

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 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 52 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: BISSELL STREET COMMUNITY RESIDENCE (610159)

Address: 1408 BISSELL STREET, WAUSAU, WI 54401

License Status: REGULAR

Licensed/Certified/Registered 11/12/1992

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

Survey History

Survey ID: 0100781 **End Date:** 12/12/2007 **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 CS (SEMIAMBULATORY)

COUNTY: MARATHON

Facility Information

Facility Name: BUTTERNUT ROAD (0009224)

Address: 2902 EAST BUTTERNUT ROAD, WAUSAU, WI 54403

License Status: REGULAR

Licensed/Certified/Registered 09/01/2001

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

Survey History

Survey ID: 0102111 **End Date:** 06/12/2008 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #Z1YX11 Served 07/11/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(4)(g)	FAIR TREATMENT	04/01/2009	

Survey ID: 0098260 **End Date:** 11/27/2006 **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 CS (SEMIAMBULATORY)

COUNTY: MARATHON

Enforcement History (BUTTERNUT ROAD)

Date: 07/10/2008

SOD #Z1YX11

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

Facility Information

Facility Name: CADY HOME WEST 1 (0008829)

Address: 1805 NORTH 6TH AVENUE, WAUSAU, WI 54401

License Status: REGULAR

Licensed/Certified/Registered 04/01/2000

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

Survey History

Survey ID: 0103953 **End Date:** 04/17/2009 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #57I611 Served 05/06/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.45(1)(b)	BUILDING INTEGRITY		

Survey ID: 0100119 **End Date:** 08/20/2007 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #G12F11 Served 09/18/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.16(1)(a)	SERVICES	04/14/2009	Yes
83.21(4)(g)	FAIR TREATMENT	04/14/2009	Yes
83.33(2)(c)	LEISURE TIME ACTIVITIES	04/14/2009	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: 0099678 **End Date: 05/23/2007** **Type: OTHER** **Purpose: COMPLAINT/SELF REPORT**

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #0SXH11 Served 06/13/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(1)(b)	LICENSEE PROTECT CIVIL RIGHTS OF RESIDENTS	08/10/2007	Yes

Survey ID: 0099065 **End Date: 03/05/2007** **Type: STANDARD** **Purpose: SURVEY/COMPLAINT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10009695 Served 04/06/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(1)(a)	CLIENT RELATED TRAINING	08/10/2007	Yes
83.14(1)(d)	FIRE SAFETY, FIRST AID & CHOKING	08/10/2007	Yes
83.43(3)(b)1	TESTING BY SERVICE COMPANY	08/10/2007	Yes

Survey ID: 0097883 **End Date: 08/25/2006** **Type: OTHER** **Purpose: COMPLAINT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10009598 Served 10/12/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.13(4)(a)	COMMUNICABLE DISEASE CONTROL	03/05/2007	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 (CADY HOME WEST 1)

Date: 09/14/2007 **SOD #G12F11** **Appealed: No**

Sanctions

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

Date: 04/04/2007 **SOD #10009695** **Appealed: No**

Sanctions

FORFEITURE---83.14(1)(a)
FORFEITURE---83.14(1)(d)

Date: 10/11/2006 **SOD #10009598** **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MARATHON

Complaint History (CADY HOME WEST 1)

Date Complaint Received: 04/24/2007

Date Investigation Completed: 08/20/2007

Subject Area(s)

SUPERVISION
NUTRITION & FOOD SERVICES
PROGRAM SERVICES

Result

SUBSTANTIATED
SUBSTANTIATED
SUBSTANTIATED

SOD #

G12F11
G12F11
G12F11

Date Complaint Received: 03/19/2007

Date Investigation Completed: 05/23/2007

Subject Area(s)

NUTRITION & FOOD SERVICES
STAFF TRAINING AND PROFICIENCY

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 09/05/2006

Date Investigation Completed: 03/05/2007

Subject Area(s)

RESIDENT BEHAVIOR/FACILITY PRACTICE
STAFF TRAINING AND PROFICIENCY

Result

NOT SUBSTANTIATED
SUBSTANTIATED

SOD #

10009695

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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: CADY HOME WEST 2 (0008811)

Address: 1815 NORTH 6TH AVENUE, WAUSAU, WI 54401

License Status: REGULAR

Licensed/Certified/Registered 04/01/2000

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

Survey History

Survey ID: 0103185 **End Date:** 12/18/2008 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #0OIL11 Served 01/07/2009

<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	04/01/2009	
83.35(7)(b)2	FOOD PREPARATION AREA CLEAN GOOD REPAIR	04/01/2009	
83.41(10)(f)	YARD AND SIDEWALK IN SAFE CONDITION	04/01/2009	
83.43(7)(b)	INSTALLATION AND MAINTENANCE	04/01/2009	

Survey ID: 0099794 **End Date:** 06/21/2007 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #4PNN12 Served 07/21/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.07(14)(a)	POSTINGS OF CITATIONS AND NOTICES	09/26/2008	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: 0099072 **End Date: 03/06/2007** **Type: STANDARD** **Purpose: SURVEY/COMPLAINT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10009689 Served 04/05/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(1)(d)	FIRE SAFETY, FIRST AID & CHOKING	06/20/2007	Yes
83.43(3)(b)1	TESTING BY SERVICE COMPANY	06/20/2007	Yes

Survey ID: 0097463 **End Date: 07/17/2006** **Type: OTHER** **Purpose: COMPLAINT**

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 (CADY HOME WEST 2)

Date: 01/06/2009 **SOD #00IL11** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

Date: 04/04/2007 **SOD #10009689** **Appealed: No**

Sanctions

FORFEITURE---83.14(1)(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 (CADY HOME WEST 2)

Date Complaint Received: 07/28/2008

Date Investigation Completed: 09/26/2008

Subject Area(s)

ADMISSION, TRANSFER & DISCHARGE

Result

NOT SUBSTANTIATED

SOD #

Date Complaint Received: 04/24/2007

Date Investigation Completed: 06/20/2007

Subject Area(s)

NUTRITION & FOOD SERVICES
MEDICATIONS
PROGRAM SERVICES

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 03/19/2007

Date Investigation Completed: 06/20/2007

Subject Area(s)

NUTRITION & FOOD SERVICES
STAFF TRAINING AND PROFICIENCY

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 09/05/2006

Date Investigation Completed: 03/06/2007

Subject Area(s)

HOMELIKE ENVIRONMENT & CLEANLINESS
NUTRITION & FOOD SERVICES
STAFF TRAINING AND PROFICIENCY
PROGRAM SERVICES

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

10009689

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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: GRANT STREET COMMUNITY RESIDENCE (610131)

Address: 615 GRANT STREET, WAUSAU, WI 54403

License Status: REGULAR

Licensed/Certified/Registered 07/31/1990

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

Survey History

Survey ID: 0102080 **End Date:** 07/07/2008 **Type:** ABBREVIATED **Purpose:** SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0098356 **End Date:** 12/18/2006 **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: HARBOR HOUSE CBRF (0009384)

Address: 3704 HUMMINGBIRD WAY, WAUSAU, WI 54401

License Status: REGULAR

Licensed/Certified/Registered 11/01/2002

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

Survey History

Survey ID: 0103702 **End Date:** 03/12/2009 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #ELWR11 Served 04/02/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(4)(p)	PROMPT AND ADEQUATE TREATMENT	04/01/2009	
83.35(7)(b)1	WORK AREAS AND EQUIPMENT	04/01/2009	
83.43(4)(b)2.d	SHARED ROOM WHERE MINIMUM LINTEL DEPTH	04/01/2009	

Survey ID: 0102202 **End Date:** 07/16/2008 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0101665 **End Date:** 04/15/2008 **Type:** OTHER **Purpose:** OTHER

Results: ENFORCEMENT ACTION

Statement of Deficiency: #7QJR11 Served 05/12/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.11(1)(b)	FIT AND QUALIFIED	07/08/2008	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: 0100382 End Date: 10/11/2007 Type: STANDARD Purpose: SURVEY/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #JOKD11 Served 10/26/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.33(2)(a)	SUPERVISION	07/08/2008	Yes
83.42(3)(e)	QUARTERLY FIRE DRILLS	07/08/2008	Yes
83.42(3)(f)	SLEEPING HOURS EVACUATION DRILL	07/08/2008	Yes

Survey ID: 0098472 End Date: 12/13/2006 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10009639 Served 01/16/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.15(1)(a)	ADMINISTRATOR QUALIFIED: ASSOCIATE DEGREE	10/11/2007	Yes
83.21(4)(p)	PROMPT AND ADEQUATE TREATMENT	10/11/2007	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

Survey ID: 0097927 End Date: 08/07/2006 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10009607 Served 10/18/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.11(3)(a)	RESPONSIBILITIES	12/11/2006	Yes
83.11(3)(h)	NOT PERMIT A CONDITION OF RISK	12/11/2006	Yes
83.14(1)(a)	CLIENT RELATED TRAINING	12/11/2006	Yes
83.14(2)	TRAINING DIETARY NEEDS & MENU PLANNING	12/11/2006	Yes
83.21(4)(b)	MAIL	12/11/2006	Yes
83.21(4)(g)	FAIR TREATMENT	12/11/2006	Yes
83.21(4)(w)	SAFE ENVIRONMENT	12/11/2006	Yes
83.32(2)(a)5	HARMFUL BEHAVIOR PATTERNS	12/11/2006	Yes
83.33(2)(a)	SUPERVISION	12/11/2006	Yes
83.41(3)(c)	FURNISHING APPROPRIATE TO THE ROOM	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

Enforcement History (HARBOR HOUSE CBRF)

Date: 03/30/2009 **SOD #ELWR11** **Appealed: No**

Sanctions

FORFEITURE---83.21(4)(p)

Date: 04/08/2008 **SOD #7QJR11** **Appealed: Yes** **Decision: STIPULATION**

Sanctions

NO NEW ADMISSIONS

Date: 10/22/2007 **SOD #JOKD11** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

FORFEITURE---83.42(3)(e)

Date: 01/11/2007 **SOD #10009639** **Appealed: No**

Sanctions

FORFEITURE---83.15(1)(a)

FORFEITURE---83.21(4)(p)

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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: 10/16/2006

SOD #10009607

Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

NO NEW ADMISSIONS

FORFEITURE---83.11(3)(h)

FORFEITURE---83.14(1)(a)

FORFEITURE---83.14(2)

FORFEITURE---83.21(4)(b)

FORFEITURE---83.21(4)(g)

FORFEITURE---83.21(4)(w)

FORFEITURE---83.32(2)(a)5

FORFEITURE---83.33(2)(a)

FORFEITURE---83.41(3)(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: MARATHON

Complaint History (HARBOR HOUSE CBRF)

Date Complaint Received: 12/07/2008

Date Investigation Completed: 03/09/2009

Subject Area(s)

HOMELIKE ENVIRONMENT & CLEANLINESS
PROGRAM SERVICES

Result

SUBSTANTIATED
SUBSTANTIATED

SOD #

ELWR11
ELWR11

Date Complaint Received: 05/30/2008

Date Investigation Completed: 07/08/2008

Subject Area(s)

STAFF ADEQUACY
PROGRAM SERVICES

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 11/27/2006

Date Investigation Completed: 12/13/2006

Subject Area(s)

STAFF ADEQUACY

Result

SUBSTANTIATED

SOD #

10009639

Date Complaint Received: 07/11/2006

Date Investigation Completed: 08/01/2006

Subject Area(s)

ADMINISTRATION

Result

SUBSTANTIATED

SOD #

10009607

Date Complaint Received: 07/05/2006

Date Investigation Completed: 08/01/2006

Subject Area(s)

SUPERVISION
ABUSE

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: HARMONY OF TERRACE COURT (0008864)

Address: 3402 TERRACE COURT, WAUSAU, WI 54401

License Status: REGULAR

Licensed/Certified/Registered 06/01/2000

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

Survey History

Survey ID: 0103338 **End Date:** 01/06/2009 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #5G6411 Served 02/04/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(4)(w)	SAFE ENVIRONMENT	04/01/2009	
83.32(2)(a)	EXPLANATION OF RIGHTS, GRIEVANCE PROCEDURE	04/01/2009	
83.33(4)	CLIENT GROUP SPECIFIC SERVICES	04/01/2009	

Survey ID: 0103176 **End Date:** 10/03/2008 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0100804 **End Date:** 12/06/2007 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #KVK711 Served 12/21/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.41(5)(d)2	HOT WATER TEMPERATURES	10/03/2008	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: MARATHON

Enforcement History (HARMONY OF TERRACE COURT)

Date: 02/02/2009 **SOD #5G6411** **Appealed: Yes** **Decision: STIPULATION**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

FORFEITURE---83.21(4)(w)

FORFEITURE---83.32(2)(a)

FORFEITURE---83.33(4)

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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 (HARMONY OF TERRACE COURT)

Date Complaint Received: 12/29/2008

Date Investigation Completed: 01/06/2009

Subject Area(s)

PHYSICAL PLANTS & SAFETY HAZARDS
PROGRAM SERVICES

Result

SUBSTANTIATED
SUBSTANTIATED

SOD #

5G6411
5G6411

Date Complaint Received: 08/08/2008

Date Investigation Completed: 10/03/2008

Subject Area(s)

ADMISSION, TRANSFER & DISCHARGE

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 AA (AMBULATORY)
COUNTY: MARATHON

Facility Information

Facility Name: LINCOLN HOUSE (610147)
Address: 812 LINCOLN AVENUE, WAUSAU, WI 54403
License Status: REGULAR
Licensed/Certified/Registered 04/30/1991
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0100118 **End Date:** 08/02/2007 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #E31E12 Served 09/15/2007

<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(2)	TRAINING DIETARY NEEDS & MENU PLANNING	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 AA (AMBULATORY)
COUNTY: MARATHON

Enforcement History (LINCOLN HOUSE)

Date: 09/14/2007 SOD #E31E12 Appealed: No

Sanctions

FORFEITURE---83.14(1)(a)

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 AS (SEMIAMBULATORY)

COUNTY: MARATHON

Facility Information

Facility Name: MORNING STAR GROUP HOME (0008563)

Address: 719 WASHINGTON STREET, WAUSAU, WI 54403

License Status: REGULAR

Licensed/Certified/Registered 08/01/1999

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

Survey History

Survey ID: 0103362 End Date: 01/27/2009 Type: ABBREVIATED Purpose: SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0098530 End Date: 12/28/2006 Type: ABBREVIATED Purpose: SURVEY/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10009655 Served 01/19/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(2)(a)	EXPLANATION OF RIGHTS, GRIEVANCE PROCEDURE	01/27/2009	Yes

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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: NCHCF GROUP HOME 1 CBRF (610091)

Address: 1115 HILLCREST AVENUE, WAUSAU, WI 54401

License Status: REGULAR

Licensed/Certified/Registered 04/30/1988

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

Survey History

Survey ID: 0102229 **End Date:** 07/30/2008 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0098596 **End Date:** 01/22/2007 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10009667 Served 02/02/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.53(1)(d)	NO EXIT PASSAGE THROUGH BED/BATH ROOM	07/30/2008	Yes

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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

Enforcement History (NCHCF GROUHOME 1 CBRF)

Date: 01/31/2007 **SOD #10009667** **Appealed: No**

Sanctions

COMPLY WITH REQUIREMENT

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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: NORTH CENTRAL HEALTH CARE (0012660)

Address: 1100 LAKE VIEW DRIVE, WAUSAU, WI 54403

License Status: REGULAR

Licensed/Certified/Registered 08/07/2009

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 AA (AMBULATORY)
COUNTY: MARATHON

Facility Information

Facility Name: NORTHLAND HOUSE GROUP HOME (0012487)
Address: 102 MC CLELLAN STREET, WAUSAU, WI 54403
License Status: REGULAR
Licensed/Certified/Registered 01/01/2009
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0103131 **End Date:** 09/22/2008 **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
Community Based Residential Facility--CLASS AA (AMBULATORY)
COUNTY: MARATHON

Complaint History (NORTHLAND HOUSE GROUP HOME)

Date Complaint Received: 06/25/2009

Date Investigation Completed: 07/28/2009

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
RESIDENT RIGHTS	NOT SUBSTANTIATED	
ABUSE	NOT SUBSTANTIATED	
RESIDENT BEHAVIOR/FACILITY PRACTICE	NOT SUBSTANTIATED	
MEDICATIONS	NOT SUBSTANTIATED	
STAFF TRAINING AND PROFICIENCY	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: OUR HOUSE ASSISTED CARE WAUSAU (0009295)

Address: 210 WEST CAMPUS DRIVE, WAUSAU, WI 54401

License Status: REGULAR

Licensed/Certified/Registered 12/29/2001

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

Survey History

Survey ID: 0101959 **End Date:** 06/06/2008 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0098857 **End Date:** 02/23/2007 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0098046 **End Date:** 10/26/2006 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

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 (OUR HOUSE ASSISTED CARE WAUSAU)

Date Complaint Received: 12/28/2006

Date Investigation Completed: 02/23/2007

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 11/06/2006

Date Investigation Completed: 02/23/2007

Subject Area(s)

Result

SOD #

ADMISSION, TRANSFER & DISCHARGE

NOT SUBSTANTIATED

Date Complaint Received: 10/04/2006

Date Investigation Completed: 10/26/2006

Subject Area(s)

Result

SOD #

SUPERVISION

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: OUR HOUSE MEMORY CARE WAUSAU (0009332)

Address: 220 WEST CAMPUS DRIVE, WAUSAU, WI 54401

License Status: REGULAR

Licensed/Certified/Registered 12/29/2001

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

Survey History

Survey ID: 0104046 **End Date:** 05/22/2009 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0102794 **End Date:** 10/21/2008 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #GCD011 Served 10/30/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.42(3)(f)	SLEEPING HOURS EVACUATION DRILL	05/21/2009	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: 0098532 End Date: 01/02/2007 Type: STANDARD Purpose: SURVEY/COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10009659 Served 01/22/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(4m)(c)	COMPLETE BACKGROUND INFORMATION DISCLOSURE FORM	10/22/2008	Yes
83.13(7)(a)9	TRAINING AND INSERVICE REQUIREMENTS	10/22/2008	Yes
83.14(1)(a)2	CHALLENGING BEHAVIORS	10/22/2008	Yes
83.21(4)(o)	MEDICATIONS	10/22/2008	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 (OUR HOUSE MEMORY CARE WAUSAU)

Date: 01/18/2007 **SOD #10009659** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

FORFEITURE---83.13(7)(a)

FORFEITURE---83.14(1)(a)2

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: MARATHON

Complaint History (OUR HOUSE MEMORY CARE WAUSAU)

Date Complaint Received: 04/27/2009

Date Investigation Completed: 05/21/2009

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

Date Complaint Received: 09/09/2008

Date Investigation Completed: 10/22/2008

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 10/04/2006

Date Investigation Completed: 01/02/2007

Subject Area(s)

Result

SOD #

SUPERVISION

NOT SUBSTANTIATED

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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: STEVES HOME (610201)
Address: 309 BELLIS STREET, WAUSAU, WI 54403
License Status: REGULAR
Licensed/Certified/Registered 06/09/1994
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0102214 **End Date:** 07/29/2008 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0098526 **End Date:** 01/04/2007 **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 CNA (NONAMBULATORY)

COUNTY: MARATHON

Facility Information

Facility Name: STONE CREST RESIDENCE (0009226)

Address: 805 PARCHER STREET, WAUSAU, WI 54403

License Status: REGULAR

Licensed/Certified/Registered 09/01/2001

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

Survey History

Survey ID: 0102713 **End Date:** 09/30/2008 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0102037 **End Date:** 06/16/2008 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #UCDR13 Served 07/03/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(5)(b)	ANNUAL EVALUATION OF EVACUATION LIMITS	09/30/2008	Yes
83.35(5)(c)	FROZEN AT 0 DEGREES F. OR BELOW	09/30/2008	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: 0099856 End Date: 06/22/2007 Type: STANDARD Purpose: SURVEY/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #UCDR12 Served 07/27/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(1)(d)	FIRE SAFETY, FIRST AID & CHOKING	06/10/2008	Yes
83.33(2)(g)2	ANNUAL FOLLOW-UP EXAMINATION	06/10/2008	Yes
83.35(5)(b)	ANNUAL EVALUATION OF EVACUATION LIMITS	06/10/2008	No
83.35(5)(c)	FROZEN AT 0 DEGREES F. OR BELOW	06/10/2008	No

Survey ID: 0097507 End Date: 07/13/2006 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10009582 Served 08/14/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(4)(p)	PROMPT AND ADEQUATE TREATMENT	06/22/2007	Yes
83.33(2)(g)2	ANNUAL FOLLOW-UP EXAMINATION	06/22/2007	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 (STONE CREST RESIDENCE)

Date: 07/01/2008 **SOD #UCDR13** **Appealed: No**

Sanctions

Date: 07/25/2007 **SOD #UCDR12** **Appealed: No**

Sanctions

FORFEITURE---83.14(1)(d)
FORFEITURE---83.33(2)(g)2

Date: 08/02/2006 **SOD #10009582** **Appealed: No**

Sanctions

FORFEITURE---83.21(4)(p)
FORFEITURE---83.33(2)(g)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 (STONE CREST RESIDENCE)

Date Complaint Received: 09/10/2008

Date Investigation Completed: 09/30/2008

Subject Area(s)
STAFF ADEQUACY
PROGRAM SERVICES

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 AA (AMBULATORY)
COUNTY: MARATHON

Facility Information

Facility Name: SULLIVANS 716 (0008679)
Address: 716 WASHINGTON STREET, WAUSAU, WI 54403
License Status: REGULAR
Licensed/Certified/Registered 01/01/2000
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0102081 **End Date:** 06/30/2008 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0098762 **End Date:** 02/02/2007 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10009677 Served 02/22/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(8)	DOCUMENTATION	06/30/2008	Yes

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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: SULLIVANS 727 (0009327)
Address: 727 WASHINGTON STREET, WAUSAU, WI 54403
License Status: REGULAR
Licensed/Certified/Registered 12/27/2001
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0101759 **End Date:** 05/07/2008 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #R81411 Served 05/22/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.43(3)(b)2	TESTING OF SMOKE DETECTORS	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: SYLVAN CROSSINGS ON EVERGREEN (0008655)

Address: 1605 EVERGREEN ROAD, WAUSAU, WI 54403

License Status: REGULAR

Licensed/Certified/Registered 01/01/2000

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

Survey History

Survey ID: 0102921 **End Date:** 11/17/2008 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0098489 **End Date:** 12/15/2006 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10009647 Served 01/18/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(7)(b)	CONTINUING EDUCATION	11/17/2008	Yes
83.14(8)	DOCUMENTATION	11/17/2008	Yes
83.21(4)(t)	INCOMPETENCY	11/17/2008	Yes
83.33(3)(e)2.a	WRITTEN ORDER TO ADMINISTER MEDICATIONS	11/17/2008	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: 0097994 End Date: 10/06/2006 Type: OTHER Purpose: COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10009611 Served 10/27/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.15(1)(c)1	ADEQUATE STAFFING	12/15/2006	Yes
83.19(3)(d)	WHEREABOUTS UNKNOWN	12/15/2006	Yes
83.32(2)(a)	EXPLANATION OF RIGHTS, GRIEVANCE PROCEDURE	12/15/2006	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

Enforcement History (SYLVAN CROSSINGS ON EVERGREEN)

Date: 01/16/2007 **SOD #10009647** **Appealed: No**

Sanctions

PROVIDE TRAINING
FORFEITURE---83.14(7)(b)
FORFEITURE---83.21(4)(t)
FORFEITURE---83.33(3)(e)2.a

Date: 10/26/2006 **SOD #10009611** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
PROVIDE TRAINING
FORFEITURE---83.19(3)(d)
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: MARATHON

Complaint History (SYLVAN CROSSINGS ON EVERGREEN)

Date Complaint Received: 07/10/2006

Date Investigation Completed: 10/05/2006

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
RESIDENT BEHAVIOR/FACILITY PRACTICE	SUBSTANTIATED	10009611
STAFF ADEQUACY	SUBSTANTIATED	10009611
PROGRAM SERVICES	SUBSTANTIATED	10009611

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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: WALNUT GROVE WAUSAU (0012529)

Address: 111 N BELLIS, WAUSAU, WI 54403

License Status: PROBATIONARY

Licensed/Certified/Registered 11/19/2008

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

Survey History

Survey ID: 0103939 **End Date:** 05/01/2009 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0103425 **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: MARATHON

Complaint History (WALNUT GROVE WAUSAU)

Date Complaint Received: 03/18/2009

Date Investigation Completed: 04/29/2009

Subject Area(s)

MEDICATIONS
PROGRAM SERVICES

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: WELLINGTON PLACE OF RIB MOUNTAIN (0012045)

Address: 4100 NORTH MOUNTAIN ROAD, WAUSAU, WI 54401

License Status: REGULAR

Licensed/Certified/Registered 03/01/2008

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

Survey History

Survey ID: 0102570 **End Date:** 09/16/2008 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #Q2BX13 Served 09/26/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(7)(b)2	FOOD PREPARATION AREA CLEAN GOOD REPAIR	03/11/2009	Yes
83.35(8)(a)1	FLOORS EASILY CLEANED AND GOOD REPAIR	03/11/2009	Yes

Survey ID: 0101134 **End Date:** 01/10/2008 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #Q2BX12 Served 02/16/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(7)(b)2	FOOD PREPARATION AREA CLEAN GOOD REPAIR	09/02/2008	No
83.35(8)(a)1	FLOORS EASILY CLEANED AND GOOD REPAIR	09/02/2008	No

Survey ID: 0100187 **End Date:** 09/07/2007 **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: MARATHON

Enforcement History (WELLINGTON PLACE OF RIB MOUNTAIN)

Date: 09/24/2008 **SOD #Q2BX13** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
FORFEITURE---83.35(7)(b)2

Date: 02/14/2008 **SOD #Q2BX12** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
FORFEITURE---83.35(7)(b)2
FORFEITURE---83.35(8)(a)1

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MARATHON

Complaint History (WELLINGTON PLACE OF RIB MOUNTAIN)

Date Complaint Received: 08/22/2008

Date Investigation Completed: 09/02/2008

Subject Area(s)
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED

SOD #

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