

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

Notes

This report includes Provider Inspection Summaries (Facility Profiles) for Adult Family Homes in LaCrosse County.

The report includes only facilities located within the City of LaCrosse. 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 38 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: LACROSSE

Facility Information

Facility Name: CREATIVE COMMUNITY LIVING SERVICES I (0010737)

Address: 719 N LOSEY BLVD, LACROSSE, WI 54601

License Status: REGULAR

Licensed/Certified/Registered 10/13/2004

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

Survey History

Survey ID: 0098294 **End Date:** 11/27/2006 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 2 of 38 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: LACROSSE

Facility Information

Facility Name: CREATIVE COMMUNITY LIVING SERVICES INC (0009914)

Address: 2160 JACKSON STREET, LACROSSE, WI 54601

License Status: REGULAR

Licensed/Certified/Registered 11/13/2002

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

Survey History

Survey ID: 0098142 **End Date:** 11/08/2006 **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: LACROSSE

Facility Information

Facility Name: CREATIVE COMMUNITY LIVING SERVICES INC (0010133)

Address: 1318 KANE ST, LACROSSE, WI 54603

License Status: REGULAR

Licensed/Certified/Registered 07/22/2003

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

Survey History

Survey ID: 0104214 **End Date:** 06/21/2009 **Type:** OTHER **Purpose:** DESK REVIEW

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: LACROSSE

Facility Information

Facility Name: CREATIVE COMMUNITY LIVING SERVICES INC (0010175)

Address: 1051 SHOREWOOD DRIVE, LACROSSE, WI 54601

License Status: REGULAR

Licensed/Certified/Registered 08/25/2003

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: LACROSSE

Facility Information

Facility Name: CREATIVE COMMUNITY LIVING SERVICES INC (0010706)

Address: 2610 FARNAM, LACROSSE, WI 54601

License Status: REGULAR

Licensed/Certified/Registered 09/02/2004

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

Survey History

Survey ID: 0102342 **End Date:** 08/20/2008 **Type:** OTHER **Purpose:** OTHER

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0098693 **End Date:** 01/31/2007 **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
Adult Family Home
COUNTY: LACROSSE

Facility Information

Facility Name: CREATIVE COMMUNITY LIVING SERVICES INC (0010732)

Address: N2074 IRISH COURT, LACROSSE, WI 54601

License Status: REGULAR

Licensed/Certified/Registered 10/25/2004

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

Survey History

Survey ID: 0098447 **End Date:** 01/10/2007 **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
Adult Family Home
COUNTY: LACROSSE

Facility Information

Facility Name: CREATIVE COMMUNITY LIVING SERVICES INC (0011063)

Address: 2725 E BURR OAK, LACROSSE, WI 54601

License Status: REGULAR

Licensed/Certified/Registered 08/01/2005

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

Survey History

Survey ID: 0100345 **End Date:** 10/10/2007 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0098417 **End Date:** 12/20/2006 **Type:** OTHER **Purpose:** OTHER

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: LACROSSE

Facility Information

Facility Name: CREATIVE COMMUNITY LIVING SERVICES INC (0011234)

Address: 3235 ELM DR, LACROSSE, WI 54601

License Status: REGULAR

Licensed/Certified/Registered 12/19/2005

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

Survey History

Survey ID: 0100589 **End Date:** 10/07/2007 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #873E11 Served 11/16/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.07(3)(c)	MEDICATION ASSISTANCE		

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

Facility Information

Facility Name: CREATIVE COMMUNITY LIVING SERVICES INC (0011986)

Address: 1940 STATE RD, LACROSSE, WI 54601

License Status: REGULAR

Licensed/Certified/Registered 06/12/2007

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

Survey History

Survey ID: 0099529 **End Date:** 06/12/2007 **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: LACROSSE

Facility Information

Facility Name: CREATIVE COMMUNITY LIVING SERVICES INC (0012092)

Address: 3324/3326 S 29TH COURT, LACROSSE, WI 54601

License Status: REGULAR

Licensed/Certified/Registered 08/29/2007

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

Survey History

Survey ID: 0100063 **End Date:** 08/29/2007 **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: LACROSSE

Facility Information

Facility Name: EAGLE HOUSE (0010584)
Address: 2900 STATE RD, LACROSSE, WI 54601
License Status: REGULAR
Licensed/Certified/Registered 05/17/2004
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0104113 **End Date:** 06/01/2009 **Type:** OTHER **Purpose:** OTHER
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: LACROSSE

Facility Information

Facility Name: FAIRCHILD (0012059)
Address: 2936 E FAIRCHILD, LACROSSE, WI 54601
License Status: REGULAR
Licensed/Certified/Registered 08/01/2007
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0099969 **End Date:** 07/25/2007 **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: LACROSSE

Facility Information

Facility Name: ILC INC - 27TH ST (0011608)

Address: 1348 S 27TH STREET, LACROSSE, WI 54601

License Status: REGULAR

Licensed/Certified/Registered 09/20/2006

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

Survey History

Survey ID: 0102822 **End Date:** 10/08/2008 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0098415 **End Date:** 12/12/2006 **Type:** ABBREVIATED **Purpose:** OTHER

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0097778 **End Date:** 09/19/2006 **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: LACROSSE

Facility Information

Facility Name: ILC INC - CHASE STREET (0012188)
Address: 1560 CHASE ST, LACROSSE, WI 54601
License Status: REGULAR
Licensed/Certified/Registered 12/06/2007
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0100701 **End Date:** 12/06/2007 **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: LACROSSE

Facility Information

Facility Name: ILC INC - HORTON HOUSE (0011266)
Address: 1355 HORTON ST, LACROSSE, WI 54601
License Status: REGULAR
Licensed/Certified/Registered 01/23/2006
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0101040 **End Date:** 01/10/2008 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #5JC311 Served 02/06/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(bm)	OUT OF STATE BACKGROUND CHECKS		
88.04(2)(h)	COMPLY WITH OSHA		
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: LACROSSE

Facility Information

Facility Name: ISLAND HOME (0012163)
Address: 107 OLIVET, LACROSSE, WI 54601
License Status: REGULAR
Licensed/Certified/Registered: 12/01/2007
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0104199 **End Date:** 06/04/2009 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #ZB0611 Served 06/12/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(b)intro	ENTITY BACKGROUND CHECK REQUIREMENTS		
50.065(2)(bm)	OUT OF STATE BACKGROUND CHECKS		
88.04(2)(d)	COPY OF RULES AVAILABLE		
88.04(2)(g)1	HEALTH SCREENING FOR STAFF		
88.06(3)(f)	REVIEW OF ISP		
88.10(3)(p)	PROMPT AND ADEQUATE TREATMENT		

Survey ID: 0100658 **End Date:** 11/20/2007 **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: LACROSSE

Enforcement History (ISLAND HOME)

Date: 06/10/2009 SOD #ZB0611 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

This is Page 18 of 38 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: LACROSSE

Complaint History (ISLAND HOME)

Date Complaint Received: 02/09/2009

Date Investigation Completed: 06/04/2009

Subject Area(s)

RESIDENT BEHAVIOR/FACILITY PRACTICE
ADMINISTRATION

Result

SUBSTANTIATED
SUBSTANTIATED

SOD #

ZB0211
ZB0211

Date Complaint Received: 12/29/2008

Date Investigation Completed: 03/19/2009

Subject Area(s)

RESIDENT RIGHTS

Result

NOT SUBSTANTIATED

SOD #

Date Complaint Received: 12/19/2008

Date Investigation Completed: 03/18/2009

Subject Area(s)

RESIDENT RIGHTS

Result

NOT SUBSTANTIATED

SOD #

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

Facility Information

Facility Name: KINGLAND ADULT FAMILY HOME (590021)
Address: 1116 SOUTH 6TH STREET, LACROSSE, WI 54601
License Status: REGULAR
Licensed/Certified/Registered 10/01/1995
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0099275 **End Date:** 03/27/2007 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #2COY11 Served 05/04/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(2)(a)	DIFFICULTY WALKING		
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION		
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: LACROSSE

Enforcement History (KINGLAND ADULT FAMILY HOME)

Date: 05/03/2007 SOD #2COY11 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: LACROSSE

Facility Information

Facility Name: KNAPP HOOD STREET AFH (0012591)
Address: 1402 FIFTH AVE S, LACROSSE, WI 54602
License Status: REGULAR
Licensed/Certified/Registered 12/11/2008
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0104172 **End Date:** 05/14/2009 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0103102 **End Date:** 12/11/2008 **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: LACROSSE

Complaint History (KNAPP HOOD STREET AFH)

Date Complaint Received: 04/20/2009

Date Investigation Completed: 05/14/2009

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
Adult Family Home
COUNTY: LACROSSE

Facility Information

Facility Name: L K I FIFTH AVENUE ADULT FAMILY HOME (0009961)

Address: 1406 FIFTH AVENUE S, LACROSSE, WI 54601

License Status: REGULAR

Licensed/Certified/Registered 03/24/2003

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

Survey History

Survey ID: 0104266 **End Date:** 05/14/2009 **Type:** OTHER **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #VP2P11 Served 06/18/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(b)	FREE OF HAZARDS		

Survey ID: 0102500 **End Date:** 07/23/2008 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #YRXT11 Served 08/25/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.06(3)(d)1	DESCRIPTION OF SERVICES	10/06/2008	Yes
88.10(3)(b)	PRIVACY	10/06/2008	Yes

Survey ID: 0100590 **End Date:** 09/07/2007 **Type:** ABBREVIATED **Purpose:** SURVEY/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
Adult Family Home
COUNTY: LACROSSE

Enforcement History (L K I FIFTH AVENUE ADULT FAMILY HOME)

Date: 08/25/2008 SOD #YRXT11 Appealed: No

Sanctions

PROVIDE TRAINING

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

Complaint History (L K I FIFTH AVENUE ADULT FAMILY HOME)

Date Complaint Received: 05/20/2008

Date Investigation Completed: 07/23/2008

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

Date Complaint Received: 08/29/2007

Date Investigation Completed: 09/07/2007

Subject Area(s)

Result

SOD #

NUTRITION & FOOD SERVICES
PROGRAM SERVICES

NOT SUBSTANTIATED
NOT SUBSTANTIATED

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

Facility Information

Facility Name: LARK HOUSE (0011407)
Address: 1021 DIVISION ST, LACROSSE, WI 54601
License Status: REGULAR
Licensed/Certified/Registered 04/01/2006
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

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

This is Page 27 of 38 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: LACROSSE

Facility Information

Facility Name: MARION ROAD (0011403)

Address: 2907 N MARION RD, LACROSSE, WI 54601

License Status: REGULAR

Licensed/Certified/Registered 04/01/2006

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: LACROSSE

Facility Information

Facility Name: PARMENTER HOME (THE) (0009461)
Address: 626 HARVEY STREET, LACROSSE, WI 54603
License Status: REGULAR
Licensed/Certified/Registered 10/22/2001
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0104275 **End Date:** 05/21/2009 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #2ED011 Served 06/19/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(g)1	HEALTH SCREENING FOR STAFF		
88.05(3)(b)	FREE OF HAZARDS		

Survey ID: 0102616 **End Date:** 08/22/2008 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #C86L11 Served 09/30/2008

<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		
88.10(3)(a)	FAIR TREATMENT		

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

Enforcement History (PARMENTER HOME (THE))

Date: 09/25/2008 SOD #C86L11 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: LACROSSE

Facility Information

Facility Name: RIVERFRONT - LINCOLN HOUSE (0011794)
Address: 2731 LINCOLN AVE, LACROSSE, WI 54601
License Status: REGULAR
Licensed/Certified/Registered 02/01/2007
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0100841 **End Date:** 01/07/2008 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0098582 **End Date:** 01/26/2007 **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: LACROSSE

Complaint History (RIVERFRONT - LINCOLN HOUSE)

Date Complaint Received: 12/17/2007

Date Investigation Completed: 01/07/2008

Subject Area(s)
SUPERVISION

Result
NOT SUBSTANTIATED

SOD #

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

Facility Information

Facility Name: RIVERFRONT - STARLITE (0011655)
Address: 4042 STARLITE DR, LACROSSE, WI 54601
License Status: REGULAR
Licensed/Certified/Registered 10/05/2006
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0097850 **End Date:** 10/03/2006 **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: LACROSSE

Facility Information

Facility Name: SHELBY (0011405)
Address: 5809 W STATE RD 33, LACROSSE, WI 54601
License Status: REGULAR
Licensed/Certified/Registered 04/01/2006
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0100512 **End Date:** 08/24/2007 **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
Adult Family Home
COUNTY: LACROSSE

Complaint History (SHELBY)

Date Complaint Received: 08/01/2007

Date Investigation Completed: 08/24/2007

Subject Area(s)

Result

SOD #

MEDICATIONS

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

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

Facility Information

Facility Name: STACY'S ADULT FAMILY HOME (0010095)
Address: 2505 FIRST AVE W, LACROSSE, WI 54603
License Status: REGULAR
Licensed/Certified/Registered 06/08/2003
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0104265 **End Date:** 05/21/2009 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #3U3H11 Served 06/19/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(g)1	HEALTH SCREENING FOR STAFF		

Survey ID: 0103242 **End Date:** 07/28/2008 **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
Adult Family Home
COUNTY: LACROSSE

Complaint History (STACY'S ADULT FAMILY HOME)

Date Complaint Received: 06/17/2008

Date Investigation Completed: 07/28/2008

Subject Area(s)
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED

SOD #

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

Facility Information

Facility Name: VALLEY HAVEN (0009187)
Address: N3315 MILLER ROAD, LACROSSE, WI 54601
License Status: REGULAR
Licensed/Certified/Registered 11/10/2000
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0099327 **End Date:** 04/24/2007 **Type:** ABBREVIATED **Purpose:** SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

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