRAM SERVICES NOT SUBSTANTIATED
RESIDENT RIGHTS NOT SUBSTANTIATED

Date Complaint Received: 04/12/2021 **Date Investigation Completed:** 08/03/2022
Subject Area(s) Result SOD #
RESIDENT RIGHTS 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: WELLINGTON PLACE AT WHITING (0017437)

Address: 1902 POST ROAD, STEVENS POINT, WI 54481

License Status: REGULAR

Licensed/Certified/Registered 02/26/2020 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0139280 **End Date:** 03/11/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #5QHD11 Served 04/18/2022

Deficiencies Cited
83.25

Subject Area
CONTINUING EDUCATION

Compliance
Verified

Corrected

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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: WILLOW BROOKE POINT SENIOR LIVING CBRF (0015624)

Address: 1800 BLUEBELL LN, STEVENS POINT, WI 54481

License Status: REGULAR

Licensed/Certified/Registered 08/01/2016 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0145816 **End Date:** 03/05/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0144197 **End Date:** 09/05/2023 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0143119 **End Date:** 02/28/2023 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #J07R14 Served 05/22/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
50.09(1)(l)	CARE	9/5/23	Yes
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	9/5/23	Yes
83.35(3)(c)	IMPLEMENT, FOLLOW THE INDIVIDUAL SERVICE PLAN	9/5/23	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	9/5/23	Yes
83.36(1)(a)	ADEQUATE STAFF TO MEET RESIDENT NEEDS	9/5/23	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)

83.43(1) ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE 9/5/23 Yes

Survey ID: 0140258 End Date: 04/25/2022 Type: STANDARD Purpose: SURVEY/SELF REPORT/COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #J07R13 Served 07/27/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)(d)	RIGHTS OF RESIDENTS: FREE OF MISTREATMENT	2/28/23	Yes
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	2/28/23	No
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	2/28/23	Yes
83.38(1)(g)	HEALTH MONITORING	2/28/23	Yes
83.41(3)(b)	FOOD SAFETY	2/28/23	Yes
83.42(1)	RESIDENT RECORD MAINTAINED	2/28/23	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)

Enforcement History (WILLOW BROOKE POINT SENIOR LIVING CBRF--0015624)

Date: 05/22/2023 **SOD #**J07R14 **Appealed:** **Decision:** PENDING

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---50.09(1)(L)
FORFEITURE---83.32(3)(h)
FORFEITURE---83.35(3)(c)
FORFEITURE---83.35(3)(d)
FORFEITURE---83.36(1)(a)
FORFEITURE---83.43(1)

Date: 07/27/2022 **SOD #**J07R13 **Appealed:** **Decision:** PENDING

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.32(3)(d)
FORFEITURE---83.32(3)(h) 2nd cite
FORFEITURE---83.37(2)(d)
FORFEITURE---83.38(1)(g)

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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 (WILLOW BROOKE POINT SENIOR LIVING CBRF--0015624)

Date Complaint Received: 01/11/2024

Date Investigation Completed: 03/05/2024

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 08/24/2023

Date Investigation Completed: 03/05/2024

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 07/25/2023

Date Investigation Completed: 09/05/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 03/27/2023

Date Investigation Completed: 09/05/2023

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

ADMINISTRATION

NOT SUBSTANTIATED

Date Complaint Received: 02/28/2023

Date Investigation Completed: 03/05/2024

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date Complaint Received: 01/31/2023

Date Investigation Completed: 02/28/2023

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
ADMINISTRATION	SUBSTANTIATED	J07R14
PROGRAM SERVICES	SUBSTANTIATED	J07R14
RESIDENT RIGHTS	SUBSTANTIATED	J07R14
STAFF TRAINING AND PROFICIENCY	SUBSTANTIATED	J07R14

Date Complaint Received: 01/17/2023

Date Investigation Completed: 02/28/2023

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

Date Complaint Received: 07/26/2022

Date Investigation Completed: 02/28/2023

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
RESIDENT RIGHTS	SUBSTANTIATED	J07R14

Date Complaint Received: 07/20/2022

Date Investigation Completed: 02/28/2023

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PROGRAM SERVICES	SUBSTANTIATED	J07R14
RESIDENT RIGHTS	SUBSTANTIATED	J07R14

Date Complaint Received: 07/06/2022

Date Investigation Completed: 02/28/2023

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

Date Complaint Received: 06/30/2022

Date Investigation Completed: 02/28/2023

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
RESIDENT RIGHTS	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)

Date Complaint Received: 10/21/2021

Date Investigation Completed: 04/25/2022

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PHYSICAL ENVIRONMENT/SAFETY	SUBSTANTIATED	J07R13
PROGRAM SERVICES	SUBSTANTIATED	J07R13
RESIDENT RIGHTS	SUBSTANTIATED	J07R13

Date Complaint Received: 08/24/2021

Date Investigation Completed: 04/25/2022

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

Date Complaint Received: 08/17/2021

Date Investigation Completed: 04/25/2022

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

Date Complaint Received: 07/28/2021

Date Investigation Completed: 04/25/2022

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PROGRAM SERVICES	SUBSTANTIATED	J07R13
RESIDENT RIGHTS	SUBSTANTIATED	J07R13
STAFF TRAINING AND PROFICIENCY	SUBSTANTIATED	J07R13

Date Complaint Received: 06/08/2021

Date Investigation Completed: 04/25/2022

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PHYSICAL ENVIRONMENT/SAFETY	SUBSTANTIATED	J07R13
PROGRAM SERVICES	SUBSTANTIATED	J07R13
RESIDENT RIGHTS	SUBSTANTIATED	J07R13

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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: 04/27/2021

Date Investigation Completed: 04/25/2022

Subject Area(s)

PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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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: LODGE AT WHISPERING PINES (THE) (0012069)
Address: 3450 BRIDLEWOOD DR, PLOVER, WI 54467
License Status: REGULAR
Licensed/Certified/Registered 04/28/2008 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0143266	End Date: 06/02/2023	Type: ABBREVIATED	Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED			
<hr/>			
Survey ID: 0136735	End Date: 06/23/2021	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
Residential Care Apartment Complex (CERTIFIED)

Facility Information

Facility Name: DIMENSIONS LIVING STEVENS POINT (0015136)
Address: 5625 SANDPIPER DR, STEVENS POINT, WI 54481
License Status: REGULAR
Licensed/Certified/Registered 08/29/2014 12:00:00AM
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0144981 **End Date:** 11/30/2023 **Type:** OTHER **Purpose:** COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0144011 **End Date:** 08/22/2023 **Type:** ABBREVIATED **Purpose:** SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (DIMENSIONS LIVING STEVENS POINT--0015136)

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

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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: RIVER VIEW LODGE ASSISTED LIVING (0017958)

Address: 1800B SHERMAN AVE, STEVENS POINT, WI 54481

License Status: REGULAR

Licensed/Certified/Registered 12/01/2019 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0145413 **End Date:** 01/19/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0138739 **End Date:** 01/06/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #N00311 Served 02/18/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
89.43(3)	ISSUANCE	4/4/22	

Survey ID: 0136664 **End Date:** 06/29/2021 **Type:** OTHER **Purpose:** 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 (RIVER VIEW LODGE ASSISTED LIVING--0017958)

Date Complaint Received: 09/11/2023

Date Investigation Completed: 01/19/2024

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 07/16/2021

Date Investigation Completed: 01/06/2022

Subject Area(s)

Result

SOD #

ADMINISTRATION

SUBSTANTIATED

N00311

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

PROGRAM SERVICES

SUBSTANTIATED

N00311

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

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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: WILLOW BROOKE POINT SENIOR LIVING RCAC (0015633)

Address: 1801 LILAC LN, STEVENS POINT, WI 54481

License Status: REGULAR

Licensed/Certified/Registered 08/01/2015 12:00:00AM

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5252

Survey History

Survey ID: 0145810 **End Date:** 03/05/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0142045 **End Date:** 02/02/2023 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (WILLOW BROOKE POINT SENIOR LIVING RCAC--0015633)

Date Complaint Received: 08/24/2023

Date Investigation Completed: 03/05/2024

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 08/14/2023

Date Investigation Completed: 03/05/2024

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

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