

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

COUNTY: JUNEAU

Notes

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

The report is a PDF (Adobe Acrobat) document and includes a total of 30 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: JUNEAU

Facility Information

Facility Name: RANCH HOUSE AFH (0012248)
Address: N2743 24TH AVE, LYNDON STATION, WI 53944
License Status: REGULAR
Licensed/Certified/Registered 01/22/2008
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0100943 **End Date:** 01/16/2008 **Type:** OTHER **Purpose:** CHOW--DESK REVIEW
Results: LICENSE/CERT/REGISTRATION ISSUED

This is Page 2 of 30 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: JUNEAU

Facility Information

Facility Name: HILLTOP HOUSE AFH (0012252)
Address: W3422 55TH STREET, MAUSTON, WI 53948
License Status: REGULAR
Licensed/Certified/Registered 01/22/2008
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0100955 **End Date:** 01/16/2008 **Type:** OTHER **Purpose:** CHOW--LICENSURE
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: JUNEAU

Facility Information

Facility Name: VALLEY HOUSE AFH (0012199)
Address: W 3504 55TH ST, MAUSTON, WI 53948
License Status: REGULAR
Licensed/Certified/Registered 11/21/2007
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0100614 **End Date:** 11/21/2007 **Type:** INITIAL **Purpose:** DESK REVIEW
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: JUNEAU

Facility Information

Facility Name: CLOSE TO HOME (0012329)
Address: 603 NORTH MAIN ST, NECEDAH, WI 54646
License Status: REGULAR
Licensed/Certified/Registered 04/16/2008
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0101518 **End Date:** 04/16/2008 **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: JUNEAU

Facility Information

Facility Name: COMMUNITY DESTINATIONS (0012295)
Address: N11028 17TH AVE, NECEDAH, WI 54646
License Status: REGULAR
Licensed/Certified/Registered 05/28/2008
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0101816 **End Date:** 05/28/2008 **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: JUNEAU

Facility Information

Facility Name: COUNTRY GROVE HOMES (0011011)
Address: N11151 17TH AVE, NECEDAH, WI 54646
License Status: REGULAR
Licensed/Certified/Registered 07/14/2005
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0100244 **End Date:** 09/20/2007 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #VK7M11 Served 10/06/2007

<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		
88.05(3)(d)	ANNUAL WELL WATER INSPECTIONS		
88.05(4)(a)	FIRE SAFETY-FIRE EXTINGUISHERS		
88.05(4)(d)2.c	SEMI-ANNUAL FIRE DRILLS		
88.06(3)(a)	INDIVIDUAL SERVICE PLAN & ASSESSMENT		
88.07(3)(d)	MEDICATION- WRITTEN ORDER		

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

Enforcement History (COUNTRY GROVE HOMES)

Date: 10/05/2007 SOD #VK7M11 Appealed: No

Sanctions

COMPLY WITH REQUIREMENT
NO NEW ADMISSIONS

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

Facility Information

Facility Name: PATH WAYS (190081)
Address: 803 JOHN ST, NECEDAH, WI 54646
License Status: REGULAR
Licensed/Certified/Registered 03/13/1996
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0100820 **End Date:** 01/07/2008 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #WDM811 Served 01/09/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.07(1)(a)	RESIDENT CARE-GENERAL REQUIREMENTS		
88.07(2)(b)6	NOTIFICATION OF CHANGES		

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

Enforcement History (PATHWAYS)

Date: 01/08/2008 SOD #WDM811 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

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

Facility Information

Facility Name: RANDYS ADULT FAMILY HOME (199039)
Address: W5615 HAZELNUT LANE, NECEDAH, WI 54646
License Status: REGULAR
Licensed/Certified/Registered 04/07/1998
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0100727 **End Date:** 12/10/2007 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #CMQH13 Served 12/18/2007

<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: JUNEAU

Facility Information

Facility Name: SERENITY ADULT FAMILY HOME (0011442)
Address: N11062 17TH AVE, NECEDAH, WI 54646
License Status: REGULAR
Licensed/Certified/Registered 04/26/2006
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0100234 **End Date:** 09/21/2007 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #Y6OI11 Served 10/05/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(d)	ANNUAL WELL WATER INSPECTIONS		
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION		

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

Complaint History (SERENITY ADULT FAMILY HOME)

Date Complaint Received: 08/01/2007

Date Investigation Completed: 10/02/2007

Subject Area(s)
ADMINISTRATION
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
Adult Family Home
COUNTY: JUNEAU

Facility Information

Facility Name: TRANQUILITY HOME (0012064)
Address: 401 S MAIN ST, NECEDAH, WI 54646
License Status: REGULAR
Licensed/Certified/Registered 08/06/2007
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0099911 **End Date:** 08/03/2007 **Type:** INITIAL **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: JUNEAU

Facility Information

Facility Name: WELCOME HOME AFH LLC (0012626)
Address: W4088 29TH ST E, NECEDAH, WI 54646
License Status: REGULAR
Licensed/Certified/Registered 04/14/2009
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0103835 **End Date:** 04/14/2009 **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: JUNEAU

Facility Information

Facility Name: MISLEVECHECK HOME (0011706)
Address: W 10142 RICK RD, WONEWOC, WI 53968
License Status: REGULAR
Licensed/Certified/Registered 12/30/2006
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0098371 **End Date:** 12/20/2006 **Type:** INITIAL **Purpose:** OTHER
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 CNA (NONAMBULATORY)

COUNTY: JUNEAU

Facility Information

Facility Name: COTTAGE CARE CENTER (0010835)

Address: 204 HALL ST, MAUSTON, WI 53948

License Status: REGULAR

Licensed/Certified/Registered 08/01/2005

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

Survey History

Survey ID: 0103848 **End Date:** 04/01/2009 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0102426 **End Date:** 08/08/2008 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #NSWL11 Served 09/09/2008

<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	Yes
83.33(2)(g)3	CBRF ARRANGE HEALTH VISITS AND DOCUMENT	04/01/2009	Yes
83.33(3)(c)1	CONTROLLED SUBSTANCES	04/01/2009	Yes

Survey ID: 0101564 **End Date:** 04/08/2008 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #OUP611 Served 04/29/2008

<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	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: JUNEAU

Survey ID: 0099253 **End Date: 05/03/2007** **Type: OTHER** **Purpose: COMPLAINT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0097533 **End Date: 07/24/2006** **Type: STANDARD** **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: JUNEAU

Enforcement History (COTTAGE CARE CENTER)

Date: 09/05/2008 **SOD #NSWL11** **Appealed: No**

Sanctions

COMPLY WITH REQUIREMENT

FORFEITURE---83.33(2)(c)

FORFEITURE---83.33(2)(g)3

Date: 04/28/2008 **SOD #OUP611** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

FORFEITURE---83.43(3)(b)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: JUNEAU

Complaint History (COTTAGE CARE CENTER)

Date Complaint Received: 02/16/2009

Date Investigation Completed: 04/01/2009

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
RESIDENT RIGHTS	NOT SUBSTANTIATED	
MEDICATIONS	NOT SUBSTANTIATED	
ADMINISTRATION	NOT SUBSTANTIATED	
QUALITY OF LIFE	NOT SUBSTANTIATED	
RESIDENT RIGHTS	NOT SUBSTANTIATED	
MEDICATIONS	NOT SUBSTANTIATED	
ADMINISTRATION	NOT SUBSTANTIATED	
PROGRAM SERVICES	NOT SUBSTANTIATED	

Date Complaint Received: 07/21/2008

Date Investigation Completed: 08/08/2008

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

Date Complaint Received: 06/25/2008

Date Investigation Completed: 08/08/2008

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
HOMELIKE ENVIRONMENT & CLEANLINESS	NOT SUBSTANTIATED	
NUTRITION & FOOD SERVICES	NOT SUBSTANTIATED	
MEDICATIONS	SUBSTANTIATED	NSWL11
STAFF TRAINING AND PROFICIENCY	NOT SUBSTANTIATED	
STAFF ADEQUACY	NOT SUBSTANTIATED	
QUALITY OF LIFE	SUBSTANTIATED	NSWL11

Date Complaint Received: 04/04/2007

Date Investigation Completed: 05/03/2007

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
QUALITY OF LIFE	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: JUNEAU

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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: JUNEAU

Facility Information

Facility Name: EVERGREEN MANOR INC (0010512)
Address: W5205 BUCKEYE DR, NECEDAH, WI 54646
License Status: REGULAR
Licensed/Certified/Registered 10/01/2004
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0102969 **End Date:** 11/20/2008 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #WX4014 Served 12/05/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(2)(a)7	CAPACITY FOR SELF-DIRECTION	04/01/2009	

Survey ID: 0102607 **End Date:** 09/24/2008 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0098179 **End Date:** 11/01/2006 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10008431 Served 11/25/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(4)(u)	LEAST RESTRICTIVE CONDITIONS	11/20/2008	Yes
83.41(5)(d)4	APPROVED WELLS WATER SAMPLED ANNUALLY	11/20/2008	Yes
83.41(9)	CLEANLINESS OF ROOMS	11/20/2008	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: JUNEAU

Enforcement History (EVERGREEN MANOR INC)

Date: 11/21/2006 SOD #10008431 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
FORFEITURE---83.41(9)

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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: JUNEAU

Facility Information

Facility Name: OAK RUN (110465)
Address: N9895 18TH AVE PO BOX 40, NECEDAH, WI 54646
License Status: REGULAR
Licensed/Certified/Registered 02/28/1996
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0102533 **End Date:** 08/26/2008 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #CNXN11 Served 10/09/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.07(8)	AMENDMENT TO LICENSE	04/01/2009	
83.14(1)(a)3	CLIENT GROUP SPECIFIC TRAINING	04/01/2009	
83.14(1)(b)	LICENSEE: CAREGIVER BACKGROUND REQUIREMENTS	04/01/2009	
83.14(1)(c)	UNIVERSAL PRECAUTIONS	04/01/2009	
83.14(1)(d)	FIRE SAFETY, FIRST AID & CHOKING	04/01/2009	
83.14(2)	TRAINING DIETARY NEEDS & MENU PLANNING	04/01/2009	
83.15(1)(c)1	ADEQUATE STAFFING	04/01/2009	
83.41(10)(a)	BUILDING MAINTENANCE	04/01/2009	

Survey ID: 0100374 **End Date:** 10/19/2007 **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 AA (AMBULATORY)
COUNTY: JUNEAU

Enforcement History (OAK RUN)

Date: 09/19/2008 SOD #CNXN11 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
FORFEITURE---83.07(8)
FORFEITURE---83.14(1)(a)3
FORFEITURE---83.14(1)(b)
FORFEITURE---83.14(1)(c)
FORFEITURE---83.14(1)(d)
FORFEITURE---83.14(2)
FORFEITURE---83.15(1)(c)1
FORFEITURE---83.41(10)(a)

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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: JUNEAU

Facility Information

Facility Name: CREST VIEW GREAT LAKES (0009594)

Address: 612 VIEW ST, NEW LISBON, WI 53950

License Status: REGULAR

Licensed/Certified/Registered 11/01/2002

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

Survey History

Survey ID: 0104057 **End Date:** 05/12/2009 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #EEM711 Served 06/01/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.20(2)(c)	PROHIBITIONS AND EXCEPTIONS		

Survey ID: 0099099 **End Date:** 04/18/2007 **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: JUNEAU

Enforcement History (CREST VIEW GREAT LAKES)

Date: 05/28/2009 **SOD #EEM711** **Appealed: No**

Sanctions

FORFEITURE---83.20(2)(c)

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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: JUNEAU

Facility Information

Facility Name: WEBER HAUS (110115)

Address: 312 CENTER ST, WONEWOC, WI 539689224

License Status: REGULAR

Licensed/Certified/Registered 10/31/1985

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

Survey History

Survey ID: 0104141 **End Date:** 06/03/2009 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #3PFB11 Served 06/10/2009

Deficiencies Cited

83.37(2)(d)

83.59(1)(e)

Subject Area

DOCUMENTATION OF MEDICATION
ADMINISTRATION

NO EXIT THROUGH RESIDENT ROOM, BATHROOM

Compliance
Verified

Corrected

Survey ID: 0099774 **End Date:** 07/16/2007 **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 CS (SEMIAMBULATORY)

COUNTY: JUNEAU

Enforcement History (WEBER HAUS)

Date: 06/09/2009 SOD #3PFB11 Appealed: No

Sanctions

COMPLY WITH REQUIREMENT
PROVIDE TRAINING
FORFEITURE---83.59(1)(e)

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

Facility Information

Facility Name: OAK GROVE ASSISTED CARE LLC (0010959)
Address: 200 6TH ST, NECEDAH, WI 54646
License Status: REGULAR
Licensed/Certified/Registered 04/01/2005
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0103936 **End Date:** 04/22/2009 **Type:** STANDARD **Purpose:** SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

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