

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 is a PDF (Adobe Acrobat) document and includes a total of 18 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: HELEN HOUSE A INC (0011677)

Address: 1614 HENRY JOHNS BLVD, BANGOR, WI 54614

License Status: REGULAR

Licensed/Certified/Registered 04/01/2007

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

Survey History

Survey ID: 0103569 **End Date:** 02/24/2009 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #86HU11 Served 03/06/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(3)(b)	COMPLETE BACKGROUND CHECK PROCESS		
83.14(1)(d)	FIRE SAFETY, FIRST AID & CHOKING	04/01/2009	
83.15(1)(a)	ADMINISTRATOR QUALIFIED: ASSOCIATE DEGREE	04/01/2009	
83.19(3)(e)	WHEN POLICE ARE CALLED TO FACILITY	04/01/2009	
83.21(4)(p)	PROMPT AND ADEQUATE TREATMENT	04/01/2009	
83.33(3)(e)2.b	INJECTIONS	04/01/2009	
83.41(10)(b)	MECHANICALS IN GOOD REPAIR	04/01/2009	
83.42(3)(f)	SLEEPING HOURS EVACUATION DRILL	04/01/2009	
83.42(6)(a)1	ANNUAL INSPECTION BY FIRE DEPARTMENT	04/01/2009	
83.43(3)(b)2	TESTING OF SMOKE DETECTORS	04/01/2009	

Survey ID: 0098913 **End Date:** 03/14/2007 **Type:** OTHER **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

Survey ID: 0097878 End Date: 09/29/2006 Type: INITIAL Purpose: CHOW--LICENSURE

Results: PROBATIONARY LICENSE 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

Enforcement History (HELEN HOUSE A INC)

Date: 03/05/2009 **SOD #86HU11** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

FORFEITURE---83.15(1)(a)

FORFEITURE---83.15(1)(d)

FORFEITURE---83.19(3)(e)

FORFEITURE---83.21(4)(p)

FORFEITURE---83.33(3)(e)2.b

FORFEITURE---83.42(3)(f)

FORFEITURE---83.43(3)(b)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

Complaint History (HELEN HOUSE A INC)

Date Complaint Received: 01/22/2009

Date Investigation Completed: 02/24/2009

Subject Area(s)
SUPERVISION

Result
SUBSTANTIATED

SOD #
86HU11

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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: HELEN HOUSE B INC (0011673)

Address: 1612 HENRY JOHNS BLVD, BANGOR, WI 54614

License Status: REGULAR

Licensed/Certified/Registered 04/01/2007

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

Survey History

Survey ID: 0098915 **End Date:** 03/14/2007 **Type:** OTHER **Purpose:** SURVEY/SELF REPORT

Results: LICENSE/CERT/REGISTRATION ISSUED

Survey ID: 0097873 **End Date:** 09/29/2006 **Type:** INITIAL **Purpose:** CHOW--LICENSURE

Results: PROBATIONARY LICENSE 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 III (510260)

Address: 101 JUNIPER LANE, HOLMEN, WI 54636

License Status: REGULAR

Licensed/Certified/Registered 12/08/1994

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

Survey History

Survey ID: 0101283 **End Date:** 02/28/2008 **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: EAGLE CREST MEMORY CARE (0012129)

Address: 351 MASON STREET, ONALASKA, WI 54650

License Status: REGULAR

Licensed/Certified/Registered 01/04/2008

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

Survey History

Survey ID: 0102146 **End Date:** 07/21/2008 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0100835 **End Date:** 01/04/2008 **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: LACROSSE

Facility Information

Facility Name: STERLING HOUSE OF ONALASKA (510379)

Address: 949 10TH AVENUE NORTH, ONALASKA, WI 54650

License Status: REGULAR

Licensed/Certified/Registered 06/01/1998

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

Survey History

Survey ID: 0097909 **End Date:** 09/26/2006 **Type:** ABBREVIATED **Purpose:** SURVEY/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10010072 Served 10/05/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(bm)	OUT OF STATE BACKGROUND CHECKS		
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: BETTS PLACE FOR PEACE I (0011128)
Address: 305 S COMMERCIAL ST, ROCKLAND, WI 54653
License Status: REGULAR
Licensed/Certified/Registered 10/01/2006
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0104291 **End Date:** 05/14/2009 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #22VX11 Served 06/08/2009

<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		
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE		
83.18(1)	EMPLOYEE RECORDS MAINTAINED AND CURRENT		
83.37(2)(b)	MEDICATION ADMINISTRATION SUPERVISED BY STAFF		
83.45(1)(d)	HAZARDS		
83.47(2)(d)	FIRE DRILLS		
83.47(4)(a)	FIRE EXTINGUISHERS: TYPE AND INSPECTION		
83.54(3)(a)	BEDROOMS: NO MORE THAN 2 RESIDENTS		

Survey ID: 0103250 **End Date:** 01/05/2009 **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

Community Based Residential Facility--CLASS AA (AMBULATORY)

COUNTY: LACROSSE

Survey ID: 0103252 **End Date: 11/14/2008** **Type: OTHER** **Purpose: COMPLAINT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #QW0T12 Served 11/17/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.11(3)(a)	RESPONSIBILITIES	04/01/2009	

Survey ID: 0102528 **End Date: 09/04/2008** **Type: OTHER** **Purpose: COMPLAINT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #QWOT11 Served 09/17/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.11(3)(a)	RESPONSIBILITIES	04/01/2009	

Survey ID: 0097907 **End Date: 09/18/2006** **Type: ABBREVIATED** **Purpose: SURVEY**

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10011543 Served 10/05/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.16(1)	ADMISSIONS AGREEMENT	04/01/2009	
83.21(2)(a)	EXPLANATION OF RESIDENT RIGHTS	04/01/2009	
83.35(4)(f)	FOOD STORED IN SANITARY 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

Enforcement History (BETTS PLACE FOR PEACE I)

Date: 06/05/2009 **SOD #22VX11** **Appealed: No**

Sanctions

NO NEW ADMISSIONS
FORFEITURE---83.14(2)(a)
FORFEITURE---83.45(2)(d)

Date: 11/14/2008 **SOD #QW0T12** **Appealed: No**

Sanctions

NO NEW ADMISSIONS
OTHER SANCTION

Date: 09/16/2008 **SOD #QWOT11** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
OTHER SANCTION

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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: BETTS PLACE FOR PEACE II (0011131)
Address: 303 S COMMERCIAL ST, ROCKLAND, WI 54653
License Status: REGULAR
Licensed/Certified/Registered 10/01/2006
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0103251 **End Date:** 01/15/2009 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0103253 **End Date:** 11/14/2008 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #KVAK12 Served 11/17/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.11(3)(a)	RESPONSIBILITIES	04/01/2009	

Survey ID: 0102527 **End Date:** 09/04/2008 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #KVAK11 Served 09/17/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.11(3)(a)	RESPONSIBILITIES	04/01/2009	

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For the period 07/01/2006 to 06/30/2009
Community Based Residential Facility--CLASS AA (AMBULATORY)
COUNTY: LACROSSE

Survey ID: 0097908 End Date: 09/18/2006 Type: ABBREVIATED Purpose: SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10011547 Served 10/05/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.19(2)(c)	DEATH REPORTING NOT RELATED RESTRAINT	04/01/2009	
83.19(3)(a)	FIRE ON PREMISES	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

Enforcement History (BETTS PLACE FOR PEACE II)

Date: 11/14/2008 **SOD #KVAK12** **Appealed: No**

Sanctions

NO NEW ADMISSIONS
OTHER SANCTION

Date: 09/16/2008 **SOD #KVAK11** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
OTHER SANCTION

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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 (BETTS PLACE FOR PEACE II)

Date Complaint Received: 09/18/2006

Date Investigation Completed: 10/02/2006

Subject Area(s)
OTHER

Result
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: LACROSSE

Facility Information

Facility Name: MAPLEWOOD CBRF (0012298)

Address: 914 E GARLAND, WEST SALEM, WI 54669

License Status: REGULAR

Licensed/Certified/Registered 03/01/2009

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

Survey History

Survey ID: 0103839 **End Date:** 04/15/2009 **Type:** OTHER **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0103750 **End Date:** 01/27/2009 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0101204 **End Date:** 02/27/2008 **Type:** INITIAL **Purpose:** SURVEY

Results: PROBATIONARY LICENSE 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 (MAPLEWOOD CBRF)

Date Complaint Received: 01/22/2009

Date Investigation Completed: 04/13/2009

Subject Area(s)

SUPERVISION
RESIDENT RIGHTS
PROGRAM SERVICES

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 01/02/2009

Date Investigation Completed: 01/27/2009

Subject Area(s)

RESIDENT RIGHTS
MEDICATIONS
ADMINISTRATION

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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