Provider Inspection Summary

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

STATE OF WISCONSIN
Bureau of Assisted Living
P.O. Box 7940
Madison WI 53707-7940

Notes

This report includes Provider Inspection Summaries (Facility Profiles) for Assisted Living Facilities in Sauk County.
The report is a PDF (Adobe Acrobat) document and includes a total of 50.00 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

STATE OF WISCONSIN
Bureau of Assisted Living
P.O. Box 7940
Madison WI 53707-7940

Facility Information

Facility Name: REMINISCE ADULT DAY SERVICES AT RASLC (0018006)

Address: 2350 NORTH DEWEY AVENUE, REEDSBURG, WI 53959

License Status: REGULAR

Licensed/Certified/Registered 02/07/2020 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

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

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

Provider Inspection Summary

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

Adult Family Home

STATE OF WISCONSIN
Bureau of Assisted Living
P.O. Box 7940
Madison WI 53707-7940

Facility Information

Facility Name: REM Krista Court (0012869)

Address: 300 Krista Court, BARABOO, WI 53913

License Status: REGULAR

Licensed/Certified/Registered 08/26/2010 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0145411 **End Date: 01/24/2024** **Type: ABBREVIATED** **Purpose: SURVEY**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140870 **End Date: 09/21/2022** **Type: OTHER** **Purpose: VERIFICATION VISIT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139935 **End Date: 02/02/2022** **Type: OTHER** **Purpose: OTHER**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #QSHD11 Served 06/24/2022

Deficiencies Cited	Subject Area	Compliance Verified	Corrected
88.03(3)(b)	CRIMINAL RECORDS CHECK	9/21/22	Yes
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE	9/21/22	Yes
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT	9/21/22	Yes

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Provider Inspection Summary

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

Adult Family Home

STATE OF WISCONSIN
Bureau of Assisted Living
P.O. Box 7940
Madison WI 53707-7940

Survey ID: 0136909 **End Date: 08/04/2021** **Type: ABBREVIATED** **Purpose: SURVEY**

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #345911 Served 08/17/2021

Deficiencies Cited	Subject Area	Compliance Verified	Corrected
88.03(3)(b)	CRIMINAL RECORDS CHECK	2/2/22	No
88.05(3)(a)	HOME ENVIRONMENT	2/2/22	Yes
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE	2/2/22	No

Enforcement History (REM Krista Court--0012869)

Date: 06/24/2022 **SOD #QSHD11** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 08/17/2021 **SOD #345911** **Appealed: No**

Sanctions

COMPLY WITH REQUIREMENT
ORDER TO COMPLY

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Provider Inspection Summary

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

Adult Family Home

STATE OF WISCONSIN
Bureau of Assisted Living
P.O. Box 7940
Madison WI 53707-7940

Facility Information

Facility Name: RIDGEVIEW (0010420)

Address: S9068 COUNTY RD G, PLAIN, WI 53577

License Status: REGULAR

Licensed/Certified/Registered 12/23/2003 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0143761 **End Date: 07/19/2023** **Type: OTHER** **Purpose: COMPLAINT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140769 **End Date: 09/01/2022** **Type: STANDARD** **Purpose: SURVEY/VV**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (RIDGEVIEW--0010420)

Date Complaint Received: 07/11/2023 **Date Investigation Completed: 07/19/2023**

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

STATE OF WISCONSIN
Bureau of Assisted Living
P.O. Box 7940
Madison WI 53707-7940

Facility Information

Facility Name: EASTRIDGE (0017880)

Address: 744 EASTRIDGE DR, REEDSBURG, WI 53959

License Status: REGULAR

Licensed/Certified/Registered 10/16/2019 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0141023 **End Date: 10/11/2022** **Type: OTHER** **Purpose: VERIFICATION VISIT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140250 **End Date: 05/10/2022** **Type: STANDARD** **Purpose: SURVEY**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #56OI11 Served 07/26/2022

Deficiencies Cited	Subject Area	Compliance Verified	Corrected
88.05(4)(d)2.c	SEMI-ANNUAL FIRE DRILLS	10/11/22	Yes
88.06(3)(c)	ASSESSMENT IDENTIFY NEEDS & ABILITIES	10/11/22	Yes
88.06(3)(f)	REVIEW OF ISP	10/11/22	Yes
88.07(3)(e)1	MEDICATION- RECORD KEEPING	10/11/22	Yes

Enforcement History (EASTRIDGE--0017880)

Date: 07/28/2022 **SOD #56OI11** **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

STATE OF WISCONSIN
Bureau of Assisted Living
P.O. Box 7940
Madison WI 53707-7940

Facility Information

Facility Name: INSPIRING HEIGHTS LLC (0015367)

Address: E6633 N DEWEY AVE, REEDSBURG, WI 53959

License Status: REGULAR

Licensed/Certified/Registered 01/22/2015 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0141253 **End Date: 10/26/2022** **Type: OTHER** **Purpose: COMPLAINT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0138326 **End Date: 01/04/2022** **Type: ABBREVIATED** **Purpose: SURVEY**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (INSPIRING HEIGHTS LLC--0015367)

Date Complaint Received: 10/21/2022 **Date Investigation Completed: 10/26/2022**

Subject Area(s)	Result	SOD #
PHYSICAL ENVIRONMENT/SAFETY	NOT SUBSTANTIATED	
PROGRAM SERVICES	NOT SUBSTANTIATED	

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Provider Inspection Summary

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

Adult Family Home

STATE OF WISCONSIN
Bureau of Assisted Living
P.O. Box 7940
Madison WI 53707-7940

Facility Information

Facility Name: INSPIRING HORIZONS (0012949)

Address: E6865 CHADWICK RD, REEDSBURG, WI 53959

License Status: REGULAR

Licensed/Certified/Registered 10/14/2009 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0140165 **End Date: 05/17/2022** **Type: STANDARD** **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

STATE OF WISCONSIN
Bureau of Assisted Living
P.O. Box 7940
Madison WI 53707-7940

Facility Information

Facility Name: KIEFER ADULT FAMILY HOME (0009289)

Address: E6844 FAWN VALLEY DR, REEDSBURG, WI 53959

License Status: REGULAR

Licensed/Certified/Registered 03/15/2001 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0140206 **End Date: 06/07/2022** **Type: ABBREVIATED** **Purpose: SURVEY**

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #019311 Served 07/25/2022

Deficiencies Cited	Subject Area	Compliance Verified	Corrected
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE	7/25/22	Yes
88.05(4)(d)2.c	SEMI-ANNUAL FIRE DRILLS	7/25/22	Yes

Enforcement History (KIEFER ADULT FAMILY HOME--0009289)

Date: 07/25/2022 **SOD #019311** **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

STATE OF WISCONSIN
Bureau of Assisted Living
P.O. Box 7940
Madison WI 53707-7940

Facility Information

Facility Name: KUMMER HAUS (0015814)

Address: 237 N PINE ST, REEDSBURG, WI 53959

License Status: REGULAR

Licensed/Certified/Registered 09/01/2015 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0139819 **End Date: 05/18/2022** **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

STATE OF WISCONSIN
Bureau of Assisted Living
P.O. Box 7940
Madison WI 53707-7940

Facility Information

Facility Name: VIRGINIA HOUSE (0016558)

Address: S3123 W LAKE VIRGINIA RD, REEDSBURG, WI 53959

License Status: REGULAR

Licensed/Certified/Registered 07/05/2017 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0142479 **End Date: 03/03/2023** **Type: STANDARD** **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

STATE OF WISCONSIN
Bureau of Assisted Living
P.O. Box 7940
Madison WI 53707-7940

Facility Information

Facility Name: PRAIRIE VIEW AFH (0014278)

Address: E8828 NORTH AVE, WISCONSIN DELLS, WI 53965

License Status: REGULAR

Licensed/Certified/Registered 09/06/2012 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0139733 **End Date: 04/26/2022** **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

STATE OF WISCONSIN
Bureau of Assisted Living
P.O. Box 7940
Madison WI 53707-7940

Facility Information

Facility Name: Artisan Assisted Living Of Baraboo (0018498)

Address: 1114 SILVER DRIVE, BARABOO, WI 53913

License Status: REGULAR

Licensed/Certified/Registered 11/23/2021 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0141357 **End Date: 11/03/2022** **Type: OTHER** **Purpose: VERIFICATION VISIT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140223 **End Date: 06/21/2022** **Type: STANDARD** **Purpose: SURVEY**

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #PP2N11 Served 07/25/2022

Deficiencies Cited	Subject Area	Compliance Verified	Corrected
83.45(3)	TOXIC SUBSTANCES	9/8/22	Yes

Survey ID: 0137868 **End Date: 12/01/2021** **Type: INITIAL** **Purpose: CHOW--DESK REVIEW**

Results: PROBATIONARY LICENSE ISSUED

Enforcement History (Artisan Assisted Living Of Baraboo--0018498)

Date: 07/25/2022 **SOD #PP2N11** **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)

STATE OF WISCONSIN
Bureau of Assisted Living
P.O. Box 7940
Madison WI 53707-7940

Facility Information

Facility Name: MEADOW LANE (110191)

Address: 1414 JEFFERSON ST, BARABOO, WI 53913

License Status: REGULAR

Licensed/Certified/Registered 01/01/1987 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0145471 **End Date: 11/08/2023** **Type: STANDARD** **Purpose: SURVEY**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #EKCJ11 Served 02/08/2024

Deficiencies Cited	Subject Area	Compliance Verified	Corrected
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN		
83.37(3)(c)	MEDICATION STORAGE: LOCKED CABINET		
83.38(1)(g)	HEALTH MONITORING		

Survey ID: 0139030 **End Date: 03/15/2022** **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)

STATE OF WISCONSIN
Bureau of Assisted Living
P.O. Box 7940
Madison WI 53707-7940

Survey ID: 0137964 **End Date: 08/24/2021** **Type: STANDARD** **Purpose: SURVEY**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #BWFV11 Served 12/15/2021

Deficiencies Cited	Subject Area	Compliance Verified	Corrected
83.17(1)	LICENSEE CONDUCT CAREGIVER BACKGROUND CHECK	3/15/22	Yes
83.37(1)(i)	PRN PSYCHOTROPIC MEDICATION	3/15/22	Yes
83.37(2)(e)	OTHER ADMINISTRATION GIVEN OR DELEGATED BY RN	3/15/22	Yes
83.41(3)(b)	FOOD SAFETY	3/15/22	Yes
83.44(1)(c)	CLOTHES DRYERS ENCLOSED AND VENTED	3/15/22	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	3/15/22	Yes
83.47(2)(f)	HORIZONTAL EVACUATION	3/15/22	Yes
83.48(3)(b)	SENSITIVITY TESTING PERFORMED	3/15/22	Yes

Enforcement History (MEADOW LANE--110191)

Date: 02/08/2024 **SOD #EKCJ11** **Appealed: No**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.35(3)(a)
FORFEITURE---83.38(1)(g)

Date: 12/14/2021 **SOD #BWFV11** **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.37(2)(e)

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

STATE OF WISCONSIN
Bureau of Assisted Living
P.O. Box 7940
Madison WI 53707-7940

Facility Information

Facility Name: MEADOW RIDGE ASSISTED LIVING LLC (0009753)

Address: 1700 JEFFERSON ST, BARABOO, WI 53913

License Status: REGULAR

Licensed/Certified/Registered 04/01/2003 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0140640 **End Date: 08/31/2022** **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

STATE OF WISCONSIN
Bureau of Assisted Living
P.O. Box 7940
Madison WI 53707-7940

Facility Information

Facility Name: MEADOW VIEW (0011486)

Address: 1600 JEFFERSON ST, BARABOO, WI 53913

License Status: REGULAR

Licensed/Certified/Registered 01/01/2007 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0140168 **End Date: 06/09/2022** **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

STATE OF WISCONSIN
Bureau of Assisted Living
P.O. Box 7940
Madison WI 53707-7940

Facility Information

Facility Name: OAK PARK PLACE BARABOO AUTUMN LANE (0012510)

Address: 800 WALDO ST, BARABOO, WI 53913

License Status: REGULAR

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

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0145582 **End Date: 01/31/2024** **Type: OTHER** **Purpose: COMPLAINT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0142301 **End Date: 02/21/2023** **Type: OTHER** **Purpose: COMPLAINT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141706 **End Date: 12/20/2022** **Type: OTHER** **Purpose: VERIFICATION VISIT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141117 **End Date: 09/07/2022** **Type: ABBREVIATED** **Purpose: SURVEY**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #K6NX11 Served 10/25/2022

Deficiencies Cited	Subject Area	Compliance Verified	Corrected
83.25	CONTINUING EDUCATION	12/20/22	Yes
83.41(3)(b)	FOOD SAFETY	12/20/22	Yes
83.45(3)	TOXIC SUBSTANCES	12/20/22	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)

STATE OF WISCONSIN
Bureau of Assisted Living
P.O. Box 7940
Madison WI 53707-7940

Survey ID: 0139737 **End Date: 04/26/2022** **Type: OTHER** **Purpose: COMPLAINT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0138893 **End Date: 02/03/2022** **Type: OTHER** **Purpose: COMPLAINT**

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #IDT811 Served 03/07/2022

Deficiencies Cited	Subject Area	Compliance Verified	Corrected
83.44(2)(a)	ROOMS CLEAN AND FREE FROM ODORS	5/10/22	Yes

Survey ID: 0136927 **End Date: 07/21/2021** **Type: OTHER** **Purpose: COMPLAINT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (OAK PARK PLACE BARABOO AUTUMN LANE--0012510)

Date: 10/25/2022 **SOD #K6NX11** **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.25

Date: 03/07/2022 **SOD #IDT811** **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)

STATE OF WISCONSIN
Bureau of Assisted Living
P.O. Box 7940
Madison WI 53707-7940

Complaint History (OAK PARK PLACE BARABOO AUTUMN LANE--0012510)

Date Complaint Received: 01/10/2024 **Date Investigation Completed: 01/31/2024**

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

Date Complaint Received: 01/19/2023 **Date Investigation Completed: 02/21/2023**

Subject Area(s)	Result	SOD #
STAFF TRAINING AND PROFICIENCY	NOT SUBSTANTIATED	

Date Complaint Received: 04/02/2022 **Date Investigation Completed: 04/26/2022**

Subject Area(s)	Result	SOD #
PROGRAM SERVICES	NOT SUBSTANTIATED	

Date Complaint Received: 01/14/2022 **Date Investigation Completed: 02/03/2022**

Subject Area(s)	Result	SOD #
PHYSICAL ENVIRONMENT/SAFETY	SUBSTANTIATED	IDT811
PROGRAM SERVICES	SUBSTANTIATED	IDT811

Date Complaint Received: 06/09/2021 **Date Investigation Completed: 07/21/2021**

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)

STATE OF WISCONSIN
Bureau of Assisted Living
P.O. Box 7940
Madison WI 53707-7940

Facility Information

Facility Name: OUR HOUSE BARABOO ASSISTED CARE (0013376)

Address: 1200 WASHINGTON AVE, BARABOO, WI 53913

License Status: REGULAR

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

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0144230 **End Date: 09/11/2023** **Type: OTHER** **Purpose: VERIFICATION VISIT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0143716 **End Date: 07/06/2023** **Type: OTHER** **Purpose: COMPLAINT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0143652 **End Date: 05/09/2023** **Type: OTHER** **Purpose: COMPLAINT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #CTOQ11 Served 07/17/2023

Deficiencies Cited	Subject Area	Compliance Verified	Corrected
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	9/11/23	Yes
83.33(1)(d)	GRIEVANCE PROCEDURE: WRITTEN SUMMARY	9/11/23	Yes
83.44(2)(a)	ROOMS CLEAN AND FREE FROM ODORS	9/11/23	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)

STATE OF WISCONSIN
Bureau of Assisted Living
P.O. Box 7940
Madison WI 53707-7940

Survey ID: 0143161 **End Date: 04/05/2023** **Type: STANDARD** **Purpose: SURVEY/COMPLAINT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141494 **End Date: 10/27/2022** **Type: OTHER** **Purpose: COMPLAINT**

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #1L5P11 Served 12/07/2022

Deficiencies Cited	Subject Area	Compliance Verified	Corrected
83.42(1)	RESIDENT RECORD MAINTAINED	10/27/22	Yes

Survey ID: 0136661 **End Date: 06/23/2021** **Type: STANDARD** **Purpose: SURVEY/COMPLAINT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (OUR HOUSE BARABOO ASSISTED CARE--0013376)

Date: 07/17/2023 **SOD #CTOQ11** **Appealed: No**

Sanctions

ORDER TO COMPLY

Date: 12/07/2022 **SOD #1L5P11** **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)

STATE OF WISCONSIN
Bureau of Assisted Living
P.O. Box 7940
Madison WI 53707-7940

Complaint History (OUR HOUSE BARABOO ASSISTED CARE--0013376)

Date Complaint Received: 06/23/2023 **Date Investigation Completed: 07/06/2023**

Subject Area(s)	Result	SOD #
PHYSICAL ENVIRONMENT/SAFETY	NOT SUBSTANTIATED	
PROGRAM SERVICES	NOT SUBSTANTIATED	

Date Complaint Received: 04/28/2023 **Date Investigation Completed: 05/09/2023**

Subject Area(s)	Result	SOD #
PROGRAM SERVICES	SUBSTANTIATED	CTOQ11

Date Complaint Received: 04/04/2023 **Date Investigation Completed: 04/05/2023**

Subject Area(s)	Result	SOD #
PROGRAM SERVICES	NOT SUBSTANTIATED	

Date Complaint Received: 10/11/2022 **Date Investigation Completed: 10/27/2022**

Subject Area(s)	Result	SOD #
PROGRAM SERVICES	NOT SUBSTANTIATED	
RESIDENT RIGHTS	NOT SUBSTANTIATED	

Date Complaint Received: 06/15/2021 **Date Investigation Completed: 06/23/2021**

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)

STATE OF WISCONSIN
Bureau of Assisted Living
P.O. Box 7940
Madison WI 53707-7940

Facility Information

Facility Name: HARMONY HILLS (0016795)

Address: E4796 NARROWS CREEK RD, LOGANVILLE, WI 53943

License Status: REGULAR

Licensed/Certified/Registered 12/06/2017 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0138683 **End Date: 12/21/2021** **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

STATE OF WISCONSIN
Bureau of Assisted Living
P.O. Box 7940
Madison WI 53707-7940

Facility Information

Facility Name: PINE VILLA MEMORY CARE (0016643)

Address: 890 PRAIRIE STREET, PRAIRIE DU SAC, WI 53578

License Status: REGULAR

Licensed/Certified/Registered 06/07/2017 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0140171 **End Date: 06/10/2022** **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

STATE OF WISCONSIN
Bureau of Assisted Living
P.O. Box 7940
Madison WI 53707-7940

Facility Information

Facility Name: PINES ASSISTED LIVING (THE) (110462)

Address: 1050 PRAIRIE ST, PRAIRIE DU SAC, WI 53578

License Status: REGULAR

Licensed/Certified/Registered 06/30/1996 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0140474 **End Date: 07/27/2022** **Type: STANDARD** **Purpose: SURVEY**

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #NQSE11 Served 08/17/2022

Deficiencies Cited	Subject Area	Compliance Verified	Corrected
83.14(2)(e)	NOTIFY WITHIN 7 DAYS OF ADMINISTRATOR CHANGE	10/1/22	

Enforcement History (PINES ASSISTED LIVING (THE)--110462)

Date: 08/17/2022 **SOD #NQSE11** **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)

STATE OF WISCONSIN
Bureau of Assisted Living
P.O. Box 7940
Madison WI 53707-7940

Facility Information

Facility Name: CASA DE OAKES ASSISTED LIVING (0015819)

Address: 1130 BINDL DRIVE, REEDSBURG, WI 53959

License Status: REGULAR

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

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0142327 **End Date: 02/22/2023** **Type: ABBREVIATED** **Purpose: SURVEY**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0137115 **End Date: 08/16/2021** **Type: OTHER** **Purpose: COMPLAINT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (CASA DE OAKES ASSISTED LIVING--0015819)

Date Complaint Received: 08/07/2021 **Date Investigation Completed: 08/12/2021**

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 AA (AMBULATORY)

STATE OF WISCONSIN
Bureau of Assisted Living
P.O. Box 7940
Madison WI 53707-7940

Facility Information

Facility Name: CASA DE OAKES INC REEDSBURG (0012392)

Address: 201 SOUTH GROVE ST, REEDSBURG, WI 53959

License Status: REGULAR

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

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0141750 **End Date: 01/03/2022** **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

STATE OF WISCONSIN
Bureau of Assisted Living
P.O. Box 7940
Madison WI 53707-7940

Facility Information

Facility Name: CASA DE OAKES MEMORY CARE (0016006)

Address: 1130 BINDL DRIVE, REEDSBURG, WI 53959

License Status: REGULAR

Licensed/Certified/Registered 03/15/2016 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0142326 **End Date: 02/22/2023** **Type: ABBREVIATED** **Purpose: SURVEY**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0136403 **End Date: 05/27/2021** **Type: OTHER** **Purpose: COMPLAINT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (CASA DE OAKES MEMORY CARE--0016006)

Date Complaint Received: 04/28/2021 **Date Investigation Completed: 05/27/2021**

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)

STATE OF WISCONSIN
Bureau of Assisted Living
P.O. Box 7940
Madison WI 53707-7940

Facility Information

Facility Name: CASA DE OAKES PINEVIEW (0018386)

Address: 1395 PINEVIEW STREET, REEDSBURG, WI 53959

License Status: REGULAR

Licensed/Certified/Registered 03/09/2021 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0142506 **End Date: 03/07/2023** **Type: STANDARD** **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)

STATE OF WISCONSIN
Bureau of Assisted Living
P.O. Box 7940
Madison WI 53707-7940

Facility Information

Facility Name: CASA DE OAKES (0008972)

Address: E6846 FAWN VALLEY DR, REEDSBURG, WI 53959

License Status: REGULAR

Licensed/Certified/Registered 11/01/2000 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0140313 **End Date: 06/30/2022** **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

Community Based Residential Facility--CLASS ANA (NONAMBULATORY)

STATE OF WISCONSIN
Bureau of Assisted Living
P.O. Box 7940
Madison WI 53707-7940

Facility Information

Facility Name: COUNTRY CASA (0010325)

Address: E8509 N REEDSBURG RD, REEDSBURG, WI 53959

License Status: REGULAR

Licensed/Certified/Registered 06/01/2004 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0143440 **End Date: 05/24/2023** **Type: OTHER** **Purpose: COMPLAINT**

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #OK4411 Served 06/22/2023

Deficiencies Cited	Subject Area	Compliance Verified	Corrected
83.12(2)(a)	CAREGIVER: INVESTIGATING ABUSE AND NEGLECT	8/16/23	Yes

Survey ID: 0139782 **End Date: 05/06/2022** **Type: ABBREVIATED** **Purpose: SURVEY**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (COUNTRY CASA--0010325)

Date: 06/22/2023 **SOD #OK4411** **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 ANA (NONAMBULATORY)

STATE OF WISCONSIN
Bureau of Assisted Living
P.O. Box 7940
Madison WI 53707-7940

Complaint History (COUNTRY CASA--0010325)

Date Complaint Received: 05/08/2023 **Date Investigation Completed: 05/23/2023**

Subject Area(s)	Result	SOD #
RESIDENT RIGHTS	SUBSTANTIATED	OK4411

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

STATE OF WISCONSIN
Bureau of Assisted Living
P.O. Box 7940
Madison WI 53707-7940

Facility Information

Facility Name: OUR HOUSE REEDSBURG ASSISTED CARE (0013666)

Address: 355 MACK DR, REEDSBURG, WI 53959

License Status: REGULAR

Licensed/Certified/Registered 04/01/2012 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0145879 **End Date: 01/17/2024** **Type: STANDARD** **Purpose: SURVEY/COMPLAINT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #VYPG11 Served 03/14/2024

Deficiencies Cited	Subject Area	Compliance Verified	Corrected
83.12(2)(a)	CAREGIVER: INVESTIGATING ABUSE AND NEGLECT		
83.32(3)(d)	RIGHTS OF RESIDENTS: FREE OF MISTREATMENT		

Survey ID: 0144603 **End Date: 09/23/2023** **Type: OTHER** **Purpose: COMPLAINT**

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #KY8F11 Served 10/23/2023

Deficiencies Cited	Subject Area	Compliance Verified	Corrected
83.35(3)(c)	IMPLEMENT, FOLLOW THE INDIVIDUAL SERVICE PLAN	12/7/23	Yes
83.45(3)	TOXIC SUBSTANCES	12/7/23	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)

STATE OF WISCONSIN
Bureau of Assisted Living
P.O. Box 7940
Madison WI 53707-7940

Survey ID: 0139773 **End Date: 05/05/2022** **Type: STANDARD** **Purpose: SURVEY/VV**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (OUR HOUSE REEDSBURG ASSISTED CARE--0013666)

Date: 03/14/2024 **SOD #VYPG11** **Appealed:** **Decision: PENDING**

Sanctions

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

Date: 10/23/2023 **SOD #KY8F11** **Appealed: No**

Sanctions

ORDER TO COMPLY

Complaint History (OUR HOUSE REEDSBURG ASSISTED CARE--0013666)

Date Complaint Received: 01/05/2024 **Date Investigation Completed: 01/17/2024**

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)

STATE OF WISCONSIN
Bureau of Assisted Living
P.O. Box 7940
Madison WI 53707-7940

Facility Information

Facility Name: OUR HOUSE REEDSBURG MEMORY CARE (0013375)

Address: 1135 17TH COURT, REEDSBURG, WI 53959

License Status: REGULAR

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

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0142460 **End Date: 02/28/2023** **Type: OTHER** **Purpose: COMPLAINT**

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #7C0711 Served 03/14/2023

Deficiencies Cited	Subject Area	Compliance Verified	Corrected
83.12(2)(a)	CAREGIVER: INVESTIGATING ABUSE AND NEGLECT	5/17/23	

Survey ID: 0139781 **End Date: 05/05/2022** **Type: ABBREVIATED** **Purpose: SURVEY**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (OUR HOUSE REEDSBURG MEMORY CARE--0013375)

Date: 03/14/2023 **SOD #7C0711** **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)

STATE OF WISCONSIN
Bureau of Assisted Living
P.O. Box 7940
Madison WI 53707-7940

Complaint History (OUR HOUSE REEDSBURG MEMORY CARE--0013375)

Date Complaint Received: 01/30/2023 **Date Investigation Completed: 02/08/2023**

Subject Area(s)	Result	SOD #
PROGRAM SERVICES	SUBSTANTIATED	7C0711

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

STATE OF WISCONSIN
Bureau of Assisted Living
P.O. Box 7940
Madison WI 53707-7940

Facility Information

Facility Name: RIDGEVIEW TRAILS (0018113)

Address: 2350 NORTH DEWEY AVENUE, REEDSBURG, WI 53959

License Status: REGULAR

Licensed/Certified/Registered 06/30/2021 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0143560 **End Date: 06/28/2023** **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

STATE OF WISCONSIN
Bureau of Assisted Living
P.O. Box 7940
Madison WI 53707-7940

Facility Information

Facility Name: MEADOWS OF SPRING GREEN (THE) (110558)

Address: 477 RAINBOW RD, SPRING GREEN, WI 53588

License Status: REGULAR

Licensed/Certified/Registered 06/30/1997 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0142473 **End Date: 03/14/2023** **Type: OTHER** **Purpose: COMPLAINT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141242 **End Date: 10/19/2022** **Type: OTHER** **Purpose: VERIFICATION VISIT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140188 **End Date: 04/06/2022** **Type: ABBREVIATED** **Purpose: SURVEY**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #OBL111 Served 07/21/2022

Deficiencies Cited	Subject Area	Compliance Verified	Corrected
83.55(6)(b)	BATH AND TOILET AREAS: WATER TEMPERATURE	10/19/22	Yes

Enforcement History (MEADOWS OF SPRING GREEN (THE)--110558)

Date: 07/21/2022 **SOD #OBL111** **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)

STATE OF WISCONSIN
Bureau of Assisted Living
P.O. Box 7940
Madison WI 53707-7940

Complaint History (MEADOWS OF SPRING GREEN (THE)--110558)

Date Complaint Received: 02/21/2023 **Date Investigation Completed: 03/14/2023**

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

Residential Care Apartment Complex (CERTIFIED)

STATE OF WISCONSIN
Bureau of Assisted Living
P.O. Box 7940
Madison WI 53707-7940

Facility Information

Facility Name: GREENBRIAR APARTMENTS LLC (0013806)

Address: 1350 JEFFERSON ST, BARABOO, WI 53913

License Status: REGULAR

Licensed/Certified/Registered 09/01/2011 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0145484 **End Date: 01/31/2024** **Type: OTHER** **Purpose: COMPLAINT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0145291 **End Date: 10/30/2023** **Type: OTHER** **Purpose: VERIFICATION VISIT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #JGBW13 Served 01/17/2024

Deficiencies Cited	Subject Area	Compliance Verified	Corrected
50.065(2)(bb)	DETERMINE FINAL DISPOSITION OF CHARGE		
89.23(2)(a)2.c	SERVICES		
89.23(4)(a)2	SERVICES		
89.26(2)(c)	COMPREHENSIVE ASSESSMENT		
89.28(1)	RISK AGREEMENT		
89.34(17)	TENANT RIGHTS		

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Provider Inspection Summary

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

Residential Care Apartment Complex (CERTIFIED)

STATE OF WISCONSIN
Bureau of Assisted Living
P.O. Box 7940
Madison WI 53707-7940

Survey ID: 0143952 **End Date: 05/16/2023** **Type: STANDARD** **Purpose: SURVEY/VV**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #JGBW12 Served 08/21/2023

Deficiencies Cited	Subject Area	Compliance Verified	Corrected
13.05(3)(a)	ENTITY ALLEGATION REPORTING REQUIREMENTS	10/25/23	Yes
89.23(4)(a)2	SERVICES	10/25/23	No

Survey ID: 0138750 **End Date: 02/15/2022** **Type: OTHER** **Purpose: COMPLAINT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139175 **End Date: 12/15/2021** **Type: OTHER** **Purpose: COMPLAINT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #JGBW11 Served 04/07/2022

Deficiencies Cited	Subject Area	Compliance Verified	Corrected
89.23(2)(a)2.c	SERVICES	5/16/23	Yes
89.27(3)(d)	SERVICE AGREEMENT	5/16/23	Yes
89.28(6)	RISK AGREEMENT	5/16/23	Yes

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Provider Inspection Summary

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

Residential Care Apartment Complex (CERTIFIED)

STATE OF WISCONSIN
Bureau of Assisted Living
P.O. Box 7940
Madison WI 53707-7940

Survey ID: 0138914 **End Date: 10/19/2021** **Type: STANDARD** **Purpose: SURVEY/COMPLAINT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #TE1S11 Served 03/09/2022

Deficiencies Cited	Subject Area	Compliance Verified	Corrected
50.065(3)(b)	COMPLETE BACKGROUND CHECK PROCESS	5/16/23	Yes
89.23(4)(a)2	SERVICES	5/16/23	Yes
89.23(4)(b)1	SERVICES	5/16/23	Yes
89.34(1)	TENANT RIGHTS	5/16/23	Yes
89.34(14)	TENANT RIGHTS	5/16/23	Yes
89.34(17)	TENANT RIGHTS	5/16/23	Yes
89.34(18)	TENANT RIGHTS	5/16/23	Yes
89.58	COERCION AND RETALIATION PROHIBITED	5/16/23	Yes

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Provider Inspection Summary

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

Residential Care Apartment Complex (CERTIFIED)

STATE OF WISCONSIN
Bureau of Assisted Living
P.O. Box 7940
Madison WI 53707-7940

Enforcement History (GREENBRIAR APARTMENTS LLC--0013806)

Date: 01/17/2024 **SOD #JGBW13** **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---89.23(4)(a)2

Date: 08/17/2023 **SOD #JGBW12** **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---89.23(4)(c)

Date: 04/06/2022 **SOD #JGBW11** **Appealed: Yes** **Decision: STIPULATION**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---89.23(2)(a)2.c
FORFEITURE---89.28(6)

Date: 03/09/2022 **SOD #TE1S11** **Appealed: Yes** **Decision: STIPULATION**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.23(4)(a)2
FORFEITURE---83.34(14)
FORFEITURE---89.34(1)
FORFEITURE---89.34(17)
FORFEITURE---89.34(18)
FORFEITURE---d/t stip null & void U268 89.34(17)

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Provider Inspection Summary

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

Residential Care Apartment Complex (CERTIFIED)

STATE OF WISCONSIN
Bureau of Assisted Living
P.O. Box 7940
Madison WI 53707-7940

Complaint History (GREENBRIAR APARTMENTS LLC--0013806)

Date Complaint Received: 12/14/2023 **Date Investigation Completed: 01/31/2024**

Subject Area(s)	Result	SOD #
PROGRAM SERVICES	NOT SUBSTANTIATED	

Date Complaint Received: 10/08/2021 **Date Investigation Completed: 10/19/2022**

Subject Area(s)	Result	SOD #
STAFF TRAINING AND PROFICIENCY	SUBSTANTIATED	TE1S11

Date Complaint Received: 09/02/2021 **Date Investigation Completed: 12/15/2021**

Subject Area(s)	Result	SOD #
ADMINISTRATION	SUBSTANTIATED	JGBW11
PROGRAM SERVICES	SUBSTANTIATED	JGBW11

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Provider Inspection Summary

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

Residential Care Apartment Complex (CERTIFIED)

STATE OF WISCONSIN
Bureau of Assisted Living
P.O. Box 7940
Madison WI 53707-7940

Facility Information

Facility Name: OAK PARK PLACE THE GROVE (0012768)

Address: 800 WALDO ST, BARABOO, WI 53913

License Status: REGULAR

Licensed/Certified/Registered 04/07/2009 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0145895 **End Date: 03/13/2024** **Type: OTHER** **Purpose: COMPLAINT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141708 **End Date: 12/20/2022** **Type: OTHER** **Purpose: VERIFICATION VISIT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140751 **End Date: 09/07/2022** **Type: OTHER** **Purpose: SURVEY/COMPLAINT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #7UHH11 Served 09/15/2022

Deficiencies Cited	Subject Area	Compliance Verified	Corrected
89.34(16)	TENANT RIGHTS	12/20/22	Yes

Survey ID: 0139735 **End Date: 04/26/2022** **Type: OTHER** **Purpose: COMPLAINT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0138714 **End Date: 02/08/2022** **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

Residential Care Apartment Complex (CERTIFIED)

STATE OF WISCONSIN
Bureau of Assisted Living
P.O. Box 7940
Madison WI 53707-7940

Enforcement History (OAK PARK PLACE THE GROVE--0012768)

Date: 09/14/2022 **SOD #7UHH11** **Appealed: No**

Sanctions
ORDER TO COMPLY

Complaint History (OAK PARK PLACE THE GROVE--0012768)

Date Complaint Received: 09/07/2022 **Date Investigation Completed: 09/07/2022**

Subject Area(s)	Result	SOD #
PROGRAM SERVICES	SUBSTANTIATED	7UHH11

Date Complaint Received: 04/02/2022 **Date Investigation Completed: 04/26/2022**

Subject Area(s)	Result	SOD #
PROGRAM SERVICES	NOT SUBSTANTIATED	

Date Complaint Received: 01/28/2022 **Date Investigation Completed: 02/08/2022**

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

Residential Care Apartment Complex (REGISTERED)

STATE OF WISCONSIN
Bureau of Assisted Living
P.O. Box 7940
Madison WI 53707-7940

Facility Information

Facility Name: RIDGEVIEW PLACE (0011110)

Address: 2350 NORTH DEWEY AVE, REEDSBURG, WI 53959

License Status: REGULAR

Licensed/Certified/Registered 08/01/2005 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0139522 **End Date: 05/10/2022** **Type: OTHER** **Purpose: COMPLAINT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0136127 **End Date: 04/14/2021** **Type: OTHER** **Purpose: COMPLAINT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (RIDGEVIEW PLACE--0011110)

Date Complaint Received: 05/10/2022 **Date Investigation Completed: 05/11/2022**

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

Residential Care Apartment Complex (CERTIFIED)

STATE OF WISCONSIN
Bureau of Assisted Living
P.O. Box 7940
Madison WI 53707-7940

Facility Information

Facility Name: MAPLEWOOD VILLAGE (0010279)

Address: 1425 HEMLOCK STREET, SAUK CITY, WI 53583

License Status: REGULAR

Licensed/Certified/Registered 06/01/1999 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0142815 **End Date: 04/12/2023** **Type: OTHER** **Purpose: VERIFICATION VISIT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141940 **End Date: 10/14/2022** **Type: ABBREVIATED** **Purpose: SURVEY**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #NTL611 Served 01/26/2023

Deficiencies Cited	Subject Area	Compliance Verified	Corrected
89.23(4)(a)2	SERVICES	4/12/23	Yes
89.23(4)(d)1	SERVICES	4/12/23	Yes

Enforcement History (MAPLEWOOD VILLAGE--0010279)

Date: 01/26/2023 **SOD #NTL611** **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
ORDER TO COMPLY
FORFEITURE---89.23 (4)(a)2
FORFEITURE---89.23(4)(d)2

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DEPARTMENT OF HEALTH SERVICES
Division of Quality Assurance
Printed 04/26/2024

Provider Inspection Summary

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

Residential Care Apartment Complex (REGISTERED)

STATE OF WISCONSIN
Bureau of Assisted Living
P.O. Box 7940
Madison WI 53707-7940

Facility Information

Facility Name: GREENWAY TERRACE (0010288)

Address: 547 EAST MCKINLEY STREET, SPRING GREEN, WI 53588

License Status: REGULAR

Licensed/Certified/Registered 11/01/1999 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

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

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