

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

COUNTY: DOUGLAS

**Notes**

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

**The report is a PDF (Adobe Acrobat) document and includes a total of 40 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: DOUGLAS

**Facility Information**

**Facility Name:** MEMORY LANE ADULT DAY SERVICES (0009762)  
**Address:** 2231 CATLIN AVE HAWKES HALL, SUPERIOR, WI 54880  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 08/01/2002  
**Regional Office:** WESTERN REGION (EAU CLAIRE), (715) 836-4752

**Survey History**

**Survey ID:** 0103852    **End Date:** 04/07/2009    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #CAEZ11    Served 04/15/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
II.a.(4)	PERSONNEL-HEALTH EXAMINATION		
III.c.(4)	FIRE ALARM & SMOKE DETECTORS		

**Survey ID:** 0098832    **End Date:** 03/05/2007    **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: DOUGLAS

**Facility Information**

**Facility Name:** BRULE COUNTRY COMPANIONS (0011756)  
**Address:** 5677 S PINE ST, BRULE, WI 54820  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 02/20/2007  
**Regional Office:** WESTERN REGION (EAU CLAIRE), (715) 836-4752

**Survey History**

**Survey ID:** 0103986    **End Date:** 05/11/2009    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #V0PV11    Served 05/12/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(b)intro	ENTITY BACKGROUND CHECK REQUIREMENTS		
88.05(3)(d)	ANNUAL WELL WATER INSPECTIONS		
88.06(3)(d)5	SIGNED STATEMENT OF AGREEMENT		
88.07(3)(d)	MEDICATION- WRITTEN ORDER		
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: DOUGLAS

**Survey ID: 0101906    End Date: 05/09/2008    Type: OTHER    Purpose: COMPLAINT**

**Results: ENFORCEMENT ACTION**

**Statement of Deficiency: #ONLM11    Served 06/12/2008**

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.03(5)(e)1	SIGNIFICANT CHANGE TO THE RESIDENT	07/16/2008	Yes
88.05(2)(a)	DIFFICULTY WALKING	07/16/2008	Yes
88.06(3)(a)	INDIVIDUAL SERVICE PLAN & ASSESSMENT	07/16/2008	Yes
88.06(3)(c)	ASSESSMENT IDENTIFY NEEDS & ABILITIES	07/16/2008	Yes
88.10(3)(p)	PROMPT AND ADEQUATE TREATMENT	07/16/2008	Yes

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**Survey ID: 0098734    End Date: 02/20/2007    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: DOUGLAS

**Enforcement History (BRULE COUNTRY COMPANIONS)**

**Date: 06/04/2008      SOD #ONLM11      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: DOUGLAS

**Complaint History (BRULE COUNTRY COMPANIONS)**

**Date Complaint Received: 04/28/2008**

**Date Investigation Completed: 05/09/2008**

Subject Area(s)  
PROGRAM SERVICES

Result  
SUBSTANTIATED

SOD #  
ONLM11

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

**Facility Information**

**Facility Name:** INNOVATIVE LIVING INC OGDEN HOUSE (0009683)

**Address:** 1420 E 5TH ST, SUPERIOR, WI 54880

**License Status:** REGULAR

**Licensed/Certified/Registered** 07/24/2002

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

**Survey History**

**Survey ID:** 0103882    **End Date:** 04/16/2009    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #73X711    Served 04/20/2009

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

**Survey ID:** 0099975    **End Date:** 08/15/2007    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0099510    **End Date:** 05/18/2007    **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: DOUGLAS

**Survey ID: 0098023    End Date: 10/04/2006    Type: ABBREVIATED    Purpose: SURVEY**

**Results: STATEMENT OF DEFICIENCY ISSUED**

**Statement of Deficiency: #10011563    Served 10/25/2006**

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(d)	MAINTAIN BACKGROUND INFORMATION	12/19/2006	Yes
88.05(3)(b)	FREE OF HAZARDS	12/19/2007	Yes
88.05(4)(b)1	FIRE SAFETY-SMOKE DETECTORS	12/19/2007	Yes
88.05(4)(c)1	EXITING FROM THE FIRST FLOOR	12/19/2007	Yes

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

**Complaint History (INNOVATIVE LIVING INC OGDEN HOUSE)**

**Date Complaint Received: 04/05/2007**

**Date Investigation Completed: 08/15/2007**

Subject Area(s)  
ABUSE  
STAFF ADEQUACY

Result  
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: DOUGLAS

**Facility Information**

**Facility Name:** JOHN II HOUSE (0011206)  
**Address:** 3010 E 4TH ST, SUPERIOR, WI 54880  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 12/12/2005  
**Regional Office:** WESTERN REGION (EAU CLAIRE), (715) 836-4752

**Survey History**

**Survey ID:** 0102651    **End Date:** 09/18/2008    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #LJH611    Served 10/01/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(a)	HOME ENVIRONMENT		
88.05(3)(b)	FREE OF HAZARDS		
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: DOUGLAS

**Survey ID: 0101276    End Date: 02/15/2008    Type: STANDARD    Purpose: SURVEY**

**Results: ENFORCEMENT ACTION**

**Statement of Deficiency: #L8H711    Served 03/07/2008**

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(3)(b)	COMPLETE BACKGROUND CHECK PROCESS	02/15/2008	Yes
88.05(3)(a)	HOME ENVIRONMENT		
88.05(3)(b)	FREE OF HAZARDS		
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE	02/15/2008	Yes
88.05(4)(c)1	EXITING FROM THE FIRST FLOOR	02/18/2008	Yes
88.06(3)(f)	REVIEW OF ISP	09/18/2008	Yes
88.07(3)(d)	MEDICATION- WRITTEN ORDER		
88.10(3)(p)	PROMPT AND ADEQUATE TREATMENT	03/28/2008	Yes

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

**Enforcement History (JOHN II HOUSE)**

**Date: 03/05/2008      SOD #L8H711      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: DOUGLAS

**Facility Information**

**Facility Name:** MISSOURI GARDENS (590181)  
**Address:** 2347 MISSOURI AVENUE, SUPERIOR, WI 54880  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 02/14/1997  
**Regional Office:** WESTERN REGION (EAU CLAIRE), (715) 836-4752

**Survey History**

**Survey ID:** 0102586    **End Date:** 09/23/2008    **Type:** ABBREVIATED    **Purpose:** SURVEY/COMPLAINT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #G3N611    Served 09/25/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(4)(c)1	EXITING FROM THE FIRST FLOOR		

**Survey ID:** 0097481    **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  
Adult Family Home  
COUNTY: DOUGLAS

**Complaint History (MISSOURI GARDENS)**

**Date Complaint Received: 08/04/2008**

**Date Investigation Completed: 09/23/2008**

Subject Area(s)

Result

SOD #

RESIDENT BEHAVIOR/FACILITY PRACTICE

NOT SUBSTANTIATED

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

**Facility Information**

**Facility Name:** PEARL HOUSE LTD (590182)  
**Address:** 6128 OGDEN AVENUE, SUPERIOR, WI 54880  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 04/24/1997  
**Regional Office:** WESTERN REGION (EAU CLAIRE), (715) 836-4752

**Survey History**

**Survey ID:** 0102211    **End Date:** 07/29/2008    **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: DOUGLAS

**Facility Information**

**Facility Name:** REM WISCONSIN III INC - HAMMOND (0010812)  
**Address:** 1406 NORTH 31ST STREET, SUPERIOR, WI 54880  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 02/01/2005  
**Regional Office:** WESTERN REGION (EAU CLAIRE), (715) 836-4752

**Survey History**

**Survey ID:** 0103858      **End Date:** 04/07/2009      **Type:** ABBREVIATED      **Purpose:** SURVEY/SELF REPORT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0098833      **End Date:** 03/05/2007      **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  
Adult Family Home  
COUNTY: DOUGLAS

**Facility Information**

**Facility Name:** WISCONSIN HOUSE (0011207)  
**Address:** 3625 N 20TH ST, SUPERIOR, WI 54880  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 05/15/2006  
**Regional Office:** WESTERN REGION (EAU CLAIRE), (715) 836-4752

**Survey History**

**Survey ID:** 0102638    **End Date:** 09/17/2008    **Type:** STANDARD    **Purpose:** SURVEY/SELF REPORT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #6XOZ11    Served 09/30/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(b)	FREE OF HAZARDS		
88.05(4)(a)	FIRE SAFETY-FIRE EXTINGUISHERS		
88.06(3)(d)1	DESCRIPTION OF SERVICES		
88.07(3)(d)	MEDICATION- WRITTEN ORDER		
88.10(3)(p)	PROMPT AND ADEQUATE TREATMENT		

**Survey ID:** 0097911    **End Date:** 10/04/2006    **Type:** OTHER    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #10011555    Served 10/11/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(4)(c)1	EXITING FROM THE FIRST FLOOR		

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

**Facility Information**

**Facility Name:** WOODVIEW (590179)  
**Address:** 6001 E 3RD ST, SUPERIOR, WI 54880  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 04/30/1995  
**Regional Office:** WESTERN REGION (EAU CLAIRE), (715) 836-4752

**Survey History**

**Survey ID:** 0102216    **End Date:** 07/29/2008    **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

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

COUNTY: DOUGLAS

### Facility Information

**Facility Name:** NORTHERN RESIDENCE (0012127)

**Address:** 6857 S COUNTY RD E, HAWTHORNE, WI 54842

**License Status:** REGULAR

**Licensed/Certified/Registered** 12/01/2008

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

### Survey History

**Survey ID:** 0103331    **End Date:** 01/27/2009    **Type:** STANDARD    **Purpose:** SURVEY/SELF REPORT

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

**Survey ID:** 0100698    **End Date:** 11/06/2007    **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: DOUGLAS

**Facility Information**

**Facility Name:** COUNTRY COMPANIONS - LAKE NEBAGAMON (0012741)

**Address:** 11419 E 1ST ST N, LAKE NEBAGAMON, WI 54849

**License Status:** PROBATIONARY

**Licensed/Certified/Registered** 03/30/2009

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

**Survey History**

**Survey ID:** 0103854      **End Date:** 04/20/2009      **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DOUGLAS

**Facility Information**

**Facility Name:** CYPRESS HOUSE CBRF (510320)

**Address:** 1415 CYPRESS AVE, SUPERIOR, WI 54880

**License Status:** REGULAR

**Licensed/Certified/Registered** 08/31/1990

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

**Survey History**

**Survey ID:** 0103914    **End Date:** 04/24/2009    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0098554    **End Date:** 01/09/2007    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #10011536    Served 01/24/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.41(5)(a)5	BATHROOMS SHALL BE CLEAN	02/15/2007	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: DOUGLAS

#### Facility Information

**Facility Name:** DEER HAVEN (510005)

**Address:** 3105 CUMMING AVE, SUPERIOR, WI 54880

**License Status:** REGULAR

**Licensed/Certified/Registered** 10/19/1981

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

#### Survey History

**Survey ID:** 0099274    **End Date:** 05/01/2007    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #FBXS11    Served 05/04/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.33(3)(c)3	PROOF-OF-USE RECORD AUDITED DAILY	04/01/2009	
83.42(3)(f)	SLEEPING HOURS EVACUATION DRILL	04/01/2009	
83.53(2)(a)	DOORS EXCEPT PATIO DOORS	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: DOUGLAS

**Facility Information**

**Facility Name:** FAXON HOUSE CBRF (0012257)  
**Address:** 1212 FAXON ST, SUPERIOR, WI 54880  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 12/01/1996  
**Regional Office:** WESTERN REGION (EAU CLAIRE), (715) 836-4752

**Survey History**

**Survey ID:** 0103127    **End Date:** 11/12/2008    **Type:** OTHER    **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #L25S11    Served 12/15/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(1)(a)3	CLIENT GROUP SPECIFIC TRAINING	04/01/2009	
83.14(1)(d)	FIRE SAFETY, FIRST AID & CHOKING	04/01/2009	
83.14(2)	TRAINING DIETARY NEEDS & MENU PLANNING	04/01/2009	
83.15(1)(c)1	ADEQUATE STAFFING	04/01/2009	

**Survey ID:** 0100829    **End Date:** 01/03/2008    **Type:** OTHER    **Purpose:** CHOW--DESK REVIEW

**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: DOUGLAS

**Enforcement History (FAXON HOUSE CBRF)**

**Date: 12/11/2008      SOD #L25S11      Appealed: No**

Sanctions

FORFEITURE---83.14(1)(a)3  
FORFEITURE---83.14(2)  
FORFEITURE---83.14(d)  
FORFEITURE---83.15(1)(c)1

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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: DOUGLAS

**Complaint History (FAXON HOUSE CBRF)**

**Date Complaint Received: 09/19/2008**

**Date Investigation Completed: 12/11/2008**

Subject Area(s)  
RESIDENT RIGHTS  
STAFF ADEQUACY

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 AA (AMBULATORY)  
COUNTY: DOUGLAS

**Facility Information**

**Facility Name:** HARBORVIEW CBRF (510321)  
**Address:** 910 E 5TH ST, SUPERIOR, WI 54880  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 04/30/1990  
**Regional Office:** WESTERN REGION (EAU CLAIRE), (715) 836-4752

**Survey History**

**Survey ID:** 0099281    **End Date:** 05/02/2007    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #YTN611    Served 05/07/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.41(10)(a)	BUILDING MAINTENANCE	04/01/2009	
83.41(10)(b)	MECHANICALS IN GOOD REPAIR	04/01/2009	
83.41(10)(c)	PLUMBING IN GOOD REPAIR	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 CNA (NONAMBULATORY)

COUNTY: DOUGLAS

### Facility Information

**Facility Name:** HARMONY HOUSE II (0011526)

**Address:** 7613 JOHN AVE, SUPERIOR, WI 54880

**License Status:** REGULAR

**Licensed/Certified/Registered** 08/10/2006

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

### Survey History

**Survey ID:** 0102930    **End Date:** 11/13/2008    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0097569    **End Date:** 08/10/2006    **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: DOUGLAS

#### Facility Information

**Facility Name:** HARMONY KC LLC (0010434)

**Address:** 7615 JOHN AVE, SUPERIOR, WI 54880

**License Status:** REGULAR

**Licensed/Certified/Registered** 09/01/2004

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

#### Survey History

**Survey ID:** 0102931    **End Date:** 11/13/2008    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0097842    **End Date:** 08/10/2006    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #10009836    Served 09/29/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(1)(a)2	CHALLENGING BEHAVIORS	11/01/2006	Yes
83.14(7)(b)	CONTINUING EDUCATION	11/01/2006	Yes
83.33(3)(c)3	PROOF-OF-USE RECORD AUDITED DAILY	11/01/2006	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: DOUGLAS

**Facility Information**

**Facility Name:** MCKENZIE MANOR (0009412)

**Address:** 3317 NORTH 21ST STREET, SUPERIOR, WI 54880

**License Status:** REGULAR

**Licensed/Certified/Registered** 04/01/2002

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

**Survey History**

**Survey ID:** 0102584    **End Date:** 09/18/2008    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #OI6311    Served 09/24/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(4)(w)	SAFE ENVIRONMENT	04/01/2009	

**Survey ID:** 0097568    **End Date:** 07/25/2006    **Type:** OTHER    **Purpose:** SELF REPORT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #10009834    Served 08/04/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(4)(o)	MEDICATIONS	08/03/2006	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: DOUGLAS

**Enforcement History (MCKENZIE MANOR)**

**Date: 08/02/2006      SOD #10009834      Appealed: No**

Sanctions

COMPLY WITH REQUIREMENT  
FORFEITURE---83.21(4)(o)

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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: DOUGLAS

#### Facility Information

**Facility Name:** MOUNTAIN VIEW HOME (0009539)

**Address:** 3319 N 16TH STREET, SUPERIOR, WI 54880

**License Status:** REGULAR

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

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

#### Survey History

**Survey ID:** 0103853      **End Date:** 04/08/2009      **Type:** ABBREVIATED      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0098310      **End Date:** 12/12/2006      **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DOUGLAS

**Facility Information**

**Facility Name:** REM WISCONSIN III INC 21ST STREET (0009561)

**Address:** 3901 N 21ST STREET, SUPERIOR, WI 54880

**License Status:** REGULAR

**Licensed/Certified/Registered** 10/01/2002

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

**Survey History**

**Survey ID:** 0098312      **End Date:** 12/13/2006      **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DOUGLAS

### Facility Information

**Facility Name:** REM WISCONSIN III INC BELKNAP (0009560)

**Address:** 3706 BELKNAP ST, SUPERIOR, WI 54880

**License Status:** REGULAR

**Licensed/Certified/Registered** 10/01/2002

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

### Survey History

**Survey ID:** 0103867    **End Date:** 04/21/2009    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0098836    **End Date:** 03/06/2007    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0098315    **End Date:** 12/13/2006    **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: DOUGLAS

#### Complaint History (REM WISCONSIN III INC BELKNAP)

**Date Complaint Received: 02/15/2007**

**Date Investigation Completed: 03/06/2007**

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: DOUGLAS

**Facility Information**

**Facility Name:** STARDUSK HOUSE (0010459)

**Address:** 7619 JOHN AVE, SUPERIOR, WI 54880

**License Status:** REGULAR

**Licensed/Certified/Registered** 09/01/2004

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

**Survey History**

**Survey ID:** 0103043    **End Date:** 11/13/2008    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #RMZ511    Served 12/04/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(2)(c)1	ANNUAL EVALUATION-PARTICIPATION	04/01/2009	
83.32(2)(d)	REVIEW OF PROGRESS	04/01/2009	
83.41(4)(b)2	GAS FURNACE SERVICED EVERY 3 YEARS	04/01/2009	
83.42(2)(b)	ANNUAL EVALUATION MORE THAN 2 MINUTES	04/01/2009	
83.42(3)(e)	QUARTERLY FIRE DRILLS	04/01/2009	
83.42(3)(f)	SLEEPING HOURS EVACUATION DRILL	04/01/2009	

**Survey ID:** 0102272    **End Date:** 07/29/2008    **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: DOUGLAS

**Survey ID: 0098551    End Date: 12/12/2006    Type: STANDARD    Purpose: SURVEY**

**Results: ENFORCEMENT ACTION**

**Statement of Deficiency: #10011520    Served 01/12/2007**

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(bm)	OUT OF STATE BACKGROUND CHECKS	02/10/2007	Yes
83.13(6)(c)	COPY OF CHECKS AVAILABLE TO DEPARTMENT	02/10/2007	Yes
83.14(1)(d)	FIRE SAFETY, FIRST AID & CHOKING	02/10/2007	Yes
83.33(3)(c)3	PROOF-OF-USE RECORD AUDITED DAILY	02/10/2007	Yes
83.33(3)(j)2	RECORD KEPT OF RETURNED/DESTROYED MEDS	02/10/2007	Yes
83.42(3)(f)	SLEEPING HOURS EVACUATION DRILL	02/10/2007	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: DOUGLAS

#### Enforcement History (STARDUSK HOUSE)

**Date: 12/02/2008**      **SOD #RMZ511**      **Appealed: No**

Sanctions

COMPLY WITH REQUIREMENT

FORFEITURE---83.42(2)(b)

FORFEITURE---83.42(3)(f)

**Date: 01/11/2007**      **SOD #10011520**      **Appealed: No**

Sanctions

COMPLY WITH FACILITY PLAN OF CORRECTION

FORFEITURE---83.14(1)(d)

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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: DOUGLAS

#### Facility Information

**Facility Name:** TRADEWINDS RESIDENCE INC (510325)

**Address:** 1601 N 16TH ST, SUPERIOR, WI 54880

**License Status:** REGULAR

**Licensed/Certified/Registered** 05/13/1995

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

#### Survey History

**Survey ID:** 0102230    **End Date:** 07/30/2008    **Type:** STANDARD    **Purpose:** SURVEY/SELF REPORT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0101334    **End Date:** 02/21/2008    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #3MP311    Served 03/10/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(1)(a)3	CLIENT GROUP SPECIFIC TRAINING	03/14/2008	Yes
83.15(1)(c)1	ADEQUATE STAFFING	03/04/2008	Yes
83.32(2)(a)4	MENTAL AND EMOTIONAL HEALTH	07/23/2008	Yes

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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: DOUGLAS

**Survey ID: 0097912    End Date: 10/03/2006    Type: STANDARD    Purpose: SURVEY/SELF REPORT**

**Results: STATEMENT OF DEFICIENCY ISSUED**

**Statement of Deficiency: #10011551    Served 10/07/2006**

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
12.08	ARMED FORCES BACKGROUND SEARCHES	11/03/2006	Yes
50.065(2)(bm)	OUT OF STATE BACKGROUND CHECKS	11/03/2006	Yes
83.32(2)(a)	EXPLANATION OF RIGHTS, GRIEVANCE PROCEDURE	11/03/2006	Yes

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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: DOUGLAS

**Enforcement History (TRADEWINDS RESIDENCE INC)**

**Date: 03/05/2008      SOD #3MP311      Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

FORFEITURE---83.14(1)(a)3

FORFEITURE---83.15(1)(c)1

FORFEITURE---83.32(2)(a)4

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