

Provider Inspection Summary

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

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 WISCONSIN RAPIDS. 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 21.00 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

Adult Family Home

STATE OF WISCONSIN

Bureau of Assisted Living

P.O. Box 7940

Madison WI 53707-7940

Facility Information

Facility Name: 2ND STREET (0014318)

Address: 3111 2ND ST S, WISCONSIN RAPIDS, WI 54494

License Status: REGULAR

Licensed/Certified/Registered 9/4/2012 12:00:00AM

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

Survey History

Survey ID: 0140017 **End Date:** 7/1/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 2 of 21 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: Aspiring Horizons (0019115)

Address: 820 Lincoln Street, Wisconsin Rapids, WI 54494

License Status: REGULAR

Licensed/Certified/Registered 11/9/2022 12:00:00AM

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

Survey History

Survey ID: 0141355 **End Date:** 11/9/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

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

Adult Family Home

STATE OF WISCONSIN

Bureau of Assisted Living

P.O. Box 7940

Madison WI 53707-7940

Facility Information

Facility Name: AURORA RESIDENTIAL ALTERNATIVES 092 (0013296)

Address: 2910 KINGSTON RD, WISCONSIN RAPIDS, WI 54494

License Status: REGULAR

Licensed/Certified/Registered 5/18/2010 12:00:00AM

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

Survey History

Survey ID: 0138670 **End Date:** 2/9/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: AURORA RESIDENTIAL ALTERNATIVES 093 (0013295)

Address: 3010 KINGSTON RD, WISCONSIN RAPIDS, WI 54494

License Status: REGULAR

Licensed/Certified/Registered 5/18/2010 12:00:00AM

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

Survey History

Survey ID: 0138669 **End Date:** 2/9/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Adult Family Home

STATE OF WISCONSIN

Bureau of Assisted Living

P.O. Box 7940

Madison WI 53707-7940

Facility Information

Facility Name: Best Place to Be Inc WR1 (0019177)

Address: 2941 Shady Lane, Wisconsin Rapids, WI 54494

License Status: REGULAR

Licensed/Certified/Registered 5/1/2023 12:00:00AM

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

Survey History

Survey ID: 0142912 **End Date:** 4/4/2023 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: BEST PLACE TO BE INC WR2 (0018719)

Address: 1610 BOLES ST, WISCONSIN RAPIDS, WI 54495

License Status: REGULAR

Licensed/Certified/Registered 2/21/2022 12:00:00AM

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

Survey History

Survey ID: 0138826 **End Date:** 2/21/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

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

Adult Family Home

STATE OF WISCONSIN

Bureau of Assisted Living

P.O. Box 7940

Madison WI 53707-7940

Facility Information

Facility Name: BEST PLACE TO BE INC WR3 (0018153)

Address: 2920 SHADY LN, WISCONSIN RAPIDS, WI 54494

License Status: REGULAR

Licensed/Certified/Registered 11/23/2020 12:00:00AM

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

Survey History

Survey ID: 0135270 **End Date:** 11/23/2020 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: CLARITY CARE 10TH (0016921)

Address: 1030 GROVE AVE, WISCONSIN RAPIDS, WI 54494

License Status: REGULAR

Licensed/Certified/Registered 11/9/2017 12:00:00AM

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

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

Adult Family Home

STATE OF WISCONSIN

Bureau of Assisted Living

P.O. Box 7940

Madison WI 53707-7940

Facility Information

Facility Name: CLARITY CARE GRANDVIEW (0016977)

Address: 1340 ROSEWOOD AVE, WISCONSIN RAPIDS, WI 54494

License Status: REGULAR

Licensed/Certified/Registered 12/5/2017 12:00:00AM

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

Survey History

Survey ID: 0139778 **End Date:** 6/2/2022 **Type:** STANDARD **Purpose:** SURVEY/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

Adult Family Home

STATE OF WISCONSIN

Bureau of Assisted Living

P.O. Box 7940

Madison WI 53707-7940

Facility Information

Facility Name: CLARITY CARE ROSEWOOD (0016978)

Address: 1338 ROSEWOOD AVE, WISCONSIN RAPIDS, WI 54494

License Status: REGULAR

Licensed/Certified/Registered 12/5/2017 12:00:00AM

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

Survey History

Survey ID: 0139777 **End Date:** 6/7/2022 **Type:** STANDARD **Purpose:** SURVEY/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Adult Family Home

STATE OF WISCONSIN

Bureau of Assisted Living

P.O. Box 7940

Madison WI 53707-7940

Facility Information

Facility Name: EVERGREEN (0011754)

Address: 2131 CINDY CT, WISCONSIN RAPIDS, WI 54494

License Status: REGULAR

Licensed/Certified/Registered 5/23/2007 12:00:00AM

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

Survey History

Survey ID: 0142995 **End Date:** 5/8/2023 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: HEARTLAND FAMILY CARE (0012915)

Address: 1120 GARDNER ST, WISCONSIN RAPIDS, WI 54495

License Status: REGULAR

Licensed/Certified/Registered 8/20/2009 12:00:00AM

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

Survey History

Survey ID: 0142413 **End Date:** 3/8/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141321 **End Date:** 8/23/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #IHRS11 Served 11/10/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.03(3)(b)	CRIMINAL RECORDS CHECK	3/8/23	Yes
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS	3/8/23	Yes
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY	3/8/23	Yes
88.07(3)(a)	PRESCRIPTION MEDICATIONS	3/8/23	Yes

Enforcement History (HEARTLAND FAMILY CARE--0012915)

Date: 11/10/2022 **SOD #IHRS11** **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: HILLTOP ASSISTED LIVING RAVENWOOD (0014167)

Address: 2530 GAYNOR AVE, WISCONSIN RAPIDS, WI 54495

License Status: REGULAR

Licensed/Certified/Registered 4/24/2012 12:00:00AM

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

Survey History

Survey ID: 0135684 **End Date:** 2/25/2021 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Adult Family Home

STATE OF WISCONSIN

Bureau of Assisted Living

P.O. Box 7940

Madison WI 53707-7940

Facility Information

Facility Name: PATHWAYS (0011718)

Address: 2121 CINDY COURT, WISCONSIN RAPIDS, WI 54494

License Status: REGULAR

Licensed/Certified/Registered 1/11/2007 12:00:00AM

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

Survey History

Survey ID: 0140148 **End Date:** 7/8/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Adult Family Home

STATE OF WISCONSIN

Bureau of Assisted Living

P.O. Box 7940

Madison WI 53707-7940

Facility Information

Facility Name: RIDGEWOOD (0012713)

Address: 1520 MICHAEL CT, WISCONSIN RAPIDS, WI 54494

License Status: REGULAR

Licensed/Certified/Registered 3/3/2009 12:00:00AM

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

Survey History

Survey ID: 0143139 **End Date:** 5/9/2023 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: RIVER CITY ESTATES IV (0012520)

Address: 541 GARFIELD STREET, WISCONSIN RAPIDS, WI 54495

License Status: REGULAR

Licensed/Certified/Registered 9/24/2008 12:00:00AM

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

Survey History

Survey ID: 0136145 **End Date:** 4/29/2021 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Adult Family Home

STATE OF WISCONSIN

Bureau of Assisted Living

P.O. Box 7940

Madison WI 53707-7940

Facility Information

Facility Name: RIVER CITY ESTATES LLC II (0011778)

Address: 5510 KELLNER ROAD, WISCONSIN RAPIDS, WI 54494

License Status: REGULAR

Licensed/Certified/Registered 2/27/2007 12:00:00AM

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

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

Adult Family Home

Facility Information

Facility Name: RIVER CITY ESTATES LLC III (0012115)

Address: 550 WISCONSIN STREET, WISCONSIN RAPIDS, WI 54494

License Status: REGULAR

Licensed/Certified/Registered 10/30/2007 12:00:00AM

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

Survey History

Survey ID: 0137524 **End Date:** 10/13/2021 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (RIVER CITY ESTATES LLC III--0012115)

Date: 6/16/2020 **SOD #**OF1D11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

Complaint History (RIVER CITY ESTATES LLC III--0012115)

Date Complaint Received: 1/20/2021

Date Investigation Completed: 10/13/2021

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: RIVER CITY ESTATES LLC (0011779)

Address: 5512 KELLNER ROAD, WISCONSIN RAPIDS, WI 54494

License Status: REGULAR

Licensed/Certified/Registered 2/21/2007 12:00:00AM

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

Survey History

Survey ID: 0135231 **End Date:** 11/24/2020 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (RIVER CITY ESTATES LLC-0011779)

Date Complaint Received: 10/29/2020

Date Investigation Completed: 11/24/2020

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: RIVER CITY ESTATES V (0013045)

Address: 1810 LINCOLN ST, WISCONSIN RAPIDS, WI 54495

License Status: REGULAR

Licensed/Certified/Registered 10/6/2009 12:00:00AM

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

Survey History

Survey ID: 0141099 **End Date:** 10/18/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (RIVER CITY ESTATES V--0013045)

Date Complaint Received: 2/4/2021

Date Investigation Completed: 10/18/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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