

**Provider Inspection Summary**  
For the period 07/01/2006 to 06/30/2009  
Residential Care Apartment Complex  
COUNTY: LACROSSE

**Notes**

**This report includes Provider Inspection Summaries (Facility Profiles) for Residential Care Apartment Complexes in LaCrosse County.**

**The report is a PDF (Adobe Acrobat) document and includes a total of 22 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  
Residential Care Apartment Complex (CERTIFIED)  
COUNTY: LACROSSE

**Facility Information**

**Facility Name:** BETHANY HEIGHTS ASSISTED LIVING (0011373)  
**Address:** 112 JUNIPER LANE, HOLMEN, WI 54636  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 06/20/2006  
**Regional Office:** WESTERN REGION (EAU CLAIRE), (715) 836-4752

**Survey History**

**Survey ID:** 0100983      **End Date:** 01/23/2008      **Type:** STANDARD      **Purpose:** SURVEY  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

---

**This is Page 2 of 22 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

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

**Facility Information**

**Facility Name:** PRAIRIE HOME (0011629)  
**Address:** 620 MALIN COURT, HOLMEN, WI 54636  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 10/01/2006  
**Regional Office:** WESTERN REGION (EAU CLAIRE), (715) 836-4752

**Survey History**

**Survey ID:** 0097847    **End Date:** 09/29/2006    **Type:** INITIAL    **Purpose:** SURVEY  
**Results:** LICENSE/CERT/REGISTRATION ISSUED

**This is Page 3 of 22 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

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

**Facility Information**

**Facility Name:** MEADOW WOOD ASSISTED LIVING (0010258)  
**Address:** 2904 EAST AVENUE SOUTH, LA CROSSE, WI 54601  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 11/24/1998  
**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 4 of 22 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

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

**Facility Information**

**Facility Name:** VILLAGE APARTMENTS ON CASS (0010253)  
**Address:** 225 SOUTH 24TH STREET, LA CROSSE, WI 54601  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 07/20/1998  
**Regional Office:** WESTERN REGION (EAU CLAIRE), (715) 836-4752

**Survey History**

**Survey ID:** 0099896      **End Date:** 08/07/2007      **Type:** ABBREVIATED      **Purpose:** SURVEY/COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0097965      **End Date:** 10/10/2006      **Type:** ABBREVIATED      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**This is Page 5 of 22 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

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

**Complaint History (VILLAGE APARTMENTS ON CASS)**

**Date Complaint Received: 04/23/2007**

**Date Investigation Completed: 08/07/2007**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

RESIDENT BEHAVIOR/FACILITY PRACTICE

NOT SUBSTANTIATED

***This is Page 6 of 22 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

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

**Facility Information**

**Facility Name:** WILLOWS (THE) (0010267)  
**Address:** 2555 SOUTH 7TH STREET, LA CROSSE, WI 54601  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 12/01/1998  
**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 7 of 22 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

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

**Facility Information**

**Facility Name:** BETHANY ON CASS (0010447)  
**Address:** 1315 CASS STREET, LACROSSE, WI 54601  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 11/04/2003  
**Regional Office:** WESTERN REGION (EAU CLAIRE), (715) 836-4752

**Survey History**

**Survey ID:** 0102259    **End Date:** 08/07/2008    **Type:** OTHER    **Purpose:** OTHER

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0098141    **End Date:** 11/08/2006    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**This is Page 8 of 22 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

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

**Facility Information**

**Facility Name:** SHELBY TERRACE (0012093)  
**Address:** 2525 SHELBY ROAD, LACROSSE, WI 54601  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 09/10/2007  
**Regional Office:** WESTERN REGION (EAU CLAIRE), (715) 836-4752

**Survey History**

**Survey ID:** 0100307    **End Date:** 09/10/2007    **Type:** INITIAL    **Purpose:** SURVEY  
**Results:** LICENSE/CERT/REGISTRATION ISSUED

**This is Page 9 of 22 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

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

**Facility Information**

**Facility Name:** SWIFTHAVEN-LACROSSE (0011337)  
**Address:** 3715 MORMON COULEE RD, LACROSSE, WI 54601  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 04/24/2006  
**Regional Office:** WESTERN REGION (EAU CLAIRE), (715) 836-4752

**Survey History**

**Survey ID:** 0103462    **End Date:** 10/15/2008    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0100259    **End Date:** 09/20/2007    **Type:** OTHER    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0099989    **End Date:** 07/25/2007    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #BEW511    Served 08/16/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
89.34(16)	TENANT RIGHTS	09/05/2007	Yes

***This is Page 10 of 22 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

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

**Complaint History (SWIFTHAVEN-LACROSSE)**

**Date Complaint Received: 10/09/2008**

**Date Investigation Completed: 10/15/2008**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS  
STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED  
-migrated data -

NOT RECORDED

**Date Complaint Received: 07/06/2007**

**Date Investigation Completed: 07/25/2007**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

BEW511

***This is Page 11 of 22 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

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

**Facility Information**

**Facility Name:** VILLAS OF LACROSSE (0012328)  
**Address:** 3141 EAST AVE S, LACROSSE, WI 54601  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 07/01/2008  
**Regional Office:** WESTERN REGION (EAU CLAIRE), (715) 836-4752

**Survey History**

**Survey ID:** 0101968      **End Date:** 06/23/2008      **Type:** INITIAL      **Purpose:** SURVEY  
**Results:** LICENSE/CERT/REGISTRATION ISSUED

***This is Page 12 of 22 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

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

**Facility Information**

**Facility Name:** EAGLE CREST ASSISTED LIVING (0012206)  
**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:** 0100837    **End Date:** 01/03/2008    **Type:** INITIAL    **Purpose:** SURVEY  
**Results:** LICENSE/CERT/REGISTRATION ISSUED

***This is Page 13 of 22 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

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

**Facility Information**

**Facility Name:** EAGLE CREST SENIOR LIVING COMMUNITY (0012207)

**Address:** 351 MASON ST, ONALASKA, WI 54650

**License Status:** REGULAR

**Licensed/Certified/Registered** 10/25/2007

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

**Survey History**

**Survey ID:** 0100834      **End Date:** 01/03/2008      **Type:** INITIAL      **Purpose:** SURVEY

**Results:** LICENSE/CERT/REGISTRATION ISSUED

***This is Page 14 of 22 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

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

**Facility Information**

**Facility Name:** LAUREL MANOR (0010274)  
**Address:** 108 17TH AVENUE SOUTHWEST, ONALASKA, WI 54650  
**License Status:** REGULAR  
**Licensed/Certified/Registered:** 11/01/2002  
**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 15 of 22 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

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

**Facility Information**

**Facility Name:** SPRING BROOK COMMUNITY ASSISTED LIVING LLC (0011819)

**Address:** 861 CRITTER COURT, ONALASKA, WI 54650

**License Status:** REGULAR

**Licensed/Certified/Registered** 06/15/2007

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

**Survey History**

**Survey ID:** 0103752    **End Date:** 03/03/2009    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0099583    **End Date:** 06/15/2007    **Type:** INITIAL    **Purpose:** SURVEY

**Results:** LICENSE/CERT/REGISTRATION ISSUED

***This is Page 16 of 22 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

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

**Complaint History (SPRING BROOK COMMUNITY ASSISTED LIVING LLC)**

**Date Complaint Received: 01/26/2009**

**Date Investigation Completed: 03/03/2009**

Subject Area(s)

MEDICATIONS  
PROGRAM SERVICES  
QUALITY OF LIFE

Result

NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 10/13/2008**

**Date Investigation Completed: 11/17/2008**

Subject Area(s)

NUTRITION & FOOD SERVICES  
STAFF TRAINING AND PROFICIENCY  
STAFF ADEQUACY

Result

NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 10/07/2008**

**Date Investigation Completed: 11/17/2008**

Subject Area(s)

NUTRITION & FOOD SERVICES  
MEDICATIONS

Result

NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 07/29/2008**

**Date Investigation Completed: 01/27/2009**

Subject Area(s)

OTHER

Result

NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 07/10/2008**

**Date Investigation Completed: 09/02/2008**

Subject Area(s)

ADMINISTRATION

Result

SUBSTANTIATED

SOD #

Q30411

**Date Complaint Received: 07/07/2008**

**Date Investigation Completed: 07/25/2008**

Subject Area(s)

MEDICATIONS

Result

SUBSTANTIATED

SOD #

Q30411

***This is Page 17 of 22 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

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

**This is Page 18 of 22 total pages. If printing this report ensure that your printer is set to print only the desired pages.**

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

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

**Facility Information**

**Facility Name:** SALEM TERRACE (0012008)  
**Address:** 104 LEWIS ST, WEST SALEM, WI 54669  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 07/01/2007  
**Regional Office:** WESTERN REGION (EAU CLAIRE), (715) 836-4752

**Survey History**

**Survey ID:** 0102329    **End Date:** 07/16/2008    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #8I4411    Served 08/13/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
---------------------------	---------------------	----------------------------	------------------

**Survey ID:** 0101693    **End Date:** 04/08/2008    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #9PFF11    Served 05/08/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
89.23(3)(c)	SERVICES	05/23/2008	Yes
89.34(16)	TENANT RIGHTS	05/23/2008	Yes

**Survey ID:** 0099611    **End Date:** 06/22/2007    **Type:** INITIAL    **Purpose:** SURVEY

**Results:** LICENSE/CERT/REGISTRATION ISSUED

***This is Page 19 of 22 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

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

**Enforcement History (SALEM TERRACE)**

**Date: 08/12/2008**      **SOD #8I4411**      **Appealed: Yes**      **Decision: STIPULATION**

Sanctions

FORFEITURE---89.23(2)(b)1

**Date: 05/07/2008**      **SOD #9PFF11**      **Appealed: No**

Sanctions

FORFEITURE---89.23(3)(c)

***This is Page 20 of 22 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

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

**Complaint History (SALEM TERRACE)**

**Date Complaint Received: 06/25/2008**

**Date Investigation Completed: 08/11/2008**

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
HOMELIKE ENVIRONMENT & CLEANLINESS	NOT SUBSTANTIATED	
MEDICATIONS	NOT SUBSTANTIATED	
STAFF TRAINING AND PROFICIENCY	NOT SUBSTANTIATED	
STAFF ADEQUACY	SUBSTANTIATED	8I4411

**Date Complaint Received: 02/22/2008**

**Date Investigation Completed: 04/08/2008**

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
MEDICATIONS	SUBSTANTIATED	9PFF11
ADMINISTRATION	SUBSTANTIATED	9PFF11
STAFF TRAINING AND PROFICIENCY	NOT SUBSTANTIATED	
STAFF ADEQUACY	NOT SUBSTANTIATED	

***This is Page 21 of 22 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***

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

**Facility Information**

**Facility Name:** WHISPERING PINES (0012020)  
**Address:** 780 EAST AVENUE, WEST SALEM, WI 54669  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 09/01/2007  
**Regional Office:** WESTERN REGION (EAU CLAIRE), (715) 836-4752

**Survey History**

**Survey ID:** 0101591    **End Date:** 04/28/2008    **Type:** OTHER    **Purpose:** DESK REVIEW

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0100156    **End Date:** 08/23/2007    **Type:** INITIAL    **Purpose:** SURVEY

**Results:** LICENSE/CERT/REGISTRATION ISSUED

***This is Page 22 of 22 total pages. If printing this report ensure that your printer is set to print only the desired pages.***

***Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.***