

**Provider Inspection Summary**  
For the period 07/01/2006 to 06/30/2009  
Community Based Residential Facility  
COUNTY: CHIPPEWA

**Notes**

**This report includes Provider Inspection Summaries (Facility Profiles) for Community Based Residential Facilities in Chippewa County.**

**The report is a PDF (Adobe Acrobat) document and includes a total of 31 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 CNA (NONAMBULATORY)

COUNTY: CHIPPEWA

### Facility Information

**Facility Name:** CARE PARTNERS ASSISTED LIVING BLOOMER II (0012570)

**Address:** 406 B PRIDDY STREET, BLOOMER, WI 54724

**License Status:** REGULAR

**Licensed/Certified/Registered** 10/09/2008

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

### Survey History

**Survey ID:** 0102679      **End Date:** 10/06/2008      **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: CHIPPEWA

#### Facility Information

**Facility Name:** COUNTRY TERRACE - BLOOMER (0011080)

**Address:** 406 PRIDDY ST, BLOOMER, WI 54724

**License Status:** REGULAR

**Licensed/Certified/Registered** 08/12/2005

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

#### Survey History

**Survey ID:** 0102732    **End Date:** 09/29/2008    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0100789    **End Date:** 11/20/2007    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #3SKD11    Served 12/21/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(4)(o)	MEDICATIONS	01/17/2008	Yes
83.32(2)(a)	EXPLANATION OF RIGHTS, GRIEVANCE PROCEDURE	01/17/2008	Yes
83.32(3)	SIGNING ASSESSMENT AND ISP	01/17/2008	Yes
83.33(3)(f)1	UNDERSTANDS BENEFITS AND SIDE EFFECTS	01/17/2008	Yes

**Survey ID:** 0100540    **End Date:** 10/29/2007    **Type:** OTHER    **Purpose:** DESK REVIEW

**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: CHIPPEWA

**Survey ID: 0098791    End Date: 01/24/2007    Type: OTHER    Purpose: COMPLAINT**

**Results: ENFORCEMENT ACTION**

**Statement of Deficiency: #10009764    Served 02/23/2007**

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(4)(o)	MEDICATIONS	04/24/2007	Yes
83.21(4)(p)	PROMPT AND ADEQUATE TREATMENT	04/25/2007	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: CHIPPEWA

### Enforcement History (COUNTRY TERRACE - BLOOMER)

**Date: 01/21/2007**      **SOD #10009764**      **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

FORFEITURE---83.21(4)(o)

FORFEITURE---83.21(4)(p)

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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: CHIPPEWA

#### Complaint History (COUNTRY TERRACE - BLOOMER)

**Date Complaint Received: 08/25/2008**

**Date Investigation Completed: 09/29/2008**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

**Date Complaint Received: 01/03/2007**

**Date Investigation Completed: 02/21/2007**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

10009764

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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: CHIPPEWA

### Facility Information

**Facility Name:** EAGLETON RESIDENCE (0011784)

**Address:** 14135-150TH AVE, BLOOMER, WI 547244410

**License Status:** REGULAR

**Licensed/Certified/Registered** 02/01/2008

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

### Survey History

**Survey ID:** 0100868      **End Date:** 01/11/2008      **Type:** STANDARD      **Purpose:** SURVEY

**Results:** LICENSE/CERT/REGISTRATION ISSUED

**Survey ID:** 0099958      **End Date:** 08/10/2007      **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: CHIPPEWA

### Facility Information

**Facility Name:** ROSE GARDEN (0011925)

**Address:** 1840 PRIDDY STREET, BLOOMER, WI 547241546

**License Status:** REGULAR

**Licensed/Certified/Registered** 05/01/2007

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

### Survey History

**Survey ID:** 0101511    **End Date:** 04/15/2008    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0099242    **End Date:** 05/01/2007    **Type:** INITIAL    **Purpose:** CHOW--LICENSURE

**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: CHIPPEWA

**Complaint History (ROSE GARDEN)**

**Date Complaint Received: 02/28/2008**

**Date Investigation Completed: 04/15/2008**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

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: CHIPPEWA

**Facility Information**

**Facility Name:** BROMEISL GROUP HOME (510009)  
**Address:** 100 W GREENVILLE ST, CHIPPEWA FALLS, WI 54729  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 01/27/1984  
**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 AS (SEMIAMBULATORY)

COUNTY: CHIPPEWA

### Facility Information

**Facility Name:** CHIPPEWA VALLEY GROUP HOME (0009211)

**Address:** 1022 FIRST AVENUE, CHIPPEWA FALLS, WI 54729

**License Status:** REGULAR

**Licensed/Certified/Registered** 02/01/2002

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

### Survey History

**Survey ID:** 0099243      **End Date:** 10/27/2006      **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 AS (SEMIAMBULATORY)

COUNTY: CHIPPEWA

#### Complaint History (CHIPPEWA VALLEY GROUP HOME)

**Date Complaint Received: 07/24/2006**

**Date Investigation Completed: 10/27/2006**

Subject Area(s)  
SUPERVISION  
QUALITY OF LIFE

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 CNA (NONAMBULATORY)

COUNTY: CHIPPEWA

### Facility Information

**Facility Name:** COMFORTS OF HOME-CHIPPEWA FALLS I (0009840)

**Address:** 11 SCHEIDLER ROAD, CHIPPEWA FALLS, WI 54729

**License Status:** REGULAR

**Licensed/Certified/Registered** 09/01/2002

**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 CNA (NONAMBULATORY)

COUNTY: CHIPPEWA

### Facility Information

**Facility Name:** COMFORTS OF HOME-CHIPPEWA FALLS II (0009839)

**Address:** 1212 PUMPHOUSE RD, CHIPPEWA FALLS, WI 54729

**License Status:** REGULAR

**Licensed/Certified/Registered** 09/01/2002

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

### Survey History

**Survey ID:** 0103597      **End Date:** 03/05/2009      **Type:** ABBREVIATED      **Purpose:** SURVEY/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: CHIPPEWA

#### Complaint History (COMFORTS OF HOME-CHIPPEWA FALLS II)

**Date Complaint Received: 02/26/2009**

**Date Investigation Completed: 03/05/2009**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

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: CHIPPEWA

### Facility Information

**Facility Name:** HOME SUITE HOME LLC (0009908)

**Address:** 13362 - 98TH AVENUE, CHIPPEWA FALLS, WI 54729

**License Status:** REGULAR

**Licensed/Certified/Registered** 11/01/2003

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

### Survey History

**Survey ID:** 0101894    **End Date:** 06/10/2008    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0102744    **End Date:** 01/14/2008    **Type:** OTHER    **Purpose:** OTHER

**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: CHIPPEWA

**Facility Information**

**Facility Name:** NEW HOPE CBRF INC - HALLIE (0011869)

**Address:** 10875-40TH AVE, CHIPPEWA FALLS, WI 54729

**License Status:** REGULAR

**Licensed/Certified/Registered** 10/01/2007

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

**Survey History**

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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: CHIPPEWA

**Survey ID: 0103643**      **End Date: 02/17/2009**      **Type: OTHER**      **Purpose: SELF REPORT**

**Results: ENFORCEMENT ACTION**

**Statement of Deficiency: #66E911**      Served 03/10/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
12.07(2)	INVESTIGATED OR CONVICTED OF A CRIME		
83.06(1)(a)	LIMITATIONS ON ADMISSIONS AND RETENTION	04/01/2009	
83.11(3)(a)	RESPONSIBILITIES	04/01/2009	
83.12(5)(c)	NOTIFICATION: CHANGE OF SERVICES OR CHARGES	04/01/2009	
83.13(2)(a)	JOB QUALIFICATIONS	04/01/2009	
83.14(1)(d)	FIRE SAFETY, FIRST AID & CHOKING	04/01/2009	
83.15(1)(c)1	ADEQUATE STAFFING	04/01/2009	
83.19(1)(d)	PHYSICAL OR MENTAL CONDITION	04/01/2009	
83.19(3)(e)	WHEN POLICE ARE CALLED TO FACILITY	04/01/2009	
83.21(4)(g)	FAIR TREATMENT	04/01/2009	
83.21(4)(n)4	FREE FROM PHYSICAL RESTRAINTS	04/01/2009	
83.32(1)(a)	ASSESSMENT AND ISP	04/01/2009	
83.32(2)(a)	EXPLANATION OF RIGHTS, GRIEVANCE PROCEDURE	04/01/2009	
83.33(2)(a)	SUPERVISION	04/01/2009	
83.33(2)(g)3	CBRF ARRANGE HEALTH VISITS AND DOCUMENT	04/01/2009	

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**Survey ID: 0100242**      **End Date: 10/05/2007**      **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

Community Based Residential Facility--CLASS AA (AMBULATORY)

COUNTY: CHIPPEWA

**Survey ID: 0099830**    **End Date: 07/10/2007**    **Type: OTHER**    **Purpose: COMPLAINT**

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #RBKI11    Served 07/21/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.19(3)(e)	WHEN POLICE ARE CALLED TO FACILITY	08/07/2007	Yes
83.19(3)(f)	ACCIDENT RESULTS IN HOSPITALIZATION	08/07/2007	Yes
83.33(2)(a)	SUPERVISION	08/07/2007	Yes

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**Survey ID: 0098919**    **End Date: 03/15/2007**    **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  
Community Based Residential Facility--CLASS AA (AMBULATORY)  
COUNTY: CHIPPEWA

**Enforcement History (NEW HOPE CBRF INC - HALLIE)**

**Date: 03/09/2009      SOD #66E911      Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
COMPLY WITH REQUIREMENT  
NO NEW ADMISSIONS  
PROVIDE TRAINING  
FORFEITURE---83.06(1)(a)  
FORFEITURE---83.11(3)(a)  
FORFEITURE---83.12(5)(c)  
FORFEITURE---83.13(2)(a)  
FORFEITURE---83.14(1)(d)  
FORFEITURE---83.15(1)(c)1  
FORFEITURE---83.19(3)(e)  
FORFEITURE---83.21(1)(a)  
FORFEITURE---83.21(4)(g)  
FORFEITURE---83.21(4)(n)4  
FORFEITURE---83.32(2)(a)  
FORFEITURE---83.33(2)(a)

**Date: 07/20/2007      SOD #RBKI11      Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
FORFEITURE---83.33(2)(a)

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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: CHIPPEWA

**Complaint History (NEW HOPE CBRF INC - HALLIE)**

**Date Complaint Received: 05/30/2007**

**Date Investigation Completed: 07/10/2007**

Subject Area(s)  
RESIDENT RIGHTS  
ADMINISTRATION

Result  
SUBSTANTIATED  
SUBSTANTIATED

SOD #  
RBKI1  
RBKI1

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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: CHIPPEWA

**Facility Information**

**Facility Name:** NEW HOPE CBRF INC (0012152)  
**Address:** 133 W ELM ST, CHIPPEWA FALLS, WI 54729  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 11/01/2007  
**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 CNA (NONAMBULATORY)

COUNTY: CHIPPEWA

### Facility Information

**Facility Name:** OUR HOUSE ASSISTED CARE (0010479)

**Address:** 115 MARRS ST, CHIPPEWA FALLS, WI 54729

**License Status:** REGULAR

**Licensed/Certified/Registered** 10/01/2004

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

### Survey History

**Survey ID:** 0101509      **End Date:** 03/12/2008      **Type:** ABBREVIATED      **Purpose:** SURVEY/SELF REPORT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0098437      **End Date:** 12/08/2006      **Type:** STANDARD      **Purpose:** SURVEY/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 CNA (NONAMBULATORY)

COUNTY: CHIPPEWA

#### Complaint History (OUR HOUSE ASSISTED CARE)

**Date Complaint Received: 06/01/2009**

**Date Investigation Completed: 07/15/2009**

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 CNA (NONAMBULATORY)

COUNTY: CHIPPEWA

### Facility Information

**Facility Name:** OUR HOUSE MEMORY CARE (0010478)

**Address:** 105 MARRS ST, CHIPPEWA FALLS, WI 54729

**License Status:** REGULAR

**Licensed/Certified/Registered** 10/01/2004

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

### Survey History

**Survey ID:** 0101467      **End Date:** 03/12/2008      **Type:** STANDARD      **Purpose:** SURVEY/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 CNA (NONAMBULATORY)

COUNTY: CHIPPEWA

#### Complaint History (OUR HOUSE MEMORY CARE)

**Date Complaint Received: 11/02/2007**

**Date Investigation Completed: 03/12/2008**

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: CHIPPEWA

### Facility Information

**Facility Name:** RUTLEDGE HOME (0011783)

**Address:** 300 BRIDGEWATER AVE, CHIPPEWA FALLS, WI 54729

**License Status:** REGULAR

**Licensed/Certified/Registered** 04/03/2007

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

### Survey History

**Survey ID:** 0100361    **End Date:** 07/17/2007    **Type:** OTHER    **Purpose:** OTHER

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0099091    **End Date:** 04/03/2007    **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: CHIPPEWA

**Facility Information**

**Facility Name:** SERENITY HOUSE INC (510052)  
**Address:** 205 E GRAND AVE, CHIPPEWA FALLS, WI 54729  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 03/01/1981  
**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: CHIPPEWA

**Facility Information**

**Facility Name:** BURPO CBRF (510291)  
**Address:** 26101 275TH ST, HOLCOMBE, WI 54745  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 10/16/1989  
**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 CNA (NONAMBULATORY)

COUNTY: CHIPPEWA

### Facility Information

**Facility Name:** COUNTRY TERRACE - STANLEY (0012898)

**Address:** 804 PINE ST, STANLEY, WI 54768

**License Status:** PROBATIONARY

**Licensed/Certified/Registered** 08/01/2009

**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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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: CHIPPEWA

### Facility Information

**Facility Name:** HAVEN OF STANLEY(THE) (0012212)

**Address:** 225 E 4TH AVE, STANLEY, WI 54768

**License Status:** REGULAR

**Licensed/Certified/Registered** 05/01/2008

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

### Survey History

**Survey ID:** 0101740      **End Date:** 05/01/2008      **Type:** INITIAL      **Purpose:** SURVEY

**Results:** LICENSE/CERT/REGISTRATION ISSUED

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