

## Provider Inspection Summary

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

Wood

### Notes

**This report includes Provider Inspection Summaries (Facility Profiles) for Adult Family Homes in Wood County.**

**The report includes only facilities located within the City of MARSHFIELD. Reports for facilities located in other communities are listed separately on the DQA Facility Profile webpage.**

**The report is a PDF (Adobe Acrobat) document and includes a total of 14.00 pages. If you wish to read the profile for a particular facility without scrolling through the rest of the document, use the Search feature in the Acrobat Reader to specify part of the name of the facility you wish to review.**

**If you wish to print the profile for a particular facility, be sure to send only the desired pages to your computer printer.**

**Otherwise you will be printing all pages in the document.**

## Provider Inspection Summary

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

Adult Family Home

### Facility Information

**Facility Name:** ALICE & LOUISES ADULT FAMILY HOME (0015448)

**Address:** 814 E 6TH ST, MARSHFIELD, WI 54449

**License Status:** REGULAR

**Licensed/Certified/Registered** 03/02/2015 12:00:00AM

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

### Survey History

**Survey ID:** 0139037    **End Date:** 03/21/2022    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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### Provider Inspection Summary

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

Adult Family Home

#### Facility Information

**Facility Name:** ALTHEA HOUSE (0016208)

**Address:** 2404 MONIQUE LANE, MARSHFIELD, WI 54449

**License Status:** REGULAR

**Licensed/Certified/Registered** 01/17/2017 12:00:00AM

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

#### Survey History

**Survey ID:** 0146288    **End Date:** 04/25/2024    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0144466    **End Date:** 08/29/2023    **Type:** ABBREVIATED    **Purpose:** SURVEY/COMPLAINT/SELF REPORT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #KZ9O11    Served 10/09/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(a)	HOME ENVIRONMENT	4/25/24	Yes
88.07(3)(c)	MEDICATION ASSISTANCE	4/25/24	Yes
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT	4/25/24	Yes

#### Enforcement History (ALTHEA HOUSE--0016208)

**Date:** 10/09/2023    **SOD #**KZ9O11    **Appealed:** No

Sanctions

ORDER TO COMPLY

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### Provider Inspection Summary

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

Adult Family Home

#### Complaint History (ALTHEA HOUSE--0016208)

**Date Complaint Received: 03/27/2023**

**Date Investigation Completed: 08/29/2023**

Subject Area(s)  
ADMINISTRATION

Result  
SUBSTANTIATED

SOD #  
KZ9O11

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## Provider Inspection Summary

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

Adult Family Home

### Facility Information

**Facility Name:** Epic Home Care LLC (0019084)

**Address:** 1607 Immanuel Ct, Marshfield, WI 54449

**License Status:** REGULAR

**Licensed/Certified/Registered** 09/21/2022 12:00:00AM

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

### Survey History

**Survey ID:** 0140888    **End Date:** 09/20/2022    **Type:** INITIAL    **Purpose:** SURVEY

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

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### Provider Inspection Summary

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

Adult Family Home

#### Facility Information

**Facility Name:** GUIDING HAND ADULT FAMILY HOME (0009806)

**Address:** 1200 ST JOSEPH AVE, MARSHFIELD, WI 54449

**License Status:** REGULAR

**Licensed/Certified/Registered** 01/28/2003 12:00:00AM

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

#### Survey History

**Survey ID:** 0142540    **End Date:** 03/20/2023    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0139815    **End Date:** 03/21/2022    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #BSGZ11    Served 06/10/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY	3/20/23	Yes

#### Enforcement History (GUIDING HAND ADULT FAMILY HOME--0009806)

**Date:** 06/10/2022    **SOD #**BSGZ11    **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY

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## Provider Inspection Summary

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

Adult Family Home

### Facility Information

**Facility Name:** HILLSIDE HOLLOW C&K LLC (0017192)

**Address:** 11854 COUNTY ROAD T, MARSHFIELD, WI 54449

**License Status:** REGULAR

**Licensed/Certified/Registered** 07/13/2018 12:00:00AM

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

### Survey History

**Survey ID:** 0140610    **End Date:** 08/30/2022    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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### Provider Inspection Summary

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

Adult Family Home

#### Facility Information

**Facility Name:** JOYFUL HEARTS (0018848)

**Address:** 1704 E MCMILLAN, MARSHFIELD, WI 54449

**License Status:** REGULAR

**Licensed/Certified/Registered** 04/13/2022 12:00:00AM

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

#### Survey History

**Survey ID:** 0147789    **End Date:** 07/29/2024    **Type:** STANDARD    **Purpose:** SURVEY/VV

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #3IT312    Served 10/09/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.07(3)(a)	PRESCRIPTION MEDICATIONS	11/23/24	
88.07(3)(e)1	MEDICATION- RECORD KEEPING	11/23/24	

**Survey ID:** 0146237    **End Date:** 12/19/2023    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #3IT311    Served 04/25/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(b)	AWAKE STAFF FOR CONTINUOUS CARE	7/29/24	Yes
88.04(2)(f)	CONDITION WHICH REPRESENTS RISK OR HARM	7/29/24	Yes
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS	7/29/24	Yes
88.06(3)(f)	REVIEW OF ISP	7/29/24	Yes
88.10(3)(a)	FAIR TREATMENT	7/29/24	Yes

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### Provider Inspection Summary

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

Adult Family Home

88.10(3)(e)

SELF-DIRECTION

7/29/24

Yes

**Survey ID: 0139270    End Date: 04/13/2022    Type: INITIAL    Purpose: SURVEY**

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

#### Enforcement History (JOYFUL HEARTS--0018848)

**Date: 04/25/2024    SOD #3IT311    Appealed: No**

Sanctions

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

#### Complaint History (JOYFUL HEARTS--0018848)

**Date Complaint Received: 09/18/2023    Date Investigation Completed: 12/19/2023**

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
RESIDENT RIGHTS	SUBSTANTIATED	3IT311

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### Provider Inspection Summary

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

Adult Family Home

#### Facility Information

**Facility Name:** PARKSIDE POINT (0011327)

**Address:** 503 WEST 17TH STREET, MARSHFIELD, WI 54449

**License Status:** REGULAR

**Licensed/Certified/Registered** 03/07/2006 12:00:00AM

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

#### Survey History

**Survey ID:** 0145751    **End Date:** 02/23/2024    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0144346    **End Date:** 06/30/2023    **Type:** ABBREVIATED    **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #LQN211    Served 09/26/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(a)	HOME ENVIRONMENT	2/23/24	Yes
88.06(3)(f)	REVIEW OF ISP	2/23/24	Yes
88.10(3)(n)1	FREEDOM FROM SECLUSION AND RESTRAINTS	2/23/24	Yes

#### Enforcement History (PARKSIDE POINT--0011327)

**Date:** 09/26/2023    **SOD #**LQN211    **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY

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**Provider Inspection Summary**

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

Adult Family Home

**Complaint History (PARKSIDE POINT--0011327)**

**Date Complaint Received: 09/15/2022**

**Date Investigation Completed: 06/30/2023**

Subject Area(s)  
PROGRAM SERVICES

Result  
NOT SUBSTANTIATED

SOD #

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## Provider Inspection Summary

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

Adult Family Home

### Facility Information

**Facility Name:** RIVER CITY ESTATES HERITAGE 8391 (0014834)

**Address:** 8391 HERITAGE DR, MARSHFIELD, WI 54449

**License Status:** REGULAR

**Licensed/Certified/Registered** 11/04/2013 12:00:00AM

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

### Survey History

**Survey ID:** 0144481    **End Date:** 10/05/2023    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0142535    **End Date:** 03/20/2023    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

### Enforcement History (RIVER CITY ESTATES HERITAGE 8391--0014834)

**Date:** 02/10/2022    **SOD #**43EE11    **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
ORDER TO COMPLY

### Complaint History (RIVER CITY ESTATES HERITAGE 8391--0014834)

**Date Complaint Received:** 06/26/2023    **Date Investigation Completed:** 10/05/2023

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

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## Provider Inspection Summary

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

Adult Family Home

### Facility Information

**Facility Name:** RIVER CITY ESTATES HERITAGE 8393 (0014835)

**Address:** 8393 HERITAGE DR, MARSHFIELD, WI 54449

**License Status:** REGULAR

**Licensed/Certified/Registered** 10/07/2013 12:00:00AM

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

### Survey History

**Survey ID:** 0142531    **End Date:** 03/20/2023    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

### Complaint History (RIVER CITY ESTATES HERITAGE 8393--0014835)

**Date Complaint Received:** 05/16/2022

**Date Investigation Completed:** 03/20/2023

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

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### Provider Inspection Summary

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

Adult Family Home

#### Facility Information

**Facility Name:** RIVER CITY ESTATES HERITAGE 8397 (0014421)

**Address:** 8397 HERITAGE DR, MARSHFIELD, WI 54449

**License Status:** REGULAR

**Licensed/Certified/Registered** 11/15/2012 12:00:00AM

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

#### Survey History

**Survey ID:** 0140087    **End Date:** 06/27/2022    **Type:** STANDARD    **Purpose:** SURVEY/VV

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #699112    Served 07/11/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u> <u>Verified</u>	<u>Corrected</u>
88.05(2)(a)	DIFFICULTY WALKING	8/25/22	

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