

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

COUNTY: DUNN

Notes

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

The report is a PDF (Adobe Acrobat) document and includes a total of 37 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: DUNN

Facility Information

Facility Name: ARC OF DUNN COUNTY INC (THE) (0010828)
Address: 538 WOODRIDGE COURT, MENOMONIE, WI 54751
License Status: REGULAR
Licensed/Certified/Registered 01/04/2005
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0098438 **End Date:** 01/03/2007 **Type:** STANDARD **Purpose:** SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 2 of 37 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 Family Home
COUNTY: DUNN

Facility Information

Facility Name: EARNHART HOMES INC COLFAX HOME (590010)

Address: 512 E 4TH AVE, COLFAX, WI 54730

License Status: REGULAR

Licensed/Certified/Registered 11/29/1989

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

Survey History

Survey ID: 0104248 **End Date:** 06/22/2009 **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: DUNN

Facility Information

Facility Name: TAINTER ADULT FAMILY HOME (0011757)
Address: N9637 - 560TH STREET, COLFAX, WI 54730
License Status: REGULAR
Licensed/Certified/Registered 02/15/2007
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0104109 **End Date:** 05/28/2009 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0098695 **End Date:** 02/14/2007 **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: DUNN

Facility Information

Facility Name: TRIPLE SPRINGS COUNTRY HOME (590065)
Address: N9650 150TH STREET, DOWNING, WI 54734
License Status: REGULAR
Licensed/Certified/Registered 12/01/1995
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
Adult Family Home
COUNTY: DUNN

Facility Information

Facility Name: AGAPE ADULT FAMILY HOME (0010112)
Address: E5534 - 700TH AVE, MENOMONIE, WI 54751
License Status: REGULAR
Licensed/Certified/Registered 04/11/2003
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0102953 **End Date:** 10/15/2008 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #UGQ711 Served 11/21/2008

| <u>Deficiencies Cited</u> | <u>Subject Area</u> | <u>Compliance Verified</u> | <u>Corrected</u> |
|---------------------------|---|----------------------------|------------------|
| 88.04(2)(f) | CONDITION WHICH REPRESENTS RISK OR HARM | | |
| 88.04(2)(h) | COMPLY WITH OSHA | | |
| 88.07(3)(d) | MEDICATION- WRITTEN ORDER | | |
| 88.09(2)(a)8 | TRAINING DOCUMENTATION | | |

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

Enforcement History (AGAPE ADULT FAMILY HOME)

Date: 11/18/2008 SOD #UGQ711 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: DUNN

Facility Information

Facility Name: AURORA RES ALTERNATIVES INC 074 (0008913)
Address: 814 28TH AVENUE N E, MENOMONIE, WI 54751
License Status: REGULAR
Licensed/Certified/Registered 01/31/2000
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0097697 **End Date:** 08/15/2006 **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: DUNN

Facility Information

Facility Name: AURORA RES ALTERNATIVES INC 119 (0009106)
Address: 3226 INGALLS ROAD, MENOMONIE, WI 54751
License Status: REGULAR
Licensed/Certified/Registered 10/01/2000
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0100859 **End Date:** 01/02/2008 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0098495 **End Date:** 01/03/2007 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10010013 Served 01/16/2007

| <u>Deficiencies Cited</u> | <u>Subject Area</u> | <u>Compliance Verified</u> | <u>Corrected</u> |
|---------------------------|---------------------|----------------------------|------------------|
| 88.10(3)(a) | FAIR TREATMENT | 01/30/2007 | Yes |

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

Complaint History (AURORA RES ALTERNATIVES INC 119)

Date Complaint Received: 12/13/2007

Date Investigation Completed: 01/02/2008

Subject Area(s)
MEDICATIONS
PROGRAM SERVICES

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: DUNN

Facility Information

Facility Name: AURORA RESIDENTIAL ALTERNATIVES INC 008 (0010157)

Address: 1505 EIGHTH STREET, MENOMONIE, WI 54751

License Status: REGULAR

Licensed/Certified/Registered 07/24/2003

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

Survey History

Survey ID: 0104128 **End Date:** 06/02/2009 **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: DUNN

Facility Information

Facility Name: AURORA RESIDENTIAL ALTERNATIVES OP#007 (0012327)

Address: 221-24TH AVE W, MENOMONIE, WI 54751

License Status: REGULAR

Licensed/Certified/Registered 03/17/2008

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

Survey History

Survey ID: 0101295 **End Date:** 03/13/2008 **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: DUNN

Facility Information

Facility Name: BROADWAY HOME (590125)
Address: 2411 SOUTH BROADWAY, MENOMONIE, WI 54751
License Status: REGULAR
Licensed/Certified/Registered 12/17/1996
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
Adult Family Home
COUNTY: DUNN

Facility Information

Facility Name: HALVERSON ADULT FAMILY HOME (0011639)
Address: E6155 COUNTY ROAD J, MENOMONIE, WI 54751
License Status: REGULAR
Licensed/Certified/Registered 11/07/2006
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0103446 **End Date:** 01/29/2009 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #D00P11 Served 02/11/2009

| <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 | | |
| 88.05(3)(e)2.d | INSPECTIONS-WOODBURNING STOVE | | |
| 88.05(4)(d)2.a | FIRE SAFETY EVACUATION PLAN REVIEW | | |
| 88.05(4)(d)2.c | SEMI-ANNUAL FIRE DRILLS | | |
| 88.10(3)(l) | SAFE PHYSICAL ENVIRONMENT | | |

Survey ID: 0098112 **End Date:** 11/07/2006 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

This is Page 14 of 37 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 Family Home
COUNTY: DUNN

Facility Information

Facility Name: LAMBS CREEK ADULT FAMILY HOME (0010572)
Address: E5593 CTY RD D, MENOMONIE, WI 54751
License Status: REGULAR
Licensed/Certified/Registered 07/26/2004
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0097732 **End Date:** 08/14/2006 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10010048 Served 09/08/2006

| <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 | | |
| 88.06(3)(f) | REVIEW OF ISP | | |
| 88.07(3)(e)1 | MEDICATION- RECORD KEEPING | | |

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

Facility Information

Facility Name: LIFESTYLES ADULT FAMILY HOMES INC (590086)

Address: 2103 DAIRYLAND ROAD, MENOMONIE, WI 54751

License Status: REGULAR

Licensed/Certified/Registered 07/02/1996

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
Adult Family Home
COUNTY: DUNN

Facility Information

Facility Name: NORTHWEST PATHWAYS TO IND INC 5 (0008958)

Address: N4554 440TH STREET, MENOMONIE, WI 54751

License Status: REGULAR

Licensed/Certified/Registered 05/04/2000

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

Survey History

No survey activity during the period 07/01/2006 through 06/30/2009.

This is Page 17 of 37 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 Family Home
COUNTY: DUNN

Facility Information

Facility Name: NORTHWOODS (0010725)
Address: 2379 RIDGEWOOD ST #1 & 2, MENOMONIE, WI 54751
License Status: REGULAR
Licensed/Certified/Registered 11/05/2004
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0098494 **End Date:** 12/11/2006 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10010021 Served 01/16/2007

| <u>Deficiencies Cited</u> | <u>Subject Area</u> | <u>Compliance Verified</u> | <u>Corrected</u> |
|---------------------------|-----------------------------------|----------------------------|------------------|
| 88.04(5)(a) | TRAINING-15 HOURS WITHIN 6 MONTHS | 08/05/2009 | Yes |
| 88.05(4)(d)2.b | FIRE EVACUATION ANNUAL EVALUATION | 08/05/2009 | Yes |

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

Facility Information

Facility Name: OPTIONS PLACE LLC (0012850)
Address: 1314 - 11TH ST, MENOMONIE, WI 54751
License Status: REGULAR
Licensed/Certified/Registered 07/20/2009
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
Adult Family Home
COUNTY: DUNN

Facility Information

Facility Name: SOLOMON HILL ADULT FAMILY HOME (0012680)

Address: N5903 - 238TH ST, MENOMONIE, WI 54751

License Status: REGULAR

Licensed/Certified/Registered 02/02/2009

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

Survey History

Survey ID: 0103346 **End Date:** 02/02/2009 **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: DUNN

Facility Information

Facility Name: WEIMER ADULT FAMILY HOME (0009674)
Address: E5532 700TH AVE, MENOMONIE, WI 54751
License Status: REGULAR
Licensed/Certified/Registered 07/02/2002
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0098195 **End Date:** 11/09/2006 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10010037 Served 11/22/2006

| <u>Deficiencies Cited</u> | <u>Subject Area</u> | <u>Compliance Verified</u> | <u>Corrected</u> |
|---------------------------|---------------------------|----------------------------|------------------|
| 12.11 | SUPERVISION OF INDIVIDUAL | 01/15/2007 | Yes |

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Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Community Based Residential Facility--CLASS AA (AMBULATORY)
COUNTY: DUNN

Facility Information

Facility Name: CLEAR VIEW (510015)
Address: N5017 970TH STREET, ELK MOUND, WI 547399365
License Status: REGULAR
Licensed/Certified/Registered 05/06/1987
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0104374 **End Date:** 06/18/2009 **Type:** ABBREVIATED **Purpose:** SURVEY/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #X05711 Served 07/13/2009

| <u>Deficiencies Cited</u> | <u>Subject Area</u> | <u>Compliance Verified</u> | <u>Corrected</u> |
|---------------------------|---------------------|----------------------------|------------------|
| 83.47(3) | FIRE INSPECTION | | |

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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: DUNN

Facility Information

Facility Name: TARA HOUSE (510292)
Address: N5160 970TH STREET, ELK MOUND, WI 54739
License Status: REGULAR
Licensed/Certified/Registered 08/20/1996
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0097976 **End Date:** 10/19/2006 **Type:** ABBREVIATED **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 AA (AMBULATORY)
COUNTY: DUNN

Facility Information

Facility Name: ARBOR PLACE INC (510113)
Address: 320 21ST ST NE, MENOMONIE, WI 54751
License Status: REGULAR
Licensed/Certified/Registered 01/01/1981
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0098880 **End Date:** 12/08/2006 **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 CNA (NONAMBULATORY)

COUNTY: DUNN

Facility Information

Facility Name: AURORA RES ALTERNATIVES INC 011 (0009573)

Address: 1306 12TH AVENUE SE, MENOMONIE, WI 54751

License Status: REGULAR

Licensed/Certified/Registered 09/01/2002

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

Survey History

Survey ID: 0098175 **End Date:** 11/15/2006 **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: DUNN

Facility Information

Facility Name: AURORA RESIDENTIAL ALT INC #010 (0011477)

Address: 2412 THIRD ST E, MENOMONIE, WI 54751

License Status: REGULAR

Licensed/Certified/Registered 01/01/2007

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

Survey History

Survey ID: 0104129 **End Date:** 06/03/2009 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0098278 **End Date:** 12/05/2006 **Type:** STANDARD **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: DUNN

Facility Information

Facility Name: CARE PARTNERS ASSTD LIVING MENOMONIE (0009882)

Address: 1902 TALEN ST, MENOMONIE, WI 54751

License Status: REGULAR

Licensed/Certified/Registered 05/01/2003

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

Survey History

Survey ID: 0103840 **End Date:** 03/12/2009 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0101463 **End Date:** 04/03/2008 **Type:** ABBREVIATED **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: DUNN

Complaint History (CARE PARTNERS ASSTD LIVING MENOMONIE)

Date Complaint Received: 01/26/2009

Date Investigation Completed: 03/12/2009

| <u>Subject Area(s)</u> | <u>Result</u> | <u>SOD #</u> |
|-------------------------------------|-------------------|--------------|
| RESIDENT BEHAVIOR/FACILITY PRACTICE | NOT SUBSTANTIATED | |
| NUTRITION & FOOD SERVICES | NOT SUBSTANTIATED | |
| MEDICATIONS | NOT SUBSTANTIATED | |
| ADMINISTRATION | NOT SUBSTANTIATED | |
| PROGRAM SERVICES | NOT SUBSTANTIATED | |
| QUALITY OF LIFE | 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: DUNN

Facility Information

Facility Name: COUNTRY TERRACE MENOMONIE (0009880)

Address: 1916 TALEN ST, MENOMONIE, WI 54751

License Status: REGULAR

Licensed/Certified/Registered 02/01/2004

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

Survey History

Survey ID: 0103843 **End Date:** 03/12/2009 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0100858 **End Date:** 12/12/2007 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0100277 **End Date:** 09/11/2007 **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 CNA (NONAMBULATORY)

COUNTY: DUNN

Complaint History (COUNTRY TERRACE MENOMONIE)

Date Complaint Received: 01/26/2009

Date Investigation Completed: 03/12/2009

Subject Area(s)

Result

SOD #

MEDICATIONS
ADMINISTRATION
STAFF TRAINING AND PROFICIENCY
PROGRAM SERVICES
QUALITY OF LIFE

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 08/16/2007

Date Investigation Completed: 09/11/2007

Subject Area(s)

Result

SOD #

SUPERVISION
ABUSE
RESTRAINTS

NOT SUBSTANTIATED
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 CS (SEMIAMBULATORY)

COUNTY: DUNN

Facility Information

Facility Name: NOREEN FAMILY HOME (0010740)

Address: 2913 INGALLS RD, MENOMONIE, WI 54751

License Status: REGULAR

Licensed/Certified/Registered 12/06/2004

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

Survey History

Survey ID: 0098453 **End Date:** 12/19/2006 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10010017 Served 01/13/2007

| <u>Deficiencies Cited</u> | <u>Subject Area</u> | <u>Compliance Verified</u> | <u>Corrected</u> |
|---------------------------|----------------------------|----------------------------|------------------|
| 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 CNA (NONAMBULATORY)

COUNTY: DUNN

Facility Information

Facility Name: OUR HOUSE LLC (0009305)

Address: 820 17TH AVE, MENOMONIE, WI 54751

License Status: REGULAR

Licensed/Certified/Registered 06/01/2001

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

Survey History

Survey ID: 0101806 **End Date:** 05/21/2008 **Type:** ABBREVIATED **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 AS (SEMIAMBULATORY)

COUNTY: DUNN

Facility Information

Facility Name: POTTERS COUNTRY HOME (0010954)

Address: N3430 STATE RD 25, MENOMONIE, WI 54751

License Status: REGULAR

Licensed/Certified/Registered 02/01/2006

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

Survey History

Survey ID: 0101804 **End Date:** 05/20/2008 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0101111 **End Date:** 01/30/2008 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #MZCB11 Served 02/15/2008

| <u>Deficiencies Cited</u> | <u>Subject Area</u> | <u>Compliance Verified</u> | <u>Corrected</u> |
|---------------------------|------------------------------|----------------------------|------------------|
| 83.14(1)(a) | CLIENT RELATED TRAINING | 02/27/2008 | Yes |
| 83.14(3) | INITIAL TRAINING MEDICATIONS | 02/27/2008 | Yes |
| 83.14(7)(b) | CONTINUING EDUCATION | 03/15/2008 | Yes |
| 83.15(1)(c)1 | ADEQUATE STAFFING | 01/14/2008 | 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: DUNN

Enforcement History (POTTERS COUNTRY HOME)

Date: 02/14/2008 **SOD #MZCB11** **Appealed: No**

Sanctions

OTHER SANCTION
FORFEITURE---83.14(1)(a)
FORFEITURE---83.14(3)
FORFEITURE---83.14(7)(b)
FORFEITURE---83.15(1)(c)1

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

Facility Information

Facility Name: AUTUMN VILLAGE (0010261)
Address: 915 ELM AVENUE, MENOMONIE, WI 54751
License Status: REGULAR
Licensed/Certified/Registered 03/17/1997
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
Residential Care Apartment Complex (CERTIFIED)
COUNTY: DUNN

Facility Information

Facility Name: COMFORTS OF HOME - MENOMONIE RCAC (0012102)

Address: 917 22ND AVE NE, MENOMONIE, WI 54751

License Status: REGULAR

Licensed/Certified/Registered 09/24/2007

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

Survey History

Survey ID: 0102844 **End Date:** 10/14/2008 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0100172 **End Date:** 09/24/2007 **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
Residential Care Apartment Complex (CERTIFIED)
COUNTY: DUNN

Complaint History (COMFORTS OF HOME - MENOMONIE RCAC)

Date Complaint Received: 09/23/2008

Date Investigation Completed: 10/14/2008

Subject Area(s)

Result

SOD #

NUTRITION & FOOD SERVICES

NOT SUBSTANTIATED

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