

## Provider Inspection Summary

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

Wood

### Notes

**This report includes Provider Inspection Summaries (Facility Profiles) for Community-Based Residential Facilities 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 23.00 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:** ADAMS AVENUE GROUP HOME (0013144)

**Address:** 613 W 11TH ST, MARSHFIELD, WI 54449

**License Status:** REGULAR

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

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

### Survey History

**Survey ID:** 0140550      **End Date:** 8/22/2022      **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** APPLE AVENUE GROUP HOME (0013143)

**Address:** 1406 S APPLE AVE, MARSHFIELD, WI 54449

**License Status:** REGULAR

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

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

### Survey History

**Survey ID:** 0142653      **End Date:** 2/1/2023      **Type:** STANDARD      **Purpose:** SURVEY/COMPLAINT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #2CHP11      Served 4/4/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.38(1)(g)	HEALTH MONITORING	5/19/23	Yes

### Complaint History (APPLE AVENUE GROUP HOME--0013143)

**Date Complaint Received:** 1/11/2023

**Date Investigation Completed:** 2/1/2021

Subject Area(s)  
PROGRAM SERVICES

Result  
SUBSTANTIATED

SOD #  
2CHP11

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

### Facility Information

**Facility Name:** BRIDGEWAY (0016560)

**Address:** 1600 N CHESTNUT AVE, MARSHFIELD, WI 54449

**License Status:** REGULAR

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

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

### Survey History

**Survey ID:** 0140752      **End Date:** 9/14/2022      **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** DRAKE HOUSE I (THE) (0017385)

**Address:** 800 S DRAKE AVE, MARSHFIELD, WI 54449

**License Status:** REGULAR

**Licensed/Certified/Registered** 3/1/2020 12:00:00AM

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

### Survey History

**Survey ID:** 0141120      **End Date:** 10/19/2022      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

### Complaint History (DRAKE HOUSE I (THE)--0017385)

**Date Complaint Received:** 10/18/2022

**Date Investigation Completed:** 10/19/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES  
RESIDENT RIGHTS

NOT SUBSTANTIATED  
NOT SUBSTANTIATED

**Date Complaint Received:** 4/8/2022

**Date Investigation Completed:** 10/19/2022

Subject Area(s)

Result

SOD #

ADMINISTRATION  
PROGRAM SERVICES

NOT SUBSTANTIATED  
NOT SUBSTANTIATED

**Date Complaint Received:** 3/31/2021

**Date Investigation Completed:** 10/19/2022

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** DRAKE HOUSE II (THE) (0017386)

**Address:** 212 COLUMBUS DR, MARSHFIELD, WI 54449

**License Status:** REGULAR

**Licensed/Certified/Registered** 4/1/2020 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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** PEACH AVENUE GROUP HOME (0013145)

**Address:** 2401 S PEACH AVE, MARSHFIELD, WI 54449

**License Status:** REGULAR

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

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

### Survey History

**Survey ID:** 0141938      **End Date:** 1/23/2023      **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** SAFE HAVEN SENIOR CARE LLC (0017226)

**Address:** 414 E 19TH ST, MARSHFIELD, WI 54449

**License Status:** REGULAR

**Licensed/Certified/Registered** 3/1/2020 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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** SERENITY LIVING 1 A TOUCH OF HOME (0018400)

**Address:** 1301 E DOEGE ST, MARSHFIELD, WI 54449

**License Status:** REGULAR

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

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

### Survey History

**Survey ID:** 0138166      **End Date:** 1/6/2022      **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** SERENITY LIVING 2 A TOUCH OF HOME (0018403)

**Address:** 612 E 25TH ST, MARSHFIELD, WI 54449

**License Status:** REGULAR

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

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

### Survey History

**Survey ID:** 0138172      **End Date:** 1/6/2022      **Type:** INITIAL      **Purpose:** CHOW--DESK REVIEW

**Results:** LICENSE/CERT/REGISTRATION 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:** SERENITY LIVING 3 A TOUCH OF HOME (0018402)

**Address:** 720 S CYPRESS STREET, MARSHFIELD, WI 54449

**License Status:** REGULAR

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

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

### Survey History

**Survey ID:** 0138174      **End Date:** 1/6/2022      **Type:** INITIAL      **Purpose:** CHOW--DESK REVIEW

**Results:** LICENSE/CERT/REGISTRATION 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:** SERENITY LIVING 4 A TOUCH OF HOME (0018401)

**Address:** 9787 WEST IVES STREET, MARSHFIELD, WI 54449

**License Status:** REGULAR

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

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

### Survey History

**Survey ID:** 0138176      **End Date:** 1/6/2022      **Type:** INITIAL      **Purpose:** CHOW--DESK REVIEW

**Results:** LICENSE/CERT/REGISTRATION 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:** STONEY RIVER ASSISTED LIVING (0014626)

**Address:** 1204 W MCMILLAN ST, MARSHFIELD, WI 54449

**License Status:** REGULAR

**Licensed/Certified/Registered** 6/25/2013 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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** STONEY RIVER MEMORY CARE (0017202)

**Address:** 1606 N ST JOSEPH AVE, MARSHFIELD, WI 54449

**License Status:** REGULAR

**Licensed/Certified/Registered** 11/1/2019 12:00:00AM

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

### Survey History

**Survey ID:** 0141632      **End Date:** 12/14/2022      **Type:** OTHER      **Purpose:** COMPLAINT/VV

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0140627      **End Date:** 5/17/2022      **Type:** OTHER      **Purpose:** COMPLAINT/SELF REPORT/VV

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #0I0D12      Served 8/31/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	12/13/22	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	12/13/22	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:** 0136920    **End Date:** 6/30/2021    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT/SELF REPORT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #010D11    Served 8/9/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.12(5)(a)	NOTIFICATION: INCIDENT, INJURY, CHANGES	5/17/22	Yes
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	5/17/22	No
83.38(1)(b)	SUPERVISION	5/17/22	Yes

### Enforcement History (STONE RIVER MEMORY CARE--0017202)

**Date:** 8/31/2022    **SOD #**010D12    **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
COMPLY WITH REQUIREMENT  
ORDER TO COMPLY  
FORFEITURE---83.35(3)(d)

**Date:** 8/6/2021    **SOD #**010D11    **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
COMPLY WITH REQUIREMENT  
ORDER TO COMPLY  
FORFEITURE---83.38(1)(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 (STONEY RIVER MEMORY CARE--0017202)

**Date Complaint Received:** 11/14/2022

**Date Investigation Completed:** 12/14/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES  
RESIDENT RIGHTS

NOT SUBSTANTIATED  
NOT SUBSTANTIATED

**Date Complaint Received:** 11/7/2022

**Date Investigation Completed:** 12/14/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

**Date Complaint Received:** 6/18/2022

**Date Investigation Completed:** 12/14/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

**Date Complaint Received:** 4/24/2022

**Date Investigation Completed:** 5/17/2022

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY  
PROGRAM SERVICES

NOT SUBSTANTIATED  
NOT SUBSTANTIATED

**Date Complaint Received:** 10/6/2020

**Date Investigation Completed:** 6/30/2021

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

**Date Complaint Received:** 9/17/2020

**Date Investigation Completed:** 6/30/2021

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

010D11

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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: 6/1/2020**

Subject Area(s)

ADMINISTRATION  
RESIDENT RIGHTS

**Date Investigation Completed: 6/30/2021**

Result

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:** WELLS NATURE VIEW I (610269)

**Address:** 1016 SOUTH ADAMS AVENUE, MARSHFIELD, WI 54449

**License Status:** REGULAR

**Licensed/Certified/Registered** 8/31/1996 12:00:00AM

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

### Survey History

**Survey ID:** 0142476      **End Date:** 3/15/2023      **Type:** OTHER      **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0138283      **End Date:** 9/28/2021      **Type:** OTHER      **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #3O1D11      Served 1/13/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(bb)	DETERMINE FINAL DISPOSITION OF CHARGE	3/15/23	Yes
83.12(4)(c)	REPORTING INCIDENTS WITH SERIOUS INJURY	3/15/23	Yes
83.17(1)	LICENSEE CONDUCT CAREGIVER BACKGROUND CHECK	3/15/23	Yes
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	3/15/23	Yes
83.25	CONTINUING EDUCATION	3/15/23	Yes
83.37(1)(b)	MEDICATION LABEL PERMANENTLY ATTACHED	3/15/23	Yes
83.37(1)(e)	MEDICATION REGIMEN, ADMINISTRATION REVIEW	3/15/23	Yes
83.45(3)	TOXIC SUBSTANCES	3/15/23	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)

83.47(2)(e)	OTHER EVACUATION DRILLS	3/15/23	Yes
83.48(1)(b)	SMOKE AND HEAT DETECTORS PER NFPA 72	3/15/23	Yes
83.48(4)(g)	SMOKE DETECTOR WHERE LINTELS EXCEED 8 INCHES	3/15/23	Yes
83.59(2)(a)	ONE-HAND, ONE-MOTION DOOR OPERATION	3/15/23	Yes

### Enforcement History (WELLS NATURE VIEW I--610269)

Date: 1/13/2022 SOD #3O1D11 Appealed:

Sanctions

ORDER TO COMPLY  
FORFEITURE---83.20(2)(a-d)  
FORFEITURE---83.25

### Complaint History (WELLS NATURE VIEW I--610269)

Date Complaint Received: 8/9/2021 Date Investigation Completed: 9/28/2021

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PROGRAM SERVICES	SUBSTANTIATED	3O1D11

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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:** WELLS NATURE VIEW II (611047)

**Address:** 601 EAST 21ST STREET, MARSHFIELD, WI 54449

**License Status:** REGULAR

**Licensed/Certified/Registered** 4/30/1998 12:00:00AM

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

### Survey History

**Survey ID:** 0142474      **End Date:** 3/14/2023      **Type:** OTHER      **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0139605      **End Date:** 2/8/2022      **Type:** ABBREVIATED      **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #N7OL11      Served 5/20/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	3/14/23	Yes
83.21(1)-(3)	ALL EMPLOYEE TRAINING	3/14/23	Yes
83.25	CONTINUING EDUCATION	3/14/23	Yes
83.37(1)(e)	MEDICATION REGIMEN, ADMINISTRATION REVIEW	3/14/23	Yes
83.46(1)(b)	PORTABLE SPACE HEATERS PROHIBITED	3/14/23	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)

### Enforcement History (WELLS NATURE VIEW II--611047)

**Date:** 5/20/2022

**SOD #**N7OL11

**Appealed:**

Sanctions

ORDER TO COMPLY

FORFEITURE---83.21(1)-(3)

FORFEITURE---83.25

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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:** WELLS NATURE VIEW III (0009393)

**Address:** 2711 SOUTH APPLE AVENUE, MARSHFIELD, WI 54449

**License Status:** REGULAR

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

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

### Survey History

**Survey ID:** 0139610    **End Date:** 2/8/2022    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #KKK611    Served 5/20/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE		
83.25	CONTINUING EDUCATION		
83.37(1)(e)	MEDICATION REGIMEN, ADMINISTRATION REVIEW		

### Enforcement History (WELLS NATURE VIEW III--0009393)

**Date:** 5/20/2022    **SOD #**KKK611    **Appealed:**    **Decision:** PENDING

Sanctions

ORDER TO COMPLY  
FORFEITURE---83.25

***This is Page 22 of 23 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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

### Facility Information

**Facility Name:** WELLS NATURE VIEW IV (0014746)

**Address:** 2807 S APPLE AVE, MARSHFIELD, WI 54449

**License Status:** REGULAR

**Licensed/Certified/Registered** 8/12/2013 12:00:00AM

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

### Survey History

**Survey ID:** 0139829      **End Date:** 5/3/2022      **Type:** ABBREVIATED      **Purpose:** SURVEY/COMPLAINT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #7IH111      Served 6/13/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(4)(c)	REPORTING INCIDENTS WITH SERIOUS INJURY	7/28/22	
83.25	CONTINUING EDUCATION	7/23/22	
83.37(1)(e)	MEDICATION REGIMEN, ADMINISTRATION REVIEW	7/23/22	

### Complaint History (WELLS NATURE VIEW IV--0014746)

**Date Complaint Received:** 10/4/2021

**Date Investigation Completed:** 5/3/2022

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PROGRAM SERVICES	SUBSTANTIATED	7IH111
RESIDENT RIGHTS	SUBSTANTIATED	7IH111
STAFF TRAINING AND PROFICIENCY	SUBSTANTIATED	7IH111

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