

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

COUNTY: BUFFALO

Notes

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

The report is a PDF (Adobe Acrobat) document and includes a total of 14 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 Family Home
COUNTY: BUFFALO

Facility Information

Facility Name: COUNTRY CORNER AFH (0011767)
Address: W2289 STAI COULEE RD, DURAND, WI 54736
License Status: REGULAR
Licensed/Certified/Registered 02/02/2007
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0103865 **End Date:** 04/14/2009 **Type:** OTHER **Purpose:** VERIFICATION VISIT
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: BUFFALO

Survey ID: 0103259 End Date: 01/06/2009 Type: STANDARD Purpose: SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #MMB811 Served 01/21/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.03(5)(b)	CHANGE IN HOUSEHOLD MEMBERS	04/14/2009	Yes
88.04(2)(a)	RESPONSIBILITIES	04/14/2009	Yes
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS	04/14/2009	Yes
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY	04/14/2009	Yes
88.05(3)(d)	ANNUAL WELL WATER INSPECTIONS	04/14/2009	Yes
88.05(4)(a)	FIRE SAFETY-FIRE EXTINGUISHERS	04/14/2009	Yes
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE	04/14/2009	Yes
88.05(4)(d)2.a	FIRE SAFETY EVACUATION PLAN REVIEW	04/14/2009	Yes
88.05(4)(d)2.c	SEMI-ANNUAL FIRE DRILLS	04/14/2009	Yes
88.06(2)(a)	ADMISSION-HEALTH EXAM	04/14/2009	Yes
88.06(2)(b)	SERVICE AGREEMENT EXCEPT RESPITE	04/14/2009	Yes
88.06(3)(a)	INDIVIDUAL SERVICE PLAN & ASSESSMENT	04/14/2009	Yes
88.07(2)(b)4	RECORD OF MEDICAL VISITS AND REPORTS	04/14/2009	Yes
88.07(2)(e)	ANNUAL HEALTH EXAM	04/14/2009	Yes
88.07(3)(d)	MEDICATION- WRITTEN ORDER	04/14/2009	Yes
88.07(3)(e)1	MEDICATION- RECORD KEEPING	04/14/2009	Yes
88.09(1)(a)	RESIDENT RECORDS	04/14/2009	Yes
88.09(2)(b)	LICENSEE RECORD	04/14/2009	Yes

Survey ID: 0098666 End Date: 01/29/2007 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: BUFFALO

Enforcement History (COUNTRY CORNER AFH)

Date: 01/20/2009 SOD #MMB811 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
NO NEW ADMISSIONS

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

Facility Information

Facility Name: STEP BY STEP ADULT FAMILY HOME (590084)
Address: 637 WEST HUDSON STREET, MONDOVI, WI 54755
License Status: REGULAR
Licensed/Certified/Registered 05/28/1996
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0101614 **End Date:** 04/17/2008 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #I2QM11 Served 04/28/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION		

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

Facility Information

Facility Name: TROYS ADULT FAMILY HOME (0008515)
Address: 649 NORTH EAU CLAIRE STREET, MONDOVI, WI 54755
License Status: REGULAR
Licensed/Certified/Registered 01/11/1999
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0103720 **End Date:** 03/19/2009 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #TOMO11 Served 03/27/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(g)1	HEALTH SCREENING FOR STAFF		

Survey ID: 0098662 **End Date:** 02/07/2007 **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 CA (AMBULATORY)
COUNTY: BUFFALO

Facility Information

Facility Name: GARLICKS CBRF INC (510020)
Address: 539 N EAU CLAIRE STREET, MONDOVI, WI 54755
License Status: REGULAR
Licensed/Certified/Registered 09/30/1985
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0104273 **End Date:** 06/18/2009 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #4R9D11 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		

Survey ID: 0099766 **End Date:** 07/10/2007 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #VRSR11 Served 07/14/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.33(3)(a)2	REVIEW OF MEDICATION REGIMEN	04/01/2009	
83.41(10)(a)	BUILDING MAINTENANCE	04/01/2009	
83.42(2)(a)	EVALUATION RESIDENT EVACUATION LIMITS	04/01/2009	
83.42(3)(f)	SLEEPING HOURS EVACUATION DRILL	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 CA (AMBULATORY)
COUNTY: BUFFALO

Enforcement History (GARLICKS CBRF INC)

Date: 07/13/2007 SOD #VRSR11 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
FORFEITURE---83.42(2)(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: BUFFALO

Facility Information

Facility Name: HOMEPLACE OF MONDOVI (THE)-HAVEN (0011990)

Address: 158 E MAIN ST, MONDOVI, WI 54755

License Status: REGULAR

Licensed/Certified/Registered 11/01/2008

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

Survey History

Survey ID: 0104187 **End Date:** 06/09/2009 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0104200 **End Date:** 05/13/2009 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #UUSL11 Served 06/10/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS		
83.32(3)(i)	RIGHTS OF RESIDENTS: PROMPT AND ADEQUATE TREATMENT		
83.39(3)	HAND WASHING		
83.41(3)(b)	DINING & LIVING INTERNALLY ACCESSIBLE		
83.45(3)	TOXIC SUBSTANCES		

Survey ID: 0102895 **End Date:** 11/11/2008 **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: BUFFALO

Survey ID: 0102880 **End Date: 10/20/2008** **Type: OTHER** **Purpose: SURVEY**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #OSTU11 Served 11/05/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(1)(d)	FIRE SAFETY, FIRST AID & CHOKING	11/10/2008	Yes
83.15(1)(c)1	ADEQUATE STAFFING	11/10/2008	Yes
83.42(3)(e)	QUARTERLY FIRE DRILLS	11/10/2008	Yes
83.42(3)(f)	SLEEPING HOURS EVACUATION DRILL	11/10/2008	Yes

Survey ID: 0101308 **End Date: 03/04/2008** **Type: OTHER** **Purpose: SURVEY**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #CYN611 Served 03/14/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.13(4)(a)	COMMUNICABLE DISEASE CONTROL	03/20/2008	Yes
83.14(1)(d)	FIRE SAFETY, FIRST AID & CHOKING	04/02/2008	Yes
83.15(1)(c)1	ADEQUATE STAFFING	04/02/2008	Yes
83.21(4)(w)	SAFE ENVIRONMENT	03/28/2008	Yes
83.32(1)(a)	ASSESSMENT AND ISP	04/20/2008	Yes
83.32(3)	SIGNING ASSESSMENT AND ISP	04/20/2008	Yes
83.33(2)(d)	COMMUNITY ACTIVITIES	03/27/2008	Yes
83.33(2)(g)1	HEALTH MONITORING-COMMUNICABLE DISEASE	03/25/2008	Yes
83.42(1)	RESIDENT RECORD MAINTAINED	03/27/2008	Yes
83.42(2)(a)	EVALUATION RESIDENT EVACUATION LIMITS	03/27/2008	Yes

Survey ID: 0100206 **End Date: 09/28/2007** **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 CNA (NONAMBULATORY)

COUNTY: BUFFALO

Enforcement History (HOMEPLACE OF MONDOVI (THE)-HAVEN)

Date: 06/03/2009 **SOD #UUSL11** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
PROVIDE TRAINING
FORFEITURE---83.32(3)(i)
FORFEITURE---83.39(3)
FORFEITURE---83.41(3)(b)

Date: 11/04/2008 **SOD #OSTU11** **Appealed: No**

Sanctions

FORFEITURE---83.14(1)(d)
FORFEITURE---83.15(1)(c)1
FORFEITURE---83.42(3)(f)

Date: 03/13/2008 **SOD #CYN611** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
FORFEITURE---83.14(1)(d)
FORFEITURE---83.15(1)(c)1
FORFEITURE---83.33(2)(d)
FORFEITURE---83.42(2)(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: BUFFALO

Complaint History (HOMEPLACE OF MONDOVI (THE)-HAVEN)

Date Complaint Received: 05/26/2009

Date Investigation Completed: 06/09/2009

Subject Area(s)

MEDICATIONS
STAFF TRAINING AND PROFICIENCY
QUALITY OF LIFE

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 04/28/2009

Date Investigation Completed: 05/13/2009

Subject Area(s)

STAFF TRAINING AND PROFICIENCY
STAFF ADEQUACY
PROGRAM SERVICES

Result

SUBSTANTIATED
SUBSTANTIATED
SUBSTANTIATED

SOD #

UUSL11
UUSL11
UUSL11

Date Complaint Received: 10/31/2008

Date Investigation Completed: 11/11/2008

Subject Area(s)

STAFF ADEQUACY

Result

NOT SUBSTANTIATED

SOD #

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

Facility Information

Facility Name: HOMEPLACE OF MONDOVI LLC (THE) (0010250)
Address: 158 EAST MAIN STREET, MONDOVI, WI 54755
License Status: REGULAR
Licensed/Certified/Registered 06/01/1999
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0104185 **End Date:** 06/09/2009 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0099743 **End Date:** 07/10/2007 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0099154 **End Date:** 04/18/2007 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10011521 Served 04/23/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
89.23(4)(a)2	SERVICES	06/16/2007	Yes
89.34(16)	TENANT RIGHTS	06/16/2007	Yes

Survey ID: 0097541 **End Date:** 07/25/2006 **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 (CERTIFIED)
COUNTY: BUFFALO

Complaint History (HOMEPLACE OF MONDOVI LLC (THE))

Date Complaint Received: 03/14/2007

Date Investigation Completed: 04/19/2007

Subject Area(s)

Result

SOD #

NUTRITION & FOOD SERVICES
STAFF ADEQUACY

NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 03/05/2007

Date Investigation Completed: 04/19/2007

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS
HOMELIKE ENVIRONMENT & CLEANLINESS
NUTRITION & FOOD SERVICES
MEDICATIONS
STAFF TRAINING AND PROFICIENCY
STAFF ADEQUACY
PROGRAM SERVICES

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
SUBSTANTIATED 10011521
SUBSTANTIATED 10011521
NOT SUBSTANTIATED
NOT SUBSTANTIATED

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