

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

Notes

This report includes Provider Inspection Summaries (Facility Profiles) for Adult Family Homes in Marathon County.

The report is a PDF (Adobe Acrobat) document and includes a total of 38 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: MARATHON

Facility Information

Facility Name: LAKE AIRE MANOR (0010689)
Address: N4589 NORRIE ROAD, BIRNAMWOOD, WI 54414
License Status: REGULAR
Licensed/Certified/Registered: 12/21/2004
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0102078 **End Date:** 06/18/2008 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #9TJE11 Served 07/09/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(6)(am)	FOUR YEAR CAREGIVER BACKGROUND REQUIREMENT		

Survey ID: 0098962 **End Date:** 03/06/2007 **Type:** STANDARD **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 2 of 38 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: MARATHON

Survey ID: 0098050 End Date: 10/20/2006 Type: STANDARD Purpose: SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10009615 Served 11/02/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(b)intro	ENTITY BACKGROUND CHECK REQUIREMENTS	03/06/2007	Yes
88.04(2)(a)	RESPONSIBILITIES	03/06/2007	Yes
88.04(2)(g)1	HEALTH SCREENING FOR STAFF	03/06/2007	Yes
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS	03/06/2007	Yes
88.05(3)(a)	HOME ENVIRONMENT	03/06/2007	Yes
88.05(3)(d)	ANNUAL WELL WATER INSPECTIONS	03/06/2007	Yes
88.05(3)(g)	WINDOWS AND VENTILATION	03/06/2007	Yes
88.05(3)(i)	BATHROOM LOCK	03/06/2007	Yes
88.05(3)(l)	BEDROOMS-PRIVACY	03/06/2007	Yes
88.05(4)(d)2.a	FIRE SAFETY EVACUATION PLAN REVIEW	03/06/2007	Yes
88.05(4)(d)2.c	SEMI-ANNUAL FIRE DRILLS	03/06/2007	Yes
88.06(2)(a)	ADMISSION-HEALTH EXAM	03/06/2007	Yes
88.06(2)(c)	SERVICE AGREEMENT REQUIREMENTS	03/06/2007	Yes
88.06(3)(a)	INDIVIDUAL SERVICE PLAN & ASSESSMENT	03/06/2007	Yes
88.07(2)(e)	ANNUAL HEALTH EXAM	03/06/2007	Yes
88.07(3)(d)	MEDICATION- WRITTEN ORDER	03/06/2007	Yes
88.09(2)(a)	SERVICE PROVIDER RECORD	03/06/2007	Yes
88.09(2)(b)	LICENSEE RECORD	03/06/2007	Yes

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

Enforcement History (LAKE AIRE MANOR)

Date: 10/31/2006 SOD #10009615 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
NO NEW ADMISSIONS

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

Facility Information

Facility Name: JUST LIKE HOME (0012060)
Address: 707 COMMUNITY DRIVE, COLBY, WI 54421
License Status: REGULAR
Licensed/Certified/Registered 11/02/2007
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0103530 **End Date:** 02/02/2009 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #LKHH12 Served 03/12/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(b)intro	ENTITY BACKGROUND CHECK REQUIREMENTS		

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

Survey ID: 0102266 End Date: 08/01/2008 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #LKHH11 Served 08/13/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(b)intro	ENTITY BACKGROUND CHECK REQUIREMENTS	02/02/2009	No
88.05(4)(d)2.a	FIRE SAFETY EVACUATION PLAN REVIEW	02/02/2009	Yes
88.05(4)(d)2.c	SEMI-ANNUAL FIRE DRILLS	02/02/2009	Yes
88.06(2)(a)	ADMISSION-HEALTH EXAM	02/02/2009	Yes
88.06(3)(b)	PERSONS INVOLVED WITH ISP & ASSESSMENT	02/02/2009	Yes
88.07(3)(a)	PRESCRIPTION MEDICATIONS	02/02/2009	Yes
88.09(2)(a)	SERVICE PROVIDER RECORD	02/02/2009	Yes

Survey ID: 0100458 End Date: 10/17/2007 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
Adult Family Home
COUNTY: MARATHON

Enforcement History (JUST LIKE HOME)

Date: 08/11/2008 SOD #LKHH11 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT

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

Complaint History (JUST LIKE HOME)

Date Complaint Received: 12/23/2008

Date Investigation Completed: 02/02/2009

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
RESIDENT RIGHTS	NOT SUBSTANTIATED	
HOMELIKE ENVIRONMENT & CLEANLINESS	NOT SUBSTANTIATED	
STAFF TRAINING AND PROFICIENCY	NOT SUBSTANTIATED	
PROGRAM SERVICES	NOT SUBSTANTIATED	

Date Complaint Received: 07/01/2008

Date Investigation Completed: 07/30/2008

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
NUTRITION & FOOD SERVICES	NOT SUBSTANTIATED	
MEDICATIONS	NOT SUBSTANTIATED	
ADMINISTRATION	SUBSTANTIATED	LKHH11
STAFF TRAINING AND PROFICIENCY	SUBSTANTIATED	LKHH11

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

Facility Information

Facility Name: MAPLE HOUSE (690078)
Address: H4098 MAPLE ROAD, COLBY, WI 54421
License Status: REGULAR
Licensed/Certified/Registered 06/20/1997
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0101085 **End Date:** 01/24/2008 **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
Adult Family Home
COUNTY: MARATHON

Facility Information

Facility Name: SPENCE STREET (0009828)
Address: 300 EAST SPENCE STREET, COLBY, WI 54421
License Status: REGULAR
Licensed/Certified/Registered 12/02/2002
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0103743 **End Date:** 03/24/2009 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #HV2P11 Served 04/01/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.10(3)(p)	PROMPT AND ADEQUATE TREATMENT	07/16/2009	Yes

Survey ID: 0098045 **End Date:** 10/17/2006 **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
Adult Family Home
COUNTY: MARATHON

Enforcement History (SPENCE STREET)

Date: 03/30/2009 SOD #HV2P11 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH FACILITY PLAN OF CORRECTION
NO NEW ADMISSIONS
PROVIDE TRAINING
OTHER SANCTION

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

Complaint History (SPENCE STREET)

Date Complaint Received: 03/06/2009

Date Investigation Completed: 03/24/2009

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

HV2P11

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

Facility Information

Facility Name: AURORA RESIDENTIAL ALTERNATIVES #127 (0010858)

Address: R5548 HWY H, EDGAR, WI 54426

License Status: REGULAR

Licensed/Certified/Registered 03/29/2005

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

Survey History

Survey ID: 0102119 **End Date:** 06/30/2008 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0098509 **End Date:** 12/15/2006 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10009643 Served 01/18/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.10(3)(q)	MEDICATIONS	06/30/2008	Yes

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

Facility Information

Facility Name: AURORA RESIDENTIAL ALTERNATIVES #128 (0010857)

Address: R5556 HWY H, EDGAR, WI 54426

License Status: REGULAR

Licensed/Certified/Registered 04/25/2005

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

Survey History

Survey ID: 0098523 **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
Adult Family Home
COUNTY: MARATHON

Facility Information

Facility Name: WITHERS ADULT FAMILY HOME (0009503)
Address: 5040 STILL HILL ROAD, EDGAR, WI 54426
License Status: REGULAR
Licensed/Certified/Registered 09/01/2001
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0100757 **End Date:** 11/07/2007 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #KKLU11 Served 12/15/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.07(3)(e)1	MEDICATION- RECORD KEEPING		

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

Enforcement History (WITHERS ADULT FAMILY HOME)

Date: 12/14/2007 SOD #KKLU11 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

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

Facility Information

Facility Name: COUNTRY LIFE AFH (0010042)
Address: 6887 TOWNLINE ROAD, HATLEY, WI 54440
License Status: REGULAR
Licensed/Certified/Registered 06/10/2003
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0098655 **End Date:** 02/01/2007 **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: MARATHON

Facility Information

Facility Name: CEDAR GATE (0012689)
Address: S2929 N FREY AVENUE, MARSHFIELD, WI 54449
License Status: REGULAR
Licensed/Certified/Registered 05/04/2009
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0103924 **End Date:** 04/15/2009 **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
Adult Family Home
COUNTY: MARATHON

Facility Information

Facility Name: RIEMERS COUNTRY CARE (0012661)
Address: M313 COUNTY HWY C, MARSHFIELD, WI 54449
License Status: REGULAR
Licensed/Certified/Registered 03/24/2009
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0103648 **End Date:** 12/22/2008 **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
Adult Family Home
COUNTY: MARATHON

Facility Information

Facility Name: AURORA RESIDENTIAL ALTERNATIVES #122 (0010191)

Address: 1957 WOODCREST CIRCLE, MOSINEE, WI 54455

License Status: REGULAR

Licensed/Certified/Registered 12/01/2003

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

Survey History

Survey ID: 0100782 **End Date:** 12/04/2007 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0097418 **End Date:** 07/03/2006 **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: MARATHON

Facility Information

Facility Name: AURORA RESIDENTIAL ALTERNATIVES #123 (0010445)

Address: 796 STONE RIDGE DRIVE, MOSINEE, WI 54455

License Status: REGULAR

Licensed/Certified/Registered 03/11/2004

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

Survey History

Survey ID: 0099908 **End Date:** 07/24/2007 **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: MARATHON

Facility Information

Facility Name: AURORA RESIDENTIAL ALTERNATIVES #124 (0010446)

Address: 798 STONE RIDGE DRIVE, MOSINEE, WI 54455

License Status: REGULAR

Licensed/Certified/Registered 03/11/2004

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

Survey History

Survey ID: 0102054 **End Date:** 06/23/2008 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0101848 **End Date:** 05/27/2008 **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
Adult Family Home
COUNTY: MARATHON

Complaint History (AURORA RESIDENTIAL ALTERNATIVES #124)

Date Complaint Received: 06/10/2008

Date Investigation Completed: 06/23/2008

Subject Area(s)
ABUSE

Result
SUBSTANTIATED

SOD #
NOT RECORDED

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

Facility Information

Facility Name: E & R ALWAYS HOME (0012356)
Address: 869 OAK ROAD, MOSINEE, WI 54455
License Status: REGULAR
Licensed/Certified/Registered 09/09/2008
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0102450 **End Date:** 05/13/2008 **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
Adult Family Home
COUNTY: MARATHON

Facility Information

Facility Name: MEADOW HAVEN NORTH (0009656)
Address: 1021 ROCKY RIDGE ROAD, MOSINEE, WI 54455
License Status: REGULAR
Licensed/Certified/Registered 06/03/2002
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0099871 **End Date:** 07/20/2007 **Type:** ABBREVIATED **Purpose:** SURVEY/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #SHMX11 Served 08/01/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(6)(am)	FOUR YEAR CAREGIVER BACKGROUND REQUIREMENT		
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY		

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

Facility Information

Facility Name: RUSTIC WILLOWS (0011444)
Address: 1365 MOON ROAD, MOSINEE, WI 54455
License Status: REGULAR
Licensed/Certified/Registered 06/01/2006
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0101054 **End Date:** 12/26/2007 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #TCT511 Served 02/09/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.06(3)(f)	REVIEW OF ISP		

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

Facility Information

Facility Name: BIRCH NORTH (0009474)
Address: 5111 BIRCH STREET, SCHOFIELD, WI 54476
License Status: REGULAR
Licensed/Certified/Registered 12/21/2001
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0101951 **End Date:** 06/09/2008 **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
Adult Family Home
COUNTY: MARATHON

Facility Information

Facility Name: BIRCH SOUTH (0009475)
Address: 5113 BIRCH STREET, SCHOFIELD, WI 54476
License Status: REGULAR
Licensed/Certified/Registered 12/21/2001
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0101087 **End Date:** 12/26/2007 **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
Adult Family Home
COUNTY: MARATHON

Facility Information

Facility Name: CARTER EAST (0010424)
Address: 3314 CARTER AVENUE, SCHOFIELD, WI 54476
License Status: REGULAR
Licensed/Certified/Registered 01/27/2004
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0099907 **End Date:** 07/23/2007 **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
Adult Family Home
COUNTY: MARATHON

Facility Information

Facility Name: HORIZON EAST (0010119)
Address: 3304 HORIZON CT, SCHOFIELD, WI 544760361
License Status: REGULAR
Licensed/Certified/Registered 08/08/2003
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0103820 **End Date:** 04/10/2009 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0098598 **End Date:** 01/19/2007 **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
Adult Family Home
COUNTY: MARATHON

Facility Information

Facility Name: HORIZON WEST (0010423)
Address: 3302 HORIZON COURT, SCHOFIELD, WI 544760361
License Status: REGULAR
Licensed/Certified/Registered 01/27/2004
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0100651 **End Date:** 11/13/2007 **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
Adult Family Home
COUNTY: MARATHON

Facility Information

Facility Name: C OF L HAVEN 1 (0011588)
Address: 9207 ANDREA STREET, WESTON, WI 54476
License Status: REGULAR
Licensed/Certified/Registered 10/20/2006
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0101727 **End Date:** 04/23/2008 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #MB9Q11 Served 05/19/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(4)(d)2.c	SEMI-ANNUAL FIRE DRILLS		

Survey ID: 0098056 **End Date:** 09/21/2006 **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
Adult Family Home
COUNTY: MARATHON

Facility Information

Facility Name: C OF L HAVEN 2 (0011589)
Address: 9209 ANDREA STREET, WESTON, WI 54476
License Status: REGULAR
Licensed/Certified/Registered 10/20/2006
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0101557 **End Date:** 04/23/2008 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0098057 **End Date:** 09/21/2006 **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
Adult Family Home
COUNTY: MARATHON

Facility Information

Facility Name: C OF L HAVEN 3 (0012538)
Address: 9203 ANDREA STREET, WESTON, WI 54476
License Status: REGULAR
Licensed/Certified/Registered 10/21/2008
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0102733 **End Date:** 10/17/2008 **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
Adult Family Home
COUNTY: MARATHON

Facility Information

Facility Name: HORIZON 3 (0012803)
Address: 3303 HORIZON COURT, WESTON, WI 54476
License Status: REGULAR
Licensed/Certified/Registered 06/15/2009
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0104165 **End Date:** 05/13/2009 **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
Adult Family Home
COUNTY: MARATHON

Facility Information

Facility Name: HORIZON 5 (0012804)
Address: 3305 HORIZON COURT, WESTON, WI 54476
License Status: REGULAR
Licensed/Certified/Registered 06/15/2009
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0104166 **End Date:** 05/13/2009 **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
Adult Family Home
COUNTY: MARATHON

Facility Information

Facility Name: HORIZON NORTH (0010842)
Address: 3306 HORIZON COURT, WESTON, WI 54476
License Status: REGULAR
Licensed/Certified/Registered 03/14/2005
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0101957 **End Date:** 06/11/2008 **Type:** ABBREVIATED **Purpose:** SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0098384 **End Date:** 12/22/2006 **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
Adult Family Home
COUNTY: MARATHON

Facility Information

Facility Name: HORIZON SOUTH (0010841)
Address: 3308 HORIZON COURT, WESTON, WI 54476
License Status: REGULAR
Licensed/Certified/Registered 03/23/2005
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0102103 **End Date:** 06/11/2008 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #E0NQ11 Served 07/10/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.09(2)(a)8	TRAINING DOCUMENTATION		

Survey ID: 0098385 **End Date:** 11/21/2006 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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