

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

COUNTY: LINCOLN

**Notes**

**This report includes Provider Inspection Summaries (Facility Profiles) for Assisted Living Facilities in Lincoln 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  
Adult Family Home  
COUNTY: LINCOLN

**Facility Information**

**Facility Name:** FORWARD HOUSE AFH (690097)  
**Address:** 1200 EAST THIRD STREET, MERRILL, WI 54452  
**License Status:** REGULAR  
**Licensed/Certified/Registered:** 01/31/1998  
**Regional Office:** WESTERN REGION (EAU CLAIRE), (715) 836-4752

**Survey History**

**Survey ID:** 0101854    **End Date:** 05/12/2008    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #03S411    Served 06/04/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(4)(a)	FIRE SAFETY-FIRE EXTINGUISHERS		

**Survey ID:** 0100117    **End Date:** 09/05/2007    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0097396    **End Date:** 07/12/2006    **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  
Adult Family Home  
COUNTY: LINCOLN

**Complaint History (FORWARD HOUSE AFH)**

**Date Complaint Received: 07/18/2007**

**Date Investigation Completed: 08/31/2007**

Subject Area(s)

Result

SOD #

RESIDENT BEHAVIOR/FACILITY PRACTICE

NOT SUBSTANTIATED

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

**Facility Information**

**Facility Name:** SUE TYKILA ADULT FAMILY HOME (0010003)  
**Address:** N11398 SCHMIDTBAUER ROAD, TOMAHAWK, WI 54487  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 05/01/2003  
**Regional Office:** WESTERN REGION (EAU CLAIRE), (715) 836-4752

**Survey History**

**Survey ID:** 0098690      **End Date:** 02/06/2007      **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: LINCOLN

**Facility Information**

**Facility Name:** BELL TOWER RESIDENCE (610143)

**Address:** 1500 O'DAY STREET, MERRILL, WI 54452

**License Status:** REGULAR

**Licensed/Certified/Registered** 01/31/1991

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

**Survey History**

**Survey ID:** 0101989    **End Date:** 05/29/2008    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT/SELF REPORT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #2Q6W11    Served 06/28/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(1)(d)	FIRE SAFETY, FIRST AID & CHOKING	12/03/2008	Yes
83.21(4)(o)	MEDICATIONS	12/03/2008	Yes

**Survey ID:** 0098522    **End Date:** 01/09/2007    **Type:** STANDARD    **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: LINCOLN

**Enforcement History (BELL TOWER RESIDENCE)**

**Date: 06/26/2008      SOD #2Q6W11      Appealed: No**

Sanctions

COMPLY WITH FACILITY PLAN OF CORRECTION

FORFEITURE---83.14(1)(d)

FORFEITURE---83.21(4)(o)

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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: LINCOLN

#### Complaint History (BELL TOWER RESIDENCE)

**Date Complaint Received: 05/08/2008**

**Date Investigation Completed: 05/23/2008**

Subject Area(s)  
MEDICATIONS

Result  
SUBSTANTIATED

SOD #  
2Q6W11

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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: LINCOLN

### Facility Information

**Facility Name:** DEER VIEW (0008646)

**Address:** W 5029 DOERING ROAD, MERRILL, WI 54452

**License Status:** REGULAR

**Licensed/Certified/Registered** 02/01/2000

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

### Survey History

**Survey ID:** 0101127    **End Date:** 02/04/2008    **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 CNA (NONAMBULATORY)

COUNTY: LINCOLN

#### Facility Information

**Facility Name:** PAT WEBER MEMORIAL HOME (0010645)

**Address:** 1108 EAST 9TH STREET, MERRILL, WI 54452

**License Status:** REGULAR

**Licensed/Certified/Registered** 02/01/2005

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

#### Survey History

**Survey ID:** 0103300    **End Date:** 01/14/2009    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #KZMK12    Served 01/29/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.42(3)(f)	SLEEPING HOURS EVACUATION DRILL	04/01/2009	

**Survey ID:** 0098535    **End Date:** 01/17/2007    **Type:** STANDARD    **Purpose:** SURVEY/SELF REPORT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #10009663    Served 01/23/2007

<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	01/14/2009	Yes
83.32(2)(a)	EXPLANATION OF RIGHTS, GRIEVANCE PROCEDURE	01/14/2009	Yes
83.42(3)(f)	SLEEPING HOURS EVACUATION DRILL	01/14/2009	No

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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: LINCOLN

#### Enforcement History (PAT WEBER MEMORIAL HOME)

**Date: 01/27/2009**      **SOD #KZMK12**      **Appealed: No**

Sanctions

FORFEITURE---83.42(3)(f)

**Date: 01/22/2007**      **SOD #10009663**      **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

FORFEITURE---83.06(1)(a)3

FORFEITURE---83.32(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: LINCOLN

### Facility Information

**Facility Name:** WALNUT GROVE MERRILL I (0012530)

**Address:** 1207 TAYLOR STREET, MERRILL, WI 54452

**License Status:** PROBATIONARY

**Licensed/Certified/Registered** 11/19/2008

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

### Survey History

**Survey ID:** 0103423      **End Date:** 11/19/2008      **Type:** INITIAL      **Purpose:** CHOW--DESK REVIEW

**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: LINCOLN

### Facility Information

**Facility Name:** WALNUT GROVE MERRILL II (0012531)

**Address:** 1209 TAYLOR STREET, MERRILL, WI 54452

**License Status:** PROBATIONARY

**Licensed/Certified/Registered** 11/19/2008

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

### Survey History

**Survey ID:** 0103424      **End Date:** 11/19/2008      **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: LINCOLN

#### Facility Information

**Facility Name:** WOODLAND COURT ELDER SERVICES LLC II (0009754)

**Address:** 1102 SOUTH CENTER AVENUE #2, MERRILL, WI 54452

**License Status:** REGULAR

**Licensed/Certified/Registered** 09/01/2003

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

#### Survey History

**Survey ID:** 0102319    **End Date:** 07/21/2008    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #4D9K11    Served 08/15/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.18(1)(d)2	OTHER INFORMATION REQUIRED IN RECORD	04/01/2009	
83.18(4)	RETENTION	04/01/2009	
83.21(4)(p)	PROMPT AND ADEQUATE TREATMENT	04/01/2009	
83.21(4)(r)	TREATMENT CHOICE	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: LINCOLN

**Survey ID: 0100265    End Date: 09/04/2007    Type: STANDARD    Purpose: SURVEY/COMPLAINT/SELF REPORT**

**Results: ENFORCEMENT ACTION**

**Statement of Deficiency: #P4PP11    Served 10/04/2007**

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(3)(b)	COMPLETE BACKGROUND CHECK PROCESS		
83.13(6)(a)	CRIMINAL RECORDS CHECK	04/01/2009	
83.21(4)(o)	MEDICATIONS	04/01/2009	
83.33(3)(b)2.b	MEDICATION STORED IN ORIGINAL CONTAINER	04/01/2009	
83.33(3)(e)5	MEDICAL RECORD DOCUMENTATION	04/01/2009	

**Survey ID: 0098488    End Date: 10/11/2006    Type: OTHER    Purpose: COMPLAINT/SELF REPORT**

**Results: ENFORCEMENT ACTION**

**Statement of Deficiency: #10009637    Served 01/18/2007**

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(4)(u)	LEAST RESTRICTIVE CONDITIONS	08/30/2007	Yes
83.32(2)(d)	REVIEW OF PROGRESS	08/30/2007	Yes

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### Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: LINCOLN

#### Enforcement History (WOODLAND COURT ELDER SERVICES LLC II)

**Date: 08/13/2008**      **SOD #4D9K11**      **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
PROVIDE TRAINING  
FORFEITURE---83.21(4)(p)  
FORFEITURE---83.21(4)(r)

**Date: 10/02/2007**      **SOD #P4PP11**      **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
FORFEITURE---83.21(4)(o)

**Date: 01/16/2007**      **SOD #10009637**      **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
PROVIDE TRAINING  
FORFEITURE---83.21(4)(u)  
FORFEITURE---83.32(2)(d)

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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: LINCOLN

#### Complaint History (WOODLAND COURT ELDER SERVICES LLC II)

**Date Complaint Received: 06/04/2008**

**Date Investigation Completed: 07/21/2008**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

4D9K11

**Date Complaint Received: 07/09/2007**

**Date Investigation Completed: 09/04/2007**

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

NUTRITION & FOOD SERVICES

NOT SUBSTANTIATED

MEDICATIONS

SUBSTANTIATED

P4PP11

STAFF ADEQUACY

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

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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: LINCOLN

**Facility Information**

**Facility Name:** WOODLAND COURT ELDER SERVICES LLC (0008890)

**Address:** 1102 SOUTH CENTER AVENUE, MERRILL, WI 54452

**License Status:** REGULAR

**Licensed/Certified/Registered** 10/01/2000

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

**Survey History**

**Survey ID:** 0103076    **End Date:** 12/03/2008    **Type:** OTHER    **Purpose:** SELF REPORT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #7N1T11    Served 12/17/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.33(3)(b)2.d	MEDICATION STORAGE SHALL BE LOCKED	04/01/2009	

**Survey ID:** 0101563    **End Date:** 04/08/2008    **Type:** STANDARD    **Purpose:** SURVEY/SELF REPORT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #2XSP11    Served 04/25/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(7)(b)	CONTINUING EDUCATION	12/03/2008	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: LINCOLN

**Survey ID: 0098254    End Date: 10/11/2006    Type: OTHER    Purpose: COMPLAINT**

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #10009620    Served 12/05/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(4)(u)	LEAST RESTRICTIVE CONDITIONS	04/04/2008	Yes

**Survey ID: 0097917    End Date: 08/29/2006    Type: ABBREVIATED    Purpose: SURVEY/COMPLAINT/SELF REPORT**

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #10009601    Served 10/12/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.33(2)(c)	LEISURE TIME ACTIVITIES	04/04/2008	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: LINCOLN

#### Enforcement History (WOODLAND COURT ELDER SERVICES LLC)

**Date: 04/24/2008**      **SOD #2XSP11**      **Appealed: No**

Sanctions

FORFEITURE---83.14(7)(b)

**Date: 11/30/2006**      **SOD #10009620**      **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
PROVIDE TRAINING  
FORFEITURE---93.21(4)(u)

**Date: 10/11/2006**      **SOD #10009601**      **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
FORFEITURE---83.33(2)(c)

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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: LINCOLN

**Facility Information**

**Facility Name:** HIAWATHA HOME (610117)

**Address:** 825 CHARLES AVENUE, TOMAHAWK, WI 54487

**License Status:** REGULAR

**Licensed/Certified/Registered** 10/26/1989

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

**Survey History**

**Survey ID:** 0100208      **End Date:** 09/12/2007      **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 CA (AMBULATORY)  
COUNTY: LINCOLN

**Facility Information**

**Facility Name:** OUR WAY GROUP HOME (610044)  
**Address:** 427 NORTH 5TH STREET, TOMAHAWK, WI 54487  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 12/30/1980  
**Regional Office:** WESTERN REGION (EAU CLAIRE), (715) 836-4752

**Survey History**

**Survey ID:** 0101715    **End Date:** 05/13/2008    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0097593    **End Date:** 08/11/2006    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #10009592    Served 08/21/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.19(1)(a)	PARTIES TO BE NOTIFIED	05/05/2008	Yes
83.41(10)(a)	BUILDING MAINTENANCE	05/05/2008	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: LINCOLN

### Facility Information

**Facility Name:** RAILWAY (0011614)

**Address:** 18 SOUTH RAILWAY STREET, TOMAHAWK, WI 54487

**License Status:** REGULAR

**Licensed/Certified/Registered** 04/01/2007

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

### Survey History

**Survey ID:** 0098851      **End Date:** 03/02/2007      **Type:** STANDARD      **Purpose:** CHOW--LICENSURE

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

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