

Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Community Based Residential Facility
COUNTY: EAU CLAIRE

Notes

This report includes Provider Inspection Summaries (Facility Profiles) for Community Based Residential Facilities 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 46 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
Community Based Residential Facility--CLASS AA (AMBULATORY)
COUNTY: EAU CLAIRE

Facility Information

Facility Name: AFFINITY HOUSE (510031)
Address: 3042 KILBOURNE AVENUE, EAU CLAIRE, WI 54703
License Status: REGULAR
Licensed/Certified/Registered 08/01/1988
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0100739 **End Date:** 12/04/2007 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #IM4B11 Served 12/14/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(1)(d)	FIRE SAFETY, FIRST AID & CHOKING	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: EAU CLAIRE

Enforcement History (AFFINITY HOUSE)

Date: 12/13/2007 SOD #IM4B11 Appealed: No

Sanctions

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 AA (AMBULATORY)
COUNTY: EAU CLAIRE

Facility Information

Facility Name: BERNICE & GENEVIEVE FOUNDATION(THE) (0011793)

Address: 3806 WOODCREST CT, EAU CLAIRE, WI 54701

License Status: REGULAR

Licensed/Certified/Registered 09/01/2007

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

Survey History

Survey ID: 0104479 **End Date:** 05/22/2009 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #3MVK11 Served 06/12/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS		
83.27(2)(b)	RESOURCES FOR DESTRUCTIVE ABUSIVE RESIDENTS		
83.32(3)(l)	RIGHTS OF RESIDENTS: LEAST RESTRICTIVE		
83.35(3)(c)	IMPLEMENT, FOLLOW THE INDIVIDUAL SERVICE PLAN		

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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: EAU CLAIRE

Survey ID: 0103220 End Date: 12/10/2008 Type: OTHER Purpose: VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #DQHX12 Served 01/09/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.11(3)(a)	RESPONSIBILITIES	04/01/2009	
83.12(5)(c)	NOTIFICATION: CHANGE OF SERVICES OR CHARGES	04/01/2009	
83.13(2)(a)	JOB QUALIFICATIONS	04/01/2009	
83.14(1)(d)	FIRE SAFETY, FIRST AID & CHOKING	04/01/2009	
83.15(1)(c)1	ADEQUATE STAFFING	04/01/2009	
83.21(4)(g)	FAIR TREATMENT	04/01/2009	
83.21(4)(l)	CLOTHING AND POSSESSIONS	04/01/2009	
83.21(4)(n)4	FREE FROM PHYSICAL RESTRAINTS	04/01/2009	
83.32(1)(a)	ASSESSMENT AND ISP	04/01/2009	
83.32(2)(c)2	ANNUAL EVALUATION UPDATED	04/01/2009	
83.33(2)(a)	SUPERVISION	04/01/2009	

Survey ID: 0100700 End Date: 11/14/2007 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #DQHX11 Served 11/27/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(1)(d)	FIRE SAFETY, FIRST AID & CHOKING	04/01/2009	
83.15(1)(c)1	ADEQUATE STAFFING	04/01/2009	
83.21(4)(o)	MEDICATIONS	11/26/2007	Yes
83.32(2)(a)	EXPLANATION OF RIGHTS, GRIEVANCE PROCEDURE	11/26/2007	Yes

Survey ID: 0100004 End Date: 08/16/2007 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 AA (AMBULATORY)

COUNTY: EAU CLAIRE

Survey ID: 0098873 **End Date: 03/12/2007** **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 AA (AMBULATORY)
COUNTY: EAU CLAIRE

Enforcement History (BERNICE & GENEVIEVE FOUNDATION(THE))

Date: 06/10/2009 **SOD #3MVK11** **Appealed: No**

Sanctions

FORFEITURE---83.27(2)(b)
FORFEITURE---83.32(3)(1)
FORFEITURE---83.35(3)(d)

Date: 01/07/2009 **SOD #DQHX12** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
NO NEW ADMISSIONS
PROVIDE TRAINING
FORFEITURE---83.12(5)(c)
FORFEITURE---83.13(2)(a)
FORFEITURE---83.14(1)(d)
FORFEITURE---83.15(1)(c)1
FORFEITURE---83.21(4)(g)
FORFEITURE---83.21(4)(n)(4)
FORFEITURE---83.32(1)(a)
FORFEITURE---83.32(2)(c)2
FORFEITURE---83.33(2)(a)

Date: 11/26/2007 **SOD #DQHX11** **Appealed: No**

Sanctions

COMPLY WITH REQUIREMENT
FORFEITURE---83.14(1)(d)
FORFEITURE---83.21(4)(o)
FORFEITURE---83.32(2)(a)
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: EAU CLAIRE

Complaint History (BERNICE & GENEVIEVE FOUNDATION(THE))

Date Complaint Received: 05/15/2009

Date Investigation Completed: 05/22/2009

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

3MVK11

Date Complaint Received: 08/20/2008

Date Investigation Completed: 09/03/2008

Subject Area(s)

Result

SOD #

OTHER

NOT SUBSTANTIATED

Date Complaint Received: 11/07/2007

Date Investigation Completed: 11/30/2007

Subject Area(s)

Result

SOD #

LICENSED CAPACITY /CLASS OF LICENSE

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

DQHX11

STAFF ADEQUACY

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: EAU CLAIRE

Facility Information

Facility Name: CARE PARTNERS ASSISTD LIVING LINDEMANN HOUSE (0009881)

Address: 2320 FRANK STREET, EAU CLAIRE, WI 54703

License Status: REGULAR

Licensed/Certified/Registered 12/01/2003

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

Survey History

Survey ID: 0103647 **End Date:** 03/19/2009 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0102217 **End Date:** 07/16/2008 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #C7GX11 Served 07/30/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.33(2)(c)	LEISURE TIME ACTIVITIES	03/19/2009	Yes
83.33(2)(d)	COMMUNITY ACTIVITIES	03/19/2009	Yes

Survey ID: 0101048 **End Date:** 01/23/2008 **Type:** ABBREVIATED **Purpose:** SURVEY/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #48YZ11 Served 02/06/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.33(2)(c)	LEISURE TIME ACTIVITIES	04/01/2009	
83.33(2)(h)2	MEDICAL SERVICES DOCUMENTED IN RECORD	03/07/2008	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: EAU CLAIRE

Survey ID: 0097332 End Date: 07/11/2006 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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: EAU CLAIRE

Enforcement History (CARE PARTNERS ASSISTD LIVING LINDEMANN HOUSE)

Date: 07/28/2008 **SOD #C7GX11** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

FORFEITURE---83.33(2)(c)

FORFEITURE---83.33(2)(d)

Date: 01/31/2008 **SOD #48YZ11** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

FORFEITURE---88.33(2)(c)

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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: EAU CLAIRE

Complaint History (CARE PARTNERS ASSISTD LIVING LINDEMANN HOUSE)

Date Complaint Received: 07/03/2006

Date Investigation Completed: 07/11/2006

Subject Area(s)

Result

SOD #

ADMINISTRATION

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: EAU CLAIRE

Facility Information

Facility Name: CARE PARTNERS ASSISTED LIVING LLC (0009047)

Address: 2306 FRANK STREET, EAU CLAIRE, WI 54703

License Status: REGULAR

Licensed/Certified/Registered 06/01/2001

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

Survey History

Survey ID: 0103966 **End Date:** 05/05/2009 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0102099 **End Date:** 07/11/2008 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0100426 **End Date:** 09/28/2007 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0099597 **End Date:** 05/25/2007 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #O9L211 Served 06/22/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(4)(g)	FAIR TREATMENT	09/28/2007	Yes
83.32(2)(a)5	HARMFUL BEHAVIOR PATTERNS	09/28/2007	Yes
83.33(4)(h)	ACTIVITY PROGRAMMING FOR DEMENTIA	09/28/2007	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: EAU CLAIRE

Enforcement History (CARE PARTNERS ASSISTED LIVING LLC)

Date: 06/20/2007 **SOD #**09L211 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
PROVIDE TRAINING

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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: EAU CLAIRE

Complaint History (CARE PARTNERS ASSISTED LIVING LLC)

Date Complaint Received: 08/29/2007

Date Investigation Completed: 09/28/2007

Subject Area(s)

RESIDENT BEHAVIOR/FACILITY PRACTICE
MEDICATIONS
PROGRAM SERVICES

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 03/19/2007

Date Investigation Completed: 05/25/2007

Subject Area(s)

RESIDENT RIGHTS
PROGRAM SERVICES

Result

NOT SUBSTANTIATED
SUBSTANTIATED

SOD #

O9L211

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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: EAU CLAIRE

Facility Information

Facility Name: FAHRMAN CENTER (510019)
Address: 3136 CRAIG ROAD, EAU CLAIRE, WI 54701
License Status: REGULAR
Licensed/Certified/Registered 01/01/1988
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

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

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Provider Inspection Summary

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

COUNTY: EAU CLAIRE

Facility Information

Facility Name: FAMILY TREE (510296)

Address: 2005 AGNES STREET, EAU CLAIRE, WI 54701

License Status: REGULAR

Licensed/Certified/Registered 12/01/1996

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

Survey History

Survey ID: 0101695 **End Date:** 05/05/2008 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #1GYL11 Served 05/08/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.45(1)	ACCESSIBILITY	04/01/2009	
83.53(1)(e)1	EXIT SIZE	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: EAU CLAIRE

Facility Information

Facility Name: GRACE WOODLANDS (0012384)
Address: 3214 GALA ST, EAU CLAIRE, WI 54703
License Status: REGULAR
Licensed/Certified/Registered 05/01/2009
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0103724 **End Date:** 03/30/2009 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0102731 **End Date:** 10/14/2008 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0101635 **End Date:** 05/01/2008 **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: EAU CLAIRE

Complaint History (GRACE WOODLANDS)

Date Complaint Received: 06/23/2009

Date Investigation Completed: 07/24/2009

Subject Area(s)

PROGRAM SERVICES

Result

NOT SUBSTANTIATED

SOD #

Date Complaint Received: 10/06/2008

Date Investigation Completed: 10/14/2008

Subject Area(s)

STAFF ADEQUACY

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: EAU CLAIRE

Facility Information

Facility Name: HARBOR HOUSE MEMORY CARE (0009389)

Address: 3712 DAMON STREET, EAU CLAIRE, WI 54701

License Status: REGULAR

Licensed/Certified/Registered 09/01/2002

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

Survey History

Survey ID: 0101507 **End Date:** 04/15/2008 **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: EAU CLAIRE

Facility Information

Facility Name: HERITAGE COURT (0011976)

Address: 3515 E HAMILTON AVE, EAU CLAIRE, WI 54701

License Status: REGULAR

Licensed/Certified/Registered 06/01/2008

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

Survey History

Survey ID: 0104202 **End Date:** 06/17/2009 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0101763 **End Date:** 05/06/2008 **Type:** OTHER **Purpose:** DESK REVIEW

Results: LICENSE/CERT/REGISTRATION ISSUED

Survey ID: 0101369 **End Date:** 03/18/2008 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0100560 **End Date:** 10/31/2007 **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: EAU CLAIRE

Complaint History (HERITAGE COURT)

Date Complaint Received: 05/01/2009

Date Investigation Completed: 06/17/2009

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 03/17/2008

Date Investigation Completed: 03/18/2008

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

NOT RECORDED

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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: EAU CLAIRE

Facility Information

Facility Name: JMRS HOUSE (0009240)

Address: 2807 CLARK PLACE, EAU CLAIRE, WI 54701

License Status: REGULAR

Licensed/Certified/Registered 10/01/2001

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

Survey History

Survey ID: 0101647 **End Date:** 04/29/2008 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #OLIZ11 Served 05/01/2008

<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 AA (AMBULATORY)
COUNTY: EAU CLAIRE

Facility Information

Facility Name: LIBERTY VIEW (510042)
Address: 611 MAIN ST, EAU CLAIRE, WI 54701
License Status: REGULAR
Licensed/Certified/Registered 01/01/1985
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0100237 **End Date:** 09/25/2007 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #WEJK11 Served 10/03/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.33(3)(a)2	REVIEW OF MEDICATION REGIMEN	04/01/2009	
83.41(10)(a)	BUILDING MAINTENANCE	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: EAU CLAIRE

Facility Information

Facility Name: MARSTON GROUP HOME (0008905)
Address: 403 MARSTON STREET, EAU CLAIRE, WI 54701
License Status: REGULAR
Licensed/Certified/Registered 03/01/2001
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0104093 **End Date:** 04/30/2009 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #6K9L11 Served 05/29/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS		
83.20(1)(a)	DISCHARGE OR TRANSFER OF RESIDENT		
83.20(2)(a)	CONDITIONS-INITIATED BY RESIDENT		
83.20(2)(b)	TRAINING IN FIRE SAFETY		
83.20(2)(c)	PROHIBITIONS AND EXCEPTIONS		
83.20(2)(d)	TRAINING IN MEDICATION ADMINISTRATION		
83.21(1)	TRAINING IN RESIDENT RIGHTS		
83.36(1)(b)	QUALIFIED STAFF IN CHARGE, ON DUTY AND AWAKE		
83.45(1)(e)	ELECTRICAL, MECHANICAL, WATER SUPPLY		
83.54(3)(a)	BEDROOMS: NO MORE THAN 2 RESIDENTS		

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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: EAU CLAIRE

Enforcement History (MARSTON GROUP HOME)

Date: 05/27/2009 SOD #6K9L11 Appealed: Yes Decision: PENDING

Sanctions

FORFEITURE---83.20(1)(a)
FORFEITURE---83.20(2)(a)
FORFEITURE---83.20(2)(b)
FORFEITURE---83.20(2)(c)
FORFEITURE---83.20(2)(d)
FORFEITURE---83.21(1)
FORFEITURE---83.36(1)(b)

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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: EAU CLAIRE

Facility Information

Facility Name: MCCORMICK FAMILY CIRCLE (0010592)
Address: 1018 GRAHAM AVE, EAU CLAIRE, WI 54701
License Status: REGULAR
Licensed/Certified/Registered 12/01/2004
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0102542 **End Date:** 08/18/2008 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #03WM12 Served 09/05/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(4m)(b)intro	CAREGIVER HIRING AND CONTRACTING PROCESS	04/01/2009	Yes
83.11(3)(a)	RESPONSIBILITIES	04/01/2009	Yes
83.11(3)(h)	NOT PERMIT A CONDITION OF RISK	04/01/2009	Yes
83.14(7)(b)	CONTINUING EDUCATION	04/01/2009	Yes
83.21(4)(u)	LEAST RESTRICTIVE CONDITIONS	04/01/2009	Yes
83.32(2)(c)1	ANNUAL EVALUATION-PARTICIPATION	04/01/2009	Yes
83.42(3)(e)	QUARTERLY FIRE DRILLS	04/01/2009	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: EAU CLAIRE

Survey ID: 0101845 End Date: 05/14/2008 Type: STANDARD Purpose: SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #O3WM11 Served 06/03/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(d)	MAINTAIN BACKGROUND INFORMATION	08/07/2008	Yes
83.14(7)(b)	CONTINUING EDUCATION	04/01/2009	
83.17(3)(a)2	ACCURATE ACCOUNTING OF RESIDENT FUNDS	06/01/2008	Yes
83.17(3)(a)3	WRITTEN REPORT OF RESIDENT'S ACCOUNT	06/01/2008	Yes
83.21(4)(u)	LEAST RESTRICTIVE CONDITIONS	04/01/2009	
83.32(2)(c)1	ANNUAL EVALUATION-PARTICIPATION	04/01/2009	
83.32(2)(d)	REVIEW OF PROGRESS	06/18/2008	Yes
83.41(10)(a)	BUILDING MAINTENANCE	04/01/2009	
83.41(10)(d)	FURNITURE IN GOOD REPAIR	08/07/2008	Yes
83.42(6)(a)1	ANNUAL INSPECTION BY FIRE DEPARTMENT	07/09/2008	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: EAU CLAIRE

Enforcement History (MCCORMICK FAMILY CIRCLE)

Date: 09/03/2008 SOD #03WM12 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
COMPLY WITH FACILITY PLAN OF CORRECTION
NO NEW ADMISSIONS
PROVIDE TRAINING
FORFEITURE---50.065(4m)(b)
FORFEITURE---83.11(3)(h)
FORFEITURE---83.14(7)(b)
FORFEITURE---83.21(4)(u)
FORFEITURE---83.32(2)(c)1
FORFEITURE---83.42(3)(e)
FORFEITURE---Accruing
FORFEITURE---accruing 83.11(3)(a)

Date: 05/30/2008 SOD #O3WM11 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
PROVIDE TRAINING
FORFEITURE---83.14(7)(b)
FORFEITURE---83.17(3)(a)2
FORFEITURE---83.17(3)(a)3
FORFEITURE---83.21(4)(u)
FORFEITURE---83.32(2)(d)
FORFEITURE---83.42(3)(e)

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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: EAU CLAIRE

Facility Information

Facility Name: MILESTONE SENIOR LIVING MEMORY CARE (0012569)

Address: 5510 RENEE DRIVE, EAU CLAIRE, WI 54703

License Status: PROBATIONARY

Licensed/Certified/Registered 11/24/2008

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

Survey History

Survey ID: 0103000 **End Date:** 11/24/2008 **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: EAU CLAIRE

Facility Information

Facility Name: MORNING VIEW (510209)

Address: 2710 NORTH TOWN HALL ROAD, EAU CLAIRE, WI 54703

License Status: REGULAR

Licensed/Certified/Registered 10/14/1992

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

Survey History

Survey ID: 0103402 **End Date:** 02/09/2009 **Type:** ABBREVIATED **Purpose:** SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0099314 **End Date:** 05/15/2007 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0098703 **End Date:** 01/05/2007 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10011548 Served 02/02/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.41(10)(a)	BUILDING MAINTENANCE	02/23/2007	Yes

Survey ID: 0097512 **End Date:** 08/01/2006 **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: EAU CLAIRE

Complaint History (MORNING VIEW)

Date Complaint Received: 12/15/2006

Date Investigation Completed: 01/05/2007

Subject Area(s)

Result

SOD #

SUPERVISION
RESIDENT BEHAVIOR/FACILITY PRACTICE
MEDICATIONS
ADMISSION, TRANSFER & DISCHARGE

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 07/07/2006

Date Investigation Completed: 08/01/2006

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

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: EAU CLAIRE

Facility Information

Facility Name: MT WASHINGTON RESIDENCE (510142)

Address: 1930 CLEVELAND ST, EAU CLAIRE, WI 54703

License Status: REGULAR

Licensed/Certified/Registered 02/01/1989

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

Survey History

Survey ID: 0101553 **End Date:** 04/22/2008 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0101304 **End Date:** 02/01/2008 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0099336 **End Date:** 05/16/2007 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #COTS11 Served 05/21/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(4)(m)	ABUSE, NEGLECT, OR MISAPPROPRIATION	01/25/2008	Yes
83.21(4)(n)1	SECLUSION, RESTRAINTS	01/25/2008	Yes

Survey ID: 0099155 **End Date:** 04/24/2007 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: EAU CLAIRE

Enforcement History (MT WASHINGTON RESIDENCE)

Date: 05/18/2007 SOD #COTS11 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

FORFEITURE---83.21(4)(m)

FORFEITURE---83.21(4)(n)1

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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: EAU CLAIRE

Complaint History (MT WASHINGTON RESIDENCE)

Date Complaint Received: 04/08/2008

Date Investigation Completed: 04/22/2008

Subject Area(s)

RESIDENT RIGHTS
PROGRAM SERVICES

Result

SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

NOT RECORDED

Date Complaint Received: 01/24/2008

Date Investigation Completed: 02/01/2008

Subject Area(s)

SUPERVISION
RESIDENT RIGHTS
ADMISSION, TRANSFER & DISCHARGE
STAFF ADEQUACY

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 05/01/2007

Date Investigation Completed: 05/18/2007

Subject Area(s)

SUPERVISION
RESIDENT BEHAVIOR/FACILITY PRACTICE
PHYSICAL PLANTS & SAFETY HAZARDS
ADMISSION, TRANSFER & DISCHARGE

Result

SUBSTANTIATED
SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

COTS11
COTS11

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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: EAU CLAIRE

Facility Information

Facility Name: ORCHARD HILLS (510381)

Address: 1403 TRUAX BLVD, EAU CLAIRE, WI 54703

License Status: REGULAR

Licensed/Certified/Registered 10/01/1999

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

Survey History

Survey ID: 0102071 **End Date:** 07/02/2008 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0101213 **End Date:** 02/25/2008 **Type:** OTHER **Purpose:** OTHER

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0098802 **End Date:** 01/26/2007 **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: EAU CLAIRE

Complaint History (ORCHARD HILLS)

Date Complaint Received: 01/09/2007

Date Investigation Completed: 02/01/2007

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

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: EAU CLAIRE

Facility Information

Facility Name: OUR HOUSE MEMORY CARE (0009304)

Address: 733 W HAMILTON, EAU CLAIRE, WI 54701

License Status: REGULAR

Licensed/Certified/Registered 06/01/2001

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

Survey History

Survey ID: 0104146 **End Date:** 05/22/2009 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #0DQO11 Served 06/08/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION		

Survey ID: 0103964 **End Date:** 03/30/2009 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0101817 **End Date:** 05/15/2008 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0099833 **End Date:** 07/09/2007 **Type:** OTHER **Purpose:** COMPLAINT/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: EAU CLAIRE

Survey ID: 0098027 End Date: 10/27/2006 Type: OTHER Purpose: VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0097726 End Date: 08/11/2006 Type: STANDARD Purpose: SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10009763 Served 09/11/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.11(3)(a)	RESPONSIBILITIES	07/24/2006	Yes
83.12(2)(a)	ADMINISTRATOR QUALIFICATIONS	07/24/2006	Yes
83.13(4)(a)	COMMUNICABLE DISEASE CONTROL	07/24/2006	Yes
83.18(4)	RETENTION	08/01/2006	Yes
83.19(1)(d)	PHYSICAL OR MENTAL CONDITION	07/24/2006	Yes
83.19(3)(e)	WHEN POLICE ARE CALLED TO FACILITY	07/24/2006	Yes
83.21(4)(o)	MEDICATIONS	07/25/2006	Yes
83.21(4)(p)	PROMPT AND ADEQUATE TREATMENT	08/14/2006	Yes
83.32(1)(b)	LICENSEE PROTECT CIVIL RIGHTS OF RESIDENTS	09/01/2006	Yes
83.32(2)(a)5	HARMFUL BEHAVIOR PATTERNS	07/25/2006	Yes
83.33(3)(e)6	MEDICATION ERRORS AND ADVERSE REACTIONS	07/24/2006	Yes
83.33(3)(f)	PSYCHOTROPIC MEDICATIONS	07/24/2006	Yes
83.33(3)(g)	MORE THAN ONE PRESCRIBER	08/14/2006	Yes
83.42(16)	FIRST AID KIT	07/24/2006	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: EAU CLAIRE

Enforcement History (OUR HOUSE MEMORY CARE)

Date: 06/05/2009 **SOD #0DQO11** **Appealed: No**

Sanctions

FORFEITURE---83.32(3)(h)

Date: 09/08/2006 **SOD #10009763** **Appealed: No**

Sanctions

NO NEW ADMISSIONS
PROVIDE TRAINING
FORFEITURE---83.11(3)(a)
FORFEITURE---83.12(2)(a)
FORFEITURE---83.18(4)
FORFEITURE---83.19(1)(d)
FORFEITURE---83.19(3)(e)
FORFEITURE---83.21(4)(o)
FORFEITURE---83.21(4)(p)
FORFEITURE---83.32(1)(b)
FORFEITURE---83.32(2)(a)5
FORFEITURE---83.33(3)(e)6
FORFEITURE---83.33(3)(f)
FORFEITURE---83.33(3)(g)
FORFEITURE---83.42(16)

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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: EAU CLAIRE

Complaint History (OUR HOUSE MEMORY CARE)

Date Complaint Received: 04/15/2009

Date Investigation Completed: 05/21/2009

Subject Area(s)
MEDICATIONS

Result
SUBSTANTIATED

SOD #
0DQO11

Date Complaint Received: 12/22/2008

Date Investigation Completed: 01/16/2009

Subject Area(s)
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 05/01/2008

Date Investigation Completed: 05/15/2008

Subject Area(s)
PHYSICAL PLANTS & SAFETY HAZARDS
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
Community Based Residential Facility--CLASS AA (AMBULATORY)
COUNTY: EAU CLAIRE

Facility Information

Facility Name: PRAIRIE VIEW (510043)

Address: 6808 W CAMERON ST, EAU CLAIRE, WI 54703

License Status: REGULAR

Licensed/Certified/Registered 05/27/1983

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

Survey History

Survey ID: 0104293 End Date: 06/30/2009 Type: ABBREVIATED Purpose: SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0099309 End Date: 05/15/2007 Type: ABBREVIATED Purpose: SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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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
Community Based Residential Facility--CLASS AA (AMBULATORY)
COUNTY: EAU CLAIRE

Facility Information

Facility Name: TRINITEAM HALFWAY HOUSE (510062)
Address: 628 N BARSTOW ST, EAU CLAIRE, WI 54703
License Status: REGULAR
Licensed/Certified/Registered 07/01/1986
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0099763 **End Date:** 07/12/2007 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #B3CV11 Served 07/14/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(1)(a)	CLIENT RELATED TRAINING	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: EAU CLAIRE

Enforcement History (TRINITEAM HALFWAY HOUSE)

Date: 07/13/2007 SOD #B3CV11 Appealed: No

Sanctions

FORFEITURE---83.14(1)(a)

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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: EAU CLAIRE

Facility Information

Facility Name: VALLEY VIEW (510064)
Address: 2720 NORTH TOWNHALL RD, EAU CLAIRE, WI 54703
License Status: REGULAR
Licensed/Certified/Registered 07/31/1986
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0101928 **End Date:** 06/20/2008 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0097508 **End Date:** 08/01/2006 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0097504 **End Date:** 07/12/2006 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10009833 Served 07/19/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(8)	DOCUMENTATION	07/14/2006	Yes
83.32(2)(a)	EXPLANATION OF RIGHTS, GRIEVANCE PROCEDURE	08/09/2006	Yes
83.41(5)(a)5	BATHROOMS SHALL BE CLEAN	10/01/2006	Yes

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

Complaint History (VALLEY VIEW)

Date Complaint Received: 07/07/2006

Date Investigation Completed: 08/01/2006

Subject Area(s)
SUPERVISION
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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