# DIRECTORY OF LICENSED WISCONSIN NURSING HOMES - BY COUNTY

**DEPARTMENT OF HEALTH AND FAMILY SERVICES**
Division of Disability and Elder Services
Monday, May 22, 2006

KEY TO DESCRIPTIONS:
Title 18 = Title XVIII, Medicare Certification
Title 19 = Title XIX, Medicaid Certification

IMD = Institute for Mental Diseases
SNF = Skilled Nursing Facility
NF = Nursing Facility

**STATE OF WISCONSIN**
Bureau of Quality Assurance
PO Box 2969
Madison, WI 53701-2969

## County: Polk

| PROVIDER/ADDRESS | Contact and Phones | DHFS REGION | License Number, Level and Beds | Owner, Ownership, Certification Types, Provider Number |
|---|---|---|---|---|
| GOLDEN AGE MANOR<br>220 SCHOLL CT<br>AMERY, WI 54001 | (715) 268-7107<br>**FAX:** (715) 268-6167<br>Administrator: GARY TAXDAHL | WESTERN | Lic. 2376<br>SKILLED CARE<br>114 Beds | POLK COUNTY BOARD<br>GOVERNMENTAL COUNTY<br>525507 Title 18 SNF Title 19 NF |
| WILLOW RIDGE HEALTHCARE FACILITIES LLC<br>400 DERONDA ST<br>AMERY, WI 54001 | (715) 268-8171<br>**FAX:** (715) 268-6880<br>Administrator: CONNIE DUCKLOW | WESTERN | Lic. 2642<br>SKILLED CARE<br>83 Beds | WILLOW RIDGE HEALTHCARE FACILITIES LLC<br>LIMITED LIABILITY COMP(FOR-PROFIT)<br>525402 Title 18 SNF Title 19 NF |
| FREDERIC NURSING AND REHABILITATION COMMUNITY<br>205 UNITED WAY<br>FREDERIC, WI 54837 | (715) 327-4297<br>**FAX:** (715) 327-4950<br>Administrator: BROOK SULLIVAN | WESTERN | Lic. 3086<br>SKILLED CARE<br>50 Beds | CCG FREDERIC INC<br>PROPRIETARY CORPORATION<br>525665 Title 18 SNF Title 19 NF |
| UNITED PIONEER HOME<br>210 PARK AVE<br>LUCK, WI 54853 | (715) 472-2164<br>**FAX:** (715) 472-2180<br>Administrator: DANIEL VALENTINE | WESTERN | Lic. 450<br>SKILLED CARE<br>75 Beds | UNITED PIONEER HOME INC<br>VOLUNTARY NONPROFIT CHURCH/CORP<br>525680 Title 18 SNF Title 19 NF |
| L O SIMENSTAD NURSING CARE UNIT<br>301 RIVER ST<br>OSCEOLA, WI 54020 | (715) 294-5641<br>**FAX:** (715) 294-5785<br>Administrator: LISA WISER | WESTERN | Lic. 2329<br>SKILLED CARE<br>40 Beds | ECUMEN SERVICES, INC.<br>PROPRIETARY CORPORATION<br>52A262 Title 19 NF |
| ST CROIX VALLEY GOOD SAMARITAN CENTER<br>750 LOUISIANA EAST<br>ST CROIX FALLS, WI 54024 | (715) 483-9815<br>**FAX:** (715) 483-5113<br>Administrator: WADE REDDY | WESTERN | Lic. 2080<br>SKILLED CARE<br>91 Beds | EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY<br>VOLUNTARY NONPROFIT CORP<br>525532 Title 18 SNF Title 19 NF |