

Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Community Based Residential Facility
COUNTY: LACROSSE

Notes

This report includes Provider Inspection Summaries (Facility Profiles) for Community Based Residential Facilities 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 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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: LACROSSE

Facility Information

Facility Name: BETHANY HEARTEN HOUSE I (510185)

Address: 2573 S 7TH ST, LACROSSE, WI 54601

License Status: REGULAR

Licensed/Certified/Registered 02/01/1991

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

Survey History

Survey ID: 0097869 **End Date:** 10/03/2006 **Type:** ABBREVIATED **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: LACROSSE

Facility Information

Facility Name: BETHANY HEARTEN HOUSE II (510239)

Address: 2571 S 7TH STREET, LACROSSE, WI 54601

License Status: REGULAR

Licensed/Certified/Registered 12/08/1993

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
Community Based Residential Facility--CLASS AA (AMBULATORY)
COUNTY: LACROSSE

Facility Information

Facility Name: BRUNK HOUSE (510294)
Address: 2734 HARVEY STREET, LACROSSE, WI 54603
License Status: REGULAR
Licensed/Certified/Registered 10/01/1996
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0098022 **End Date:** 10/03/2006 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10010060 Served 10/26/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(4m)(b)intro	CAREGIVER HIRING AND CONTRACTING PROCESS		

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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: LACROSSE

Facility Information

Facility Name: CHILED A (0011556)

Address: 1825 VICTORY STREET, LACROSSE, WI 546017299

License Status: REGULAR

Licensed/Certified/Registered 08/18/2006

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

Survey History

Survey ID: 0099147 **End Date:** 03/21/2007 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10010075 Served 04/23/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.33(3)(a)1	PRACTITIONER'S WRITTEN ORDER FOR MEDS	04/01/2009	

Survey ID: 0097626 **End Date:** 08/18/2006 **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: LACROSSE

Facility Information

Facility Name: CLADDAGH HOUSE-FARNAM (0010114)

Address: 1301 S 28TH ST, LACROSSE, WI 54601

License Status: REGULAR

Licensed/Certified/Registered 05/01/2004

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

Survey History

Survey ID: 0097868 **End Date:** 10/05/2006 **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 CNA (NONAMBULATORY)

COUNTY: LACROSSE

Facility Information

Facility Name: CLARE BRIDGE OF LACROSSE (510386)

Address: 3161 EAST AVE SOUTH, LACROSSE, WI 54601

License Status: REGULAR

Licensed/Certified/Registered 02/01/1999

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

Survey History

Survey ID: 0101465 **End Date:** 03/14/2008 **Type:** ABBREVIATED **Purpose:** SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0101303 **End Date:** 10/10/2007 **Type:** OTHER **Purpose:** OTHER

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0097527 **End Date:** 08/02/2006 **Type:** ABBREVIATED **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: LACROSSE

Complaint History (CLARE BRIDGE OF LACROSSE)

Date Complaint Received: 07/12/2006

Date Investigation Completed: 08/02/2006

Subject Area(s)

HOMELIKE ENVIRONMENT & CLEANLINESS
PROGRAM SERVICES

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 AA (AMBULATORY)
COUNTY: LACROSSE

Facility Information

Facility Name: FRANCISCA SKEMP HEALTHCARE RES SERV/GRP HME I (510373)

Address: 518 S 10TH ST, LACROSSE, WI 54601

License Status: REGULAR

Licensed/Certified/Registered 10/01/1998

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

Survey History

Survey ID: 0101468 **End Date:** 03/21/2008 **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 AA (AMBULATORY)
COUNTY: LACROSSE

Facility Information

Facility Name: GERARD HALL (510021)
Address: 940 DIVISION STREET, LACROSSE, WI 54601
License Status: REGULAR
Licensed/Certified/Registered 04/01/1984
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0097928 **End Date:** 09/12/2006 **Type:** INITIAL **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10010068 Served 10/14/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(4)(u)	LEAST RESTRICTIVE CONDITIONS	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: LACROSSE

Facility Information

Facility Name: LAAR WOMENS HALFWAY HOUSE (0010477)
Address: 1005 JACKSON ST, LACROSSE, WI 54601
License Status: REGULAR
Licensed/Certified/Registered 03/18/2004
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
Community Based Residential Facility--CLASS AA (AMBULATORY)
COUNTY: LACROSSE

Facility Information

Facility Name: OPTIONS (510398)
Address: 2041 WOOD ST, LACROSSE, WI 54601
License Status: REGULAR
Licensed/Certified/Registered: 12/01/1999
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0104276 **End Date:** 05/08/2009 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #M2VE11 Served 06/19/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.36(1)(b)	QUALIFIED STAFF IN CHARGE, ON DUTY AND AWAKE		
83.36(2)	MAINTAIN CURRENT WRITTEN STAFFING SCHEDULE		
83.37(1)(j)	PROOF-OF-USE RECORD		

Survey ID: 0102539 **End Date:** 09/09/2008 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #QUQQ12 Served 09/19/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(2)(a)	EXPLANATION OF RIGHTS, GRIEVANCE PROCEDURE	04/01/2009	
83.32(3)	SIGNING ASSESSMENT AND ISP	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: LACROSSE

Survey ID: 0101063 End Date: 01/23/2008 Type: STANDARD Purpose: SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #QUQQ11 Served 02/11/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(1)(a)	LICENSEE AT LEAST 21, FIT AND QUALIFIED	06/01/2008	Yes
83.14(1)(b)	LICENSEE: CAREGIVER BACKGROUND REQUIREMENTS	06/01/2008	Yes
83.32(3)	SIGNING ASSESSMENT AND ISP	04/01/2009	
83.41(10)(a)	BUILDING MAINTENANCE	04/15/2008	Yes
83.41(4)(b)2	GAS FURNACE SERVICED EVERY 3 YEARS	03/15/2008	Yes
83.43(3)(b)1	TESTING BY SERVICE COMPANY	04/30/2008	Yes
83.43(3)(b)2	TESTING OF SMOKE DETECTORS	04/30/2008	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: LACROSSE

Enforcement History (OPTIONS)

Date: 06/11/2009 **SOD #M2VE11** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
FORFEITURE---83.36(1)(b)
FORFEITURE---83.37(1)(j)

Date: 02/08/2008 **SOD #QUQQ11** **Appealed: No**

Sanctions

COMPLY WITH REQUIREMENT
FORFEITURE---83.14(1)(a)
FORFEITURE---83.14(1)(b)
FORFEITURE---83.32(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 AA (AMBULATORY)
COUNTY: LACROSSE

Complaint History (OPTIONS)

Date Complaint Received: 03/19/2009

Date Investigation Completed: 05/08/2009

Subject Area(s)
MEDICATIONS

Result
SUBSTANTIATED

SOD #
M2VE11

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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: LACROSSE

Facility Information

Facility Name: SAGEN CENTRE (0009751)

Address: 2221 SIMS PLACE, LACROSSE, WI 54601

License Status: REGULAR

Licensed/Certified/Registered 06/27/2002

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

Survey History

Survey ID: 0101851 **End Date:** 05/08/2008 **Type:** OTHER **Purpose:** SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #EGR911 Served 06/03/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.06(1)(a)3	NEEDS NOT COMPATIBLE WITH CLIENT GROUP	04/01/2009	
83.14(1)(a)3	CLIENT GROUP SPECIFIC TRAINING	04/01/2009	

Survey ID: 0098208 **End Date:** 10/25/2006 **Type:** OTHER **Purpose:** SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10011377 Served 11/22/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.19(3)(f)	ACCIDENT RESULTS IN HOSPITALIZATION	01/01/2007	Yes
83.21(4)(d)	VISITS	01/01/2007	Yes
83.33(2)(a)	SUPERVISION	01/01/2007	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: LACROSSE

Survey ID: 0097614 End Date: 08/03/2006 Type: STANDARD Purpose: SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

Statement of Deficiency: #10011519 Served 08/15/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.41(10)(b)	MECHANICALS IN GOOD REPAIR	04/01/2009	
83.42(3)(f)	SLEEPING HOURS EVACUATION DRILL	04/01/2009	
83.43(3)(b)1	TESTING BY SERVICE COMPANY	04/01/2009	
83.43(3)(b)2	TESTING OF SMOKE DETECTORS	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 CNA (NONAMBULATORY)

COUNTY: LACROSSE

Enforcement History (SAGEN CENTRE)

Date: 11/20/2006 **SOD #**10011377 **Appealed:** No

Sanctions

COMPLY WITH REQUIREMENT
PROVIDE TRAINING
FORFEITURE---83.33(2)(a)

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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: LACROSSE

Facility Information

Facility Name: SCARSETH HOUSE (0010980)
Address: 535 S 17TH ST, 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: 0098481	End Date: 01/10/2007	Type: OTHER	Purpose: SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED			
<hr/>			
Survey ID: 0097400	End Date: 07/17/2006	Type: INITIAL	Purpose: SURVEY
Results: PROBATIONARY LICENSE ISSUED			
<hr/>			

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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: LACROSSE

Facility Information

Facility Name: SIENA HALL (510055)
Address: 608 SOUTH 11TH ST, LACROSSE, WI 54601
License Status: REGULAR
Licensed/Certified/Registered 01/01/1981
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0100697 **End Date:** 10/30/2007 **Type:** OTHER **Purpose:** SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #KPVY12 Served 11/28/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.33(2)(a)	SUPERVISION	04/01/2009	

Survey ID: 0098877 **End Date:** 02/20/2007 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10011383 Served 03/10/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.07(8)	AMENDMENT TO LICENSE	03/19/2007	Yes
83.14(1)(d)	FIRE SAFETY, FIRST AID & CHOKING	03/15/2007	Yes
83.14(2)	TRAINING DIETARY NEEDS & MENU PLANNING	03/15/2007	Yes
83.32(2)(a)	EXPLANATION OF RIGHTS, GRIEVANCE PROCEDURE	04/30/2007	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: LACROSSE

Enforcement History (SIENA HALL)

Date: 11/27/2007 **SOD #KPVY12** **Appealed: No**

Sanctions

COMPLY WITH REQUIREMENT
FORFEITURE---83.33(2)(a)

Date: 03/09/2007 **SOD #10011383** **Appealed: No**

Sanctions

COMPLY WITH REQUIREMENT
FORFEITURE---83.07(8)
FORFEITURE---83.14(1)(d)
FORFEITURE---83.14(2)

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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: LACROSSE

Facility Information

Facility Name: STERLING HOUSE OF LACROSSE (510387)

Address: 3141 EAST AVE SOUTH, LACROSSE, WI 54601

License Status: REGULAR

Licensed/Certified/Registered 02/01/1999

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

Survey History

Survey ID: 0103036 **End Date:** 10/30/2008 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0101302 **End Date:** 10/10/2007 **Type:** STANDARD **Purpose:** OTHER

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0097523 **End Date:** 07/12/2006 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10010040 Served 08/03/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(bm)	OUT OF STATE BACKGROUND CHECKS	07/24/2006	Yes
83.13(7)(a)11	DISCIPLINARY ACTION	07/24/2006	Yes
83.14(1)(d)	FIRE SAFETY, FIRST AID & CHOKING	07/24/2006	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: LACROSSE

Enforcement History (STERLING HOUSE OF LACROSSE)

Date: 07/31/2006 **SOD #10010040** **Appealed: No**

Sanctions

FORFEITURE---83.14(1)(d)

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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: LACROSSE

Facility Information

Facility Name: UNITY HOUSE FOR MEN (510119)
Address: 1922-1924 MILLER ST, LACROSSE, WI 54601
License Status: REGULAR
Licensed/Certified/Registered 02/16/1981
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0104496 **End Date:** 05/18/2009 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #DMR611 Served 07/10/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.37(1)(a)	WRITTEN ORDER FOR MEDICATIONS, SUPPLEMENTS		
83.37(1)(j)	PROOF-OF-USE RECORD		

Survey ID: 0098119 **End Date:** 10/17/2006 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10011376 Served 11/08/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(2)(a)1	PHYSICAL HEALTH	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: LACROSSE

Facility Information

Facility Name: UNITY HOUSE FOR WOMEN (510151)
Address: 1312-5TH AVE S, LACROSSE, WI 54601
License Status: REGULAR
Licensed/Certified/Registered 08/01/1989
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0101642 **End Date:** 04/11/2008 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #NFUF11 Served 05/01/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(2)(a)1	PHYSICAL HEALTH	04/01/2009	
83.41(10)(a)	BUILDING MAINTENANCE	04/01/2009	
83.42(3)(f)	SLEEPING HOURS EVACUATION DRILL	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: LACROSSE

Facility Information

Facility Name: UNITY HOUSE I (510063)
Address: 1918 1920 MILLER ST, LACROSSE, WI 54601
License Status: REGULAR
Licensed/Certified/Registered 03/01/1983
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0104335 **End Date:** 05/18/2009 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #WM1T11 Served 07/01/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.36(1)(b)	QUALIFIED STAFF IN CHARGE, ON DUTY AND AWAKE		

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