

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 includes only facilities located within the City of Wausau. Reports for facilities located in other communities are listed separately on the DQA Facility Profile webpage.

The report is a PDF (Adobe Acrobat) document and includes a total of 44 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: AURORA RESIDENTIAL ALTERNATIVES #125 (0010626)

Address: 1807 MILWAUKEE AVENUE, WAUSAU, WI 54403

License Status: REGULAR

Licensed/Certified/Registered 08/25/2004

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

Survey History

Survey ID: 0101830 **End Date:** 05/15/2008 **Type:** ABBREVIATED **Purpose:** SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0097434 **End Date:** 07/19/2006 **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 #129 (0011314)

Address: 1801 MILWAUKEE AVENUE, WAUSAU, WI 54403

License Status: REGULAR

Licensed/Certified/Registered 02/15/2006

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

Survey History

Survey ID: 0101083 **End Date:** 01/23/2008 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0100610 **End Date:** 11/08/2007 **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

Complaint History (AURORA RESIDENTIAL ALTERNATIVES #129)

Date Complaint Received: 11/28/2007

Date Investigation Completed: 01/22/2008

Subject Area(s)
RESIDENT RIGHTS
ABUSE

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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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: BIRCHWOOD (0011888)
Address: 1811 MILWAUKEE AVENUE, WAUSAU, WI 54403
License Status: REGULAR
Licensed/Certified/Registered 05/10/2007
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0099341 **End Date:** 05/08/2007 **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

Facility Information

Facility Name: BLASER ADULT FAMILY CARE (0012040)
Address: 801 GRANT STREET, WAUSAU, WI 54403
License Status: REGULAR
Licensed/Certified/Registered 08/03/2007
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0099873 **End Date:** 08/01/2007 **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

Facility Information

Facility Name: CHANGE POINT (0010144)
Address: 314 SOUTH 8TH AVENUE, WAUSAU, WI 54401
License Status: REGULAR
Licensed/Certified/Registered 08/25/2003
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0099466 **End Date:** 05/17/2007 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #Q6WJ11 Served 06/06/2007

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

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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: CHERISH (0012111)
Address: 1610 GINGER LANE, WAUSAU, WI 54403
License Status: REGULAR
Licensed/Certified/Registered 12/12/2007
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0100707 **End Date:** 12/04/2007 **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

Facility Information

Facility Name: DAUL AFH (0010731)
Address: 2207 NORTH 49TH STREET, WAUSAU, WI 54403
License Status: REGULAR
Licensed/Certified/Registered 11/05/2004
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0101573 **End Date:** 03/17/2008 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #S2O111 Served 04/24/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS		
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY		

Survey ID: 0097580 **End Date:** 08/11/2006 **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

Enforcement History (DAUL AFH)

Date: 04/23/2008 SOD #S2O111 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: EAGLES VIEW (0012338)
Address: 514 SHERMAN STREET #2, WAUSAU, WI 54401
License Status: REGULAR
Licensed/Certified/Registered 07/24/2008
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0103186 **End Date:** 10/08/2008 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #9DTC11 Served 01/07/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.06(3)(c)	ASSESSMENT IDENTIFY NEEDS & ABILITIES		

Survey ID: 0102170 **End Date:** 07/08/2008 **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

Complaint History (EAGLES VIEW)

Date Complaint Received: 08/28/2008

Date Investigation Completed: 10/08/2008

Subject Area(s)

RESIDENT RIGHTS
NUTRITION & FOOD SERVICES
MEDICATIONS
PROGRAM SERVICES

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 08/27/2008

Date Investigation Completed: 10/08/2008

Subject Area(s)

PROGRAM SERVICES

Result

NOT SUBSTANTIATED

SOD #

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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: EMBERS (0012339)
Address: 514 SHERMAN STREET #1, WAUSAU, WI 54401
License Status: REGULAR
Licensed/Certified/Registered 07/24/2008
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0103298 **End Date:** 01/21/2009 **Type:** OTHER **Purpose:** SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #ZI1X11 Served 01/09/2009

Deficiencies Cited
88.06(3)(c)

Subject Area
ASSESSMENT IDENTIFY NEEDS & ABILITIES

Compliance
Verified

Corrected

Survey ID: 0103188 **End Date:** 10/08/2008 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #RCUW11 Served 01/09/2008

Deficiencies Cited
88.10(3)(l)

Subject Area
SAFE PHYSICAL ENVIRONMENT

Compliance
Verified

Corrected

Survey ID: 0102169 **End Date:** 07/08/2008 **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

Complaint History (EMBERS)

Date Complaint Received: 08/28/2008

Date Investigation Completed: 10/08/2008

Subject Area(s)

RESIDENT RIGHTS
NUTRITION & FOOD SERVICES
MEDICATIONS
PROGRAM SERVICES

Result

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
Adult Family Home
COUNTY: MARATHON

Facility Information

Facility Name: GOLDENROD HOME (0010983)
Address: 2104 GOLDENROD ROAD, WAUSAU, WI 54401
License Status: REGULAR
Licensed/Certified/Registered 07/28/2005
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0101955 **End Date:** 06/09/2008 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0099071 **End Date:** 03/23/2007 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0098656 **End Date:** 01/25/2007 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10009671 Served 02/10/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(a)	RESPONSIBILITIES	06/09/2008	Yes
88.04(5)(c)	TRAINING-AGENCY MAY REQUIRE ADDITIONAL	06/09/2008	Yes
88.06(2)(a)	ADMISSION-HEALTH EXAM	06/09/2008	Yes
88.09(1)(a)	RESIDENT RECORDS	06/09/2008	Yes
88.10(3)(q)	MEDICATIONS	06/09/2008	Yes

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

Survey ID: 0098240 End Date: 11/09/2006 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

Enforcement History (GOLDENROD HOME)

Date: 02/06/2007 SOD #10009671 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
PROVIDE TRAINING

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

Complaint History (GOLDENROD HOME)

Date Complaint Received: 01/17/2007

Date Investigation Completed: 03/20/2007

Subject Area(s)

RESIDENT BEHAVIOR/FACILITY PRACTICE
MEDICATIONS

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 12/05/2006

Date Investigation Completed: 01/09/2007

Subject Area(s)

MEDICATIONS
PROGRAM SERVICES
MEDICATIONS

Result

SUBSTANTIATED
NOT SUBSTANTIATED
SUBSTANTIATED

SOD #

10009671

10009671

Date Complaint Received: 11/30/2006

Date Investigation Completed: 01/09/2007

Subject Area(s)

MEDICATIONS
ADMINISTRATION
PROGRAM SERVICES

Result

NOT SUBSTANTIATED
SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

10009671

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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: HAMILTON HOUSE (0009888)
Address: 617 HAMILTON STREET, WAUSAU, WI 54403
License Status: REGULAR
Licensed/Certified/Registered 03/18/2003
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0103458 **End Date:** 02/04/2009 **Type:** OTHER **Purpose:** OTHER

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0101220 **End Date:** 02/26/2008 **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

Enforcement History (HAMILTON HOUSE)

Date: 08/01/2006 SOD #10009578 Appealed: No

Sanctions

COMPLY WITH REQUIREMENT
COMPLY WITH FACILITY PLAN OF CORRECTION
PROVIDE TRAINING

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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: LOUZE ADULT FAMILY HOME (690061)
Address: 8207 PIONEER LANE, WAUSAU, WI 544039675
License Status: REGULAR
Licensed/Certified/Registered: 10/25/1996
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0101177 **End Date:** 02/12/2008 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #L2N511 Served 02/21/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(a)	HOME ENVIRONMENT		
88.07(3)(a)	PRESCRIPTION MEDICATIONS		

Survey ID: 0101051 **End Date:** 12/28/2007 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #RPS913 Served 02/04/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.07(3)(d)	MEDICATION- WRITTEN ORDER	02/06/2008	Yes
88.10(3)(q)	MEDICATIONS	02/06/2008	Yes

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

Survey ID: 0100333 End Date: 09/26/2007 Type: STANDARD Purpose: SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #RPS912 Served 10/11/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(a)	RESPONSIBILITIES	12/28/2007	Yes
88.05(3)(d)	ANNUAL WELL WATER INSPECTIONS	12/28/2007	Yes
88.05(3)(m)	2 EXITS TO GRADE-BEDROOMS IN BASEMENT	12/28/2007	Yes
88.05(4)(a)	FIRE SAFETY-FIRE EXTINGUISHERS	12/28/2007	Yes
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE	12/28/2007	Yes
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION	12/28/2007	Yes
88.07(3)(a)	PRESCRIPTION MEDICATIONS	12/28/2007	Yes
88.07(3)(c)	MEDICATION ASSISTANCE	12/28/2007	Yes
88.10(3)(q)	MEDICATIONS	12/28/2007	No

Survey ID: 0097659 End Date: 08/11/2006 Type: STANDARD Purpose: SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10009593 Served 09/06/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY	09/26/2007	Yes
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION	09/26/2007	No
88.05(4)(d)2.c	SEMI-ANNUAL FIRE DRILLS	09/26/2007	Yes
88.06(3)(f)	REVIEW OF ISP	09/26/2007	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 (LOUZE ADULT FAMILY HOME)

Date: 02/20/2008 **SOD #L2N511** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

Date: 02/04/2008 **SOD #RPS913** **Appealed: No**

Sanctions

COMPLY WITH REQUIREMENT

Date: 09/05/2006 **SOD #10009593** **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 (LOUZE ADULT FAMILY HOME)

Date Complaint Received: 01/22/2008

Date Investigation Completed: 02/06/2008

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
SUPERVISION	NOT SUBSTANTIATED	
RESIDENT RIGHTS	NOT SUBSTANTIATED	
ABUSE	NOT SUBSTANTIATED	
HOMELIKE ENVIRONMENT & CLEANLINESS	SUBSTANTIATED	L2N511
MEDICATIONS	NOT SUBSTANTIATED	
ADMINISTRATION	NOT SUBSTANTIATED	
STAFF TRAINING AND PROFICIENCY	NOT SUBSTANTIATED	
STAFF ADEQUACY	NOT SUBSTANTIATED	
PROGRAM SERVICES	NOT SUBSTANTIATED	

Date Complaint Received: 01/11/2008

Date Investigation Completed: 02/06/2008

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
SUPERVISION	NOT SUBSTANTIATED	
ABUSE	NOT SUBSTANTIATED	
HOMELIKE ENVIRONMENT & CLEANLINESS	SUBSTANTIATED	L2N511
MEDICATIONS	SUBSTANTIATED	L2N511
PROGRAM SERVICES	NOT SUBSTANTIATED	

Date Complaint Received: 07/18/2007

Date Investigation Completed: 09/26/2007

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PHYSICAL PLANTS & SAFETY HAZARDS	NOT SUBSTANTIATED	
MEDICATIONS	NOT SUBSTANTIATED	
ADMINISTRATION	NOT SUBSTANTIATED	

Date Complaint Received: 07/20/2006

Date Investigation Completed: 08/11/2006

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PHYSICAL PLANTS & SAFETY HAZARDS	NOT SUBSTANTIATED	

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

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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: MARKS ADULT FAMILY HOME (0012269)
Address: 2323 N 28TH STREET, WAUSAU, WI 54403
License Status: REGULAR
Licensed/Certified/Registered 05/13/2008
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0101698 **End Date:** 02/20/2008 **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: NATURES WALK (0012370)
Address: 510 SHERMAN ST #3, WAUSAU, WI 54401
License Status: REGULAR
Licensed/Certified/Registered 07/24/2008
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0102738 **End Date:** 10/08/2008 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0102171 **End Date:** 07/08/2008 **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

Complaint History (NATURES WALK)

Date Complaint Received: 08/28/2008

Date Investigation Completed: 10/08/2008

Subject Area(s)

RESIDENT RIGHTS
NUTRITION & FOOD SERVICES
MEDICATIONS
PROGRAM SERVICES

Result

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
Adult Family Home
COUNTY: MARATHON

Facility Information

Facility Name: NEW BEGINNINGS ADULT FAMILY HOME (0009118)

Address: 702 PLUMER STREET, WAUSAU, WI 54403

License Status: REGULAR

Licensed/Certified/Registered 09/01/2000

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

Survey History

Survey ID: 0100780 **End Date:** 11/30/2007 **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: PROSPECT PLACE (0010153)
Address: 412 PROSPECT AVENUE, WAUSAU, WI 54403
License Status: REGULAR
Licensed/Certified/Registered 10/01/2003
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0102205 **End Date:** 07/10/2008 **Type:** ABBREVIATED **Purpose:** SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0098239 **End Date:** 11/08/2006 **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: RANDLIN ADULT FAMILY CARE HOME INC (0009249)

Address: 706 NORTH 10TH AVENUE, WAUSAU, WI 54401

License Status: REGULAR

Licensed/Certified/Registered 03/26/2001

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

Survey History

Survey ID: 0100120 **End Date:** 07/25/2007 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #Z8W611 Served 09/21/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS		
88.09(1)(b)	RESIDENT RECORDS-CONFIDENTIALITY		

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

Enforcement History (RANDLIN ADULT FAMILY CARE HOME INC)

Date: 09/14/2007 SOD #Z8W611 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: REM-NORTHWESTERN (0012897)
Address: 1909 NORTHWESTERN AVENUE, WAUSAU, WI 544039321
License Status: REGULAR
Licensed/Certified/Registered 08/03/2009
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

No survey activity during the period 07/01/2006 through 06/30/2009.

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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: SEKARA LLC II (0011937)
Address: 2011 NORTHWESTERN AVENUE, WAUSAU, WI 54401
License Status: REGULAR
Licensed/Certified/Registered 07/02/2007
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0104103 **End Date:** 05/28/2009 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #Y93811 Served 06/02/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(g)1	HEALTH SCREENING FOR STAFF		
88.06(3)(f)	REVIEW OF ISP		

Survey ID: 0099709 **End Date:** 06/05/2007 **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

Facility Information

Facility Name: SEKARA LLC III (0011938)
Address: 1916 BROOKVIEW COURT, WAUSAU, WI 54401
License Status: REGULAR
Licensed/Certified/Registered 07/02/2007
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0099710 **End Date:** 06/05/2007 **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

Facility Information

Facility Name: TESSIER-LANGER ADULT FAMILY HOME (0011827)

Address: 404 WESTON AVENUE, WAUSAU, WI 54403

License Status: REGULAR

Licensed/Certified/Registered 05/24/2007

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

Survey History

Survey ID: 0104125 **End Date:** 05/22/2009 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #2TVW11 Served 06/05/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(4)(d)2.a	FIRE SAFETY EVACUATION PLAN REVIEW		
88.06(2)(b)	SERVICE AGREEMENT EXCEPT RESPITE		

Survey ID: 0099356 **End Date:** 04/03/2007 **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 (TESSIER-LANGER ADULT FAMILY HOME)

Date: 06/03/2009 SOD #2TVW11 Appealed: No

Sanctions

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

Facility Information

Facility Name: THARENS PLACE (0011887)
Address: 1813 MILWAUKEE AVENUE, WAUSAU, WI 54403
License Status: REGULAR
Licensed/Certified/Registered 05/16/2007
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0103969 **End Date:** 05/07/2009 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #78FY11 Served 05/13/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(c)	CHANGE IN TYPE OF INDIVIDUAL SERVED		
88.06(3)(f)	REVIEW OF ISP		
88.10(3)(q)	MEDICATIONS		

Survey ID: 0099909 **End Date:** 07/20/2007 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0099688 **End Date:** 05/09/2007 **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

Complaint History (THARENS PLACE)

Date Complaint Received: 06/07/2007

Date Investigation Completed: 07/20/2007

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
RESIDENT RIGHTS	NOT SUBSTANTIATED	
ABUSE	NOT SUBSTANTIATED	
RESIDENT BEHAVIOR/FACILITY PRACTICE	NOT SUBSTANTIATED	
PROGRAM SERVICES	NOT SUBSTANTIATED	

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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: TRANQUILITY WAY LLC I (0012146)
Address: 1920 MILWAUKEE AVENUE, WAUSAU, WI 54403
License Status: REGULAR
Licensed/Certified/Registered 10/31/2007
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0100437 **End Date:** 10/31/2007 **Type:** INITIAL **Purpose:** CHOW--DESK REVIEW
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: TRANQUILITY WAY LLC II (0012147)
Address: 1922 MILWAUKEE AVENUE, WAUSAU, WI 54403
License Status: REGULAR
Licensed/Certified/Registered 10/31/2007
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0100438 **End Date:** 10/31/2007 **Type:** INITIAL **Purpose:** CHOW--DESK REVIEW
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: UNITY (0012110)
Address: 1710 MILWAUKEE AVENUE, WAUSAU, WI 54403
License Status: REGULAR
Licensed/Certified/Registered 12/12/2004
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0100708 **End Date:** 12/04/2007 **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

Facility Information

Facility Name: WILLOWS WAY (0012336)
Address: 510 SHERMAN STREET #4, WAUSAU, WI 54401
License Status: REGULAR
Licensed/Certified/Registered 07/24/2008
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0103780 **End Date:** 03/31/2009 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0102740 **End Date:** 10/08/2008 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0102172 **End Date:** 07/08/2008 **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

Complaint History (WILLOWS WAY)

Date Complaint Received: 02/19/2009

Date Investigation Completed: 03/31/2009

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 09/04/2008

Date Investigation Completed: 10/08/2008

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS
PROGRAM SERVICES

NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 08/28/2008

Date Investigation Completed: 10/08/2008

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS
NUTRITION & FOOD SERVICES
MEDICATIONS
PROGRAM SERVICES

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

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