

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

COUNTY: BAYFIELD

Notes

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

The report is a PDF (Adobe Acrobat) document and includes a total of 5 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
Community Based Residential Facility--CLASS AA (AMBULATORY)
COUNTY: BAYFIELD

Facility Information

Facility Name: MISHOMIS HOUSE (610278)
Address: RT 1 BOX 107P, BAYFIELD, WI 54814
License Status: REGULAR
Licensed/Certified/Registered 03/06/1996
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0098028 **End Date:** 08/23/2006 **Type:** OTHER **Purpose:** OTHER
Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 2 of 5 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 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: BAYFIELD

Facility Information

Facility Name: OAKS AT NORTHERN LIGHTS (THE) (0012705)

Address: 702 BRATLEY DR, WASHBURN, WI 54891

License Status: PROBATIONARY

Licensed/Certified/Registered 03/20/2009

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

Survey History

Survey ID: 0103651 **End Date:** 03/20/2009 **Type:** INITIAL **Purpose:** SURVEY

Results: PROBATIONARY LICENSE ISSUED

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

Facility Information

Facility Name: CHEQUAMEGON AREA ASSISTED LIVING (0010540)

Address: 320 SUPERIOR AVENUE, WASHBURN, WI 54891

License Status: REGULAR

Licensed/Certified/Registered 08/17/2004

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

Survey History

Survey ID: 0099789 **End Date:** 07/06/2007 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0098331 **End Date:** 12/11/2006 **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
Residential Care Apartment Complex (REGISTERED)
COUNTY: BAYFIELD

Complaint History (CHEQUAMEGON AREA ASSISTED LIVING)

Date Complaint Received: 06/20/2007

Date Investigation Completed: 07/06/2007

Subject Area(s)

PHYSICAL PLANTS & SAFETY HAZARDS
ADMISSION, TRANSFER & DISCHARGE

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 11/27/2006

Date Investigation Completed: 12/11/2006

Subject Area(s)

PHYSICAL PLANTS & SAFETY HAZARDS

Result

NOT SUBSTANTIATED

SOD #

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