

## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

### Notes

**This report includes Provider Inspection Summaries (Facility Profiles) for Assisted Living Facilities in Rusk County. The report is a PDF (Adobe Acrobat) document and includes a total of 20.00 pages. If you wish to read the profile for a particular facility without scrolling through the rest of the document, use the Search feature in the Acrobat Reader to specify part of the name of the facility you wish to review.**

**If you wish to print the profile for a particular facility, be sure to send only the desired pages to your computer printer. Otherwise you will be printing all pages in the document.**

## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Adult Day Care Center

### Facility Information

**Facility Name:** LADYSMITH ADULT DAY SERVICES (0016417)

**Address:** 518 WEST LAKE AVENUE, LADYSMITH, WI 54848

**License Status:** REGULAR

**Licensed/Certified/Registered** 02/13/2017 12:00:00AM

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

### Survey History

No survey activity during the period 1/30/22 to 1/29/25

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### Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Adult Family Home

#### Facility Information

**Facility Name:** BRUCE ASSISTED LIVING (0018616)

**Address:** 405 BRUCE LAKE RD, BRUCE, WI 54819

**License Status:** REGULAR

**Licensed/Certified/Registered** 07/14/2022 12:00:00AM

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

#### Survey History

**Survey ID:** 0148335    **End Date:** 11/13/2024    **Type:** OTHER    **Purpose:** COMPLAINT/VV

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #YQ4613    Served 12/17/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(3)(b)	COMPLETE BACKGROUND CHECK PROCESS		
88.03(3)(b)	CRIMINAL RECORDS CHECK		
88.03(5)(e)1	SIGNIFICANT CHANGE TO THE RESIDENT		
88.04(2)(a)	RESPONSIBILITIES		
88.04(2)(b)	AWAKE STAFF FOR CONTINUOUS CARE		
88.04(2)(f)	CONDITION WHICH REPRESENTS RISK OR HARM		
88.05(3)(a)	HOME ENVIRONMENT		
88.05(4)(b)1	FIRE SAFETY-SMOKE DETECTORS		
88.10(3)(p)	PROMPT AND ADEQUATE TREATMENT		

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### Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Adult Family Home

**Survey ID:** 0146801    **End Date:** 05/28/2024    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT/VV

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #YQ4612    Served 06/27/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(g)1	HEALTH SCREENING FOR STAFF	11/13/24	Yes
88.05(3)(a)	HOME ENVIRONMENT	11/13/24	No
88.05(3)(b)	FREE OF HAZARDS	11/13/24	Yes
88.05(4)(b)1	FIRE SAFETY-SMOKE DETECTORS	11/13/24	No

**Survey ID:** 0145227    **End Date:** 01/09/2024    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #YQ4611    Served 01/10/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.08	TERMINATION OF PLACEMENT		

**Survey ID:** 0144620    **End Date:** 10/24/2023    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0143664    **End Date:** 07/13/2023    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #FFBX11    Served 07/18/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.07(2)(b)5	MONITORING HEALTH	10/24/23	Yes
88.07(2)(b)6	NOTIFICATION OF CHANGES	10/24/23	Yes

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### Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Adult Family Home

**Survey ID: 0143598**    **End Date: 06/08/2023**    **Type: OTHER**    **Purpose: COMPLAINT/VV**

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #T6KY12    Served 07/10/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(bb)	DETERMINE FINAL DISPOSITION OF CHARGE	10/24/23	Yes
50.065(4m)(c)	COMPLETE BACKGROUND INFORMATION DISCLOSURE FORM	10/24/23	Yes
88.04(2)(f)	CONDITION WHICH REPRESENTS RISK OR HARM	10/24/23	Yes
88.05(3)(a)	HOME ENVIRONMENT	10/24/23	Yes
88.07(2)(a)	SERVICES	10/24/23	Yes
88.10(3)(a)	FAIR TREATMENT	10/24/23	Yes
88.10(3)(m)	FREEDOM FROM ABUSE	10/24/23	Yes

**Survey ID: 0142625**    **End Date: 03/29/2023**    **Type: OTHER**    **Purpose: COMPLAINT**

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #T6KY11    Served 03/31/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.10(3)(a)	FAIR TREATMENT	6/8/23	No

**Survey ID: 0142059**    **End Date: 01/30/2023**    **Type: OTHER**    **Purpose: COMPLAINT**

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID: 0140140**    **End Date: 07/06/2022**    **Type: INITIAL**    **Purpose: SURVEY**

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

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Adult Family Home

### Enforcement History (BRUCE ASSISTED LIVING--0018616)

**Date:** 12/17/2024      **SOD #**YQ4613      **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
NO NEW ADMISSIONS  
ORDER TO COMPLY

**Date:** 06/27/2024      **SOD #**YQ4612      **Appealed:** No

Sanctions

ORDER TO COMPLY

**Date:** 01/10/2024      **SOD #**YQ4611      **Appealed:** No

Sanctions

ORDER TO COMPLY

**Date:** 07/18/2023      **SOD #**FFBX11      **Appealed:** No

Sanctions

ORDER TO COMPLY

**Date:** 07/10/2023      **SOD #**T6KY12      **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
NO NEW ADMISSIONS  
ORDER TO COMPLY

**Date:** 03/31/2023      **SOD #**T6KY11      **Appealed:** No

Sanctions

ORDER TO COMPLY

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Adult Family Home

### Complaint History (BRUCE ASSISTED LIVING--0018616)

**Date Complaint Received: 11/06/2024**

**Date Investigation Completed: 11/13/2024**

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY  
RESIDENT RIGHTS

SUBSTANTIATED  
NOT SUBSTANTIATED

YQ4613

**Date Complaint Received: 10/30/2024**

**Date Investigation Completed: 11/13/2024**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

YQ4613

**Date Complaint Received: 04/30/2024**

**Date Investigation Completed: 05/28/2024**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

**Date Complaint Received: 03/20/2024**

**Date Investigation Completed: 05/28/2024**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

**Date Complaint Received: 12/20/2023**

**Date Investigation Completed: 01/09/2024**

Subject Area(s)

Result

SOD #

OTHER

NOT SUBSTANTIATED

**Date Complaint Received: 06/27/2023**

**Date Investigation Completed: 07/13/2023**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

FFBX11

RESIDENT RIGHTS

SUBSTANTIATED

FFBX11

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Adult Family Home

**Date Complaint Received: 05/31/2023**

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

**Date Investigation Completed: 06/08/2023**

<u>Result</u>	<u>SOD #</u>
SUBSTANTIATED	T6KY12
NOT SUBSTANTIATED	
SUBSTANTIATED	T6KY12
SUBSTANTIATED	T6KY12
SUBSTANTIATED	T6KY12

**Date Complaint Received: 05/17/2023**

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

**Date Investigation Completed: 06/08/2023**

<u>Result</u>	<u>SOD #</u>
SUBSTANTIATED	T6KY12
SUBSTANTIATED	T6KY12
SUBSTANTIATED	T6KY12
SUBSTANTIATED	T6KY12
SUBSTANTIATED	T6KY12
SUBSTANTIATED	T6KY12

**Date Complaint Received: 03/08/2023**

Subject Area(s)  
RESIDENT RIGHTS  
RESIDENT RIGHTS

**Date Investigation Completed: 03/29/2023**

<u>Result</u>	<u>SOD #</u>
SUBSTANTIATED	T6KY11
SUBSTANTIATED	T6KY11

**Date Complaint Received: 01/03/2023**

Subject Area(s)  
RESIDENT RIGHTS

**Date Investigation Completed: 01/30/2023**

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

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Adult Family Home

### Facility Information

**Facility Name:** NEW BEGINNINGS 3.0 (0018177)

**Address:** N620 HIGHWAY 27, CONRATH, WI 54731

**License Status:** REGULAR

**Licensed/Certified/Registered** 08/13/2020 12:00:00AM

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

### Survey History

No survey activity during the period 1/30/22 to 1/29/25

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### Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Adult Family Home

#### Facility Information

**Facility Name:** MINER MANOR (0017200)

**Address:** 407 E MINER AVE, LADYSMITH, WI 54848

**License Status:** REGULAR

**Licensed/Certified/Registered** 09/16/2019 12:00:00AM

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

#### Survey History

**Survey ID:** 0144415    **End Date:** 10/02/2023    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0142458    **End Date:** 03/01/2023    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #0ZNL11    Served 03/14/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(3)(b)	COMPLETE BACKGROUND CHECK PROCESS	10/2/23	Yes
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY	10/2/23	Yes
88.06(3)(f)	REVIEW OF ISP	10/2/23	Yes
88.10(3)(n)1	FREEDOM FROM SECLUSION AND RESTRAINTS	10/2/23	Yes

#### Enforcement History (MINER MANOR--0017200)

**Date:** 03/14/2023    **SOD #**0ZNL11    **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Adult Family Home

### Facility Information

**Facility Name:** PARKER PLACE (THE) (0010652)

**Address:** W9976 BIRCH CIRCLE DRIVE, LADYSMITH, WI 54848

**License Status:** REGULAR

**Licensed/Certified/Registered** 07/02/2004 12:00:00AM

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

### Survey History

**Survey ID:** 0143021    **End Date:** 05/09/2023    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Adult Family Home

### Facility Information

**Facility Name:** Weeping Willow Acres (0018420)

**Address:** W16860 Old 14, Rice Lake, WI 54868

**License Status:** REGULAR

**Licensed/Certified/Registered** 02/23/2021 12:00:00AM

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

### Survey History

No survey activity during the period 1/30/22 to 1/29/25

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### Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Adult Family Home

#### Facility Information

**Facility Name:** NEW BEGINNINGS 2.0 (0016616)

**Address:** W5136 SPUR ROAD, SHELDON, WI 54766

**License Status:** REGULAR

**Licensed/Certified/Registered** 04/05/2017 12:00:00AM

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

#### Survey History

**Survey ID:** 0144224    **End Date:** 09/13/2023    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0143527    **End Date:** 06/28/2023    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #ET3L11    Served 06/29/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(d)	ANNUAL WELL WATER INSPECTIONS	9/13/23	Yes

#### Enforcement History (NEW BEGINNINGS 2.0--0016616)

**Date:** 06/29/2023    **SOD #**ET3L11    **Appealed:** No

Sanctions

ORDER TO COMPLY

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### Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Adult Family Home

#### Facility Information

**Facility Name:** NEW BEGINNINGS (0016825)

**Address:** N595 2ND AVENUE, SHELDON, WI 54766

**License Status:** REGULAR

**Licensed/Certified/Registered** 07/03/2017 12:00:00AM

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

#### Survey History

**Survey ID:** 0145116    **End Date:** 12/21/2023    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #EXDI11    Served 12/27/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(bb)	DETERMINE FINAL DISPOSITION OF CHARGE	2/10/24	

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**Provider Inspection Summary**

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

**Facility Information**

**Facility Name:** LAKE MANOR (510330)

**Address:** 119 E 4TH ST N, LADYSMITH, WI 54848

**License Status:** REGULAR

**Licensed/Certified/Registered** 06/30/1992 12:00:00AM

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

**Survey History**

**Survey ID:** 0146890    **End Date:** 07/08/2024    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0146299    **End Date:** 04/11/2024    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #8KZ311    Served 05/03/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)(n)	RIGHTS OF RESIDENTS: SAFE ENVIRONMENT	7/8/24	Yes

**Survey ID:** 0144414    **End Date:** 10/02/2023    **Type:** ABBREVIATED    **Purpose:** SURVEY/COMPLAINT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #MO0S11    Served 10/03/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.47(2)(d)	FIRE DRILLS	11/17/23	
83.47(2)(e)	OTHER EVACUATION DRILLS	11/17/23	

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### Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

#### Enforcement History (LAKE MANOR--510330)

**Date:** 05/03/2024      **SOD #**8KZ311      **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
NO NEW ADMISSIONS  
ORDER TO COMPLY  
FORFEITURE---83.32(3)(n)

#### Complaint History (LAKE MANOR--510330)

**Date Complaint Received:** 03/27/2024

**Date Investigation Completed:** 04/11/2024

Subject Area(s)  
PROGRAM SERVICES

Result  
SUBSTANTIATED

SOD #  
8KZ311

**Date Complaint Received:** 08/07/2023

**Date Investigation Completed:** 10/02/2023

Subject Area(s)  
PROGRAM SERVICES  
RESIDENT RIGHTS

Result  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** VITACARE LIVING - LADYSMITH I (0018755)

**Address:** 910 SHADY LANE, LADYSMITH, WI 54848

**License Status:** REGULAR

**Licensed/Certified/Registered** 02/01/2023 12:00:00AM

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

### Survey History

**Survey ID:** 0141459      **End Date:** 11/29/2022      **Type:** STANDARD      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** VITACARE LIVING - LADYSMITH II (0018747)

**Address:** 1105 BAKER AVE, LADYSMITH, WI 54848

**License Status:** REGULAR

**Licensed/Certified/Registered** 02/01/2023 12:00:00AM

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

### Survey History

**Survey ID:** 0142229    **End Date:** 02/16/2023    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0141727    **End Date:** 12/20/2022    **Type:** OTHER    **Purpose:** COMPLAINT/VV

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0141112    **End Date:** 10/13/2022    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #7EER11    Served 10/24/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.12(3)(b)	DOCUMENTATION OF INVESTIGATIONS OF INJURIES	12/20/22	Yes
83.12(5)(a)	NOTIFICATION: INCIDENT, INJURY, CHANGES	12/20/22	Yes
83.17(1)	LICENSEE CONDUCT CAREGIVER BACKGROUND CHECK	12/20/22	Yes
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN	12/20/22	Yes
83.37(1)(h)	SCHEDULED PSYCHOTROPIC MEDICATIONS	12/20/22	Yes

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**Provider Inspection Summary**

For the period 01/30/2022 to 01/29/2025

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

83.38(1)(c)	LEISURE TIME ACTIVITIES	12/20/22	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	12/20/22	Yes
83.55(6)(b)	BATH AND TOILET AREAS: WATER TEMPERATURE	12/20/22	Yes

**Enforcement History (VITACARE LIVING - LADYSMITH II--0018747)**

**Date:** 10/24/2022      **SOD #**7EER11      **Appealed:** No

Sanctions  
 ORDER TO COMPLY

**Complaint History (VITACARE LIVING - LADYSMITH II--0018747)**

**Date Complaint Received:** 01/11/2023      **Date Investigation Completed:** 02/16/2023

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

**Date Complaint Received:** 12/01/2022      **Date Investigation Completed:** 12/20/2022

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

**Date Complaint Received:** 08/03/2022      **Date Investigation Completed:** 10/13/2022

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PROGRAM SERVICES	SUBSTANTIATED	7EER11

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## Provider Inspection Summary

For the period 01/30/2022 to 01/29/2025  
Residential Care Apartment Complex (CERTIFIED)

### Facility Information

**Facility Name:** CARE VILLAS (0018842)

**Address:** 1001 E 11TH ST N, LADYSMITH, WI 54848

**License Status:** REGULAR

**Licensed/Certified/Registered** 06/27/2022 12:00:00AM

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

### Survey History

**Survey ID:** 0139978    **End Date:** 06/27/2022    **Type:** INITIAL    **Purpose:** CHOW--DESK REVIEW

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

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