

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 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 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: ARBORVIEW COURT (0013373)

Address: 3750 BLUE VIOLET LN, WISCONSIN RAPIDS, WI 54494

License Status: REGULAR

Licensed/Certified/Registered 11/1/2011 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

This is Page 2 of 23 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: CRANBERRY COURT ASSISTED LIVING I (0015632)

Address: 2230 14TH ST SOUTH, WISCONSIN RAPIDS, WI 54494

License Status: REGULAR

Licensed/Certified/Registered 8/1/2016 12:00:00AM

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

Survey History

Survey ID: 0140059 **End Date:** 7/6/2022 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (CRANBERRY COURT ASSISTED LIVING I--0015632)

Date Complaint Received: 6/13/2022

Date Investigation Completed: 7/6/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 9/21/2021

Date Investigation Completed: 7/6/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

This is Page 3 of 23 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: CRANBERRY COURT ASSISTED LIVING II (0015631)

Address: 2230 JAMES CT, WISCONSIN RAPIDS, WI 54494

License Status: REGULAR

Licensed/Certified/Registered 8/1/2016 12:00:00AM

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

Survey History

Survey ID: 0139557 **End Date:** 5/12/2022 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (CRANBERRY COURT ASSISTED LIVING II--0015631)

Date Complaint Received: 10/26/2020

Date Investigation Completed: 5/12/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 5/27/2020

Date Investigation Completed: 5/12/2022

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

This is Page 4 of 23 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: HILLTOP ASSISTED LIVING ALPINE TERRACE (0014168)

Address: 1610 25TH AVE SOUTH, WISCONSIN RAPIDS, WI 54494

License Status: REGULAR

Licensed/Certified/Registered 4/24/2012 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

This is Page 5 of 23 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: HILLTOP OF PEPPER (0010105)

Address: 630 PEPPER AVENUE, WISCONSIN RAPIDS, WI 54494

License Status: REGULAR

Licensed/Certified/Registered 3/1/2004 12:00:00AM

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

Survey History

Survey ID: 0140542 **End Date:** 5/5/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #9S8811 Served 8/22/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.09(1)(l)	CARE		
83.12(3)(a)	INVESTIGATE INJURIES OF UNKNOWN SOURCE		
83.12(4)(c)	REPORTING INCIDENTS WITH SERIOUS INJURY		
83.37(1)(i)	PRN PSYCHOTROPIC MEDICATION		

Survey ID: 0135713 **End Date:** 3/3/2021 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 6 of 23 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (HILLTOP OF PEPPER--0010105)

Date: 8/22/2022

SOD #9S8811

Appealed:

Decision: PENDING

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

ORDER TO COMPLY

FORFEITURE---50.09(1)(L)

FORFEITURE---83.12(3)(A)

FORFEITURE---83.12(4)(C)

FORFEITURE---83.37(1)(I)

This is Page 7 of 23 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (HILLTOP OF PEPPER--0010105)

Date Complaint Received: 4/14/2022

Date Investigation Completed: 5/5/2022

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 3/25/2022

Date Investigation Completed: 5/5/2022

Subject Area(s)

Result

SOD #

ADMINISTRATION

SUBSTANTIATED

9S8811

PROGRAM SERVICES

SUBSTANTIATED

9S8811

RESIDENT RIGHTS

SUBSTANTIATED

9S8811

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

9S8811

Date Complaint Received: 4/7/2021

Date Investigation Completed: 5/5/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

9S8811

Date Complaint Received: 11/20/2020

Date Investigation Completed: 3/3/2021

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

This is Page 8 of 23 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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 WI RAPIDS ASSISTED CARE (0013445)

Address: 2941 16TH ST SOUTH, WISCONSIN RAPIDS, WI 54494

License Status: REGULAR

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

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

Survey History

Survey ID: 0139389 **End Date:** 4/26/2022 **Type:** ABBREVIATED **Purpose:** SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 9 of 23 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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 WI RAPIDS MEMORY CARE (0013444)

Address: 2711 12TH ST SOUTH, WISCONSIN RAPIDS, WI 54494

License Status: REGULAR

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

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

Survey History

Survey ID: 0141733 **End Date:** 12/20/2022 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #L26R12 Served 1/4/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.38(1)(i)	BEHAVIOR MANAGEMENT		
83.39(3)	HAND WASHING		

Survey ID: 0137092 **End Date:** 5/26/2021 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #L26R11 Served 8/25/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(2)(b)	NON-CAREGIVER: INVESTIGATING ABUSE AND NEGLECT	11/10/22	Yes
83.28(4)(a)	RESIDENT HEALTH SCREENING AND DOCUMENTATION	11/10/22	Yes
83.38(1)(b)	SUPERVISION	11/10/22	Yes

This is Page 10 of 23 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (OUR HOUSE WI RAPIDS MEMORY CARE--0013444)

Date: 1/4/2023 **SOD #**L26R12 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 8/25/2021 **SOD #**L26R11 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

ORDER TO COMPLY

FORFEITURE---83.38(1)(b) 2nd cite

This is Page 11 of 23 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (OUR HOUSE WI RAPIDS MEMORY CARE--0013444)

Date Complaint Received: 8/6/2021

Date Investigation Completed: 12/20/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 5/26/2021

Date Investigation Completed: 12/20/2022

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 10/22/2020

Date Investigation Completed: 5/26/2021

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 8/18/2020

Date Investigation Completed: 5/26/2021

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

L26R11

Date Complaint Received: 8/10/2020

Date Investigation Completed: 5/26/2021

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

This is Page 12 of 23 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: SOLARTE RESIDENCE (0013278)

Address: 1171 21ST ST NORTH, WISCONSIN RAPIDS, WI 54494

License Status: REGULAR

Licensed/Certified/Registered 4/1/2011 12:00:00AM

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

Survey History

Survey ID: 0142869 **End Date:** 2/16/2023 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #3GV811 Served 4/27/2023

Deficiencies Cited
83.48(8)(b)

Subject Area
SPRINKLER SYSTEM INSTALLATION AND
MAINTENANCE

Compliance
Verified
6/5/23

Corrected
Yes

Survey ID: 0142710 **End Date:** 11/3/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0134687 **End Date:** 9/2/2020 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 13 of 23 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (SOLARTE RESIDENCE--0013278)

Date Complaint Received: 6/21/2022

Date Investigation Completed: 11/3/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 4/3/2022

Date Investigation Completed: 11/3/2022

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 4/21/2021

Date Investigation Completed: 11/3/2022

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

This is Page 14 of 23 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: WATERFORD AT WISCONSIN RAPIDS (THE) (0015957)

Address: 491 25TH ST N, WISCONSIN RAPIDS, WI 54494

License Status: REGULAR

Licensed/Certified/Registered 2/1/2017 12:00:00AM

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

Survey History

Survey ID: 0140370 **End Date:** 4/25/2022 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #FMFT12 Served 8/5/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(2)(a)	CAREGIVER: INVESTIGATING ABUSE AND NEGLECT		
83.12(3)(a)	INVESTIGATE INJURIES OF UNKNOWN SOURCE		
83.12(4)(c)	REPORTING INCIDENTS WITH SERIOUS INJURY		
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES		

This is Page 15 of 23 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0138116 **End Date:** 9/10/2021 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #FMFT11 Served 1/4/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	4/25/22	Yes

Survey ID: 0135422 **End Date:** 1/6/2021 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (WATERFORD AT WISCONSIN RAPIDS (THE)--0015957)

Date: 8/5/2022 **SOD #FMFT12** **Appealed:** **Decision:** PENDING

Sanctions

ORDER TO COMPLY
FORFEITURE---83.12(2)(a)
FORFEITURE---83.12(3)(a)
FORFEITURE---83.12(4)(c)
FORFEITURE---83.35(3)(d)

Date: 1/4/2022 **SOD #FMFT11** **Appealed:**

Sanctions

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

This is Page 16 of 23 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (WATERFORD AT WISCONSIN RAPIDS (THE)--0015957)

Date Complaint Received: 12/10/2021

Date Investigation Completed: 4/25/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

FMFT12

RESIDENT RIGHTS

SUBSTANTIATED

FMFT12

Date Complaint Received: 10/18/2021

Date Investigation Completed: 4/25/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

FMFT12

This is Page 17 of 23 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: WATERFORD AT WISCONSIN RAPIDS MEMORY CARE (THE) (0016033)

Address: 2440 BAKER ST, WISCONSIN RAPIDS, WI 54494

License Status: REGULAR

Licensed/Certified/Registered 2/1/2017 12:00:00AM

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

Survey History

Survey ID: 0141416 **End Date:** 11/8/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0138117 **End Date:** 9/10/2021 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #THX211 Served 1/4/2022

Deficiencies Cited
83.21(1)-(3)

Subject Area
ALL EMPLOYEE TRAINING

Compliance
Verified

Corrected

Survey ID: 0135423 **End Date:** 1/6/2021 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (WATERFORD AT WISCONSIN RAPIDS MEMORY CARE (THE)--0016033)

Date: 1/4/2022 **SOD #**THX211 **Appealed:** **Decision:** PENDING

Sanctions

ORDER TO COMPLY

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

This is Page 18 of 23 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (WATERFORD AT WISCONSIN RAPIDS MEMORY CARE (THE)--0016033)

Date Complaint Received: 11/2/2021

Date Investigation Completed: 11/8/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 3/25/2021

Date Investigation Completed: 9/10/2021

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

This is Page 19 of 23 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: WELLINGTON PLACE AT BIRON (0017439)

Address: 1661 BIRON DR, WISCONSIN RAPIDS, WI 54494

License Status: REGULAR

Licensed/Certified/Registered 3/5/2020 12:00:00AM

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

Survey History

Survey ID: 0142743 **End Date:** 10/12/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #F9O311 Served 4/11/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(3)(b)	COMPLETE BACKGROUND CHECK PROCESS		
83.12(3)(a)	INVESTIGATE INJURIES OF UNKNOWN SOURCE		
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION		
83.32(3)(n)	RIGHTS OF RESIDENTS: SAFE ENVIRONMENT		
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION		
83.38(1)(g)	HEALTH MONITORING		
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE		
83.59(7)(b)	REQUIRED EXIT SIGNS LIGHTED		

This is Page 20 of 23 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (WELLINGTON PLACE AT BIRON--0017439)

Date: 4/11/2023

SOD #F9O311

Appealed: No

Sanctions

ORDER TO COMPLY

This is Page 21 of 23 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (WELLINGTON PLACE AT BIRON--0017439)

Date Complaint Received: 10/12/2022

Date Investigation Completed: 10/12/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

F9O311

Date Complaint Received: 3/7/2022

Date Investigation Completed: 10/12/2022

Subject Area(s)

Result

SOD #

ADMINISTRATION

SUBSTANTIATED

F9O311

PROGRAM SERVICES

SUBSTANTIATED

F9O311

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

F9O311

Date Complaint Received: 1/24/2022

Date Investigation Completed: 10/12/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

F9O311

Date Complaint Received: 10/27/2021

Date Investigation Completed: 10/12/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

F9O311

Date Complaint Received: 7/12/2021

Date Investigation Completed: 10/12/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

F9O311

Date Complaint Received: 6/2/2021

Date Investigation Completed: 10/12/2022

Subject Area(s)

Result

SOD #

ADMINISTRATION

SUBSTANTIATED

F9O311

PHYSICAL ENVIRONMENT/SAFETY

SUBSTANTIATED

F9O311

PROGRAM SERVICES

SUBSTANTIATED

F9O311

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

This is Page 22 of 23 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date Complaint Received: 10/19/2020

Subject Area(s)

PHYSICAL ENVIRONMENT/SAFETY

Date Investigation Completed: 10/12/2022

Result

NOT SUBSTANTIATED

SOD #

Date Complaint Received: 8/18/2020

Subject Area(s)

PROGRAM SERVICES

Date Investigation Completed: 10/12/2022

Result

NOT SUBSTANTIATED

SOD #

Date Complaint Received: 5/28/2020

Subject Area(s)

ADMINISTRATION

Date Investigation Completed: 10/12/2022

Result

NOT SUBSTANTIATED

SOD #

This is Page 23 of 23 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.