

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

COUNTY: BURNETT

**Notes**

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

**The report is a PDF (Adobe Acrobat) document and includes a total of 15 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: BURNETT

**Facility Information**

**Facility Name:** FARM ADULT FAMILY HOME (THE) (0011766)  
**Address:** 1412 CTY HWY J, BARRONETT, WI 54813  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 02/01/2007  
**Regional Office:** WESTERN REGION (EAU CLAIRE), (715) 836-4752

**Survey History**

**Survey ID:** 0103594      **End Date:** 03/03/2009      **Type:** STANDARD      **Purpose:** SURVEY/SELF REPORT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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**Survey ID:** 0098706      **End Date:** 01/31/2007      **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: BURNETT

**Facility Information**

**Facility Name:** BETHANY HOME I (590177)  
**Address:** 21856 AGATE RD, FREDERIC, WI 54837  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 12/17/1998  
**Regional Office:** WESTERN REGION (EAU CLAIRE), (715) 836-4752

**Survey History**

**Survey ID:** 0103598    **End Date:** 03/06/2009    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #ROG011    Served 03/13/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT		

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

**Facility Information**

**Facility Name:** BETHANY HOME II (0009190)  
**Address:** 21941 AGATE ROAD, FREDERIC, WI 54837  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 04/09/2001  
**Regional Office:** WESTERN REGION (EAU CLAIRE), (715) 836-4752

**Survey History**

**Survey ID:** 0103179    **End Date:** 11/18/2008    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #31MC11    Served 12/22/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(d)	ANNUAL WELL WATER INSPECTIONS		
88.07(3)(c)	MEDICATION ASSISTANCE		

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

**Facility Information**

**Facility Name:** BETHANY HOME III (0012590)  
**Address:** 21562 AGATE RD, FREDERIC, WI 54837  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 12/12/2008  
**Regional Office:** WESTERN REGION (EAU CLAIRE), (715) 836-4752

**Survey History**

**Survey ID:** 0103092    **End Date:** 12/12/2008    **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: BURNETT

**Facility Information**

**Facility Name:** SACRED HEARTS (0011975)  
**Address:** 12878 CO RD D, GRANTSBURG, WI 54840  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 09/01/2008  
**Regional Office:** WESTERN REGION (EAU CLAIRE), (715) 836-4752

**Survey History**

**Survey ID:** 0102398    **End Date:** 08/26/2008    **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: BURNETT

**Facility Information**

**Facility Name:** NORTHWOODS TLC SERVICES (0009713)  
**Address:** 27001 E BENOIT LAKE RD, SPOONER, WI 54801  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 10/04/2002  
**Regional Office:** WESTERN REGION (EAU CLAIRE), (715) 836-4752

**Survey History**

**Survey ID:** 0103846    **End Date:** 04/15/2009    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0103483    **End Date:** 02/19/2009    **Type:** ABBREVIATED    **Purpose:** COMPLAINT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #F99311    Served 02/21/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.10(3)(p)	PROMPT AND ADEQUATE TREATMENT		

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

**Survey ID: 0099273    End Date: 04/12/2007    Type: ABBREVIATED    Purpose: SURVEY**

**Results: ENFORCEMENT ACTION**

**Statement of Deficiency: #10011390    Served 05/02/2007**

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(g)1	HEALTH SCREENING FOR STAFF	06/04/2007	Yes
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS	06/04/2007	Yes
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION	04/25/2007	Yes
88.07(3)(a)	PRESCRIPTION MEDICATIONS	06/04/2007	Yes
88.07(3)(d)	MEDICATION- WRITTEN ORDER	06/04/2007	Yes
88.10(3)(a)	FAIR TREATMENT	06/04/2007	Yes

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

**Enforcement History (NORTHWOODS TLC SERVICES)**

**Date: 04/30/2007      SOD #10011390      Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
COMPLY WITH REQUIREMENT

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

**Complaint History (NORTHWOODS TLC SERVICES)**

**Date Complaint Received: 11/05/2008**

**Date Investigation Completed: 02/20/2009**

Subject Area(s)

Result

SOD #

ABUSE  
RESIDENT BEHAVIOR/FACILITY PRACTICE

NOT SUBSTANTIATED  
SUBSTANTIATED

F99311

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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: BURNETT

**Facility Information**

**Facility Name:** SHADY KNOLL HOME (0010021)  
**Address:** 240 W BROADWAY AVE, GRANTSBURG, WI 54840  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 06/01/2004  
**Regional Office:** WESTERN REGION (EAU CLAIRE), (715) 836-4752

**Survey History**

**Survey ID:** 0104114    **End Date:** 05/27/2009    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0103590    **End Date:** 02/16/2009    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #CWGJ11    Served 03/12/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.05(2)(a)	CLASS A AMBULATORY (AA)	04/01/2009	
83.15(1)(c)1	ADEQUATE STAFFING	04/01/2009	
83.19(3)(c)	INVESTIGATE ALLEGATION	04/01/2009	
83.21(4)(g)	FAIR TREATMENT	04/01/2009	
83.32(1)(a)	ASSESSMENT AND ISP	04/01/2009	
83.33(2)(g)1	HEALTH MONITORING-COMMUNICABLE DISEASE	04/01/2009	
83.33(2)(g)3	CBRF ARRANGE HEALTH VISITS AND DOCUMENT	04/01/2009	
83.33(3)(e)4	UNIT DOSE OR UNIT TIME PACKETS	04/01/2009	
83.42(3)(f)	SLEEPING HOURS EVACUATION DRILL	04/01/2009	
83.43(3)(b)1	TESTING BY SERVICE COMPANY	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: BURNETT

**Survey ID: 0097505    End Date: 07/26/2006    Type: STANDARD    Purpose: SURVEY**

**Results: STATEMENT OF DEFICIENCY ISSUED**

**Statement of Deficiency: #10011364    Served 08/02/2006**

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.13(4)(a)	COMMUNICABLE DISEASE CONTROL	10/28/2006	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: BURNETT

**Enforcement History (SHADY KNOLL HOME)**

**Date: 03/11/2009      SOD #CWGJ11      Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
COMPLY WITH REQUIREMENT  
FORFEITURE---83.05(2)(a)  
FORFEITURE---83.15(1)(c)1  
FORFEITURE---83.19(3)(c)  
FORFEITURE---83.21(4)(g)  
FORFEITURE---83.42(3)(f)  
FORFEITURE---83.43(3)(f)

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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: BURNETT

**Complaint History (SHADY KNOLL HOME)**

**Date Complaint Received: 09/05/2008**

**Date Investigation Completed: 02/16/2009**

Subject Area(s)

RESIDENT RIGHTS  
HOMELIKE ENVIRONMENT & CLEANLINESS  
NUTRITION & FOOD SERVICES  
ADMINISTRATION  
OTHER

Result

SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

CWGJ11

**Date Complaint Received: 08/27/2008**

**Date Investigation Completed: 02/16/2009**

Subject Area(s)

ADMINISTRATION  
STAFF ADEQUACY

Result

SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

CWGJ11

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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: BURNETT

**Facility Information**

**Facility Name:** BIRCHVIEW GROUP HOME (0010810)  
**Address:** 7754 RASMUSSEN ST, SIREN, WI 54872  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 07/01/2005  
**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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