

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 is a PDF (Adobe Acrobat) document and includes a total of 10 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: AURORA RESIDENTIAL ALTERNATIVES INC #041 (590166)

Address: 3404 HOOVER AVENUE, ALTOONA, WI 54720

License Status: REGULAR

Licensed/Certified/Registered 02/27/1998

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

Survey History

Survey ID: 0101341 **End Date:** 03/20/2008 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 2 of 10 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: EAU CLAIRE

Facility Information

Facility Name: OAKS (THE)-LUTHERAN SOCIAL SERVICES (0011988)

Address: 403/405/407 TWIN OAK DR, ALTOONA, WI 54720

License Status: REGULAR

Licensed/Certified/Registered 06/14/2007

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

Survey History

Survey ID: 0104274 **End Date:** 06/02/2009 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #UJVV11 Served 06/18/2009

<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		
88.07(3)(d)	MEDICATION- WRITTEN ORDER		

Survey ID: 0099515 **End Date:** 06/11/2007 **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: EAU CLAIRE

Facility Information

Facility Name: SHERWOOD FOREST HOUSE OF HOPE (0011768)
Address: 1712 SHERWOOD FOREST DR, ALTOONA, WI 54720
License Status: REGULAR
Licensed/Certified/Registered 02/15/2007
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0102618 **End Date:** 09/19/2008 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #3J5R11 Served 09/30/2008

<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		

Survey ID: 0102407 **End Date:** 08/20/2008 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0098750 **End Date:** 02/14/2007 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary
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Complaint History (SHERWOOD FOREST HOUSE OF HOPE)

Date Complaint Received: 09/04/2008

Date Investigation Completed: 09/29/2008

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
RESIDENT RIGHTS	NOT SUBSTANTIATED	
STAFF TRAINING AND PROFICIENCY	SUBSTANTIATED	3J5R11
STAFF ADEQUACY	SUBSTANTIATED	3J5R11

Date Complaint Received: 07/11/2008

Date Investigation Completed: 08/27/2008

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
SUPERVISION	NOT SUBSTANTIATED	
RESIDENT RIGHTS	SUBSTANTIATED	5QNQ11
ABUSE	NOT SUBSTANTIATED	
RESIDENT BEHAVIOR/FACILITY PRACTICE	NOT SUBSTANTIATED	
HOMELIKE ENVIRONMENT & CLEANLINESS	NOT SUBSTANTIATED	
NUTRITION & FOOD SERVICES	NOT SUBSTANTIATED	
MEDICATIONS	NOT SUBSTANTIATED	
STAFF TRAINING AND PROFICIENCY	NOT SUBSTANTIATED	

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

Facility Information

Facility Name: GENUINE CARE ADULT FAMILY HOME (0011015)
Address: 711 ANDERSON, AUGUSTA, WI 54722
License Status: REGULAR
Licensed/Certified/Registered 03/01/2006
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0100965 **End Date:** 01/23/2008 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #UULW11 Served 01/29/2008

<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: 0098021 **End Date:** 10/23/2006 **Type:** OTHER **Purpose:** OTHER

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10010033 Served 10/26/2006

<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	10/26/2006	Yes
88.06(3)(a)	INDIVIDUAL SERVICE PLAN & ASSESSMENT	11/10/2006	Yes
88.06(3)(d)1	DESCRIPTION OF SERVICES	11/10/2006	Yes
88.06(3)(f)	REVIEW OF ISP	11/10/2006	Yes
88.07(3)(d)	MEDICATION- WRITTEN ORDER	11/10/2006	Yes

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Adult Family Home
COUNTY: EAU CLAIRE

Facility Information

Facility Name: AURORA RESIDENTIAL ALTERNATIVES INC 102 (0009328)

Address: E2360 CTY RD HH, ELEVA, WI 54738

License Status: REGULAR

Licensed/Certified/Registered 04/11/2001

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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Adult Family Home
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Facility Information

Facility Name: AURORA RES ALTERNATIVES INC 038 (590185)
Address: 426 SOUTH VICTORY, FALL CREEK, WI 54742
License Status: REGULAR
Licensed/Certified/Registered 12/16/1998
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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For the period 07/01/2006 to 06/30/2009
Adult Family Home
COUNTY: EAU CLAIRE

Facility Information

Facility Name: REM WISCONSIN III INC - FALL CREEK (0012500)

Address: E10785 US HWY 12, FALL CREEK, WI 54742

License Status: REGULAR

Licensed/Certified/Registered 09/11/2008

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

Survey History

Survey ID: 0102502 **End Date:** 09/11/2008 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Adult Family Home
COUNTY: EAU CLAIRE

Facility Information

Facility Name: REM WISCONSIN III INC - LANGDELL ROAD (0010565)

Address: 7740 W LANGDELL RD, MONDOVI, WI 54755

License Status: REGULAR

Licensed/Certified/Registered 09/01/2004

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

Survey History

Survey ID: 0103352 **End Date:** 01/08/2009 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #EV0B12 Served 02/02/2009

<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		
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION		
88.07(3)(d)	MEDICATION- WRITTEN ORDER		

Survey ID: 0098084 **End Date:** 10/18/2006 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10011575 Served 10/31/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.07(3)(d)	MEDICATION- WRITTEN ORDER		

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