

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

COUNTY: BARRON

Notes

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

The report is a PDF (Adobe Acrobat) document and includes a total of 38 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: BARRON

Facility Information

Facility Name: DAYBREAK II (500018)
Address: 154 MEMORIAL DRIVE, BARRON, WI 54812
License Status: REGULAR
Licensed/Certified/Registered 03/17/1997
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

No survey activity during the period 07/01/2006 through 06/30/2009.

This is Page 2 of 38 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 07/01/2006 to 06/30/2009
Adult Day Care Facility
COUNTY: BARRON

Facility Information

Facility Name: DAYBREAK I (500017)
Address: 12 WEST HUMBIRD STREET, RICE LAKE, WI 54868
License Status: REGULAR
Licensed/Certified/Registered 03/17/1997
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

No survey activity during the period 07/01/2006 through 06/30/2009.

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

Facility Information

Facility Name: HUSSETS KOUNTRY KARE (0009807)
Address: 25 S EIGHTH STREET, BARRON, WI 54812
License Status: REGULAR
Licensed/Certified/Registered 08/08/2002
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0099770 **End Date:** 07/16/2007 **Type:** ABBREVIATED **Purpose:** SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

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

Facility Information

Facility Name: SUE HUSSETS GROUP HOME (0010693)
Address: 1372 24-3/8 STREET, CAMERON, WI 54822
License Status: REGULAR
Licensed/Certified/Registered 10/01/2004
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0103270 **End Date:** 01/22/2009 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0098174 **End Date:** 11/03/2006 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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

Complaint History (SUE HUSSETS GROUP HOME)

Date Complaint Received: 12/15/2008

Date Investigation Completed: 01/22/2009

Subject Area(s)
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED

SOD #

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

Facility Information

Facility Name: BIRD STREET MEMORY CARE (0011247)
Address: 26 BIRD STREET, CHETEK, WI 54728
License Status: REGULAR
Licensed/Certified/Registered: 12/15/2005
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0101567 **End Date:** 04/17/2008 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #WKBL11 Served 04/24/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(a)	HOME ENVIRONMENT		

Survey ID: 0099283 **End Date:** 03/20/2007 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0097843 **End Date:** 09/19/2006 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10011535 Served 09/30/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.10(3)(1)	SAFE PHYSICAL ENVIRONMENT	05/01/2007	Yes

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

Complaint History (BIRD STREET MEMORY CARE)

Date Complaint Received: 01/31/2007

Date Investigation Completed: 03/21/2007

Subject Area(s)

Result

SOD #

MEDICATIONS
STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 08/21/2006

Date Investigation Completed: 09/19/2006

Subject Area(s)

Result

SOD #

PHYSICAL PLANTS & SAFETY HAZARDS

SUBSTANTIATED

10011535

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

Facility Information

Facility Name: HAPPY ACRES (590187)
Address: 1828 7TH AVE, CHETEK, WI 54728
License Status: REGULAR
Licensed/Certified/Registered 02/11/1999
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0103601 **End Date:** 03/13/2009 **Type:** ABBREVIATED **Purpose:** SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

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

Facility Information

Facility Name: JUST LIKE HOME (590167)
Address: 1117 W STOUT STREET, CHETEK, WI 54728
License Status: REGULAR
Licensed/Certified/Registered 09/09/1998
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0103600 **End Date:** 03/13/2009 **Type:** ABBREVIATED **Purpose:** SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

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

Facility Information

Facility Name: CIRCLE OF HOPE INC (590093)
Address: 180 WAYNE ST EAST, PRAIRIE FARM, WI 54762
License Status: REGULAR
Licensed/Certified/Registered 07/01/1992
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0103602 **End Date:** 03/13/2009 **Type:** ABBREVIATED **Purpose:** SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

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

Facility Information

Facility Name: HOMESTEAD (THE) (0012821)
Address: 2852 - 20TH STREET, RICE LAKE, WI 54868
License Status: REGULAR
Licensed/Certified/Registered 05/07/2009
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0104055 **End Date:** 05/07/2009 **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: BARRON

Facility Information

Facility Name: MITCHELLS FAMILY HOME (0012586)
Address: 103 HILLTOP DR, RICE LAKE, WI 54868
License Status: REGULAR
Licensed/Certified/Registered 11/01/2008
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0102851 **End Date:** 11/01/2008 **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: BARRON

Facility Information

Facility Name: PATRICK STREET HOUSE (0012118)
Address: 315 ST PATRICK STREET, RICE LAKE, WI 54868
License Status: REGULAR
Licensed/Certified/Registered 09/07/2007
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

No survey activity during the period 07/01/2006 through 06/30/2009.

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Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Community Based Residential Facility--CLASS AA (AMBULATORY)
COUNTY: BARRON

Facility Information

Facility Name: HANSENS GROUP HOME (510307)
Address: 1190 17TH ST, BARRON, WI 54812
License Status: REGULAR
Licensed/Certified/Registered 02/01/1986
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0104246 **End Date:** 05/26/2009 **Type:** ABBREVIATED **Purpose:** SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Community Based Residential Facility--CLASS AA (AMBULATORY)
COUNTY: BARRON

Facility Information

Facility Name: HUNTER HOME SERVICES INC (0012722)
Address: 1222 - 13-1/2 AVENUE, BARRON, WI 54812
License Status: PROBATIONARY
Licensed/Certified/Registered 04/24/2009
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0103962 **End Date:** 04/24/2009 **Type:** STANDARD **Purpose:** CHOW--LICENSURE
Results: PROBATIONARY LICENSE ISSUED

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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: BARRON

Facility Information

Facility Name: MONROE MANOR (510311)

Address: 508 E MONROE AVE, BARRON, WI 54812

License Status: REGULAR

Licensed/Certified/Registered 10/20/1984

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

Survey History

Survey ID: 0099771 **End Date:** 07/16/2007 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Community Based Residential Facility--CLASS AA (AMBULATORY)
COUNTY: BARRON

Facility Information

Facility Name: NORTHWEST PATHWAYS TO IND INC (0009526)
Address: 2113 13/12-1/2 AVENUE, CAMERON, WI 54822
License Status: REGULAR
Licensed/Certified/Registered 07/01/2002
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0104282 **End Date:** 06/22/2009 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #630611 Served 06/25/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(6)(am)	FOUR YEAR CAREGIVER BACKGROUND REQUIREMENT		
83.47(2)(d)	FIRE DRILLS		

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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: BARRON

Facility Information

Facility Name: CHETEK RIVERS EDGE (0011663)

Address: 251 WOODWARD ST, CHETEK, WI 54728

License Status: REGULAR

Licensed/Certified/Registered 04/01/2007

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

Survey History

Survey ID: 0103985 **End Date:** 05/04/2009 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #30W511 Served 05/12/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(3)(f)	STAFF ACCESS TO ASSESSMENT AND ISP		

Survey ID: 0102553 **End Date:** 09/22/2008 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0099282 **End Date:** 03/09/2007 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0097752 **End Date:** 09/19/2006 **Type:** INITIAL **Purpose:** CHOW--LICENSURE

Results: PROBATIONARY LICENSE ISSUED

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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: BARRON

Complaint History (CHETEK RIVERS EDGE)

Date Complaint Received: 08/13/2008

Date Investigation Completed: 09/22/2008

Subject Area(s)

PHYSICAL PLANTS & SAFETY HAZARDS
NUTRITION & FOOD SERVICES
MEDICATIONS
QUALITY OF LIFE

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 01/31/2007

Date Investigation Completed: 03/09/2007

Subject Area(s)

MEDICATIONS
STAFF TRAINING AND PROFICIENCY

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Community Based Residential Facility--CLASS AA (AMBULATORY)
COUNTY: BARRON

Facility Information

Facility Name: AURORA RES ALTERNATIVES INC 049 (510300)
Address: 1849 HWY 63, COMSTOCK, WI 54826
License Status: REGULAR
Licensed/Certified/Registered 01/01/1995
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0103603 **End Date:** 03/16/2009 **Type:** ABBREVIATED **Purpose:** SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

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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: BARRON

Facility Information

Facility Name: AURORA RESIDENTIAL ALTERNATIVES INC #048 (0012763)

Address: 1409 ARCADE ST, CUMBERLAND, WI 54829

License Status: REGULAR

Licensed/Certified/Registered 03/17/2009

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

Survey History

Survey ID: 0103662 **End Date:** 03/17/2009 **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: BARRON

Facility Information

Facility Name: CARE PARTNERS ASSISTED LIVING LLC (0009050)

Address: 1627 KERN AVENUE, RICE LAKE, WI 54868

License Status: REGULAR

Licensed/Certified/Registered 07/01/2001

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

Survey History

No survey activity during the period 07/01/2006 through 06/30/2009.

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Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Community Based Residential Facility--CLASS AA (AMBULATORY)
COUNTY: BARRON

Facility Information

Facility Name: CHRISMARK HOME LLC (0011891)
Address: 910 MELNORA ST, RICE LAKE, WI 54868
License Status: REGULAR
Licensed/Certified/Registered 03/23/2007
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0103695 **End Date:** 03/18/2009 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0098961 **End Date:** 03/23/2007 **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
Community Based Residential Facility--CLASS AA (AMBULATORY)
COUNTY: BARRON

Facility Information

Facility Name: CORNERSTONE WEST CBRF (0010585)
Address: 1464 - 21ST AVENUE, RICE LAKE, WI 54868
License Status: REGULAR
Licensed/Certified/Registered 10/01/2004
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0098973 **End Date:** 03/29/2007 **Type:** ABBREVIATED **Purpose:** SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

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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: BARRON

Facility Information

Facility Name: COUNTRY TERRACE OF WISCONSIN INC (0009581)

Address: 1631 KERN AVENUE, RICE LAKE, WI 54868

License Status: REGULAR

Licensed/Certified/Registered 03/01/2002

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

Survey History

Survey ID: 0103554 **End Date:** 03/04/2009 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0099947 **End Date:** 07/25/2007 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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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: BARRON

Complaint History (COUNTRY TERRACE OF WISCONSIN INC)

Date Complaint Received: 02/02/2009

Date Investigation Completed: 03/04/2009

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Community Based Residential Facility--CLASS AA (AMBULATORY)
COUNTY: BARRON

Facility Information

Facility Name: MAGNA HOUSE (0010826)
Address: 615 E SAWYER ST, RICE LAKE, WI 54868
License Status: REGULAR
Licensed/Certified/Registered 08/01/2005
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0102013 **End Date:** 06/16/2008 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #C95H11 Served 06/30/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)	SIGNING ASSESSMENT AND ISP	04/01/2009	
83.41(10)(a)	BUILDING MAINTENANCE	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 AA (AMBULATORY)
COUNTY: BARRON

Facility Information

Facility Name: NEW BEGINNINGS OF BARRON COUNTY INC (0009905)

Address: 4 CORNELL AVENUE, RICE LAKE, WI 54868

License Status: REGULAR

Licensed/Certified/Registered 07/01/2003

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

Survey History

Survey ID: 0102147 **End Date:** 07/21/2008 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0101185 **End Date:** 02/13/2008 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #I5LQ12 Served 02/22/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(b)intro	ENTITY BACKGROUND CHECK REQUIREMENTS	02/22/2008	Yes
50.065(2)(bm)	OUT OF STATE BACKGROUND CHECKS	04/02/2008	Yes
83.13(4)(a)	COMMUNICABLE DISEASE CONTROL	02/29/2008	Yes
83.14(1)(d)	FIRE SAFETY, FIRST AID & CHOKING	04/02/2008	Yes
83.16(1)(g)	CONDITIONS FOR DISCHARGE OR TRANSFER	03/25/2008	Yes
83.21(2)(a)	EXPLANATION OF RESIDENT RIGHTS	03/25/2008	Yes
83.35(11)(d)	OUTDOOR STORAGE CONTAINERS	03/15/2008	Yes
83.41(10)(a)	BUILDING MAINTENANCE	06/15/2008	Yes
83.41(10)(b)	MECHANICALS IN GOOD REPAIR	02/26/2008	Yes

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Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Community Based Residential Facility--CLASS AA (AMBULATORY)
COUNTY: BARRON

Survey ID: 0100784 End Date: 11/14/2007 Type: STANDARD Purpose: SURVEY/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #I5LQ11 Served 12/01/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(b)intro	ENTITY BACKGROUND CHECK REQUIREMENTS	02/22/2008	Yes
50.065(2)(bm)	OUT OF STATE BACKGROUND CHECKS	04/02/2008	Yes
83.13(4)(a)	COMMUNICABLE DISEASE CONTROL	02/29/2008	Yes
83.14(1)(d)	FIRE SAFETY, FIRST AID & CHOKING	04/02/2008	Yes
83.14(8)	DOCUMENTATION	02/12/2008	Yes
83.15(1)(c)1	ADEQUATE STAFFING	11/14/2007	Yes
83.16(1)(g)	CONDITIONS FOR DISCHARGE OR TRANSFER	03/25/2008	Yes
83.21(2)(a)	EXPLANATION OF RESIDENT RIGHTS	03/25/2008	Yes
83.33(3)(a)2	REVIEW OF MEDICATION REGIMEN	12/31/2007	Yes
83.35(11)(d)	OUTDOOR STORAGE CONTAINERS	03/15/2008	Yes
83.41(10)(a)	BUILDING MAINTENANCE	06/15/2008	Yes
83.41(10)(b)	MECHANICALS IN GOOD REPAIR	02/26/2008	Yes
83.42(9)	EXTINGUISHER MOUNTING	12/07/2007	Yes

Survey ID: 0098715 End Date: 02/07/2007 Type: OTHER Purpose: OTHER

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0097693 End Date: 07/31/2006 Type: OTHER Purpose: COMPLAINT/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Community Based Residential Facility--CLASS AA (AMBULATORY)
COUNTY: BARRON

Enforcement History (NEW BEGINNINGS OF BARRON COUNTY INC)

Date: 02/19/2008 SOD #I5LQ12 Appealed: No

Sanctions

FORFEITURE---50.065(2)(b)
FORFEITURE---50.065(2)(bm)
FORFEITURE---83.13(4)(a)
FORFEITURE---83.14(1)(d)
FORFEITURE---83.16(1)(g)
FORFEITURE---83.21(2)(a)
FORFEITURE---83.35(11)(d)

Date: 11/29/2007 SOD #I5LQ11 Appealed: No

Sanctions

OTHER SANCTION
FORFEITURE---83.14(1)(d)
FORFEITURE---83.15(1)(c)1

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Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Community Based Residential Facility--CLASS AA (AMBULATORY)
COUNTY: BARRON

Complaint History (NEW BEGINNINGS OF BARRON COUNTY INC)

Date Complaint Received: 07/20/2006

Date Investigation Completed: 07/26/2006

Subject Area(s)

Result

SOD #

MEDICATIONS
ADMISSION, TRANSFER & DISCHARGE
QUALITY OF LIFE

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

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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: BARRON

Facility Information

Facility Name: OUR HOUSE MEMORY CARE (0008842)

Address: 413 E SOUTH STREET, RICE LAKE, WI 54868

License Status: REGULAR

Licensed/Certified/Registered 06/01/2000

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

Survey History

Survey ID: 0099944 **End Date:** 07/25/2007 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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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: BARRON

Facility Information

Facility Name: OUR HOUSE SENIOR LIVING (510369)

Address: 415 E SOUTH ST, RICE LAKE, WI 54868

License Status: REGULAR

Licensed/Certified/Registered 04/01/1998

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

Survey History

Survey ID: 0104137 **End Date:** 06/03/2009 **Type:** ABBREVIATED **Purpose:** SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0099244 **End Date:** 11/29/2006 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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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: BARRON

Complaint History (OUR HOUSE SENIOR LIVING)

Date Complaint Received: 09/12/2006

Date Investigation Completed: 11/29/2006

Subject Area(s)

RESIDENT RIGHTS
NUTRITION & FOOD SERVICES

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Residential Care Apartment Complex (REGISTERED)
COUNTY: BARRON

Facility Information

Facility Name: BARRON MEMORIAL MED CNTR--MAYO HEALTH SYST (0011606)

Address: 1222 E WOODLAND AVE, BARRON, WI 54812

License Status: REGULAR

Licensed/Certified/Registered 08/11/2006

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

Survey History

Survey ID: 0097730 **End Date:** 08/11/2006 **Type:** OTHER **Purpose:** DESK REVIEW

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Residential Care Apartment Complex (CERTIFIED)
COUNTY: BARRON

Facility Information

Facility Name: BRENTWOOD SENIOR COMMUNITIES (0011336)
Address: 633 CAMERON RD, RICE LAKE, WI 54868
License Status: REGULAR
Licensed/Certified/Registered 03/03/2006
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0103571 **End Date:** 03/11/2009 **Type:** ABBREVIATED **Purpose:** SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Residential Care Apartment Complex (CERTIFIED)
COUNTY: BARRON

Facility Information

Facility Name: THOMAS LANDING (0012946)
Address: 950 BEAR PAW AVENUE, RICE LAKE, WI 54868
License Status: REGULAR
Licensed/Certified/Registered 09/01/2009
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

No survey activity during the period 07/01/2006 through 06/30/2009.

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