

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 is a PDF (Adobe Acrobat) document and includes a total of 26 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: NICOLAIS ADULT FAMILY HOME (0012082)
Address: W1368 MASON RD, BANGOR, WI 54614
License Status: REGULAR
Licensed/Certified/Registered 11/01/2007
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0103241 **End Date:** 08/13/2008 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0100557 **End Date:** 10/31/2007 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

This is Page 2 of 26 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 (NICOLAIS ADULT FAMILY HOME)

Date Complaint Received: 07/28/2008

Date Investigation Completed: 08/13/2008

Subject Area(s)
RESIDENT RIGHTS
ABUSE

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: LACROSSE

Facility Information

Facility Name: DEERFIELD (0010905)
Address: 811 DEERFIELD ST, HOLMEN, WI 54636
License Status: REGULAR
Licensed/Certified/Registered 04/28/2005
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0100463 **End Date:** 10/22/2007 **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: REM WISCONSIN III INC - MALLARD DRIVE (0012652)

Address: 313 MALLARD DR, HOLMEN, WI 54636

License Status: REGULAR

Licensed/Certified/Registered 12/08/2008

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

Survey History

Survey ID: 0103093 **End Date:** 12/08/2008 **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

Facility Information

Facility Name: BLACK RIVER (0012622)
Address: 467 SECOND AVE N, ONALASKA, WI 54650
License Status: REGULAR
Licensed/Certified/Registered: 12/11/2008
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0103075 **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

Facility Information

Facility Name: CHRISHAVEN II (NORTH) (0012073)
Address: 1310 - 10TH AVE NORTH, ONALASKA, WI 54650
License Status: REGULAR
Licensed/Certified/Registered 08/30/2007
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0100076 **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: CHRISHAVEN II (SOUTH) (0012072)
Address: 1308 - 10TH AVE NORTH, ONALASKA, WI 54650
License Status: REGULAR
Licensed/Certified/Registered 08/30/2007
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0100078 **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: CHRISHAVEN ONALASKA NORTH (0009419)
Address: 737 10TH AVENUE NORTH, ONALASKA, WI 54650
License Status: REGULAR
Licensed/Certified/Registered 08/21/2001
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0100427 **End Date:** 10/24/2007 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0098029 **End Date:** 10/04/2006 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10010064 Served 10/18/2006

Deficiencies Cited
50.065(6)(am)

Subject Area
FOUR YEAR CAREGIVER BACKGROUND
REQUIREMENT

Compliance
Verified

Corrected

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

Complaint History (CHRISHAVEN ONALASKA NORTH)

Date Complaint Received: 07/20/2007

Date Investigation Completed: 10/24/2007

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
RESIDENT RIGHTS	NOT SUBSTANTIATED	
PHYSICAL PLANTS & SAFETY HAZARDS	NOT SUBSTANTIATED	
MEDICATIONS	NOT SUBSTANTIATED	
ADMISSION, TRANSFER & DISCHARGE	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: CHRISHAVEN ONALASKA SOUTH (0009418)
Address: 735 10TH AVENUE NORTH, ONALASKA, WI 54650
License Status: REGULAR
Licensed/Certified/Registered 08/21/2001
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0098030 **End Date:** 10/04/2006 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10010056 Served 10/18/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(bm)	OUT OF STATE BACKGROUND CHECKS		
50.065(6)(am)	FOUR YEAR CAREGIVER BACKGROUND REQUIREMENT		

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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: CLIFFVIEW (0009824)
Address: 1422 CLIFFVIEW AVE, ONALASKA, WI 54650
License Status: REGULAR
Licensed/Certified/Registered 08/01/2002
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0099761 **End Date:** 06/12/2007 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0097708 **End Date:** 09/11/2006 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0097506 **End Date:** 07/12/2006 **Type:** OTHER **Purpose:** SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10010041 Served 07/29/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.03(5)(d)	CHANGE OR DAMAGE TO STRUCTURE	08/24/2006	Yes
88.05(4)(b)1	FIRE SAFETY-SMOKE DETECTORS	08/24/2006	Yes
88.05(4)(d)1	FIRE SAFETY EVACUATION PLAN	08/24/2006	Yes
88.05(4)(d)2.a	FIRE SAFETY EVACUATION PLAN REVIEW	08/24/2006	Yes

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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 (0009775)

Address: N5412 CIRCLE DRIVE W, ONALASKA, WI 54650

License Status: REGULAR

Licensed/Certified/Registered 08/01/2002

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

Survey History

Survey ID: 0098440 **End Date:** 12/21/2006 **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 (590130)

Address: 837 MAIN STREET, ONALASKA, WI 54650

License Status: REGULAR

Licensed/Certified/Registered 02/13/1997

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
Adult Family Home
COUNTY: LACROSSE

Facility Information

Facility Name: HURRICANE (0012007)
Address: 5009 HURRICANE CT, ONALASKA, WI 54650
License Status: REGULAR
Licensed/Certified/Registered 08/03/2007
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0099971 **End Date:** 08/02/2007 **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: NEUMANN ADULT FAMILY HOME (0011250)
Address: N6102 ERIC AVENUE, ONALASKA, WI 54650
License Status: REGULAR
Licensed/Certified/Registered 02/02/2006
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0102768 **End Date:** 09/30/2008 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #DGR111 Served 10/22/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.10(3)(m)	FREEDOM FROM ABUSE		

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

Survey ID: 0100905 End Date: 01/09/2008 Type: STANDARD Purpose: SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #7ZKK11 Served 01/16/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.03(5)(b)	CHANGE IN HOUSEHOLD MEMBERS		
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY		
88.05(3)(d)	ANNUAL WELL WATER INSPECTIONS		
88.05(4)(d)2.a	FIRE SAFETY EVACUATION PLAN REVIEW		
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION		
88.05(4)(d)2.c	SEMI-ANNUAL FIRE DRILLS		
88.06(2)(b)	SERVICE AGREEMENT EXCEPT RESPITE		
88.06(3)(b)	PERSONS INVOLVED WITH ISP & ASSESSMENT		
88.06(3)(d)5	SIGNED STATEMENT OF AGREEMENT		
88.06(3)(f)	REVIEW OF ISP		
88.07(3)(d)	MEDICATION- WRITTEN ORDER		

Survey ID: 0098215 End Date: 11/08/2006 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

Enforcement History (NEUMANN ADULT FAMILY HOME)

Date: 10/20/2008 SOD #DGR111 Appealed: No

Sanctions

NO NEW ADMISSIONS

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

Complaint History (NEUMANN ADULT FAMILY HOME)

Date Complaint Received: 09/17/2008

Date Investigation Completed: 09/30/2008

Subject Area(s)

Result

SOD #

ABUSE

SUBSTANTIATED

DGR111

Date Complaint Received: 10/11/2006

Date Investigation Completed: 11/08/2006

Subject Area(s)

Result

SOD #

ABUSE

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: REM - KRISTY LANE (0011302)
Address: 1038/1040 KRISTY LANE, ONALASKA, WI 54650
License Status: REGULAR
Licensed/Certified/Registered 03/08/2006
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0103508 **End Date:** 02/04/2009 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #FF5S11 Served 02/24/2009

<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		
88.04(2)(g)1	HEALTH SCREENING FOR STAFF		
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS		

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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: TIDAL WAVE (0012430)
Address: 5005 HURRICANE COURT, ONALASKA, WI 54650
License Status: REGULAR
Licensed/Certified/Registered 08/15/2008
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0102275 **End Date:** 08/04/2008 **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

Facility Information

Facility Name: WELCOME HOME (0011091)
Address: N6184 JASON ST, ONALASKA, WI 54650
License Status: REGULAR
Licensed/Certified/Registered: 10/05/2005
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0100511 **End Date:** 10/30/2007 **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: ROCKLAND FAMILY HOME (0012411)
Address: 402 BLUE JAY RD, ROCKLAND, WI 54653
License Status: REGULAR
Licensed/Certified/Registered 08/01/2008
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0102186 **End Date:** 07/29/2008 **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

Facility Information

Facility Name: MACINTOSH MANOR (0011167)
Address: 340 WAGON DR, WEST SALEM, WI 54669
License Status: REGULAR
Licensed/Certified/Registered 10/24/2005
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0101613 **End Date:** 04/15/2008 **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: REGENT MANOR (0011840)
Address: 856 E GARLAND ST, WEST SALEM, WI 54669
License Status: REGULAR
Licensed/Certified/Registered 03/01/2007
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0104209 **End Date:** 06/16/2009 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0098829 **End Date:** 02/28/2007 **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: REM WISCONSIN III INC - CTY RD C (0012532)
Address: N5532 CTY RD C, WEST SALEM, WI 54669
License Status: REGULAR
Licensed/Certified/Registered 12/12/2008
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0103103 **End Date:** 12/12/2008 **Type:** INITIAL **Purpose:** SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED

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