

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 is a PDF (Adobe Acrobat) document and includes a total of 7 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 CNA (NONAMBULATORY)

COUNTY: EAU CLAIRE

Facility Information

Facility Name: COUNTRY TERRACE-ALTOONA (0011743)

Address: 1511 DEVNEY DR, ALTOONA, WI 54720

License Status: REGULAR

Licensed/Certified/Registered 06/01/2007

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

Survey History

Survey ID: 0103539 **End Date:** 03/02/2009 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0103231 **End Date:** 01/09/2008 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0099276 **End Date:** 04/11/2007 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #ZLQW11 Served 05/07/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(4)(w)	SAFE ENVIRONMENT	05/28/2007	Yes

Survey ID: 0098295 **End Date:** 12/11/2006 **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 (COUNTRY TERRACE-ALTOONA)

Date Complaint Received: 04/23/2009

Date Investigation Completed: 07/22/2009

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

XNGI11

Date Complaint Received: 02/16/2009

Date Investigation Completed: 03/02/2009

Subject Area(s)

Result

SOD #

RESIDENT BEHAVIOR/FACILITY PRACTICE

NOT SUBSTANTIATED

Date Complaint Received: 03/30/2007

Date Investigation Completed: 04/11/2007

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

10010032

ABUSE

NOT SUBSTANTIATED

MEDICATIONS

NOT SUBSTANTIATED

STAFF ADEQUACY

SUBSTANTIATED

10010032

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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 EDGEWOOD (510138)

Address: 2512 SPOONER AVE, ALTOONA, WI 54720

License Status: REGULAR

Licensed/Certified/Registered 08/14/1986

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

Survey History

Survey ID: 0102348 **End Date:** 08/20/2008 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0101275 **End Date:** 02/20/2008 **Type:** OTHER **Purpose:** SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #XN4K11 Served 03/06/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(2)(a)1	PHYSICAL HEALTH	04/01/2008	Yes

Survey ID: 0099828 **End Date:** 07/18/2007 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #EJVG11 Served 07/20/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.42(3)(f)	SLEEPING HOURS EVACUATION DRILL	07/19/2007	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 (GRACE EDGEWOOD)

Date: 03/05/2008 **SOD #**XN4K11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
FORFEITURE---83.32(2)(a)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

Facility Information

Facility Name: MORNING VIEW II (510164)
Address: 440 SUNDAY DRIVE, ALTOONA, WI 54720
License Status: REGULAR
Licensed/Certified/Registered 06/09/1989
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0102258 **End Date:** 07/24/2008 **Type:** ABBREVIATED **Purpose:** SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

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

Facility Information

Facility Name: OAK VIEW II (510040)
Address: S10580 CO HWY B PO BOX 115, ELEVA, WI 54738
License Status: REGULAR
Licensed/Certified/Registered: 11/08/1984
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0104140 **End Date:** 06/03/2009 **Type:** ABBREVIATED **Purpose:** SURVEY/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #HI0F11 Served 06/08/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.37(1)(e)	MEDICATION REGIMEN, ADMINISTRATION REVIEW		

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