

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

COUNTY: CLARK

Notes

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

The report is a PDF (Adobe Acrobat) document and includes a total of 45 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: CLARK

Facility Information

Facility Name: WILLOW RIDGE ADULT DAY CARE CENTER III (0012863)

Address: 1025 E DIVISION ST, NEILLSVILLE, WI 54456

License Status: REGULAR

Licensed/Certified/Registered 06/23/2009

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

Survey History

Survey ID: 0104307 **End Date:** 06/23/2009 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

This is Page 2 of 45 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: CLARK

Facility Information

Facility Name: WILLOW RIDGE ADULT DAY CARE I (500004)
Address: W4266 STATE ROAD 29, OWEN, WI 54460
License Status: REGULAR
Licensed/Certified/Registered 12/21/1989
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0098276 **End Date:** 11/28/2006 **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 Day Care Facility
COUNTY: CLARK

Facility Information

Facility Name: WILLOW RIDGE ADULT DAY CENTER II (500011)

Address: W4266 STATE ROAD 29, OWEN, WI 54460

License Status: REGULAR

Licensed/Certified/Registered 01/01/1998

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

Survey History

Survey ID: 0098275 **End Date:** 11/28/2006 **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: CLARK

Facility Information

Facility Name: AURORA RES ALTERNATIVES INC 056 (0009944)
Address: 600 N THIRD ST APT 2&3, ABBOTSFORD, WI 54405
License Status: REGULAR
Licensed/Certified/Registered 12/18/2002
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0099197 **End Date:** 03/28/2007 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10010067 Served 04/25/2007

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

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

Facility Information

Facility Name: GRANDVIEW COUNTRY LIVING (0009476)
Address: 9502 FAIR HAVEN AVENUE, CHILI, WI 54420
License Status: REGULAR
Licensed/Certified/Registered 02/01/2002
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0102525 **End Date:** 09/18/2008 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #5D2N12 Served 09/20/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(d)	ANNUAL WELL WATER INSPECTIONS		
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION		
88.07(3)(e)1	MEDICATION- RECORD KEEPING		

Survey ID: 0098600 **End Date:** 01/23/2007 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10009668 Served 02/02/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY	09/12/2008	Yes
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE	09/12/2008	Yes
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION	09/12/2008	No
88.06(3)(f)	REVIEW OF ISP	09/12/2008	Yes

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

Enforcement History (GRANDVIEW COUNTRY LIVING)

Date: 09/19/2008 **SOD #5D2N12** **Appealed: No**

Sanctions

COMPLY WITH REQUIREMENT

Date: 02/01/2007 **SOD #10009668** **Appealed: No**

Sanctions

COMPLY WITH REQUIREMENT

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

Facility Information

Facility Name: KOURTLAND HOUSE (0011255)
Address: 308 S EATON AVE, GREENWOOD, WI 54437
License Status: REGULAR
Licensed/Certified/Registered 03/08/2006
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0104061 **End Date:** 04/22/2009 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0098435 **End Date:** 12/13/2006 **Type:** INITIAL **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: CLARK

Facility Information

Facility Name: ROCQUE ADULT FAMILY TREATMENT SERVICES INC (0010160)

Address: 307 S EATON AVENUE, GREENWOOD, WI 54437

License Status: REGULAR

Licensed/Certified/Registered 08/25/2003

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

Survey History

Survey ID: 0104288 **End Date:** 06/24/2009 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0101764 **End Date:** 05/04/2008 **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
Adult Family Home
COUNTY: CLARK

Facility Information

Facility Name: STERLING ADULT FAMILY HOME (0011372)
Address: N12843 STERLING AVE, GREENWOOD, WI 54437
License Status: REGULAR
Licensed/Certified/Registered 05/08/2006
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0102154 **End Date:** 06/25/2008 **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: CLARK

Facility Information

Facility Name: MALMHUS ADULT FAMILY LIVING LLC (0012231)

Address: 300 W SPRING ST, LOYAL, WI 54446

License Status: REGULAR

Licensed/Certified/Registered 03/07/2008

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

Survey History

Survey ID: 0101287 **End Date:** 03/10/2008 **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: CLARK

Facility Information

Facility Name: WHISPERING PINES MANOR (0009462)
Address: 920 W 5TH ST, NEILLSVILLE, WI 54456
License Status: REGULAR
Licensed/Certified/Registered 12/07/2001
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0098083 **End Date:** 10/18/2006 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10010029 Served 10/27/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE	07/15/2009	Yes
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION	07/15/2009	Yes
88.06(3)(f)	REVIEW OF ISP	07/15/2009	Yes

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

Complaint History (WHISPERING PINES MANOR)

Date Complaint Received: 06/05/2009

Date Investigation Completed: 07/15/2009

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS
NUTRITION & FOOD SERVICES

NOT SUBSTANTIATED
NOT SUBSTANTIATED

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

Facility Information

Facility Name: PINE ROAD COUNTRY ADULT HOME (0012289)
Address: W12071 PINE ROAD, STANLEY, WI 54768
License Status: REGULAR
Licensed/Certified/Registered 04/07/2008
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0101452 **End Date:** 04/07/2008 **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: CLARK

Facility Information

Facility Name: AURORA RESIDENTIAL ALTERNATIVES INC #025 (590164)

Address: 208 E KRYCH STREET, THORP, WI 54771

License Status: REGULAR

Licensed/Certified/Registered 02/09/1998

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

Survey History

Survey ID: 0103938 **End Date:** 04/29/2009 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0099851 **End Date:** 02/06/2007 **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: CLARK

Complaint History (AURORA RESIDENTIAL ALTERNATIVES INC #025)

Date Complaint Received: 04/03/2009

Date Investigation Completed: 04/20/2009

Subject Area(s)
RESIDENT RIGHTS
ABUSE
PROGRAM SERVICES

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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

Facility Information

Facility Name: COHO - ELM (0010850)
Address: 309 W ELM, THORP, WI 54771
License Status: REGULAR
Licensed/Certified/Registered 03/17/2005
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0099037 **End Date:** 03/06/2007 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10010039 Served 04/11/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(1)(c)	RESPONSIBLE, MATURE AND CHARACTER		
88.10(3)(q)	MEDICATIONS		

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

Facility Information

Facility Name: COUNTRY CORNER ADULT HOME (0010873)
Address: W8894 CENTER RD, THORP, WI 54771
License Status: REGULAR
Licensed/Certified/Registered 06/01/2005
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0100496 **End Date:** 10/26/2007 **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
Adult Family Home
COUNTY: CLARK

Facility Information

Facility Name: COUNTRY HOME PLACE(THE) (0012441)
Address: N13960 BRUCE MOUND AVE, THORP, WI 54771
License Status: REGULAR
Licensed/Certified/Registered 02/18/2009
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0103465 **End Date:** 02/18/2009 **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: CLARK

Facility Information

Facility Name: K&D COUNTRY LIVING HOME (0010202)
Address: W9498 KINGTON ROAD, THORP, WI 54771
License Status: REGULAR
Licensed/Certified/Registered 10/20/2003
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0103177 **End Date:** 12/29/2008 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0102145 **End Date:** 07/17/2008 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #GW9V11 Served 07/21/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.07(3)(d)	MEDICATION- WRITTEN ORDER	08/14/2008	Yes
88.07(3)(e)1	MEDICATION- RECORD KEEPING	07/18/2008	Yes

Survey ID: 0100525 **End Date:** 11/02/2007 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #C7CO11 Served 11/08/2007

<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	11/12/2007	Yes
88.06(3)(a)	INDIVIDUAL SERVICE PLAN & ASSESSMENT	11/12/2007	Yes

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

Survey ID: 0097551 End Date: 07/07/2006 Type: OTHER Purpose: OTHER

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: CLARK

Enforcement History (K&D COUNTRY LIVING HOME)

Date: 11/05/2007 SOD #C7CO11 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

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

Facility Information

Facility Name: LAVINWOOD HILLS ADULT FAMILY HOME (0010914)

Address: N14347 FISHER AVE, THORP, WI 54771

License Status: REGULAR

Licensed/Certified/Registered 05/10/2005

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

Survey History

Survey ID: 0100074 **End Date:** 08/15/2007 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #I5KY11 Served 08/31/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(4)(d)2.a	FIRE SAFETY EVACUATION PLAN REVIEW		
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION		
88.05(4)(d)2.c	SEMI-ANNUAL FIRE DRILLS		
88.06(3)(a)	INDIVIDUAL SERVICE PLAN & ASSESSMENT		
88.06(3)(f)	REVIEW OF ISP		
88.07(3)(d)	MEDICATION- WRITTEN ORDER		

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

Facility Information

Facility Name: STERLING ADULT FAMILY HOME (0011795)
Address: 100 N WILSON ST, THORP, WI 54771
License Status: REGULAR
Licensed/Certified/Registered 02/01/2007
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0103863 **End Date:** 03/31/2009 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0098604 **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: CLARK

Complaint History (STERLING ADULT FAMILY HOME)

Date Complaint Received: 06/05/2009

Date Investigation Completed: 07/17/2009

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
SUPERVISION	SUBSTANTIATED	J66011
RESIDENT RIGHTS	NOT SUBSTANTIATED	
ADMINISTRATION	SUBSTANTIATED	J66011

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

Facility Information

Facility Name: WILDERNESS ADULT HOME LLC (0012754)
Address: N11453 WILDERNESS AVE, THORP, WI 54771
License Status: REGULAR
Licensed/Certified/Registered 06/17/2009
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0104201 **End Date:** 06/17/2009 **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
Adult Family Home
COUNTY: CLARK

Facility Information

Facility Name: AURORA RES ALT INC WITHEE HOUSE 024 (590168)

Address: 408 1ST STREET, WITHEE, WI 54498

License Status: REGULAR

Licensed/Certified/Registered 06/26/1998

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

Survey History

Survey ID: 0098743 **End Date:** 02/06/2007 **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: CLARK

Facility Information

Facility Name: INNCARE OF ABBOTSFORD (0009252)

Address: 100 SOUTH FOURTH AVE, ABBOTSFORD, WI 54405

License Status: REGULAR

Licensed/Certified/Registered 06/01/2002

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

Survey History

Survey ID: 0103747 **End Date:** 03/18/2009 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #0KOT11 Served 03/31/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.11(3)(d)	NOTIFICATION OF CHANGE IN ADMINISTRATOR	04/01/2009	

Survey ID: 0101686 **End Date:** 05/07/2008 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0098321 **End Date:** 11/21/2006 **Type:** ABBREVIATED **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10010025 Served 12/15/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.43(3)(a)	SMOKE DETECTION SYSTEM & HEAT DETECTORS	12/06/2006	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: CLARK

Survey ID: 0097537 End Date: 07/06/2006 Type: ABBREVIATED Purpose: SURVEY/COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10010044 Served 08/04/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.20(1)(b)	TEMPORARILY TRANSFERRED TO HOSPITAL	08/29/2006	Yes
83.20(2)(b)1	INITIATED BY CBRF-30 DAY NOTICE	10/04/2006	Yes
83.32(2)(d)	REVIEW OF PROGRESS	11/21/2006	Yes
83.33(2)(g)3	CBRF ARRANGE HEALTH VISITS AND DOCUMENT	11/21/2006	Yes
83.41(10)(b)	MECHANICALS IN GOOD REPAIR	07/17/2006	Yes
83.43(3)(a)	SMOKE DETECTION SYSTEM & HEAT DETECTORS	12/06/2006	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: CLARK

Enforcement History (INNCARE OF ABBOTSFORD)

Date: 12/13/2006 **SOD #10010025** **Appealed: No**

Sanctions

COMPLY WITH REQUIREMENT
FORFEITURE---83.43(3)(a)

Date: 07/31/2006 **SOD #10010044** **Appealed: Yes** **Decision: STIPULATION**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
PROVIDE TRAINING
FORFEITURE---83.20(1)(b)
FORFEITURE---83.20(2)(b)1
FORFEITURE---83.32(2)(d)
FORFEITURE---83.33(2)(g)3
FORFEITURE---83.43(3)(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: CLARK

Complaint History (INNCARE OF ABBOTSFORD)

Date Complaint Received: 03/16/2009

Date Investigation Completed: 03/18/2009

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
RESIDENT RIGHTS	NOT SUBSTANTIATED	
MEDICATIONS	NOT SUBSTANTIATED	
ADMINISTRATION	NOT SUBSTANTIATED	
STAFF TRAINING AND PROFICIENCY	SUBSTANTIATED	0KOT11

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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: CLARK

Facility Information

Facility Name: COHO LLC (0009438)

Address: 502 W ADAMS ST, COLBY, WI 54421

License Status: REGULAR

Licensed/Certified/Registered 10/01/2002

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

Survey History

Survey ID: 0103823 **End Date:** 03/18/2009 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0103056 **End Date:** 11/12/2008 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #OJRT11 Served 12/05/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(4)(f)	FOOD STORED IN SANITARY CONDITIONS	03/18/2009	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: CLARK

Survey ID: 0102543 **End Date: 09/05/2008** **Type: OTHER** **Purpose: COMPLAINT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #638911 Served 09/22/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.11(3)(a)	RESPONSIBILITIES	09/20/2008	Yes
83.13(4)(a)	COMMUNICABLE DISEASE CONTROL	10/01/2008	Yes
83.14(8)	DOCUMENTATION	10/03/2008	Yes
83.19(3)(f)	ACCIDENT RESULTS IN HOSPITALIZATION	10/03/2008	Yes
83.32(2)(a)1	PHYSICAL HEALTH	10/09/2008	Yes
83.33(2)(e)	FAMILY CONTACTS	10/15/2008	Yes

Survey ID: 0099759 **End Date: 06/07/2007** **Type: STANDARD** **Purpose: SURVEY/COMPLAINT**

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #KIM811 Served 07/09/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(b)intro	ENTITY BACKGROUND CHECK REQUIREMENTS	07/23/2007	Yes
83.42(3)(f)	SLEEPING HOURS EVACUATION DRILL	07/23/2007	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: CLARK

Enforcement History (COHO LLC)

Date: 09/18/2008 SOD #638911 Appealed: No

Sanctions

NO NEW ADMISSIONS
OTHER SANCTION
FORFEITURE---83.11(3)(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: CLARK

Complaint History (COHO LLC)

Date Complaint Received: 08/18/2008

Date Investigation Completed: 09/05/2008

Subject Area(s)

Result

SOD #

ABUSE
NUTRITION & FOOD SERVICES
MEDICATIONS
STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 04/02/2007

Date Investigation Completed: 06/07/2005

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY
STAFF ADEQUACY

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 AA (AMBULATORY)
COUNTY: CLARK

Facility Information

Facility Name: AURORA RES ALT CENTURY HOUSE 051 (510265)

Address: W5574 CENTURY ROAD, GREENWOOD, WI 54437

License Status: REGULAR

Licensed/Certified/Registered 04/28/1995

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

Survey History

Survey ID: 0104290 **End Date:** 06/24/2009 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0099589 **End Date:** 03/14/2007 **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 AA (AMBULATORY)
COUNTY: CLARK

Complaint History (AURORA RES ALT CENTURY HOUSE 051)

Date Complaint Received: 03/14/2007

Date Investigation Completed: 05/14/2007

Subject Area(s)

RESIDENT BEHAVIOR/FACILITY PRACTICE
PHYSICAL PLANTS & SAFETY HAZARDS
NUTRITION & FOOD SERVICES

Result

NOT SUBSTANTIATED
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: CLARK

Facility Information

Facility Name: PABICHS RESIDENTIAL FACILITY INC (510067)
Address: 311 W HUNT ST, GREENWOOD, WI 54437
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 CNA (NONAMBULATORY)

COUNTY: CLARK

Facility Information

Facility Name: MILLER ALTERNATIVE CARE OF THORP LLC (0011755)

Address: 104 SODERBERG DR, THORP, WI 54771

License Status: REGULAR

Licensed/Certified/Registered 08/01/2007

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

Survey History

Survey ID: 0102326 **End Date:** 08/07/2008 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #NOZL11 Served 08/12/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.19(1)(e)1	NOTIFICATION OF ALLEGED ABUSE OR MISAPPROPRIATION OF PROPERTY	04/01/2009	
83.21(4)(p)	PROMPT AND ADEQUATE TREATMENT	04/01/2009	
83.32(2)(a)1	PHYSICAL HEALTH	04/01/2009	

Survey ID: 0101248 **End Date:** 02/21/2008 **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: CLARK

Survey ID: 0100311 **End Date: 10/01/2007** **Type: OTHER** **Purpose: SURVEY/COMPLAINT**

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #OCHJ11 Served 10/10/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.33(3)(e)5	MEDICAL RECORD DOCUMENTATION	10/20/2007	Yes
83.35(1)(c)	LISTED AREAS FOR ASSESSMENTS	10/20/2007	Yes

Survey ID: 0099891 **End Date: 07/17/2007** **Type: OTHER** **Purpose: SURVEY**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #5ZN411 Served 08/04/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.15(1)(a)	ADMINISTRATOR QUALIFIED: ASSOCIATE DEGREE	08/10/2007	Yes
83.41(10)(b)	MECHANICALS IN GOOD REPAIR	08/10/2007	Yes

Survey ID: 0098606 **End Date: 01/29/2007** **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: CLARK

Enforcement History (MILLER ALTERNATIVE CARE OF THORP LLC)

Date: 08/11/2008 **SOD #NOZL11** **Appealed: No**

Sanctions

FORFEITURE---83.21(4)(p)
FORFEITURE---83.32(2)(a)1

Date: 08/02/2007 **SOD #5ZN411** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
FORFEITURE---83.15(1)(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: CLARK

Complaint History (MILLER ALTERNATIVE CARE OF THORP LLC)

Date Complaint Received: 07/08/2008

Date Investigation Completed: 08/04/2008

Subject Area(s)

RESIDENT BEHAVIOR/FACILITY PRACTICE

Result

SUBSTANTIATED

SOD #

NOZL11

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

Facility Information

Facility Name: COLBY RETIREMENT COMMUNITY (0011896)
Address: 510 W WAUSAU ST, COLBY, WI 54421
License Status: REGULAR
Licensed/Certified/Registered 03/22/2007
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0099577 **End Date:** 06/11/2007 **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
Residential Care Apartment Complex (CERTIFIED)
COUNTY: CLARK

Facility Information

Facility Name: HOMEPLACE OF DORCHESTER (0012414)
Address: 155 N THIRD ST, DORCHESTER, WI 54425
License Status: REGULAR
Licensed/Certified/Registered 09/02/2008
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0102419 **End Date:** 08/28/2008 **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
Residential Care Apartment Complex (CERTIFIED)
COUNTY: CLARK

Facility Information

Facility Name: NEILLSVILLE RETIREMENT COMMUNITY (0011895)

Address: 1211 LLOYD ST, NEILLSVILLE, WI 54456

License Status: REGULAR

Licensed/Certified/Registered 03/22/2007

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

Survey History

Survey ID: 0104041 **End Date:** 04/22/2009 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0099575 **End Date:** 06/13/2007 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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