

## 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 Sawyer County. The report is a PDF (Adobe Acrobat) document and includes a total of 12.00 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 Family Home

### Facility Information

**Facility Name:** ARCH of Hayward LLC (0019187)

**Address:** 15844 W Edward Street, Hayward, WI 54843

**License Status:** REGULAR

**Licensed/Certified/Registered** 11/01/2022 12:00:00AM

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

### Survey History

**Survey ID:** 0141401      **End Date:** 11/01/2022      **Type:** INITIAL      **Purpose:** SURVEY

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

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## Provider Inspection Summary

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

Adult Family Home

### Facility Information

**Facility Name:** BENSON ADULT FAMILY HOME (0012018)

**Address:** 8839 N OLD HWY 27, HAYWARD, WI 54843

**License Status:** REGULAR

**Licensed/Certified/Registered** 07/05/2007 12:00:00AM

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

### Survey History

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

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## Provider Inspection Summary

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

Adult Family Home

### Facility Information

**Facility Name:** REST EASY (0009817)

**Address:** 3598 NORTH BEAGLE LANE, OJIBWA, WI 54862

**License Status:** REGULAR

**Licensed/Certified/Registered** 10/01/2004 12:00:00AM

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

### Survey History

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

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### Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

#### Facility Information

**Facility Name:** Aspen Acres Assisted Living (0018769)

**Address:** 10214 Rock Creek Rd, Hayward, WI 54843

**License Status:** REGULAR

**Licensed/Certified/Registered** 03/01/2023 12:00:00AM

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

#### Survey History

**Survey ID:** 0143356    **End Date:** 05/11/2023    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #BMTZ11    Served 06/14/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(3)(c)	IMPLEMENT, FOLLOW THE INDIVIDUAL SERVICE PLAN		

**Survey ID:** 0141702    **End Date:** 12/12/2022    **Type:** STANDARD    **Purpose:** SURVEY

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

**Survey ID:** 0138831    **End Date:** 02/08/2022    **Type:** INITIAL    **Purpose:** SURVEY

**Results:** PROBATIONARY LICENSE ISSUED

#### Enforcement History (Aspen Acres Assisted Living--0018769)

**Date:** 06/14/2023    **SOD #BMTZ11**    **Appealed:**    **Decision:** PENDING

Sanctions

ORDER TO COMPLY  
FORFEITURE---83.35(3)(a)

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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 (Aspen Acres Assisted Living--0018769)

**Date Complaint Received: 04/04/2023**

**Date Investigation Completed: 05/11/2023**

Subject Area(s)  
PROGRAM SERVICES

Result  
SUBSTANTIATED

SOD #  
BMTZ11

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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:** HARBOR LIVING LLC (0018281)

**Address:** 10179 RANGER STATION ROAD, HAYWARD, WI 54843

**License Status:** REGULAR

**Licensed/Certified/Registered** 12/09/2020 12:00:00AM

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

### Survey History

**Survey ID:** 0137882    **End Date:** 11/22/2021    **Type:** STANDARD    **Purpose:** SURVEY

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

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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:** TRANSITIONS (0012868)

**Address:** 16208 WOODRIDGE LANE, HAYWARD, WI 54843

**License Status:** REGULAR

**Licensed/Certified/Registered** 04/08/2011 12:00:00AM

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

**Survey History**

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

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### Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

#### Facility Information

**Facility Name:** VITACARE LIVING - HAYWARD I (0018749)

**Address:** 10260 WHITE BIRCH LN, HAYWARD, WI 54843

**License Status:** REGULAR

**Licensed/Certified/Registered** 03/30/2023 12:00:00AM

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

#### Survey History

**Survey ID:** 0144992    **End Date:** 11/30/2023    **Type:** OTHER    **Purpose:** COMPLAINT/SELF REPORT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #40VK11    Served 12/06/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(3)(c)	IMPLEMENT, FOLLOW THE INDIVIDUAL SERVICE PLAN		
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES		

**Survey ID:** 0142012    **End Date:** 01/27/2023    **Type:** STANDARD    **Purpose:** SURVEY/VV

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #OX7212    Served 02/01/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.41(2)(c)	NUTRITION: MENUS	3/18/23	

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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: 0141591**    **End Date: 09/12/2022**    **Type: OTHER**    **Purpose: SELF REPORT**

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #OX7211    Served 12/16/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.38(1)(b)	SUPERVISION	1/27/23	Yes

**Survey ID: 0138047**    **End Date: 04/29/2022**    **Type: INITIAL**    **Purpose: CHOW--DESK REVIEW**

**Results:** PROBATIONARY LICENSE ISSUED

#### Enforcement History (VITACARE LIVING - HAYWARD I--0018749)

**Date: 12/06/2023**    **SOD #40VK11**    **Appealed: No**

Sanctions  
ORDER TO COMPLY

**Date: 12/16/2022**    **SOD #OX7211**    **Appealed: No**

Sanctions  
COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY  
FORFEITURE---83.38(1)(b)

#### Complaint History (VITACARE LIVING - HAYWARD I--0018749)

**Date Complaint Received: 10/20/2023**    **Date Investigation Completed: 11/30/2023**

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

**Date Complaint Received: 10/12/2023**    **Date Investigation Completed: 11/30/2023**

Subject Area(s)    Result    SOD #  
PROGRAM SERVICES    SUBSTANTIATED    40VK11

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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:** VITACARE LIVING - HAYWARD II (0018751)

**Address:** 15497 PINWOOD DRIVE, HAYWARD, WI 54843

**License Status:** REGULAR

**Licensed/Certified/Registered** 03/30/2023 12:00:00AM

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

### Survey History

**Survey ID:** 0142071    **End Date:** 01/27/2023    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0138049    **End Date:** 04/29/2022    **Type:** INITIAL    **Purpose:** CHOW--DESK REVIEW

**Results:** PROBATIONARY LICENSE ISSUED

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## Provider Inspection Summary

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

### Facility Information

**Facility Name:** WATERS EDGE (0013559)

**Address:** 11040 N STATE RD, HAYWARD, WI 54843

**License Status:** REGULAR

**Licensed/Certified/Registered** 11/01/2010 12:00:00AM

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

### Survey History

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