

Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009

COUNTY: LANGLADE

Notes

This report includes Provider Inspection Summaries (Facility Profiles) for Assisted Living Facilities in Langlade County.

The report is a PDF (Adobe Acrobat) document and includes a total of 13 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 Day Care Facility
COUNTY: LANGLADE

Facility Information

Facility Name: HORIZON ADULT DAY CENTER (600009)
Address: 1003 MCMILLAN, ANTIGO, WI 54409
License Status: REGULAR
Licensed/Certified/Registered 11/23/1992
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0100655 **End Date:** 11/15/2007 **Type:** ABBREVIATED **Purpose:** SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 2 of 13 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: LANGLADE

Facility Information

Facility Name: FLYING HORSESHOE RANCH INC (0011818)
Address: N10928 CTY HWY H, GLEASON, WI 54435
License Status: REGULAR
Licensed/Certified/Registered 02/09/2007
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0103422 **End Date:** 02/09/2007 **Type:** INITIAL **Purpose:** CHOW--DESK REVIEW
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: LANGLADE

Facility Information

Facility Name: CARE PARTNERS ASSISTED LVG ANTIGO (0009020)

Address: 915 FIRST AVENUE, ANTIGO, WI 54409

License Status: REGULAR

Licensed/Certified/Registered 03/19/2001

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

Survey History

Survey ID: 0103363 **End Date:** 01/29/2009 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0100312 **End Date:** 09/25/2007 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #2NIS11 Served 10/10/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.11(3)(a)	RESPONSIBILITIES	01/07/2009	Yes
83.16(1)(h)1	PREPAID FEES RETURNED WITHIN 10 DAYS	01/07/2009	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: LANGLADE

Enforcement History (CARE PARTNERS ASSISTED LVG ANTIGO)

Date: 10/08/2007 **SOD #**2NIS11 **Appealed:** No

Sanctions

FORFEITURE---83.11(3)(a)
FORFEITURE---83.16(1)(h)1

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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: LANGLADE

Complaint History (CARE PARTNERS ASSISTED LVG ANTIGO)

Date Complaint Received: 12/16/2008

Date Investigation Completed: 01/07/2009

Subject Area(s)

SUPERVISION
MEDICATIONS
PROGRAM SERVICES

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 06/27/2007

Date Investigation Completed: 09/25/2007

Subject Area(s)

ADMISSION, TRANSFER & DISCHARGE

Result

SUBSTANTIATED

SOD #

2NIS11

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Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Community Based Residential Facility--CLASS AS (SEMIAMBULATORY)
COUNTY: LANGLADE

Facility Information

Facility Name: EIGHT REASONS GROUP HOME (610031)
Address: 1105 8TH AVENUE, ANTIGO, WI 54409
License Status: REGULAR
Licensed/Certified/Registered: 11/30/1987
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0101485 **End Date:** 02/15/2008 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #DMRM11 Served 04/14/2008

<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	
83.33(2)(a)	SUPERVISION	04/01/2009	

Survey ID: 0101174 **End Date:** 01/23/2008 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #2G0Y11 Served 02/21/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(1)(c)	UNIVERSAL PRECAUTIONS	04/01/2009	
83.14(1)(d)	FIRE SAFETY, FIRST AID & CHOKING	04/01/2009	
83.14(7)(b)	CONTINUING EDUCATION	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 AS (SEMIAMBULATORY)

COUNTY: LANGLADE

Enforcement History (EIGHT REASONS GROUP HOME)

Date: 02/19/2008 **SOD #**2G0Y11 **Appealed:** No

Sanctions

FORFEITURE---83.14(1)(c)

FORFEITURE---83.14(1)(d)

FORFEITURE---83.14(7)(b)

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Provider Inspection Summary

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS AS (SEMIAMBULATORY)

COUNTY: LANGLADE

Complaint History (EIGHT REASONS GROUP HOME)

Date Complaint Received: 12/14/2007

Date Investigation Completed: 02/15/2008

Subject Area(s)

ADMINISTRATION
PROGRAM SERVICES

Result

SUBSTANTIATED
SUBSTANTIATED

SOD #

DMRM11
DMRM11

Date Complaint Received: 11/27/2007

Date Investigation Completed: 01/17/2008

Subject Area(s)

SUPERVISION
RESIDENT RIGHTS
RESIDENT BEHAVIOR/FACILITY PRACTICE
PHYSICAL PLANTS & SAFETY HAZARDS
NUTRITION & FOOD SERVICES
MEDICATIONS
ADMINISTRATION
STAFF TRAINING AND PROFICIENCY
PROGRAM SERVICES

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
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 CNA (NONAMBULATORY)

COUNTY: LANGLADE

Facility Information

Facility Name: EVERGREEN TERRACE LLC (611048)

Address: 715 ACKLEY STREET, ANTIGO, WI 54409

License Status: REGULAR

Licensed/Certified/Registered 05/01/1999

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

Survey History

Survey ID: 0101431 **End Date:** 04/01/2008 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0099417 **End Date:** 05/22/2007 **Type:** OTHER **Purpose:** SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #6PWI11 Served 06/01/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.33(2)(a)	SUPERVISION	04/01/2008	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: LANGLADE

Enforcement History (EVERGREEN TERRACE LLC)

Date: 05/29/2007 **SOD #**6PWI11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
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 CNA (NONAMBULATORY)

COUNTY: LANGLADE

Facility Information

Facility Name: ROSALIA GARDENS (0008499)

Address: 519 FLIGHT ROAD, ANTIGO, WI 54409

License Status: REGULAR

Licensed/Certified/Registered 08/03/1999

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

Survey History

Survey ID: 0102049 **End Date:** 06/04/2008 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0098490 **End Date:** 12/20/2006 **Type:** ABBREVIATED **Purpose:** SURVEY/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10009648 Served 01/18/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.15(1)(c)1	ADEQUATE STAFFING	06/04/2008	Yes
83.21(4)(p)	PROMPT AND ADEQUATE TREATMENT	06/04/2008	Yes
83.33(3)(a)2	REVIEW OF MEDICATION REGIMEN	06/04/2008	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: LANGLADE

Enforcement History (ROSALIA GARDENS)

Date: 01/16/2007 **SOD #10009648** **Appealed: No**

Sanctions

COMPLY WITH REQUIREMENT
PROVIDE TRAINING
FORFEITURE---83.15(1)(c)1
FORFEITURE---83.21(4)(p)
FORFEITURE---83.33(3)(a)2

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