

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

Notes

This report includes Provider Inspection Summaries (Facility Profiles) for Adult Family Homes in Eau Claire County.

The report includes only facilities located within the City of Eau Claire. Reports for facilities located in other communities are listed separately on the DQA Facility Profile webpage.

The report is a PDF (Adobe Acrobat) document and includes a total of 41 pages. If you wish to read the profile for a particular facility without scrolling through the rest of the document, use the Search feature in the Acrobat Reader to specify part of the name of the facility you wish to review.

If you wish to print the profile for a particular facility, be sure to send only the desired pages to your computer printer. Otherwise you will be printing all pages in the document.

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

Facility Information

Facility Name: ABBEY WOODS (0010738)
Address: 3705 S VALLEY VIEW PLACE, EAU CLAIRE, WI 54701
License Status: REGULAR
Licensed/Certified/Registered 10/01/2004
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0098413 **End Date:** 12/13/2006 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10009779 Served 12/18/2006

<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	08/19/2009	Yes

This is Page 2 of 41 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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

Facility Information

Facility Name: APPLE VALLEY HOME (0012299)
Address: 6700 HWY 53, EAU CLAIRE, WI 54701
License Status: REGULAR
Licensed/Certified/Registered 03/01/2008
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0101853 **End Date:** 06/02/2008 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0101200 **End Date:** 02/18/2008 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

This is Page 3 of 41 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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

Facility Information

Facility Name: AURORA RES ALTERNATIVES INC 083 (0009007)
Address: 7736 NINE MILE CREEK ROAD, EAU CLAIRE, WI 54701
License Status: REGULAR
Licensed/Certified/Registered 05/26/2000
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0101852 **End Date:** 06/05/2008 **Type:** ABBREVIATED **Purpose:** SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 4 of 41 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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

Facility Information

Facility Name: AURORA RES ALTERNATIVES INC 110 (0009008)
Address: 1211 E HAMILTON AVENUE, EAU CLAIRE, WI 54701
License Status: REGULAR
Licensed/Certified/Registered 05/04/2000
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0100174 **End Date:** 09/17/2007 **Type:** ABBREVIATED **Purpose:** SURVEY/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #8ZBP11 Served 09/20/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(a)	HOME ENVIRONMENT		
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE		

This is Page 5 of 41 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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

Facility Information

Facility Name: AURORA RES ALTERNATIVES INC 026 (590174)
Address: 2505 HENRY AVE, EAU CLAIRE, WI 54701
License Status: REGULAR
Licensed/Certified/Registered 09/14/1998
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0101713 **End Date:** 05/12/2008 **Type:** ABBREVIATED **Purpose:** SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 6 of 41 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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

Facility Information

Facility Name: AURORA RES ALTERNATIVES INC 078 (590072)
Address: 2543 SUNRIDGE STREET, EAU CLAIRE, WI 54703
License Status: REGULAR
Licensed/Certified/Registered 01/29/1996
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0102161 **End Date:** 01/14/2008 **Type:** ABBREVIATED **Purpose:** SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 7 of 41 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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

Facility Information

Facility Name: AURORA RES ALTERNATIVES INC 098 (590149)
Address: 7730 NINE MILE CREEK ROAD, EAU CLAIRE, WI 54701
License Status: REGULAR
Licensed/Certified/Registered 08/29/1997
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

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

This is Page 8 of 41 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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

Facility Information

Facility Name: AURORA RES ALTERNATIVES INC 115 (0008987)
Address: 1522 HOWARD AVENUE, EAU CLAIRE, WI 54703
License Status: REGULAR
Licensed/Certified/Registered 05/30/2000
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0101337 **End Date:** 03/18/2008 **Type:** ABBREVIATED **Purpose:** SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 9 of 41 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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

Facility Information

Facility Name: AURORA RESIDENTIAL ALTERNATIVE #071 (0012733)

Address: 912/914 W SHOREWOOD DR, EAU CLAIRE, WI 54703

License Status: REGULAR

Licensed/Certified/Registered 03/06/2009

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

Survey History

Survey ID: 0103553 **End Date:** 03/06/2009 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

This is Page 10 of 41 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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

Facility Information

Facility Name: AURORA RESIDENTIAL ALTERNATIVES INC #069 (0009972)

Address: 630/632 FERRY ST, EAU CLAIRE, WI 54703

License Status: REGULAR

Licensed/Certified/Registered 02/04/2003

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

Survey History

Survey ID: 0103538 **End Date:** 03/03/2009 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0098789 **End Date:** 02/20/2007 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10011572 Served 02/22/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(b)	FREE OF HAZARDS	02/23/2007	Yes

This is Page 11 of 41 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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

Facility Information

Facility Name: AURORA RESIDENTIAL ALTERNATIVES INC #070 (0010559)

Address: 3633 & 3635 LIVINGSTON ST, EAU CLAIRE, WI 54701

License Status: REGULAR

Licensed/Certified/Registered 04/23/2004

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 12 of 41 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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

Facility Information

Facility Name: AURORA RESIDENTIAL ALTERNATIVES INC #116 (0010687)

Address: 1616 FOLSOM STREET, EAU CLAIRE, WI 54703

License Status: REGULAR

Licensed/Certified/Registered 10/19/2004

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

Survey History

Survey ID: 0104182 **End Date:** 06/11/2009 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0098876 **End Date:** 02/21/2007 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10011576 Served 02/28/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(a)	HOME ENVIRONMENT	03/06/2007	Yes
88.07(3)(c)	MEDICATION ASSISTANCE	03/06/2007	Yes

This is Page 13 of 41 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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

Facility Information

Facility Name: AURORA RESIDENTIAL ALTERNATIVES INC #85 (0010596)

Address: 1500 S EDGEWATER DRIVE, EAU CLAIRE, WI 54701

License Status: REGULAR

Licensed/Certified/Registered 05/28/2004

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 14 of 41 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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

Facility Information

Facility Name: AURORA RESIDENTIAL ALTERNATIVES INC 046 (0010476)

Address: 1715 - 19TH STREET, EAU CLAIRE, WI 54703

License Status: REGULAR

Licensed/Certified/Registered 03/18/2004

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

Survey History

Survey ID: 0101301 **End Date:** 03/13/2008 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 15 of 41 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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

Facility Information

Facility Name: CURT RANDY JANE & SHARON (590138)
Address: 4014 4016 LONDON ROAD, EAU CLAIRE, WI 54701
License Status: REGULAR
Licensed/Certified/Registered 08/26/1997
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

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

This is Page 16 of 41 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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

Facility Information

Facility Name: DEARWOOD LLC (0011643)
Address: 2011 N 60TH AVE, EAU CLAIRE, WI 54703
License Status: REGULAR
Licensed/Certified/Registered 10/24/2006
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0103193 **End Date:** 12/23/2008 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0099669 **End Date:** 06/26/2007 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #701T11 Served 07/03/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.07(3)(c)	MEDICATION ASSISTANCE	07/18/2007	Yes

Survey ID: 0098014 **End Date:** 10/24/2006 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

This is Page 17 of 41 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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

Complaint History (DEARWOOD LLC)

Date Complaint Received: 05/29/2007

Date Investigation Completed: 07/02/2007

Subject Area(s)
MEDICATIONS
PROGRAM SERVICES

Result
SUBSTANTIATED
NOT SUBSTANTIATED

SOD #
701T11

This is Page 18 of 41 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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

Facility Information

Facility Name: GCBK GROUP HOME INC (0011061)
Address: 2821 BEVERLY HILLS DR, EAU CLAIRE, WI 54701
License Status: REGULAR
Licensed/Certified/Registered 09/07/2005
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0101530 **End Date:** 04/16/2008 **Type:** STANDARD **Purpose:** SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 19 of 41 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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

Facility Information

Facility Name: LEXINGTON PALACE-NWPTI (0012764)
Address: 710 LEXINGTON BLVD, EAU CLAIRE, WI 54701
License Status: REGULAR
Licensed/Certified/Registered 03/20/2009
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0103626 **End Date:** 03/20/2009 **Type:** INITIAL **Purpose:** SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED

This is Page 20 of 41 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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

Facility Information

Facility Name: MARY MATT PATTY & DAVIDS (590066)
Address: 813 815 ZEPHYR HILL AVE, EAU CLAIRE, WI 54703
License Status: REGULAR
Licensed/Certified/Registered 07/15/1996
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0102509 **End Date:** 09/10/2008 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #4Q2U11 Served 09/15/2008

<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		

Survey ID: 0097399 **End Date:** 07/20/2006 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 21 of 41 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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

Facility Information

Facility Name: MCMAHON HOME (590091)
Address: 3555 CURVUE ROAD, EAU CLAIRE, WI 54703
License Status: REGULAR
Licensed/Certified/Registered 09/01/1996
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0102399 **End Date:** 08/28/2008 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0102350 **End Date:** 08/05/2008 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #U5YJ11 Served 08/20/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY	08/27/2008	Yes
88.09(2)(a)	SERVICE PROVIDER RECORD	08/27/2008	Yes

Survey ID: 0097760 **End Date:** 09/13/2006 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10011531 Served 09/25/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.06(3)(d)5	SIGNED STATEMENT OF AGREEMENT	09/25/2006	Yes
88.06(3)(f)	REVIEW OF ISP	09/25/2006	Yes

This is Page 22 of 41 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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

Facility Information

Facility Name: MIKE WILSON HOUSE (THE) (590061)
Address: 2409 RUDOLPH ROAD, EAU CLAIRE, WI 54701
License Status: REGULAR
Licensed/Certified/Registered 12/19/1995
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0103783 **End Date:** 03/03/2009 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0103784 **End Date:** 01/22/2009 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0100133 **End Date:** 08/17/2007 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #XY5K11 Served 09/11/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(d)	MAINTAIN BACKGROUND INFORMATION	03/03/2009	Yes
88.05(3)(b)	FREE OF HAZARDS	10/10/2007	Yes
88.05(3)(e)2.b	INSPECTIONS-GAS FURNACE	10/10/2007	Yes

This is Page 23 of 41 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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

Complaint History (MIKE WILSON HOUSE (THE))

Date Complaint Received: 01/16/2009

Date Investigation Completed: 01/22/2009

Subject Area(s)
OTHER

Result
NOT SUBSTANTIATED

SOD #

This is Page 24 of 41 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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

Facility Information

Facility Name: NORTHWEST PATHWAYS TO IND INC 6 (0009207)

Address: 2610 MONT CLAIRE ROAD, EAU CLAIRE, WI 54703

License Status: REGULAR

Licensed/Certified/Registered 04/26/2001

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

Survey History

Survey ID: 0103827 **End Date:** 04/09/2009 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0099408 **End Date:** 05/23/2007 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #16SY11 Served 05/30/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(bm)	OUT OF STATE BACKGROUND CHECKS	06/30/2007	Yes

This is Page 25 of 41 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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

Facility Information

Facility Name: NORTHWEST PATHWAYS TO INDEPENDENCE INC #9 (0011423)

Address: 2617 HAANSTAD ROAD, EAU CLAIRE, WI 54703

License Status: REGULAR

Licensed/Certified/Registered 05/22/2006

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

Survey History

Survey ID: 0101417 **End Date:** 03/25/2008 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #8GDB11 Served 04/02/2008

<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)(a)	HOME ENVIRONMENT		
88.05(4)(c)1	EXITING FROM THE FIRST FLOOR		

This is Page 26 of 41 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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

Facility Information

Facility Name: NORTHWEST PATHWAYS TO INDEPENDENCE INC (0012831)

Address: 505 DEMOE LANE, EAU CLAIRE, WI 54703

License Status: REGULAR

Licensed/Certified/Registered 07/30/2009

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

Survey History

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

This is Page 27 of 41 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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

Facility Information

Facility Name: NPI #14-CALUMET (0010915)
Address: 2511 CALUMET RD, EAU CLAIRE, WI 54703
License Status: REGULAR
Licensed/Certified/Registered 04/11/2005
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0104183 **End Date:** 06/11/2009 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0099672 **End Date:** 06/27/2007 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #46LK11 Served 07/05/2007

<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	08/17/2007	Yes
88.07(3)(d)	MEDICATION- WRITTEN ORDER	08/17/2007	Yes

Survey ID: 0094581 **End Date:** 03/31/2007 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

This is Page 28 of 41 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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

Facility Information

Facility Name: PAM JOANN JILL JANET (590139)
Address: 4020 4022 LONDON ROAD, EAU CLAIRE, WI 54701
License Status: REGULAR
Licensed/Certified/Registered 08/13/1997
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0100696 **End Date:** 10/26/2007 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #LFIU11 Served 11/27/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.10(3)(p)	PROMPT AND ADEQUATE TREATMENT	12/13/2007	Yes

Survey ID: 0099993 **End Date:** 08/17/2007 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 29 of 41 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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

Complaint History (PAM JOANN JILL JANET)

Date Complaint Received: 09/25/2007

Date Investigation Completed: 10/26/2007

Subject Area(s)
RESIDENT RIGHTS
ADMINISTRATION

Result
SUBSTANTIATED
NOT SUBSTANTIATED

SOD #
LF1U11

This is Page 30 of 41 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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

Facility Information

Facility Name: PINE GROVE (0010461)
Address: 3220/3218 MCELROY ST, EAU CLAIRE, WI 54701
License Status: REGULAR
Licensed/Certified/Registered 04/01/2004
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0104068 **End Date:** 05/11/2009 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #1TWH12 Served 05/28/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(2)(a)	DIFFICULTY WALKING	07/10/2009	Yes
88.05(3)(b)	FREE OF HAZARDS	07/10/2009	Yes
88.05(4)(b)1	FIRE SAFETY-SMOKE DETECTORS	07/10/2009	Yes
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE	07/10/2009	Yes

This is Page 31 of 41 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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

Survey ID: 0097929 End Date: 10/04/2006 Type: STANDARD Purpose: SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10009771 Served 10/13/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(2)(a)	DIFFICULTY WALKING	12/24/2006	Yes
88.05(4)(c)1	EXITING FROM THE FIRST FLOOR	12/24/2006	Yes
88.05(4)(c)2	EXITS SHALL BE DOORS	12/24/2006	Yes
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT	12/24/2006	Yes

This is Page 32 of 41 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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

Facility Information

Facility Name: POPLAR PLACE (590118)
Address: 3012 MILTON ROAD, EAU CLAIRE, WI 54703
License Status: REGULAR
Licensed/Certified/Registered 08/19/1996
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0102849 **End Date:** 11/06/2008 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0097898 **End Date:** 10/06/2006 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 33 of 41 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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

Facility Information

Facility Name: PRESTON HOUSE (590015)
Address: 2222 PRESTON ROAD, EAU CLAIRE, WI 54703
License Status: REGULAR
Licensed/Certified/Registered 04/30/1993
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0102745 **End Date:** 10/14/2008 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0101643 **End Date:** 04/23/2008 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #CGT211 Served 05/01/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.06(3)(a)	INDIVIDUAL SERVICE PLAN & ASSESSMENT	05/30/2008	Yes
88.10(3)(b)	PRIVACY	05/12/2008	Yes
88.10(3)(e)	SELF-DIRECTION	06/04/2008	Yes

This is Page 34 of 41 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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

Enforcement History (PRESTON HOUSE)

Date: 04/29/2008 SOD #CGT211 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
PROVIDE TRAINING

This is Page 35 of 41 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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

Facility Information

Facility Name: REM WISCONSIN III INC - WINGET (0012501)
Address: 5502 WINGET DRIVE, EAU CLAIRE, WI 54703
License Status: REGULAR
Licensed/Certified/Registered 09/11/2008
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0102504 **End Date:** 09/11/2008 **Type:** INITIAL **Purpose:** SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED

This is Page 36 of 41 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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

Facility Information

Facility Name: SARAH ANNA LUISA SARA AFH (590115)
Address: 3359 MIDWAY STREET, EAU CLAIRE, WI 54703
License Status: REGULAR
Licensed/Certified/Registered: 02/01/1997
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0103649 **End Date:** 03/23/2009 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0098875 **End Date:** 03/01/2007 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10011580 Served 03/05/2007

<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	05/01/2007	Yes
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT	05/01/2007	Yes

This is Page 37 of 41 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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

Facility Information

Facility Name: TIM PAUL STEVE & JEFF AFH (590132)
Address: 1024 1026 PERSHING STREET, EAU CLAIRE, WI 54703
License Status: REGULAR
Licensed/Certified/Registered 07/29/1997
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0102100 **End Date:** 07/11/2008 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0100236 **End Date:** 09/20/2007 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #87ID11 Served 10/01/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY	07/11/2008	Yes
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE	10/01/2007	Yes

This is Page 38 of 41 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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

Enforcement History (TIM PAUL STEVE & JEFF AFH)

Date: 09/26/2007 SOD #87ID11 Appealed: No

Sanctions

COMPLY WITH REQUIREMENT

This is Page 39 of 41 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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

Facility Information

Facility Name: UP NORTH (0010681)
Address: 3041 KILBOURNE AVE, EAU CLAIRE, WI 54703
License Status: REGULAR
Licensed/Certified/Registered: 10/05/2004
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0103047 **End Date:** 12/03/2008 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #LVFM12 Served 12/06/2008

<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)(a)	INDIVIDUAL SERVICE PLAN & ASSESSMENT		

Survey ID: 0098309 **End Date:** 11/14/2006 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10011587 Served 12/13/2006

<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	06/15/2007	Yes
88.05(3)(a)	HOME ENVIRONMENT	12/21/2006	Yes
88.05(4)(b)1	FIRE SAFETY-SMOKE DETECTORS	12/20/2006	Yes
88.05(4)(d)2.a	FIRE SAFETY EVACUATION PLAN REVIEW		
88.07(3)(c)	MEDICATION ASSISTANCE	01/18/2007	Yes

This is Page 40 of 41 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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

Facility Information

Facility Name: VIOLET ADULT FAMILY HOME (590047)
Address: 824 826 VIOLET AVENUE, EAU CLAIRE, WI 54701
License Status: REGULAR
Licensed/Certified/Registered 03/06/1995
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0101646 **End Date:** 04/29/2008 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #T3CQ11 Served 05/01/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(2)(a)	DIFFICULTY WALKING		
88.05(3)(a)	HOME ENVIRONMENT		
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE		

This is Page 41 of 41 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.