

Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009

COUNTY: ASHLAND

Notes

This report includes Provider Inspection Summaries (Facility Profiles) for Assisted Living Facilities in ashland County.

The report is a PDF (Adobe Acrobat) document and includes a total of 18 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 07/01/2006 to 06/30/2009
Adult Day Care Facility
COUNTY: ASHLAND

Facility Information

Facility Name: MEMORY LANE ADULT DAY SERVICES (0011900)

Address: 517 9TH AVENUE WEST, ASHLAND, WI 54806

License Status: REGULAR

Licensed/Certified/Registered 05/24/2007

Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0099357 **End Date:** 04/16/2007 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Adult Family Home
COUNTY: ASHLAND

Facility Information

Facility Name: BRADLE ADULT FAMILY HOME (690100)
Address: 412 13TH AVENUE EAST, ASHLAND, WI 54806
License Status: REGULAR
Licensed/Certified/Registered 10/05/1998
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0102764 **End Date:** 09/24/2008 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #6W7J14 Served 10/22/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(4)(d)2.a	FIRE SAFETY EVACUATION PLAN REVIEW		
88.06(1)(e)	INFORMATION TO DETERMINE SERVICES		

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Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Adult Family Home
COUNTY: ASHLAND

Survey ID: 0098396 End Date: 11/27/2006 Type: STANDARD Purpose: SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10009633 Served 01/06/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(a)	RESPONSIBILITIES	09/24/2008	Yes
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS	09/24/2008	Yes
88.05(3)(b)	FREE OF HAZARDS	09/24/2008	Yes
88.06(1)(e)	INFORMATION TO DETERMINE SERVICES	09/24/2008	No
88.06(3)(c)	ASSESSMENT IDENTIFY NEEDS & ABILITIES	09/24/2008	Yes
88.07(2)(b)4	RECORD OF MEDICAL VISITS AND REPORTS	09/24/2008	Yes
88.07(3)(a)	PRESCRIPTION MEDICATIONS	09/24/2008	Yes
88.07(3)(d)	MEDICATION- WRITTEN ORDER	09/24/2008	Yes
88.07(3)(e)1	MEDICATION- RECORD KEEPING	09/24/2008	Yes
88.09(1)(d)11	RESIDENT FUNDS	09/24/2008	Yes
88.09(2)(a)	SERVICE PROVIDER RECORD	09/24/2008	Yes

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Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Adult Family Home
COUNTY: ASHLAND

Enforcement History (BRADLE ADULT FAMILY HOME)

Date: 10/21/2008 **SOD #6W7J14** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

Date: 01/03/2007 **SOD #10009633** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

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Provider Inspection Summary

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: ASHLAND

Facility Information

Facility Name: FOREST HAVEN (0010438)

Address: 1500 10TH STREET WEST, ASHLAND, WI 54806

License Status: REGULAR

Licensed/Certified/Registered 06/01/2004

Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0101566 **End Date:** 03/24/2008 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #M7EN11 Served 04/25/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.13(6)(a)	CRIMINAL RECORDS CHECK	04/01/2009	
83.14(1)	TRAINING	04/01/2009	
83.14(7)(b)	CONTINUING EDUCATION	04/01/2009	
83.35(7)(b)2	FOOD PREPARATION AREA CLEAN GOOD REPAIR	04/01/2009	
83.35(8)(a)1	FLOORS EASILY CLEANED AND GOOD REPAIR	04/01/2009	

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Provider Inspection Summary

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: ASHLAND

Survey ID: 0100151 End Date: 09/05/2007 Type: OTHER Purpose: COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #4U8413 Served 09/21/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(b)intro	ENTITY BACKGROUND CHECK REQUIREMENTS	02/21/2008	Yes
83.13(4)(a)	COMMUNICABLE DISEASE CONTROL	02/21/2008	Yes
83.13(6)(a)2.a	CHECK NURSE ASSISTANT REGISTRY	02/21/2008	Yes
83.14(1)(d)	FIRE SAFETY, FIRST AID & CHOKING	02/21/2008	Yes
83.41(10)(a)	BUILDING MAINTENANCE	02/21/2008	Yes

Survey ID: 0099301 End Date: 04/18/2007 Type: STANDARD Purpose: SURVEY/COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #4U8412 Served 05/15/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(7)(b)	CONTINUING EDUCATION	08/28/2007	Yes
83.33(2)(a)	SUPERVISION	08/28/2007	Yes
83.41(10)(a)	BUILDING MAINTENANCE	08/28/2007	No
83.41(4)(b)	HEATING SYSTEM MAINTAINED SAFE	08/28/2007	Yes

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Provider Inspection Summary

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: ASHLAND

Enforcement History (FOREST HAVEN)

Date: 04/22/2008 **SOD #M7EN11** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
FORFEITURE---83.14(1)
FORFEITURE---83.14(7)(b)
FORFEITURE---83.35(7)(b)2
FORFEITURE---83.35(8)(a)1

Date: 09/17/2007 **SOD #4U8413** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
FORFEITURE---83.14(1)(d)
FORFEITURE---83.41(10)(a)

Date: 05/10/2007 **SOD #4U8412** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
FORFEITURE---83.14(7)(b)
FORFEITURE---83.33(2)(a)
FORFEITURE---83.41(10)(a)

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Provider Inspection Summary

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: ASHLAND

Complaint History (FOREST HAVEN)

Date Complaint Received: 07/19/2007

Date Investigation Completed: 08/28/2007

Subject Area(s)

PHYSICAL PLANTS & SAFETY HAZARDS
NUTRITION & FOOD SERVICES
MEDICATIONS
ADMINISTRATION
PROGRAM SERVICES

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 07/17/2007

Date Investigation Completed: 08/28/2007

Subject Area(s)

NUTRITION & FOOD SERVICES
MEDICATIONS
PROGRAM SERVICES

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 01/22/2007

Date Investigation Completed: 04/18/2007

Subject Area(s)

PHYSICAL PLANTS & SAFETY HAZARDS

Result

SUBSTANTIATED

SOD #

4U8412

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Provider Inspection Summary

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

COUNTY: ASHLAND

Facility Information

Facility Name: SHILOH HOUSE I (0010472)

Address: 224 22ND AVENUE EAST, ASHLAND, WI 54806

License Status: REGULAR

Licensed/Certified/Registered 09/01/2004

Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0102585 **End Date:** 09/23/2008 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0101638 **End Date:** 03/24/2008 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #396Q12 Served 05/03/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
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Provider Inspection Summary

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

COUNTY: ASHLAND

Survey ID: 0098474 End Date: 11/15/2006 Type: STANDARD Purpose: SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10009642 Served 01/13/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(1)(a)	CLIENT RELATED TRAINING	02/19/2008	Yes
83.14(1)(d)	FIRE SAFETY, FIRST AID & CHOKING	02/19/2008	Yes
83.14(8)	DOCUMENTATION	02/19/2008	Yes
83.15(1)(a)	ADMINISTRATOR QUALIFIED: ASSOCIATE DEGREE	02/19/2008	No
83.15(1)(c)1	ADEQUATE STAFFING	02/19/2008	No
83.20(2)(b)1	INITIATED BY CBRF-30 DAY NOTICE		Yes
83.21(4)(w)	SAFE ENVIRONMENT		Yes

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Provider Inspection Summary

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

COUNTY: ASHLAND

Enforcement History (SHILOH HOUSE I)

Date: 05/01/2008 **SOD #396Q12** **Appealed: Yes** **Decision: STIPULATION**

Sanctions

PROVIDE TRAINING
FORFEITURE---83.14(4)

Date: 01/11/2007 **SOD #10009642** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
FORFEITURE---83.14(1)(a)
FORFEITURE---83.14(8)
FORFEITURE---83.15(1)(c)

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Provider Inspection Summary

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: ASHLAND

Facility Information

Facility Name: SHILOH HOUSE II (0010437)

Address: 218 22ND AVENUE WEST, ASHLAND, WI 54806

License Status: REGULAR

Licensed/Certified/Registered 06/01/2004

Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0101565 **End Date:** 03/24/2008 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #LHWX11 Served 04/24/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.13(6)(a)	CRIMINAL RECORDS CHECK	04/01/2009	
83.35(8)(a)1	FLOORS EASILY CLEANED AND GOOD REPAIR	04/01/2009	

Survey ID: 0100155 **End Date:** 09/05/2007 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #76J813 Served 09/21/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(1)(d)	FIRE SAFETY, FIRST AID & CHOKING	02/19/2008	Yes
83.14(8)	DOCUMENTATION	02/19/2008	Yes

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Provider Inspection Summary

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: ASHLAND

Enforcement History (SHILOH HOUSE II)

Date: 04/22/2008 **SOD #LHWX11** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
FORFEITURE---83.35(8)(a)1

Date: 09/17/2007 **SOD #76J813** **Appealed: No**

Sanctions

FORFEITURE---83.14(1)(d)
FORFEITURE---83.14(8)

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Provider Inspection Summary

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: ASHLAND

Facility Information

Facility Name: SHILOH SUITES (0010436)

Address: 1019 15TH AVENUE WEST, ASHLAND, WI 54806

License Status: REGULAR

Licensed/Certified/Registered 06/01/2004

Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0103289 **End Date:** 12/17/2008 **Type:** STANDARD **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #D46011 Served 01/29/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.41(10)(a)	BUILDING MAINTENANCE	04/01/2009	

Survey ID: 0102765 **End Date:** 09/24/2008 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #WF0F11 Served 10/22/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(1)(d)	FIRE SAFETY, FIRST AID & CHOKING	12/17/2008	Yes
83.15(1)(c)1	ADEQUATE STAFFING	12/17/2008	Yes
83.32(2)(a)	EXPLANATION OF RIGHTS, GRIEVANCE PROCEDURE	12/17/2008	Yes

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Provider Inspection Summary

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: ASHLAND

Survey ID: 0101637 **End Date: 03/24/2008** **Type: OTHER** **Purpose: COMPLAINT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #EQXG11 Served 05/02/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.13(6)(a)	CRIMINAL RECORDS CHECK	09/24/2008	Yes
83.14(1)(a)	CLIENT RELATED TRAINING	09/24/2008	Yes
83.35(11)(a)	GARBAGE AND RUBBISH DISPOSAL	09/24/2008	Yes
83.35(7)(b)2	FOOD PREPARATION AREA CLEAN GOOD REPAIR	09/24/2008	Yes
83.35(8)(a)1	FLOORS EASILY CLEANED AND GOOD REPAIR	09/24/2008	Yes

Survey ID: 0100346 **End Date: 09/20/2007** **Type: STANDARD** **Purpose: SURVEY/COMPLAINT/SELF REPORT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #XK3Y12 Served 10/15/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.11(3)(a)	RESPONSIBILITIES	03/24/2008	Yes
83.12(5)(a)	NOTIFICATION: INCIDENT, INJURY, CHANGES	03/24/2008	Yes
83.14(1)(d)	FIRE SAFETY, FIRST AID & CHOKING	03/24/2008	Yes
83.19(3)(c)	INVESTIGATE ALLEGATION	03/24/2008	Yes
83.19(3)(f)	ACCIDENT RESULTS IN HOSPITALIZATION	03/24/2008	Yes
83.21(4)(o)	MEDICATIONS	03/24/2008	Yes
83.33(2)(c)	LEISURE TIME ACTIVITIES	03/24/2008	Yes
83.35(4)(f)	FOOD STORED IN SANITARY CONDITIONS	03/24/2008	Yes
83.41(5)(a)5	BATHROOMS SHALL BE CLEAN	03/24/2008	Yes

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Provider Inspection Summary

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: ASHLAND

Enforcement History (SHILOH SUITES)

Date: 10/21/2008 **SOD #WF0F11** **Appealed: No**

Sanctions

FORFEITURE---83.14(1)(d)

Date: 04/30/2008 **SOD #EQXG11** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

FORFEITURE---83.14(1)(a)

FORFEITURE---83.35(7)(b)2

FORFEITURE---83.35(8)(a)1

Date: 10/11/2007 **SOD #XK3Y12** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

PROVIDE TRAINING

FORFEITURE---83.11(3)(a)

FORFEITURE---83.14(1)(d)

FORFEITURE---83.19(3)(c)

FORFEITURE---83.21(4)(o)

FORFEITURE---83.33(2)(c)

FORFEITURE---83.35(4)(f)

FORFEITURE---83.41(5)(a)5

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Provider Inspection Summary

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: ASHLAND

Complaint History (SHILOH SUITES)

Date Complaint Received: 10/08/2008

Date Investigation Completed: 12/17/2008

Subject Area(s)

PHYSICAL PLANTS & SAFETY HAZARDS
HOMELIKE ENVIRONMENT & CLEANLINESS

Result

SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

D46011

Date Complaint Received: 08/13/2008

Date Investigation Completed: 09/24/2008

Subject Area(s)

PROGRAM SERVICES

Result

NOT SUBSTANTIATED

SOD #

Date Complaint Received: 11/27/2007

Date Investigation Completed: 02/20/2008

Subject Area(s)

RESIDENT RIGHTS
PHYSICAL PLANTS & SAFETY HAZARDS

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 07/19/2007

Date Investigation Completed: 09/20/2007

Subject Area(s)

PHYSICAL PLANTS & SAFETY HAZARDS
NUTRITION & FOOD SERVICES
MEDICATIONS
ADMINISTRATION
PROGRAM SERVICES

Result

SUBSTANTIATED
SUBSTANTIATED
SUBSTANTIATED
NOT SUBSTANTIATED
SUBSTANTIATED

SOD #

XK3Y12
XK3Y12
XK3Y12
XK3Y12
XK3Y12

Date Complaint Received: 07/17/2007

Date Investigation Completed: 09/20/2007

Subject Area(s)

NUTRITION & FOOD SERVICES
MEDICATIONS
PROGRAM SERVICES

Result

SUBSTANTIATED
SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

XK3Y12
XK3Y12

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