

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

COUNTY: FOREST

Notes

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

The report is a PDF (Adobe Acrobat) document and includes a total of 5 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: FOREST

Facility Information

Facility Name: HARMONY HOUSE AFH (0009886)
Address: 705 NORTH WILDWOOD AVENUE, CRANDON, WI 54520
License Status: REGULAR
Licensed/Certified/Registered 01/09/2003
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0102060 **End Date:** 06/25/2008 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0097986 **End Date:** 10/03/2006 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10009609 Served 10/27/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.07(3)(d)	MEDICATION- WRITTEN ORDER	06/25/2008	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: FOREST

Facility Information

Facility Name: HOFFMANNS PARADISE CBRF LLC (0011632)

Address: 9351 STATE HWY 101, ARMSTRONG CREEK, WI 54103

License Status: REGULAR

Licensed/Certified/Registered 11/01/2007

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

Survey History

Survey ID: 0104295 **End Date:** 06/19/2009 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #Z8C911 Served 07/02/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(b)intro	ENTITY BACKGROUND CHECK REQUIREMENTS		
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS		
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE		
83.18(1)	EMPLOYEE RECORDS MAINTAINED AND CURRENT		
83.35(2)	MODIFIED OR SPECIAL DIETS		
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN		
83.36(1)(a)	ADEQUATE STAFF TO MEET RESIDENT NEEDS		
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION		
83.41(2)(c)	CLEAN LINENS WEEKLY		

Survey ID: 0101639 **End Date:** 03/20/2008 **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: FOREST

Survey ID: 0100232 End Date: 08/15/2007 Type: STANDARD Purpose: SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #000111 Served 10/03/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.13(7)(a)8	CRIMINAL CHECK, BACKGROUND & REGISTRY	03/13/2008	Yes
83.13(7)(a)9	TRAINING AND INSERVICE REQUIREMENTS	03/13/2008	Yes
83.14(1)(d)	FIRE SAFETY, FIRST AID & CHOKING	03/13/2008	Yes
83.21(4)(w)	SAFE ENVIRONMENT	03/13/2008	Yes
83.32(2)(a)	EXPLANATION OF RIGHTS, GRIEVANCE PROCEDURE	03/13/2008	Yes

Survey ID: 0099206 End Date: 04/18/2007 Type: OTHER Purpose: COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0099004 End Date: 04/03/2007 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: FOREST

Complaint History (HOFFMANN PARADISE CBRF LLC)

Date Complaint Received: 06/09/2009

Date Investigation Completed: 06/17/2009

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
RESTRAINTS	NOT SUBSTANTIATED	
NUTRITION & FOOD SERVICES	SUBSTANTIATED	Z8C911
STAFF ADEQUACY	NOT SUBSTANTIATED	
PROGRAM SERVICES	NOT SUBSTANTIATED	

Date Complaint Received: 05/29/2009

Date Investigation Completed: 06/17/2009

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
ADMINISTRATION	NOT SUBSTANTIATED	
STAFF ADEQUACY	SUBSTANTIATED	Z8C911

Date Complaint Received: 03/04/2008

Date Investigation Completed: 03/20/2008

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
RESIDENT RIGHTS	NOT SUBSTANTIATED	
ABUSE	NOT SUBSTANTIATED	
ADMINISTRATION	SUBSTANTIATED	NOT RECORDED
PROGRAM SERVICES	NOT SUBSTANTIATED	

Date Complaint Received: 07/25/2007

Date Investigation Completed: 08/15/2007

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
RESIDENT RIGHTS	NOT SUBSTANTIATED	

Date Complaint Received: 02/21/2007

Date Investigation Completed: 04/18/2007

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
OTHER	NOT SUBSTANTIATED	

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