

Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

St Croix

Notes

This report includes Provider Inspection Summaries (Facility Profiles) for Community-Based Residential Facilities in St Croix County.

The report is a PDF (Adobe Acrobat) document and includes a total of 46.00 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 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: AURORA RESIDENTIAL ALTERNATIVES 023 (0011656)

Address: 1760 SIXTH AVE, BALDWIN, WI 54002

License Status: REGULAR

Licensed/Certified/Registered 10/11/2006 12:00:00AM

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

Survey History

Survey ID: 0143288 **End Date:** 4/5/2023 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #741R12 Served 6/7/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.37(2)(e)	OTHER ADMINISTRATION GIVEN OR DELEGATED BY RN		
83.45(1)(a)	EXTERIOR AREAS		

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0141325 End Date: 8/17/2022 Type: ABBREVIATED Purpose: SURVEY/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #741R11 Served 11/11/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.37(2)(e)	OTHER ADMINISTRATION GIVEN OR DELEGATED BY RN	4/5/23	No
83.37(3)(c)	MEDICATION STORAGE: LOCKED CABINET	4/5/23	Yes
83.37(3)(g)	MEDICATION STORAGE: CONTROLLED SUBSTANCES	4/5/23	Yes
83.45(1)(a)	EXTERIOR AREAS	4/5/23	No
83.45(3)	TOXIC SUBSTANCES	4/5/23	Yes
83.55(6)(b)	BATH AND TOILET AREAS: WATER TEMPERATURE	4/5/23	Yes

Enforcement History (AURORA RESIDENTIAL ALTERNATIVES 023--0011656)

Date: 11/10/2022 SOD #741R11 Appealed:

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
ORDER TO COMPLY
FORFEITURE---83.45(3)
FORFEITURE---83.55(6)(b)

Complaint History (AURORA RESIDENTIAL ALTERNATIVES 023--0011656)

Date Complaint Received: 2/7/2023 Date Investigation Completed: 4/5/2023

<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 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: BIRCH HAVEN (0014945)

Address: 640 ELM ST, BALDWIN, WI 54002

License Status: REGULAR

Licensed/Certified/Registered 2/1/2015 12:00:00AM

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

Survey History

Survey ID: 0142805 **End Date:** 3/6/2023 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #HV9O11 Served 4/18/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.15(3)(a)	ADMINISTRATOR SHALL SUPERVISE DAILY OPERATION		
83.17(1)	LICENSEE CONDUCT CAREGIVER BACKGROUND CHECK		
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE		
83.19	ORIENTATION		
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE		
83.21(1)-(3)	ALL EMPLOYEE TRAINING		
83.37(1)(e)	MEDICATION REGIMEN, ADMINISTRATION REVIEW		
83.47(2)(d)	FIRE DRILLS		
83.47(2)(e)	OTHER EVACUATION DRILLS		
83.55(6)(b)	BATH AND TOILET AREAS: WATER TEMPERATURE		

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0135254 **End Date: 12/3/2020** **Type: OTHER** **Purpose: COMPLAINT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (BIRCH HAVEN--0014945)

Date: 4/18/2023 **SOD #HV9O11** **Appealed:** **Decision: PENDING**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.19
FORFEITURE---83.20(2)(a)-(d)
FORFEITURE---83.47(2)(d)
FORFEITURE---83.47(2)(e)

Complaint History (BIRCH HAVEN--0014945)

Date Complaint Received: 1/12/2023 **Date Investigation Completed: 3/6/2023**

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
STAFF TRAINING AND PROFICIENCY	SUBSTANTIATED	HV9O11

Date Complaint Received: 11/17/2020 **Date Investigation Completed: 12/3/2020**

<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 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: COMFORTS OF HOME BALDWIN (0009851)

Address: 1880 FOURTH AVE, BALDWIN, WI 54002

License Status: REGULAR

Licensed/Certified/Registered 12/1/2003 12:00:00AM

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

Survey History

Survey ID: 0141999 **End Date:** 1/26/2023 **Type:** OTHER **Purpose:** SURVEY/SELF REPORT/COMPLAINT/VV

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #VQR012 Served 2/1/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u> <u>Verified</u>	<u>Corrected</u>
83.46(1)(f)	COMBUSTIBLES	3/12/23	
83.47(4)(a)	FIRE EXTINGUISHERS: TYPE AND INSPECTION	3/12/23	

Survey ID: 0140522 **End Date:** 8/16/2022 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0140605 **End Date: 6/6/2022** **Type: OTHER** **Purpose: COMPLAINT/SELF REPORT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #VQR011 Served 8/31/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.09(1)(a)	COMMUNICATION	1/26/23	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	1/26/23	Yes
83.38(1)(b)	SUPERVISION	1/26/23	Yes

Survey ID: 0136477 **End Date: 6/10/2021** **Type: STANDARD** **Purpose: SURVEY/VV**

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #DHW715 Served 6/15/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.47(2)(e)	OTHER EVACUATION DRILLS	7/30/21	

Survey ID: 0135954 **End Date: 3/29/2021** **Type: OTHER** **Purpose: SELF REPORT/VV**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #DHW714 Served 4/13/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)(i)	RIGHTS OF RESIDENTS: PROMPT AND ADEQUATE TREATMENT	6/10/21	Yes

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0135464 **End Date: 1/12/2021** **Type: OTHER** **Purpose: COMPLAINT/SELF REPORT/VV**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #DHW713 Served 1/22/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.38(1)(h)	MEDICATION ADMINISTRATION	3/29/21	Yes

Survey ID: 0135022 **End Date: 9/29/2020** **Type: OTHER** **Purpose: ADDITIONAL VV EVENT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

83.37(2)(e)	OTHER ADMINISTRATION GIVEN OR DELEGATED BY RN	1/12/21	Yes
83.37(3)(g)	MEDICATION STORAGE: CONTROLLED SUBSTANCES	1/12/21	Yes
83.39(3)	HAND WASHING	1/12/21	Yes

Survey ID: 0134011 **End Date: 6/15/2020** **Type: OTHER** **Purpose: SELF REPORT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #DHW711 Served 6/29/2020

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	9/29/20	Yes

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (COMFORTS OF HOME BALDWIN--0009851)

Date: 8/30/2022 **SOD #**VQR011 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---50.09(1)(a)
FORFEITURE---83.35(3)(d)
FORFEITURE---83.38(1)(b)

Date: 4/13/2021 **SOD #**DHW714 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 1/21/2021 **SOD #**DHW713 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 10/26/2020 **SOD #**DHW712 **Appealed:**

Sanctions

FORFEITURE---83.37(2)(e)
FORFEITURE---83.37(3)(g)
FORFEITURE---83.39(3)

Date: 6/29/2020 **SOD #**DHW711 **Appealed:**

Sanctions

FORFEITURE---83.32(3)(h)

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date: 6/22/2020 **SOD #**WGPG11 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
FORFEITURE---83.14(2)(j)
FORFEITURE---83.37(2)(e)

Complaint History (COMFORTS OF HOME BALDWIN--0009851)

Date Complaint Received: 7/19/2022

Date Investigation Completed: 8/16/2022

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 5/4/2022

Date Investigation Completed: 6/6/2022

Subject Area(s)
STAFF TRAINING AND PROFICIENCY

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 12/30/2020

Date Investigation Completed: 1/12/2021

Subject Area(s)
PROGRAM SERVICES

Result
SUBSTANTIATED

SOD #
DHW713

Date Complaint Received: 12/23/2020

Date Investigation Completed: 1/12/2021

Subject Area(s)
ADMINISTRATION

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 9/1/2020

Date Investigation Completed: 9/29/2020

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

Result
SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #
DHW712

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: GLENHAVEN INC DBA GRAND OAKS CBRF (0016044)

Address: 614 E OAK ST 200-215, GLENWOOD CITY, WI 54013

License Status: REGULAR

Licensed/Certified/Registered 4/8/2016 12:00:00AM

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

Survey History

Survey ID: 0134475 **End Date:** 8/11/2020 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: J AND J HILLSIDE HOLLOW LLC (0017073)

Address: 1606 COUNTY RD X, GLENWOOD CITY, WI 54013

License Status: REGULAR

Licensed/Certified/Registered 8/1/2019 12:00:00AM

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

Survey History

Survey ID: 0136848 **End Date:** 7/26/2021 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (J AND J HILLSIDE HOLLOW LLC--0017073)

Date Complaint Received: 7/15/2021

Date Investigation Completed: 7/26/2021

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: CAMBRIDGE SENIOR LIVING (0018152)

Address: 2525 WARD AVE, HUDSON, WI 54016

License Status: REGULAR

Licensed/Certified/Registered 4/1/2022 12:00:00AM

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

Survey History

Survey ID: 0142992 **End Date:** 4/18/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #SCQV11 Served 5/8/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.28(4)(a)	RESIDENT HEALTH SCREENING AND DOCUMENTATION		
83.35(3)(c)	IMPLEMENT, FOLLOW THE INDIVIDUAL SERVICE PLAN		
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES		

Survey ID: 0142043 **End Date:** 2/1/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #531V11 Served 2/3/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.38(1)(h)	MEDICATION ADMINISTRATION	3/20/23	

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0140856 **End Date: 9/21/2022** **Type: OTHER** **Purpose: COMPLAINT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0138803 **End Date: 2/11/2022** **Type: STANDARD** **Purpose: SURVEY**

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #NSM111 Served 2/24/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.47(2)(e)	OTHER EVACUATION DRILLS	3/28/22	
83.59(1)(g)	PROPER EXIT LOCATIONS, SIDEWALKS, DRIVEWAYS	3/28/22	

Survey ID: 0136285 **End Date: 4/13/2021** **Type: INITIAL** **Purpose: SURVEY**

Results: PROBATIONARY LICENSE ISSUED

Enforcement History (CAMBRIDGE SENIOR LIVING--0018152)

Date: 5/8/2023 **SOD #SCQV11** **Appealed: No**

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (CAMBRIDGE SENIOR LIVING--0018152)

Date Complaint Received: 4/13/2023

Date Investigation Completed: 4/18/2023

Subject Area(s)
ADMINISTRATION

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 3/1/2023

Date Investigation Completed: 4/18/2023

Subject Area(s)
ADMINISTRATION
PHYSICAL ENVIRONMENT/SAFETY
STAFF TRAINING AND PROFICIENCY

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED
SUBSTANTIATED

SOD #

SCQV11

Date Complaint Received: 12/12/2022

Date Investigation Completed: 2/1/2023

Subject Area(s)
PROGRAM SERVICES
STAFF TRAINING AND PROFICIENCY

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 10/31/2022

Date Investigation Completed: 2/1/2023

Subject Area(s)
PROGRAM SERVICES
STAFF TRAINING AND PROFICIENCY

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 9/14/2022

Date Investigation Completed: 9/21/2022

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: COMFORTS OF HOME HUDSON II (0014271)
Address: 805 HEGGEN ST, HUDSON, WI 54016
License Status: REGULAR
Licensed/Certified/Registered 7/1/2012 12:00:00AM
Regional Office: NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0142755 **End Date:** 2/9/2023 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #92G313 Served 4/12/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE		

Survey ID: 0141081 **End Date:** 10/5/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #GETC11 Served 10/19/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.39(1)	INFECTION CONTROL PROGRAM	2/9/23	Yes
83.41(2)(c)	NUTRITION: MENUS	2/9/23	Yes
83.41(3)(b)	FOOD SAFETY	2/9/23	Yes

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0140639 **End Date: 5/2/2022** **Type: STANDARD** **Purpose: SURVEY/COMPLAINT/VV**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #92G312 Served 9/1/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.19	ORIENTATION	2/9/23	Yes
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	2/9/23	Yes
83.26(1)	DOCUMENTATION OF REQUIRED EMPLOYEE TRAINING	2/9/23	Yes
83.32(3)(b)	RIGHTS OF RESIDENTS: CONFIDENTIALITY	2/9/23	Yes
83.35(1)(a)	PRE-ADMISSION AND ONGOING ASSESSMENTS	2/9/23	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	2/9/23	Yes
83.38(1)(h)	MEDICATION ADMINISTRATION	2/9/23	Yes
83.44(1)(c)	CLOTHES DRYERS ENCLOSED AND VENTED	2/9/23	Yes
83.47(3)	FIRE INSPECTION	2/9/23	Yes

Survey ID: 0137785 **End Date: 9/1/2021** **Type: OTHER** **Purpose: COMPLAINT/SELF REPORT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #92G311 Served 11/17/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	5/2/22	No
83.38(1)(g)	HEALTH MONITORING	5/2/22	Yes

Survey ID: 0135899 **End Date: 3/30/2021** **Type: OTHER** **Purpose: COMPLAINT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (COMFORTS OF HOME HUDSON II--0014271)

Date: 4/12/2023 **SOD #**92G313 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 10/19/2022 **SOD #**GETC11 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.39(1)

Date: 9/1/2022 **SOD #**92G312 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.19
FORFEITURE---83.20(2)(a)-(d)
FORFEITURE---83.35(3)(d)
FORFEITURE---83.38(1)(h)

Date: 11/17/2021 **SOD #**92G311 **Appealed:**

Sanctions

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

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (COMFORTS OF HOME HUDSON II--0014271)

Date Complaint Received: 1/11/2023	Date Investigation Completed: 2/9/2023	
<u>Subject Area(s)</u> ADMINISTRATION	<u>Result</u> NOT SUBSTANTIATED	<u>SOD #</u>
Date Complaint Received: 1/3/2023	Date Investigation Completed: 2/9/2023	
<u>Subject Area(s)</u> ADMINISTRATION PHYSICAL ENVIRONMENT/SAFETY PROGRAM SERVICES STAFF TRAINING AND PROFICIENCY	<u>Result</u> NOT SUBSTANTIATED NOT SUBSTANTIATED NOT SUBSTANTIATED NOT SUBSTANTIATED	<u>SOD #</u>
Date Complaint Received: 11/7/2022	Date Investigation Completed: 2/9/2023	
<u>Subject Area(s)</u> STAFF TRAINING AND PROFICIENCY	<u>Result</u> NOT SUBSTANTIATED	<u>SOD #</u>
Date Complaint Received: 10/31/2022	Date Investigation Completed: 2/9/2023	
<u>Subject Area(s)</u> PROGRAM SERVICES	<u>Result</u> NOT SUBSTANTIATED	<u>SOD #</u>
Date Complaint Received: 9/20/2022	Date Investigation Completed: 10/5/2022	
<u>Subject Area(s)</u> PROGRAM SERVICES	<u>Result</u> SUBSTANTIATED	<u>SOD #</u> GETC11
Date Complaint Received: 9/14/2022	Date Investigation Completed: 10/5/2022	
<u>Subject Area(s)</u> PROGRAM SERVICES RESIDENT RIGHTS STAFF TRAINING AND PROFICIENCY	<u>Result</u> SUBSTANTIATED NOT SUBSTANTIATED SUBSTANTIATED	<u>SOD #</u> GETC11 GETC11

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date Complaint Received: 9/8/2022

Date Investigation Completed: 10/5/2022

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

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

Date Complaint Received: 8/22/2022

Date Investigation Completed: 10/5/2022

Subject Area(s)
PHYSICAL ENVIRONMENT/SAFETY

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

Date Complaint Received: 1/21/2022

Date Investigation Completed: 5/2/2022

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

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

Date Complaint Received: 11/7/2021

Date Investigation Completed: 5/2/2022

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

<u>Result</u>	<u>SOD #</u>
NOT SUBSTANTIATED	
NOT SUBSTANTIATED	
SUBSTANTIATED	92G312

Date Complaint Received: 5/19/2021

Date Investigation Completed: 9/1/2021

Subject Area(s)
PROGRAM SERVICES

<u>Result</u>	<u>SOD #</u>
SUBSTANTIATED	92G311

Date Complaint Received: 3/10/2021

Date Investigation Completed: 3/30/2021

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

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

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date Complaint Received: 3/2/2021

Date Investigation Completed: 3/30/2021

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

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 2/18/2021

Date Investigation Completed: 3/30/2021

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

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 1/5/2021

Date Investigation Completed: 3/30/2021

Subject Area(s)
ADMINISTRATION
PROGRAM SERVICES
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 11/5/2020

Date Investigation Completed: 3/30/2021

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

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: COMFORTS OF HOME HUDSON (0010987)

Address: 1111 HEGGEN ST, HUDSON, WI 54016

License Status: REGULAR

Licensed/Certified/Registered 8/1/2006 12:00:00AM

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

Survey History

Survey ID: 0143194 **End Date:** 4/27/2023 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #LHNW16 Served 5/25/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS		
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION		
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES		
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION		

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0142334 **End Date: 2/20/2023** **Type: OTHER** **Purpose: COMPLAINT**

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #1S2I11 Served 3/1/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	5/4/23	
83.28(4)(a)	RESIDENT HEALTH SCREENING AND DOCUMENTATION	5/4/23	

Survey ID: 0142292 **End Date: 11/9/2022** **Type: OTHER** **Purpose: SELF REPORT/VV**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #LHNW15 Served 2/24/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	4/27/23	No

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0140688 **End Date:** 8/11/2022 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #LHNW14 Served 9/9/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(3)(a)	INVESTIGATE INJURIES OF UNKNOWN SOURCE	11/9/22	Yes
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS	11/9/22	Yes
83.15(3)(a)	ADMINISTRATOR SHALL SUPERVISE DAILY OPERATION	11/9/22	Yes
83.35(1)(a)	PRE-ADMISSION AND ONGOING ASSESSMENTS	11/9/22	Yes
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN	11/9/22	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	11/9/22	Yes
83.37(1)(k)	MEDICATION ERROR OR ADVERSE REACTION	11/9/22	Yes
83.37(2)(e)	OTHER ADMINISTRATION GIVEN OR DELEGATED BY RN	11/9/22	Yes
83.38(1)(g)	HEALTH MONITORING	11/9/22	Yes

Survey ID: 0139843 **End Date:** 6/2/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0139552 End Date: 2/8/2022 Type: STANDARD Purpose: SURVEY/SELF REPORT/COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #LHNW13 Served 5/16/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(3)(a)	INVESTIGATE INJURIES OF UNKNOWN SOURCE	8/11/22	No
83.15(3)(a)	ADMINISTRATOR SHALL SUPERVISE DAILY OPERATION	8/11/22	No
83.28(5)	TEMPORARY SERVICE PLAN	8/11/22	Yes
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	8/11/22	Yes
83.35(1)(a)	PRE-ADMISSION AND ONGOING ASSESSMENTS	8/11/22	No
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	8/11/22	No
83.37(2)(e)	OTHER ADMINISTRATION GIVEN OR DELEGATED BY RN	8/11/22	No
83.38(1)(g)	HEALTH MONITORING	8/11/22	No
83.39(1)	INFECTION CONTROL PROGRAM	8/11/22	Yes
83.45(1)(d)	HAZARDS	8/11/22	Yes
83.47(3)	FIRE INSPECTION	8/11/22	Yes

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0137564 **End Date:** 8/3/2021 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #LHNW12 Served 10/27/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.15(3)(a)	ADMINISTRATOR SHALL SUPERVISE DAILY OPERATION	2/8/22	Yes
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	2/8/22	Yes
83.37(1)(k)	MEDICATION ERROR OR ADVERSE REACTION	2/8/22	No

Survey ID: 0136160 **End Date:** 3/31/2021 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #LHNW11 Served 5/4/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(3)(a)	INVESTIGATE INJURIES OF UNKNOWN SOURCE	8/3/21	Yes
83.15(3)(a)	ADMINISTRATOR SHALL SUPERVISE DAILY OPERATION	8/3/21	No
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	8/3/21	No
83.36(1)(a)	ADEQUATE STAFF TO MEET RESIDENT NEEDS	8/3/21	Yes
83.44(2)(b)	TOILET AND BATHING AREA	8/3/21	Yes
83.45(1)(d)	HAZARDS	8/3/21	Yes
83.45(1)(f)	FURNISHINGS CLEAN, SAFE, AND MAINTAINED	8/3/21	Yes
83.46(1)(b)	PORTABLE SPACE HEATERS PROHIBITED	8/3/21	Yes

Survey ID: 0134910 **End Date:** 9/25/2020 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (COMFORTS OF HOME HUDSON--0010987)

Date: 2/24/2023 **SOD #**LHNW15 **Appealed:**

Sanctions

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

Date: 9/8/2022 **SOD #**LHNW14 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
NO NEW ADMISSIONS
ORDER TO COMPLY
FORFEITURE---83.12(3)(a)
FORFEITURE---83.14(2)(a)
FORFEITURE---83.15(3)(a)
FORFEITURE---83.35(1)(a)
FORFEITURE---83.35(3)(a)
FORFEITURE---83.35(3)(d)
FORFEITURE---83.37(1)(k)
FORFEITURE---83.37(2)(e)
FORFEITURE---83.38(1)(g)

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date: 5/16/2022 **SOD #**LHNW13 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
ORDER TO COMPLY
FORFEITURE---83.15(3)(a)
FORFEITURE---83.28(5)
FORFEITURE---83.32(3)(h)
FORFEITURE---83.35(1)(a)
FORFEITURE---83.35(3)(d)
FORFEITURE---83.37(2)(e)
FORFEITURE---83.38(1)(g)
FORFEITURE---83.39(1)
FORFEITURE---83.45(1)(d)

Date: 10/27/2021 **SOD #**LHNW12 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.15(3)(a)
FORFEITURE---83.32(3)(h)

Date: 5/4/2021 **SOD #**LHNW11 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.12(3)(a)
FORFEITURE---83.15(3)(a)
FORFEITURE---83.32(3)(h)
FORFEITURE---83.36(1)(a)
FORFEITURE---83.44(2)(b)

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date: 6/9/2020

SOD #0QE612

Appealed:

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

FORFEITURE---83.14(2)(j)

FORFEITURE---83.35(3)(d)

FORFEITURE---83.39(3)

FORFEITURE---83.41(3)(b)

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (COMFORTS OF HOME HUDSON--0010987)

Date Complaint Received: 4/18/2023

Date Investigation Completed: 4/27/2023

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 4/10/2023

Date Investigation Completed: 4/27/2023

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 3/20/2023

Date Investigation Completed: 4/27/2023

Subject Area(s)
PROGRAM SERVICES

Result
SUBSTANTIATED

SOD #
LHNW16

Date Complaint Received: 1/11/2023

Date Investigation Completed: 2/20/2023

Subject Area(s)
ADMINISTRATION

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 6/16/2022

Date Investigation Completed: 8/11/2022

Subject Area(s)
STAFF TRAINING AND PROFICIENCY
PHYSICAL ENVIRONMENT/SAFETY

Result
SUBSTANTIATED
NOT SUBSTANTIATED

SOD #
LHNW14

Date Complaint Received: 5/24/2022

Date Investigation Completed: 6/2/2022

Subject Area(s)
STAFF TRAINING AND PROFICIENCY

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 2/28/2022

Date Investigation Completed: 6/2/2022

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date Complaint Received: 1/5/2022

Subject Area(s)
PROGRAM SERVICES
ADMINISTRATION
RESIDENT RIGHTS

Date Investigation Completed: 2/8/2022

<u>Result</u>	<u>SOD #</u>
SUBSTANTIATED	LHNW13
NOT SUBSTANTIATED	
NOT SUBSTANTIATED	

Date Complaint Received: 9/8/2021

Subject Area(s)
ADMINISTRATION
PROGRAM SERVICES

Date Investigation Completed: 2/8/2022

<u>Result</u>	<u>SOD #</u>
SUBSTANTIATED	LHNW13
SUBSTANTIATED	LHNW13

Date Complaint Received: 5/17/2021

Subject Area(s)
ADMINISTRATION

Date Investigation Completed: 8/3/2021

<u>Result</u>	<u>SOD #</u>
SUBSTANTIATED	LHNW12

Date Complaint Received: 4/29/2021

Subject Area(s)
PROGRAM SERVICES

Date Investigation Completed: 8/3/2021

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

Date Complaint Received: 3/30/2021

Subject Area(s)
ADMINISTRATION
PROGRAM SERVICES

Date Investigation Completed: 3/31/2021

<u>Result</u>	<u>SOD #</u>
SUBSTANTIATED	LHNW11
SUBSTANTIATED	LHNW11

Date Complaint Received: 2/18/2021

Subject Area(s)
PHYSICAL ENVIRONMENT/SAFETY

Date Investigation Completed: 3/31/2021

<u>Result</u>	<u>SOD #</u>
SUBSTANTIATED	LHNW11

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date Complaint Received: 2/9/2021

Date Investigation Completed: 3/31/2021

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 9/17/2020

Date Investigation Completed: 9/25/2020

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: EXODUS HOUSE (0012273)

Address: 698 BAKER RD, HUDSON, WI 54016

License Status: REGULAR

Licensed/Certified/Registered 3/20/2008 12:00:00AM

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

Survey History

No survey activity during the period 5/15/20 to 5/15/23

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: PINE RIDGE ASSISTED LIVING (0012820)

Address: 1320 WISCONSIN ST, HUDSON, WI 54016

License Status: REGULAR

Licensed/Certified/Registered 8/1/2010 12:00:00AM

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

Survey History

Survey ID: 0142463 **End Date:** 2/27/2023 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #3U2C11 Served 3/14/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.25	CONTINUING EDUCATION		
83.37(1)(j)	PROOF-OF-USE RECORD		
83.37(3)(c)	MEDICATION STORAGE: LOCKED CABINET		
83.39(3)	HAND WASHING		
83.45(3)	TOXIC SUBSTANCES		

Survey ID: 0136512 **End Date:** 6/9/2021 **Type:** STANDARD **Purpose:** SURVEY/VV

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #7XN412 Served 6/17/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.47(2)(e)	OTHER EVACUATION DRILLS	8/1/21	

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (PINE RIDGE ASSISTED LIVING--0012820)

Date: 3/14/2023 **SOD #**3U2C11 **Appealed:** **Decision:** PENDING

Sanctions

ORDER TO COMPLY
FORFEITURE---83.25

Complaint History (PINE RIDGE ASSISTED LIVING--0012820)

Date Complaint Received: 11/9/2022 **Date Investigation Completed:** 2/27/2023

Subject Area(s)

RESIDENT RIGHTS

Result

NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: RED CEDAR CANYON ASSISTED LIVING (0013526)

Address: 3001 HANLEY RD, HUDSON, WI 54016

License Status: REGULAR

Licensed/Certified/Registered 4/1/2012 12:00:00AM

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

Survey History

Survey ID: 0142886 **End Date:** 2/20/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #PHIV12 Served 4/25/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.17(1)	LICENSEE CONDUCT CAREGIVER BACKGROUND CHECK		
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE		
83.25	CONTINUING EDUCATION		

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0140373 **End Date: 5/25/2022** **Type: STANDARD** **Purpose: SURVEY/COMPLAINT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #PHIV11 Served 8/4/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.17(1)	LICENSEE CONDUCT CAREGIVER BACKGROUND CHECK	2/20/23	No
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	2/20/23	No
83.25	CONTINUING EDUCATION	2/20/23	No
83.26(1)	DOCUMENTATION OF REQUIRED EMPLOYEE TRAINING	2/20/23	Yes
83.29(2)	ADMISSION AGREEMENT	2/20/23	Yes
83.35(5)(b)	ANNUAL EVALUATION OF EVACUATION LIMITS	2/20/23	Yes
83.45(3)	TOXIC SUBSTANCES	2/20/23	Yes
83.47(3)	FIRE INSPECTION	2/20/23	Yes
83.48(8)(b)	SPRINKLER SYSTEM INSTALLATION AND MAINTENANCE	2/20/23	Yes

Survey ID: 0136259 **End Date: 5/18/2021** **Type: OTHER** **Purpose: VERIFICATION VISIT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0135642 **End Date: 2/9/2021** **Type: OTHER** **Purpose: COMPLAINT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #07S011 Served 2/18/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.39(1)	INFECTION CONTROL PROGRAM	5/18/21	Yes

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (RED CEDAR CANYON ASSISTED LIVING--0013526)

Date: 4/25/2023 **SOD #**PHIV12 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.17(1)
FORFEITURE---83.17(2)(a)
FORFEITURE---83.25

Date: 8/4/2022 **SOD #**PHIV11 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.17(1)
FORFEITURE---83.25

Date: 2/18/2021 **SOD #**07S011 **Appealed:** Yes **Decision:** STIPULATION

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.39(1)

Complaint History (RED CEDAR CANYON ASSISTED LIVING--0013526)

Date Complaint Received: 2/22/2022 **Date Investigation Completed:** 5/25/2022

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

Date Complaint Received: 2/4/2021 **Date Investigation Completed:** 2/9/2021

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PROGRAM SERVICES	SUBSTANTIATED	07S011

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: WOODLAND HILL (0016010)

Address: 431 STAGELINE ROAD, HUDSON, WI 54016

License Status: REGULAR

Licensed/Certified/Registered 7/1/2017 12:00:00AM

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

Survey History

No survey activity during the period 5/15/20 to 5/15/23

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: AURORA RES ALT NEW RICHMOND 005 (510214)

Address: 1710 COUNTY ROAD A, NEW RICHMOND, WI 54017

License Status: REGULAR

Licensed/Certified/Registered 2/28/1981 12:00:00AM

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

Survey History

No survey activity during the period 5/15/20 to 5/15/23

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: DEERFIELD (THE) (0008844)

Address: 1127 WEST EIGHTH STREET, NEW RICHMOND, WI 54017

License Status: REGULAR

Licensed/Certified/Registered 5/1/2000 12:00:00AM

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

Survey History

Survey ID: 0143298 **End Date:** 4/7/2023 **Type:** ABBREVIATED **Purpose:** SURVEY/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #QGZZ11 Served 6/8/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.09(1)(f)	PRIVACY		
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE		
83.36(1)(a)	ADEQUATE STAFF TO MEET RESIDENT NEEDS		
83.37(1)(j)	PROOF-OF-USE RECORD		
83.47(2)(d)	FIRE DRILLS		
83.47(2)(e)	OTHER EVACUATION DRILLS		

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: KITTY RHOADES MEMORIAL MEMORY CARE CENTER (0016407)

Address: 1446 N 4TH STREET, NEW RICHMOND, WI 54017

License Status: REGULAR

Licensed/Certified/Registered 3/1/2018 12:00:00AM

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

Survey History

No survey activity during the period 5/15/20 to 5/15/23

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: LEGACY PINES ASSISTED LIVING (0018653)

Address: 1164 HIGHWAY 64, NEW RICHMOND, WI 54017

License Status: REGULAR

Licensed/Certified/Registered 11/1/2022 12:00:00AM

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

Survey History

Survey ID: 0142753 **End Date:** 4/11/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140082 **End Date:** 6/22/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #LYP011 Served 7/8/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	4/11/23	Yes
83.28(4)(a)	RESIDENT HEALTH SCREENING AND DOCUMENTATION	4/11/23	Yes
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN	4/11/23	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	4/11/23	Yes
83.36(1)(a)	ADEQUATE STAFF TO MEET RESIDENT NEEDS	4/11/23	Yes
83.38(1)(g)	HEALTH MONITORING	4/11/23	Yes
83.59(1)(a)	CLASS AS, ANA, CS, CNA 2 GRADE LEVEL EXITS	4/11/23	Yes

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

83.59(7)(b)

REQUIRED EXIT SIGNS LIGHTED

4/11/23

Yes

Survey ID: 0137767 End Date: 11/1/2021 Type: INITIAL Purpose: SURVEY

Results: PROBATIONARY LICENSE ISSUED

Enforcement History (LEGACY PINES ASSISTED LIVING--0018653)

Date: 7/8/2022 SOD #LYP011 Appealed: No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: ORCHARD VIEW TERRACE (0016719)

Address: 1423 N 4TH STREET, NEW RICHMOND, WI 54017

License Status: REGULAR

Licensed/Certified/Registered 8/1/2018 12:00:00AM

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

Survey History

No survey activity during the period 5/15/20 to 5/15/23

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: OUR HOUSE NEW RICHMOND MEMORY CARE (0013427)

Address: 1310 CIRCLE PINE DR, NEW RICHMOND, WI 54017

License Status: REGULAR

Licensed/Certified/Registered 10/1/2011 12:00:00AM

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

Survey History

No survey activity during the period 5/15/20 to 5/15/23

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