

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

COUNTY: JACKSON

Notes

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

The report is a PDF (Adobe Acrobat) document and includes a total of 29 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: JACKSON

Facility Information

Facility Name: AURORA RES ALTERNATIVES INC 054 (0008823)
Address: 11133 16TH PLACE, BLACK RIVER FALLS, WI 54615
License Status: REGULAR
Licensed/Certified/Registered 09/23/1999
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
Adult Family Home
COUNTY: JACKSON

Facility Information

Facility Name: AURORA RES ALTERNATIVES INC 111 (590175)
Address: 925 MONROE ST, BLACK RIVER FALLS, WI 54615
License Status: REGULAR
Licensed/Certified/Registered 06/15/1998
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0097526 **End Date:** 08/01/2006 **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
Adult Family Home
COUNTY: JACKSON

Facility Information

Facility Name: AURORA RESIDENTIAL ALTERNATIVES #080 (590074)

Address: W11143 17TH PLACE, BLACK RIVER FALLS, WI 54615

License Status: REGULAR

Licensed/Certified/Registered 02/29/1996

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
Adult Family Home
COUNTY: JACKSON

Facility Information

Facility Name: CREATIVE COMMUNITY LIVING SERVICES INC (0012264)

Address: 1007 SPRUCE ST, BLACK RIVER FALLS, WI 54615

License Status: REGULAR

Licensed/Certified/Registered 02/01/2008

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

Survey History

Survey ID: 0101014 **End Date:** 02/01/2008 **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: JACKSON

Facility Information

Facility Name: CREATIVE COMMUNITY LIVING SERVICES INC (0012265)

Address: 1005 SPRUCE ST, BLACK RIVER FALLS, WI 54615

License Status: REGULAR

Licensed/Certified/Registered 02/01/2008

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

Survey History

Survey ID: 0101013 **End Date:** 02/01/2008 **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: JACKSON

Facility Information

Facility Name: EAGLE POINTE (0009648)
Address: 309 RIVER DRIVE, BLACK RIVER FALLS, WI 54615
License Status: REGULAR
Licensed/Certified/Registered 12/01/2002
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0103800 **End Date:** 03/04/2009 **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
Adult Family Home
COUNTY: JACKSON

Facility Information

Facility Name: HALCYON HOUSE (0010510)
Address: 745 N 8TH STREET, BLACK RIVER FALLS, WI 54615
License Status: REGULAR
Licensed/Certified/Registered 02/01/2004
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

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

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

Complaint History (HALCYON HOUSE)

Date Complaint Received: 06/29/2009

Date Investigation Completed: 07/28/2009

Subject Area(s)

Result

SOD #

PHYSICAL PLANTS & SAFETY HAZARDS

SUBSTANTIATED

GJFO11

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

Facility Information

Facility Name: HEATHERWOOD (0011304)
Address: 446 RIVER DRIVE, BLACK RIVER FALLS, WI 54619
License Status: REGULAR
Licensed/Certified/Registered 02/26/2006
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0100806 **End Date:** 11/14/2007 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #V46B11 Served 12/04/2007

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

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

Complaint History (HEATHERWOOD)

Date Complaint Received: 11/13/2007

Date Investigation Completed: 11/14/2007

Subject Area(s)
PROGRAM SERVICES

Result
SUBSTANTIATED

SOD #
V46B11

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

Facility Information

Facility Name: IVY COURT (0009649)
Address: 442 RIVER DR, BLACK RIVER FALLS, WI 54615
License Status: REGULAR
Licensed/Certified/Registered 12/01/2002
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0103801 **End Date:** 03/04/2009 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0099764 **End Date:** 06/28/2007 **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
Adult Family Home
COUNTY: JACKSON

Complaint History (IVY COURT)

Date Complaint Received: 02/19/2009

Date Investigation Completed: 03/04/2009

Subject Area(s)
ABUSE
ADMINISTRATION

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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

Facility Information

Facility Name: S A M S HOUSE (590018)
Address: 219 S SECOND STREET, BLACK RIVER FALLS, WI 54615
License Status: REGULAR
Licensed/Certified/Registered 03/01/1991
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0097618 **End Date:** 08/09/2006 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10011367 Served 08/18/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY		

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

Facility Information

Facility Name: TRAILHOUSE (0009456)

Address: 402 PINE VIEW ROAD, BLACK RIVER FALLS, WI 54615

License Status: REGULAR

Licensed/Certified/Registered 11/01/2001

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

Facility Information

Facility Name: HOUSE NEXT DOOR(THE) (0010458)
Address: N99840 MAY COULEE RD, HIXTON, WI 54635
License Status: REGULAR
Licensed/Certified/Registered 12/19/2003
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0101648 **End Date:** 04/18/2008 **Type:** ABBREVIATED **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #HJ4Y11 Served 05/03/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(b)	FREE OF HAZARDS		
88.05(3)(n)1	BED-CLEAN, GOOD CONDITION, PROPER SIZE		

Survey ID: 0097571 **End Date:** 08/09/2006 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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

Enforcement History (HOUSE NEXT DOOR(THE))

Date: 05/02/2008 SOD #HJ4Y11 Appealed: No

Sanctions

COMPLY WITH REQUIREMENT

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

Complaint History (HOUSE NEXT DOOR(THE))

Date Complaint Received: 03/31/2008

Date Investigation Completed: 04/18/2008

Subject Area(s)
RESIDENT RIGHTS
QUALITY OF LIFE

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 CNA (NONAMBULATORY)

COUNTY: JACKSON

Facility Information

Facility Name: COUNTRY TERRACE BLACK RIVER FALLS (0010113)

Address: 525 E SECOND ST, BLACK RIVER FALLS, WI 54615

License Status: REGULAR

Licensed/Certified/Registered 02/01/2004

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

Survey History

Survey ID: 0103774 **End Date:** 03/04/2009 **Type:** STANDARD **Purpose:** SURVEY/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: JACKSON

Complaint History (COUNTRY TERRACE BLACK RIVER FALLS)

Date Complaint Received: 05/26/2009

Date Investigation Completed: 07/17/2009

Subject Area(s)
SUPERVISION
ADMINISTRATION

Result
NOT SUBSTANTIATED
SUBSTANTIATED

SOD #

4GLO11

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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: JACKSON

Facility Information

Facility Name: PARKSIDE RESIDENCE (0008936)

Address: 109 NORTH 14TH STREET, BLACK RIVER FALLS, WI 54615

License Status: REGULAR

Licensed/Certified/Registered 05/01/2001

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

Survey History

Survey ID: 0103754 **End Date:** 03/04/2009 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0102026 **End Date:** 06/04/2008 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #FOM112 Served 07/02/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.41(10)(a)	BUILDING MAINTENANCE	03/03/2009	Yes

Survey ID: 0100796 **End Date:** 11/14/2007 **Type:** OTHER **Purpose:** SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #FOM111 Served 12/19/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(2)(d)	REVIEW OF PROGRESS	01/08/2008	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: JACKSON

Survey ID: 0099567 **End Date: 05/17/2007** **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: JACKSON

Enforcement History (PARKSIDE RESIDENCE)

Date: 07/01/2008 **SOD #FOM112** **Appealed: Yes** **Decision: STIPULATION**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

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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: JACKSON

Complaint History (PARKSIDE RESIDENCE)

Date Complaint Received: 10/10/2008

Date Investigation Completed: 11/12/2008

Subject Area(s)

NUTRITION & FOOD SERVICES
STAFF ADEQUACY
PROGRAM SERVICES

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 05/19/2008

Date Investigation Completed: 06/11/2008

Subject Area(s)

PHYSICAL PLANTS & SAFETY HAZARDS

Result

SUBSTANTIATED

SOD #

FOM112

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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: JACKSON

Facility Information

Facility Name: WAZEE HOUSE (510066)
Address: N5488 HWY 54 W, BLACK RIVER FALLS, WI 54615
License Status: REGULAR
Licensed/Certified/Registered 02/01/1981
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0104208 **End Date:** 05/22/2009 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #J5P511 Served 06/17/2009

<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		
83.42(3)	ACCESS TO RESIDENT RECORDS		
83.47(3)	FIRE INSPECTION		

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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: JACKSON

Enforcement History (WAZEE HOUSE)

Date: 06/15/2009 SOD #J5P511 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

FORFEITURE---83.14(2)(a)

FORFEITURE---83.47(3)

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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: JACKSON

Facility Information

Facility Name: NORTHFIELD CENTER (510078)
Address: N9990 MAY COULEE ROAD, HIXTON, WI 54635
License Status: REGULAR
Licensed/Certified/Registered 05/01/1986
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0098777 **End Date:** 01/08/2007 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10011382 Served 02/20/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(2)(a)5	HARMFUL BEHAVIOR PATTERNS	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: JACKSON

Facility Information

Facility Name: RJS CARE HOME (510349)
Address: N7525 COUNTY RD A, HIXTON, WI 54635
License Status: REGULAR
Licensed/Certified/Registered 04/01/1997
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

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

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Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Residential Care Apartment Complex (CERTIFIED)
COUNTY: JACKSON

Facility Information

Facility Name: PINE VIEW TERRACE (0011906)
Address: 404 COUNTY RD R, BLACK RIVER FALLS, WI 54615
License Status: REGULAR
Licensed/Certified/Registered 03/29/2007
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0099594 **End Date:** 03/29/2007 **Type:** OTHER **Purpose:** CHOW--DESK REVIEW
Results: LICENSE/CERT/REGISTRATION ISSUED

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