

Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Community Based Residential Facility
COUNTY: MARATHON

Notes

This report includes Provider Inspection Summaries (Facility Profiles) for Community Based Residential Facilities in Marathon County.

The report is a PDF (Adobe Acrobat) document and includes a total of 49 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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MARATHON

Facility Information

Facility Name: APLEGATE REFLECTIONS (0012101)

Address: 3001 WESTHILL DRIVE, WAUSAU, WI 54401

License Status: REGULAR

Licensed/Certified/Registered 12/01/2007

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

Survey History

Survey ID: 0102108 **End Date:** 06/13/2008 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #Q8UM11 Served 07/21/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(1)(a)	CLIENT RELATED TRAINING	04/01/2009	
83.14(1)(c)	UNIVERSAL PRECAUTIONS	04/01/2009	
83.14(1)(d)	FIRE SAFETY, FIRST AID & CHOKING	04/01/2009	
83.14(2)	TRAINING DIETARY NEEDS & MENU PLANNING	04/01/2009	
83.19(3)(f)	ACCIDENT RESULTS IN HOSPITALIZATION	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: MARATHON

Enforcement History (APPLEGATE REFLECTIONS)

Date: 07/09/2008 **SOD #Q8UM11** **Appealed: No**

Sanctions

FORFEITURE---83.14(1)(a)

FORFEITURE---83.14(1)(c)

FORFEITURE---83.14(1)(d)

FORFEITURE---83.14(2)

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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: MARATHON

Facility Information

Facility Name: PINE RIDGE ASSISTED LIVING COLBY (0012343)

Address: 1110 N DIVISION STREET, COLBY, WI 54421

License Status: REGULAR

Licensed/Certified/Registered 06/02/2008

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

Survey History

Survey ID: 0103326 **End Date:** 01/21/2009 **Type:** OTHER **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0101832 **End Date:** 05/29/2008 **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MARATHON

Facility Information

Facility Name: MILLER COUNTRY CARE (0011363)

Address: W782 LEROY STREET, EDGAR, WI 54426

License Status: REGULAR

Licensed/Certified/Registered 11/01/2006

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

Survey History

Survey ID: 0102854 **End Date:** 10/23/2008 **Type:** STANDARD **Purpose:** COMPLAINT/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #886F11 Served 11/06/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(2)(a)5	HARMFUL BEHAVIOR PATTERNS	04/01/2009	

Survey ID: 0101491 **End Date:** 03/25/2008 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #ZPQK11 Served 04/12/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.19(3)(e)	WHEN POLICE ARE CALLED TO FACILITY	10/23/2008	Yes
83.42(3)(e)	QUARTERLY FIRE DRILLS	10/23/2008	Yes
83.42(3)(f)	SLEEPING HOURS EVACUATION DRILL	10/23/2008	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: MARATHON

Survey ID: 0097922 End Date: 10/02/2006 Type: STANDARD Purpose: SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10009604 Served 10/13/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.13(6)(a)1	CRIMINAL RECORDS CHECK	03/24/2008	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: MARATHON

Enforcement History (MILLER COUNTRY CARE)

Date: 10/12/2006 **SOD #10009604** **Appealed: Yes** **Decision: WITHDRAWN APPEAL (NO STIPULATIO**
Sanctions
SUBMIT POC (SOD APPEAL ONLY)

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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: MARATHON

Complaint History (MILLER COUNTRY CARE)

Date Complaint Received: 06/18/2009

Date Investigation Completed: 07/31/2009

Subject Area(s)

RESIDENT RIGHTS
PHYSICAL PLANTS & SAFETY HAZARDS
STAFF TRAINING AND PROFICIENCY

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 08/21/2008

Date Investigation Completed: 10/23/2008

Subject Area(s)

RESIDENT RIGHTS
ADMISSION, TRANSFER & DISCHARGE

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 02/13/2008

Date Investigation Completed: 03/24/2008

Subject Area(s)

RESIDENT RIGHTS
RESIDENT BEHAVIOR/FACILITY PRACTICE

Result

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: MARATHON

Facility Information

Facility Name: ALLISON HOUSE OF MARATHON CITY (0012663)

Address: 663 MARATECH AVENUE, MARATHON CITY, WI 54448

License Status: REGULAR

Licensed/Certified/Registered 02/13/2009

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

Survey History

Survey ID: 0103445 **End Date:** 02/11/2009 **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MARATHON

Facility Information

Facility Name: MILLER ALTERNATIVE CARE (0010053)

Address: 3013 WEST MANN STREET, MARSHFIELD, WI 54449

License Status: REGULAR

Licensed/Certified/Registered 07/15/2004

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

Survey History

Survey ID: 0103296 **End Date:** 01/12/2009 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #U88B11 Served 01/28/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.13(6)(a)1	CRIMINAL RECORDS CHECK	04/01/2009	

Survey ID: 0102332 **End Date:** 07/30/2008 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #NPR911 Served 08/20/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)	SIGNING ASSESSMENT AND ISP	01/12/2009	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: MARATHON

Survey ID: 0098863 End Date: 02/15/2007 Type: STANDARD Purpose: SURVEY/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10009680 Served 03/10/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(4)(o)	MEDICATIONS	01/12/2009	Yes
83.33(3)(a)1	PRACTITIONER'S WRITTEN ORDER FOR MEDS	01/12/2009	Yes
83.33(3)(a)2	REVIEW OF MEDICATION REGIMEN	01/12/2009	Yes
83.33(3)(e)2.a	WRITTEN ORDER TO ADMINISTER MEDICATIONS	01/12/2009	Yes
83.41(10)(a)	BUILDING MAINTENANCE	01/12/2009	Yes
83.41(5)(d)4	APPROVED WELLS WATER SAMPLED ANNUALLY	01/12/2009	Yes
83.42(2)(a)	EVALUATION RESIDENT EVACUATION LIMITS	01/12/2009	Yes
83.42(2)(b)	ANNUAL EVALUATION MORE THAN 2 MINUTES	01/12/2009	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: MARATHON

Enforcement History (MILLER ALTERNATIVE CARE)

Date: 03/08/2007 **SOD #**10009680 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

FORFEITURE---83.21(4)(o)

FORFEITURE---83.33(3)(a)2

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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: MARATHON

Complaint History (MILLER ALTERNATIVE CARE)

Date Complaint Received: 12/30/2008

Date Investigation Completed: 01/12/2009

Subject Area(s)

PHYSICAL PLANTS & SAFETY HAZARDS
HOMELIKE ENVIRONMENT & CLEANLINESS
NUTRITION & FOOD SERVICES
MEDICATIONS

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 07/09/2008

Date Investigation Completed: 07/30/2008

Subject Area(s)

LICENSED CAPACITY /CLASS OF LICENSE

Result

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: MARATHON

Facility Information

Facility Name: MILLER ELDER CARE (0010054)

Address: 3017 WEST MANN STREET, MARSHFIELD, WI 54449

License Status: REGULAR

Licensed/Certified/Registered 02/01/2004

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

Survey History

Survey ID: 0103285 **End Date:** 01/12/2009 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0099683 **End Date:** 06/05/2007 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #EP5E11 Served 07/05/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)	SIGNING ASSESSMENT AND ISP	01/12/2009	Yes
83.33(2)(c)	LEISURE TIME ACTIVITIES	01/12/2009	Yes
83.33(2)(d)	COMMUNITY ACTIVITIES	01/12/2009	Yes
83.33(3)(b)2.a	MEDICATIONS SHALL HAVE A LABEL	01/12/2009	Yes
83.33(3)(b)2.g	INTERNAL AND EXTERNAL STORED SEPARATELY	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: MARATHON

Survey ID: 0097385 End Date: 07/13/2006 Type: OTHER Purpose: COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10009576 Served 07/21/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.18(1)(b)	ACCESS TO RECORD SHALL BE RESTRICTED	06/05/2007	Yes
83.33(3)(b)2.d	MEDICATION STORAGE SHALL BE LOCKED	06/05/2007	Yes
83.35(5)(c)	FROZEN AT 0 DEGREES F. OR BELOW	06/05/2007	Yes
83.35(5)(d)	ACCURATE THERMOMETER INSIDE UNIT	06/05/2007	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: MARATHON

Enforcement History (MILLER ELDER CARE)

Date: 07/03/2007 SOD #EP5E11 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

FORFEITURE---83.33(2)(c)

FORFEITURE---83.33(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: MARATHON

Complaint History (MILLER ELDER CARE)

Date Complaint Received: 12/30/2008

Date Investigation Completed: 01/12/2009

Subject Area(s)

PHYSICAL PLANTS & SAFETY HAZARDS
HOMELIKE ENVIRONMENT & CLEANLINESS
NUTRITION & FOOD SERVICES
MEDICATIONS

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 04/12/2007

Date Investigation Completed: 06/05/2007

Subject Area(s)

RESIDENT BEHAVIOR/FACILITY PRACTICE
QUALITY OF LIFE

Result

NOT SUBSTANTIATED
SUBSTANTIATED

SOD #

EP5E11

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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: MARATHON

Facility Information

Facility Name: CEDAR CREEK MANOR II (0009074)

Address: 2482 TERREBONNE DRIVE, MOSINEE, WI 54455

License Status: REGULAR

Licensed/Certified/Registered 03/01/2001

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

Survey History

Survey ID: 0103701 **End Date:** 02/27/2009 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #KNPV11 Served 04/01/2009

<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)(g)3	CBRF ARRANGE HEALTH VISITS AND DOCUMENT	04/01/2009	

Survey ID: 0100291 **End Date:** 09/28/2007 **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: MARATHON

Enforcement History (CEDAR CREEK MANOR II)

Date: 03/30/2009 **SOD #KNPV11** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
FORFEITURE---83.33(2)(g)3

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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: MARATHON

Complaint History (CEDAR CREEK MANOR II)

Date Complaint Received: 12/05/2008

Date Investigation Completed: 02/27/2009

Subject Area(s)

RESIDENT BEHAVIOR/FACILITY PRACTICE
MEDICATIONS
PROGRAM SERVICES

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
SUBSTANTIATED

SOD #

KNPV11

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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: MARATHON

Facility Information

Facility Name: CEDAR CREEK MANOR (611026)

Address: 2480 TERREBONNE DRIVE, MOSINEE, WI 54455

License Status: REGULAR

Licensed/Certified/Registered 08/01/1998

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

Survey History

Survey ID: 0103700 **End Date:** 02/27/2009 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #LBXB11 Served 03/31/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.15(1)(c)1	ADEQUATE STAFFING	04/01/2009	
83.32(2)(a)	EXPLANATION OF RIGHTS, GRIEVANCE PROCEDURE	04/01/2009	

Survey ID: 0102755 **End Date:** 09/10/2008 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #3EUH11 Served 10/21/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
13.05(3)(a)	ENTITY ALLEGATION REPORTING REQUIREMENTS	01/29/2009	Yes
83.19(1)(e)1	NOTIFICATION OF ALLEGED ABUSE OR MISAPPROPRIATION OF PROPERTY	01/29/2009	Yes
83.33(3)(b)2.d	MEDICATION STORAGE SHALL BE LOCKED	01/29/2009	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: MARATHON

Survey ID: 0099780 End Date: 06/11/2007 Type: ABBREVIATED Purpose: SURVEY/COMPLAINT/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: MARATHON

Enforcement History (CEDAR CREEK MANOR)

Date: 03/30/2009 **SOD #LBXB11** **Appealed: No**

Sanctions

COMPLY WITH REQUIREMENT
FORFEITURE---83.15(1)(c)1

Date: 10/20/2008 **SOD #3EUH11** **Appealed: No**

Sanctions

FORFEITURE---83.33(3)(b)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: MARATHON

Complaint History (CEDAR CREEK MANOR)

Date Complaint Received: 12/05/2008

Date Investigation Completed: 02/03/2009

Subject Area(s)

RESIDENT BEHAVIOR/FACILITY PRACTICE
MEDICATIONS
PROGRAM SERVICES

Result

SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

LBXB11

Date Complaint Received: 08/11/2008

Date Investigation Completed: 09/10/2008

Subject Area(s)

MEDICATIONS

Result

SUBSTANTIATED

SOD #

3EUH11

Date Complaint Received: 04/11/2007

Date Investigation Completed: 06/11/2007

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MARATHON

Facility Information

Facility Name: CEDAR RIDGE ELDER SERVICES IV (0011518)

Address: 385 ORBITING DRIVE, MOSINEE, WI 54455

License Status: REGULAR

Licensed/Certified/Registered 12/01/2006

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

Survey History

Survey ID: 0101952 **End Date:** 06/19/2008 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0098668 **End Date:** 02/06/2007 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0098344 **End Date:** 12/07/2006 **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MARATHON

Complaint History (CEDAR RIDGE ELDER SERVICES IV)

Date Complaint Received: 01/11/2007

Date Investigation Completed: 02/06/2007

Subject Area(s)

RESIDENT BEHAVIOR/FACILITY PRACTICE
PHYSICAL PLANTS & SAFETY HAZARDS
HOMELIKE ENVIRONMENT & CLEANLINESS
MEDICATIONS
PROGRAM SERVICES

Result

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 AS (SEMIAMBULATORY)

COUNTY: MARATHON

Facility Information

Facility Name: VANDER WAAL CBRF (610082)

Address: 794 CTY HWY B, MOSINEE, WI 54455

License Status: REGULAR

Licensed/Certified/Registered 12/31/1985

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

Survey History

Survey ID: 0103937 **End Date:** 05/01/2009 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0098536 **End Date:** 01/16/2007 **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: MARATHON

Facility Information

Facility Name: WILLOW HAVEN CBRF LLC (0012930)

Address: 804 12TH STREET, MOSINEE, WI 54455

License Status: PROBATIONARY

Licensed/Certified/Registered 09/01/2009

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MARATHON

Facility Information

Facility Name: ALLISON HOUSE ASSISTED LIVING II (0012105)

Address: 1408 LILI LANE, SCHOFIELD, WI 54476

License Status: REGULAR

Licensed/Certified/Registered 01/22/2008

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

Survey History

Survey ID: 0103945 **End Date:** 04/09/2009 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #1JMR11 Served 05/06/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.09(1)	RESIDENT'S RIGHTS IN CERTAIN FACILITIES		

Survey ID: 0102523 **End Date:** 09/17/2008 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0101105 **End Date:** 01/08/2008 **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MARATHON

Complaint History (ALLISON HOUSE ASSISTED LIVING II)

Date Complaint Received: 02/23/2009

Date Investigation Completed: 04/09/2009

Subject Area(s)

RESIDENT RIGHTS
PHYSICAL PLANTS & SAFETY HAZARDS
MEDICATIONS
STAFF ADEQUACY
PROGRAM SERVICES

Result

SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

IJMR11

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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: MARATHON

Facility Information

Facility Name: ALLISON HOUSE (0010942)

Address: 1404 LILI LANE, SCHOFIELD, WI 54474

License Status: REGULAR

Licensed/Certified/Registered 04/01/2006

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

Survey History

Survey ID: 0100281 **End Date:** 09/19/2007 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #920G11 Served 10/05/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.33(3)(b)2.e	REFRIGERATED MEDICATION IN LOCKED BOX	04/01/2009	
83.35(5)(b)	ANNUAL EVALUATION OF EVACUATION LIMITS	04/01/2009	
83.42(3)(e)	QUARTERLY FIRE DRILLS	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: MARATHON

Facility Information

Facility Name: BELLEWOOD AVENUE COMMUNITY RESIDENCE (610255)

Address: 2211 BELLEWOOD AVENUE, SCHOFIELD, WI 54476

License Status: REGULAR

Licensed/Certified/Registered 10/17/1995

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

Survey History

Survey ID: 0101081 **End Date:** 01/30/2008 **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: MARATHON

Facility Information

Facility Name: CEDAR RIDGE ELDER SERVICES I (0011516)

Address: 4930 ALDERSON STREET, SCHOFIELD, WI 54476

License Status: REGULAR

Licensed/Certified/Registered 12/01/2006

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

Survey History

Survey ID: 0103673 **End Date:** 02/04/2009 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0102052 **End Date:** 06/24/2008 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0101142 **End Date:** 02/13/2008 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0098342 **End Date:** 12/12/2006 **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MARATHON

Complaint History (CEDAR RIDGE ELDER SERVICES I)

Date Complaint Received: 01/21/2009

Date Investigation Completed: 02/04/2009

Subject Area(s)

RESIDENT RIGHTS
MEDICATIONS
ADMINISTRATION
STAFF TRAINING AND PROFICIENCY

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 05/30/2008

Date Investigation Completed: 06/23/2008

Subject Area(s)

ADMISSION, TRANSFER & DISCHARGE
PROGRAM SERVICES

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 12/12/2007

Date Investigation Completed: 02/12/2008

Subject Area(s)

RESIDENT RIGHTS
RESIDENT BEHAVIOR/FACILITY PRACTICE

Result

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: MARATHON

Facility Information

Facility Name: CEDAR RIDGE ELDER SERVICES II (0011517)

Address: 4932 ALDERSON STREET, SCHOFIELD, WI 54476

License Status: REGULAR

Licensed/Certified/Registered 12/01/2006

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

Survey History

Survey ID: 0103674 **End Date:** 02/04/2009 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0101143 **End Date:** 02/13/2008 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0098343 **End Date:** 12/11/2006 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0097924 **End Date:** 10/04/2006 **Type:** OTHER **Purpose:** SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10009605 Served 10/13/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)	SIGNING ASSESSMENT AND ISP	12/11/2006	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: MARATHON

Complaint History (CEDAR RIDGE ELDER SERVICES II)

Date Complaint Received: 01/21/2009

Date Investigation Completed: 02/04/2009

Subject Area(s)

RESIDENT RIGHTS
MEDICATIONS
ADMINISTRATION
STAFF TRAINING AND PROFICIENCY

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 12/12/2007

Date Investigation Completed: 02/13/2008

Subject Area(s)

RESIDENT RIGHTS
RESIDENT BEHAVIOR/FACILITY PRACTICE

Result

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 CS (SEMIAMBULATORY)

COUNTY: MARATHON

Facility Information

Facility Name: CEDAR RIDGE ELDER SERVICES III (0011519)

Address: 2309 ROSS AVENUE, SCHOFIELD, WI 54476

License Status: REGULAR

Licensed/Certified/Registered 12/01/2006

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

Survey History

Survey ID: 0102050 **End Date:** 06/19/2008 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0098345 **End Date:** 12/06/2006 **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

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

COUNTY: MARATHON

Complaint History (CEDAR RIDGE ELDER SERVICES III)

Date Complaint Received: 06/03/2008

Date Investigation Completed: 06/19/2008

Subject Area(s)

MEDICATIONS
STAFF TRAINING AND PROFICIENCY
PROGRAM SERVICES

Result

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: MARATHON

Facility Information

Facility Name: CHADWICK STREET COMMUNITY RESIDENCE (610254)

Address: 5006 CHADWICK STREET, SCHOFIELD, WI 54476

License Status: REGULAR

Licensed/Certified/Registered 10/12/1995

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

Survey History

Survey ID: 0098241 **End Date:** 11/03/2006 **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MARATHON

Facility Information

Facility Name: HEATHER STREET COMMUNITY RESIDENCE (610246)

Address: 5010 HEATHER STREET, SCHOFIELD, WI 54476

License Status: REGULAR

Licensed/Certified/Registered 09/12/1995

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

Survey History

Survey ID: 0101657 **End Date:** 05/06/2008 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0097987 **End Date:** 10/10/2006 **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
Community Based Residential Facility--CLASS AA (AMBULATORY)
COUNTY: MARATHON

Facility Information

Facility Name: BACK COUNTRY MANOR (0011758)
Address: S645 HANSON ROAD, SPENCER, WI 54479
License Status: REGULAR
Licensed/Certified/Registered 08/01/2007
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0099799 **End Date:** 07/02/2007 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #T7W211 Served 07/25/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.33(3)(b)2.a	MEDICATIONS SHALL HAVE A LABEL	04/01/2009	

Survey ID: 0098657 **End Date:** 01/17/2007 **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MARATHON

Facility Information

Facility Name: NORTHSIDE ELDER ESTATE (611036)

Address: 808 NORTH 3RD AVENUE, STRATFORD, WI 54484

License Status: REGULAR

Licensed/Certified/Registered 08/01/1998

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

Survey History

Survey ID: 0102122 **End Date:** 07/10/2008 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0101958 **End Date:** 06/10/2008 **Type:** ABBREVIATED **Purpose:** SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0098386 **End Date:** 12/05/2006 **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MARATHON

Complaint History (NORTHSIDE ELDER ESTATE)

Date Complaint Received: 06/24/2008

Date Investigation Completed: 06/27/2008

Subject Area(s)

Result

SOD #

ABUSE

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: MARATHON

Facility Information

Facility Name: CARE PARTNERS ASSISTED LIVING WESTON (0011313)

Address: 5855 DELIKOWSKI STREET, WESTON, WI 54476

License Status: REGULAR

Licensed/Certified/Registered 09/01/2006

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

Survey History

Survey ID: 0103758 **End Date:** 03/11/2009 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #6Q2F11 Served 04/07/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.19(3)(f)	ACCIDENT RESULTS IN HOSPITALIZATION	04/01/2009	
83.21(4)(o)	MEDICATIONS	04/01/2009	
83.35(7)(b)2	FOOD PREPARATION AREA CLEAN GOOD REPAIR	04/01/2009	

Survey ID: 0102174 **End Date:** 07/10/2008 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #1GZJ11 Served 07/19/2008

<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	03/11/2009	Yes
83.42(6)(a)1	ANNUAL INSPECTION BY FIRE DEPARTMENT	03/11/2009	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: MARATHON

Survey ID: 0100330 **End Date: 10/05/2007** **Type: STANDARD** **Purpose: SURVEY/COMPLAINT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #08ND12 Served 10/17/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.11(3)(a)	RESPONSIBILITIES	07/07/2008	Yes
83.16(1)(h)1	PREPAID FEES RETURNED WITHIN 10 DAYS	07/07/2008	Yes
83.32(2)(d)	REVIEW OF PROGRESS	07/07/2008	Yes

Survey ID: 0098764 **End Date: 02/15/2007** **Type: OTHER** **Purpose: COMPLAINT/SELF REPORT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10009678 Served 02/22/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(4)(o)	MEDICATIONS	10/04/2007	Yes

Survey ID: 0097925 **End Date: 09/26/2006** **Type: STANDARD** **Purpose: SURVEY/COMPLAINT/SELF REPORT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10009606 Served 10/13/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(2)(d)	REVIEW OF PROGRESS	10/04/2007	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: MARATHON

Enforcement History (CARE PARTNERS ASSISTED LIVING WESTON)

Date: 07/17/2008 **SOD #1GZJ11** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

Date: 10/16/2007 **SOD #08ND12** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

FORFEITURE---83.11(3)(a)

FORFEITURE---83.16(1)(h)1

FORFEITURE---83.32(2)(d)

Date: 02/21/2007 **SOD #10009678** **Appealed: No**

Sanctions

PROVIDE TRAINING

FORFEITURE---83.21(4)(o)

Date: 10/12/2006 **SOD #10009606** **Appealed: Yes** **Decision: STIPULATION**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

PROVIDE TRAINING

FORFEITURE---83.20(1)(b)

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: MARATHON

Complaint History (CARE PARTNERS ASSISTED LIVING WESTON)

Date Complaint Received: 01/02/2009

Date Investigation Completed: 03/26/2009

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
RESIDENT BEHAVIOR/FACILITY PRACTICE	NOT SUBSTANTIATED	
PHYSICAL PLANTS & SAFETY HAZARDS	NOT SUBSTANTIATED	
NUTRITION & FOOD SERVICES	SUBSTANTIATED	6Q2F11
ADMINISTRATION	SUBSTANTIATED	6Q2F11
PROGRAM SERVICES	NOT SUBSTANTIATED	

Date Complaint Received: 10/24/2008

Date Investigation Completed: 03/26/2009

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
RESIDENT RIGHTS	NOT SUBSTANTIATED	
MEDICATIONS	SUBSTANTIATED	6Q2F11
PROGRAM SERVICES	NOT SUBSTANTIATED	
QUALITY OF LIFE	SUBSTANTIATED	6Q2F11

Date Complaint Received: 08/21/2008

Date Investigation Completed: 03/26/2009

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
ADMINISTRATION	NOT SUBSTANTIATED	
STAFF ADEQUACY	SUBSTANTIATED	6Q2F11

Date Complaint Received: 06/06/2008

Date Investigation Completed: 07/07/2008

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
RESIDENT BEHAVIOR/FACILITY PRACTICE	NOT SUBSTANTIATED	
NUTRITION & FOOD SERVICES	NOT SUBSTANTIATED	
MEDICATIONS	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: MARATHON

Date Complaint Received: 08/01/2007

Date Investigation Completed: 10/05/2007

Subject Area(s)
ADMISSION, TRANSFER & DISCHARGE

Result
SUBSTANTIATED

SOD #
08ND12

Date Complaint Received: 02/06/2007

Date Investigation Completed: 02/12/2007

Subject Area(s)
MEDICATIONS

Result
SUBSTANTIATED

SOD #
10009678

Date Complaint Received: 09/19/2006

Date Investigation Completed: 09/26/2006

Subject Area(s)
RESIDENT BEHAVIOR/FACILITY PRACTICE
ADMISSION, TRANSFER & DISCHARGE

Result
SUBSTANTIATED
SUBSTANTIATED

SOD #
10009606
10009606

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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: MARATHON

Facility Information

Facility Name: SPRING CREST RESIDENCE (0012835)

Address: 3405 SPRING CREST CIRCLE, WESTON, WI 54476

License Status: PROBATIONARY

Licensed/Certified/Registered 06/24/2009

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

Survey History

Survey ID: 0104284 **End Date:** 06/16/2009 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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