

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

COUNTY: MONROE

**Notes**

**This report includes Provider Inspection Summaries (Facility Profiles) for Assisted Living Facilities in Monroe County.**

**The report is a PDF (Adobe Acrobat) document and includes a total of 57 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 Day Care Facility  
COUNTY: MONROE

**Facility Information**

**Facility Name:** GATEWAY ADULT DAY CENTER (0012916)  
**Address:** 620 INDUSTRIAL DRIVE, SPARTA, WI 54656  
**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 Day Care Facility  
COUNTY: MONROE

**Facility Information**

**Facility Name:** GATEWAY ADULT DAY SERVICES (0012771)  
**Address:** 102 E VETERANS STREET, TOMAH, WI 54660  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 04/01/2009  
**Regional Office:** WESTERN REGION (EAU CLAIRE), (715) 836-4752

**Survey History**

**Survey ID:** 0103738    **End Date:** 03/31/2009    **Type:** INITIAL    **Purpose:** SURVEY  
**Results:** LICENSE/CERT/REGISTRATION ISSUED

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**Provider Inspection Summary**  
For the period 07/01/2006 to 06/30/2009  
Adult Day Care Facility  
COUNTY: MONROE

**Facility Information**

**Facility Name:** RIVERFRONT (0012553)  
**Address:** 905 KILBOURN AVENUE, TOMAH, WI 54660  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 11/03/2008  
**Regional Office:** WESTERN REGION (EAU CLAIRE), (715) 836-4752

**Survey History**

**Survey ID:** 0102872    **End Date:** 11/03/2008    **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: MONROE

**Facility Information**

**Facility Name:** BLACKBERRY HILL ADULT FAMILY HOME (0009903)

**Address:** 17143 ITASCA ROAD, CAMP DOUGLAS, WI 54618

**License Status:** REGULAR

**Licensed/Certified/Registered** 11/09/2002

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

**Survey History**

**Survey ID:** 0103014    **End Date:** 12/02/2008    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0098411    **End Date:** 11/27/2006    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #10011595    Served 12/18/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(b)intro	ENTITY BACKGROUND CHECK REQUIREMENTS	02/20/2006	Yes
88.05(3)(b)	FREE OF HAZARDS	02/07/2007	Yes
88.07(3)(e)1	MEDICATION- RECORD KEEPING	01/31/2007	Yes

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

**Facility Information**

**Facility Name:** LAWRENCE FOSTER HOME (0011489)  
**Address:** 24756 LAKE RD, CASHTON, WI 54619  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 08/11/2006  
**Regional Office:** WESTERN REGION (EAU CLAIRE), (715) 836-4752

**Survey History**

**Survey ID:** 0102762      **End Date:** 10/21/2008      **Type:** OTHER      **Purpose:** VERIFICATION VISIT  
**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: MONROE

**Survey ID: 0101807      End Date: 05/08/2008      Type: STANDARD      Purpose: SURVEY/COMPLAINT**

**Results: ENFORCEMENT ACTION**

**Statement of Deficiency: #TVYZ11      Served 05/28/2008**

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(d)	MAINTAIN BACKGROUND INFORMATION	10/21/2008	Yes
88.04(2)(a)	RESPONSIBILITIES	10/21/2008	Yes
88.04(2)(g)1	HEALTH SCREENING FOR STAFF	10/13/2008	Yes
88.05(2)(a)	DIFFICULTY WALKING	10/21/2008	Yes
88.05(3)(a)	HOME ENVIRONMENT	06/10/2008	Yes
88.05(3)(b)	FREE OF HAZARDS	09/30/2008	Yes
88.05(3)(d)	ANNUAL WELL WATER INSPECTIONS	05/21/2008	Yes
88.05(4)(d)2.a	FIRE SAFETY EVACUATION PLAN REVIEW	06/26/2008	Yes
88.06(3)(a)	INDIVIDUAL SERVICE PLAN & ASSESSMENT	08/31/2008	Yes
88.06(3)(d)5	SIGNED STATEMENT OF AGREEMENT	09/30/2008	Yes
88.06(3)(f)	REVIEW OF ISP	09/30/2008	Yes
88.07(3)(d)	MEDICATION- WRITTEN ORDER	09/30/2008	Yes
88.09(2)(a)	SERVICE PROVIDER RECORD	10/21/2008	Yes

**Survey ID: 0099005      End Date: 03/21/2007      Type: OTHER      Purpose: COMPLAINT**

**Results: STATEMENT OF DEFICIENCY ISSUED**

**Statement of Deficiency: #10011592      Served 03/28/2007**

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(i)	SELL OR ACCEPT THINGS TO/FROM RESIDENTS	04/25/2007	Yes
88.07(4)(b)	3 NUTRITIOUS MEALS AND SNACKS	04/25/2007	Yes
88.07(4)(d)	MEALS IN DINING AREA	04/25/2007	Yes

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

**Survey ID: 0097613    End Date: 08/11/2006    Type: INITIAL    Purpose: SURVEY**

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

**Statement of Deficiency: #10011366    Served 08/16/2006**

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(2)(a)	DIFFICULTY WALKING	10/21/2008	Yes

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

**Enforcement History (LAWRENCE FOSTER HOME)**

**Date: 05/27/2008      SOD #TVYZ11      Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
NO NEW ADMISSIONS

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

**Complaint History (LAWRENCE FOSTER HOME)**

**Date Complaint Received: 04/08/2008**

**Date Investigation Completed: 05/08/2008**

Subject Area(s)  
MEDICATIONS  
PROGRAM SERVICES

Result  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 03/14/2007**

**Date Investigation Completed: 03/23/2007**

Subject Area(s)  
RESIDENT RIGHTS  
NUTRITION & FOOD SERVICES  
MEDICATIONS

Result  
SUBSTANTIATED  
SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #  
NOT RECORDED  
NOT RECORDED

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

**Facility Information**

**Facility Name:** NIGHTWIND ADULT FAMILY HOME (0009891)  
**Address:** 25571 CTY X, CASHTON, WI 54619  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 01/13/2003  
**Regional Office:** WESTERN REGION (EAU CLAIRE), (715) 836-4752

**Survey History**

**Survey ID:** 0103770      **End Date:** 04/03/2009      **Type:** ABBREVIATED      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0098486      **End Date:** 01/16/2007      **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: MONROE

**Facility Information**

**Facility Name:** NELSON ADULT FAMILY HOME (0009909)  
**Address:** 230 N COURT, SPARTA, WI 54656  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 01/13/2003  
**Regional Office:** WESTERN REGION (EAU CLAIRE), (715) 836-4752

**Survey History**

**Survey ID:** 0103273    **End Date:** 01/14/2009    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #INUB11    Served 01/22/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.06(3)(f)	REVIEW OF ISP		
88.07(3)(a)	PRESCRIPTION MEDICATIONS		

**Survey ID:** 0098610    **End Date:** 01/16/2007    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #10011532    Served 01/29/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(d)	MAINTAIN BACKGROUND INFORMATION	02/09/2007	Yes
88.04(2)(g)1	HEALTH SCREENING FOR STAFF	02/09/2007	Yes
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY	02/09/2007	Yes
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION	02/09/2007	Yes

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

**Enforcement History (NELSON ADULT FAMILY HOME)**

**Date: 01/25/2007      SOD #10011532      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: MONROE

**Facility Information**

**Facility Name:** PINE LANE FALLS ADULT FAMILY HOME (0009915)

**Address:** 515 PEARL STREET, SPARTA, WI 54656

**License Status:** REGULAR

**Licensed/Certified/Registered** 02/01/2003

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

**Survey History**

**Survey ID:** 0103276    **End Date:** 01/14/2009    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #PN6P12    Served 01/22/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION		
88.06(3)(f)	REVIEW OF ISP		

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

**Survey ID: 0098552    End Date: 01/16/2007    Type: ABBREVIATED    Purpose: SURVEY**

**Results: ENFORCEMENT ACTION**

**Statement of Deficiency: #10011528    Served 01/23/2007**

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(d)	MAINTAIN BACKGROUND INFORMATION	02/25/2007	Yes
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY	01/27/2007	Yes
88.05(3)(a)	HOME ENVIRONMENT	02/03/2007	Yes
88.05(3)(b)	FREE OF HAZARDS	01/25/2007	Yes
88.05(3)(e)2.d	INSPECTIONS-WOODBURNING STOVE	01/31/2007	Yes
88.05(4)(b)1	FIRE SAFETY-SMOKE DETECTORS	01/24/2007	Yes
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE	02/25/2007	Yes
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION		

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

**Enforcement History (PINE LANE FALLS ADULT FAMILY HOME)**

**Date: 01/22/2007      SOD #10011528      Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
COMPLY WITH REQUIREMENT  
COMPLY WITH FACILITY PLAN OF CORRECTION

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

**Facility Information**

**Facility Name:** TRINITY HOUSE (0009885)  
**Address:** 1013 N RUSK AVENUE, SPARTA, WI 54656  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 11/04/2002  
**Regional Office:** WESTERN REGION (EAU CLAIRE), (715) 836-4752

**Survey History**

**Survey ID:** 0103824    **End Date:** 04/13/2009    **Type:** OTHER    **Purpose:** DESK REVIEW

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0103810    **End Date:** 04/06/2009    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #90ZE11    Served 04/07/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION	04/13/2009	Yes

**Survey ID:** 0098484    **End Date:** 01/16/2007    **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: MONROE

**Facility Information**

**Facility Name:** ANTONY ADULT FOSTER HOME (0010124)  
**Address:** 21470 HWY 16, TOMAH, WI 54660  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 05/16/2003  
**Regional Office:** WESTERN REGION (EAU CLAIRE), (715) 836-4752

**Survey History**

**Survey ID:** 0104204    **End Date:** 06/17/2009    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0099367    **End Date:** 05/21/2007    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #2IQT11    Served 05/24/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(a)	HOME ENVIRONMENT	09/01/2007	Yes

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

**Facility Information**

**Facility Name:** CAMBRIA HOUSE (0012026)  
**Address:** 313 W ELIZABETH ST, TOMAH, WI 54660  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 07/12/2007  
**Regional Office:** WESTERN REGION (EAU CLAIRE), (715) 836-4752

**Survey History**

<b>Survey ID:</b> 0101108	<b>End Date:</b> 02/07/2008	<b>Type:</b> OTHER	<b>Purpose:</b> OTHER
<b>Results:</b> NO STATEMENT OF DEFICIENCY ISSUED			
<hr/>			
<b>Survey ID:</b> 0099748	<b>End Date:</b> 07/12/2007	<b>Type:</b> INITIAL	<b>Purpose:</b> SURVEY
<b>Results:</b> 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: MONROE

**Facility Information**

**Facility Name:** JOANNA MARIES HOME CARE (0010887)  
**Address:** 1106 HANSEN STREET, TOMAH, WI 54660  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 07/01/2005  
**Regional Office:** WESTERN REGION (EAU CLAIRE), (715) 836-4752

**Survey History**

**Survey ID:** 0102763    **End Date:** 10/13/2008    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0101101    **End Date:** 02/07/2008    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #3HQ011    Served 02/14/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(b)intro	ENTITY BACKGROUND CHECK REQUIREMENTS	05/31/2008	Yes
88.04(2)(a)	RESPONSIBILITIES	10/13/2008	Yes
88.05(2)(a)	DIFFICULTY WALKING	10/07/2008	Yes
88.05(3)(b)	FREE OF HAZARDS	02/20/2008	Yes
88.05(4)(d)2.a	FIRE SAFETY EVACUATION PLAN REVIEW	06/30/2008	Yes
88.05(6)(a)	HOUSEHOLD PETS	08/17/2008	Yes
88.06(2)(c)8	RESIDENT RIGHTS AND GRIEVANCE	05/31/2008	Yes
88.06(3)(a)	INDIVIDUAL SERVICE PLAN & ASSESSMENT	05/31/2008	Yes
88.09(2)(a)	SERVICE PROVIDER RECORD	05/31/2008	Yes

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

**Survey ID: 0100705    End Date: 11/01/2007    Type: OTHER    Purpose: SURVEY**

**Results: ENFORCEMENT ACTION**

**Statement of Deficiency: #OCQU11    Served 12/07/2007**

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(a)	RESPONSIBILITIES	10/13/2008	Yes

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

**Survey ID: 0099886    End Date: 07/24/2007    Type: STANDARD    Purpose: SURVEY**

**Results: ENFORCEMENT ACTION**

**Statement of Deficiency: #TM6G11    Served 08/03/2007**

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(b)intro	ENTITY BACKGROUND CHECK REQUIREMENTS	05/31/2008	Yes
88.04(2)(a)	RESPONSIBILITIES	10/13/2008	Yes
88.04(2)(g)1	HEALTH SCREENING FOR STAFF	02/07/2008	Yes
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS	02/07/2008	Yes
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY	02/07/2008	Yes
88.05(2)(a)	DIFFICULTY WALKING	10/07/2008	Yes
88.05(3)(b)	FREE OF HAZARDS	02/20/2008	Yes
88.05(4)(a)	FIRE SAFETY-FIRE EXTINGUISHERS	09/10/2007	Yes
88.05(4)(c)1	EXITING FROM THE FIRST FLOOR	10/18/2007	Yes
88.05(4)(d)1	FIRE SAFETY EVACUATION PLAN	02/20/2008	Yes
88.05(4)(d)2.a	FIRE SAFETY EVACUATION PLAN REVIEW	06/30/2008	Yes
88.05(4)(d)2.c	SEMI-ANNUAL FIRE DRILLS	10/07/2008	Yes
88.05(6)(a)	HOUSEHOLD PETS	08/17/2008	Yes
88.06(2)(a)	ADMISSION-HEALTH EXAM	02/20/2008	Yes
88.06(2)(c)8	RESIDENT RIGHTS AND GRIEVANCE	05/31/2008	Yes
88.06(3)(a)	INDIVIDUAL SERVICE PLAN & ASSESSMENT	05/31/2008	Yes
88.06(3)(b)	PERSONS INVOLVED WITH ISP & ASSESSMENT	10/07/2008	Yes
88.06(3)(d)5	SIGNED STATEMENT OF AGREEMENT	10/07/2008	Yes
88.06(3)(f)	REVIEW OF ISP	10/07/2008	Yes
88.07(2)(b)4	RECORD OF MEDICAL VISITS AND REPORTS	10/07/2008	Yes
88.07(3)(d)	MEDICATION- WRITTEN ORDER	10/07/2008	Yes
88.09(2)(a)	SERVICE PROVIDER RECORD	05/31/2008	Yes

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

**Enforcement History (JOANNA MARIES HOME CARE)**

**Date: 02/13/2008      SOD #3HQ011      Appealed: Yes      Decision: STIPULATION**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
REVOKE LICENSE  
NO NEW ADMISSIONS

**Date: 12/06/2007      SOD #OCQU11      Appealed: No**

Sanctions

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

**Date: 08/02/2007      SOD #TM6G11      Appealed: No**

Sanctions

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

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

**Facility Information**

**Facility Name:** NEW DAY AFH INC 2 (0012644)  
**Address:** 12873 CTY HWY PP, TOMAH, WI 54660  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 12/01/2008  
**Regional Office:** WESTERN REGION (EAU CLAIRE), (715) 836-4752

**Survey History**

**Survey ID:** 0102995      **End Date:** 12/01/2008      **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: MONROE

**Facility Information**

**Facility Name:** NEW DAY AFH INC (0011829)  
**Address:** 12867 CTY HWY PP, TOMAH, WI 54660  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 02/27/2007  
**Regional Office:** WESTERN REGION (EAU CLAIRE), (715) 836-4752

**Survey History**

<b>Survey ID:</b> 0098781	<b>End Date:</b> 02/27/2009	<b>Type:</b> INITIAL	<b>Purpose:</b> SURVEY
<b>Results:</b> LICENSE/CERT/REGISTRATION ISSUED			
<hr/>			
<b>Survey ID:</b> 0102676	<b>End Date:</b> 09/29/2008	<b>Type:</b> STANDARD	<b>Purpose:</b> SURVEY
<b>Results:</b> NO STATEMENT OF DEFICIENCY ISSUED			
<hr/>			

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

**Facility Information**

**Facility Name:** PRAIRIE VIEW (0009883)  
**Address:** 419 NOTT STREET, TOMAH, WI 54660  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 11/08/2002  
**Regional Office:** WESTERN REGION (EAU CLAIRE), (715) 836-4752

**Survey History**

**Survey ID:** 0102897    **End Date:** 10/20/2008    **Type:** OTHER    **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #UKO911    Served 11/10/2008

Deficiencies Cited  
88.04(2)(a)

Subject Area  
RESPONSIBILITIES

Compliance  
Verified  
07/20/2009

Corrected  
Yes

**Survey ID:** 0102376    **End Date:** 07/17/2008    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #EO1E11    Served 08/25/2008

Deficiencies Cited  
88.07(4)(b)  
88.10(3)(e)

Subject Area  
3 NUTRITIOUS MEALS AND SNACKS  
SELF-DIRECTION

Compliance  
Verified  
07/20/2009  
07/20/2009

Corrected  
Yes  
Yes

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

**Survey ID: 0098611    End Date: 01/17/2007    Type: ABBREVIATED    Purpose: SURVEY/COMPLAINT**

**Results: ENFORCEMENT ACTION**

**Statement of Deficiency: #10011544    Served 01/29/2007**

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY	07/07/2008	Yes

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

**Enforcement History (PRAIRIE VIEW)**

**Date: 11/04/2008**      **SOD #UKO911**      **Appealed: No**

Sanctions

NO NEW ADMISSIONS  
OTHER SANCTION

**Date: 08/13/2008**      **SOD #EO1E11**      **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

**Date: 01/25/2007**      **SOD #10011544**      **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: MONROE

**Complaint History (PRAIRIE VIEW)**

**Date Complaint Received: 05/01/2008**

**Date Investigation Completed: 08/13/2008**

Subject Area(s)  
RESIDENT RIGHTS  
ADMINISTRATION

Result  
SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #  
EO1E11

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

**Facility Information**

**Facility Name:** STARVIEW ADULT FAMILY HOME (0012498)  
**Address:** 702 KILBOURN AVENUE, TOMAH, WI 54660  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 08/27/2008  
**Regional Office:** WESTERN REGION (EAU CLAIRE), (715) 836-4752

**Survey History**

**Survey ID:** 0102403    **End Date:** 08/18/2008    **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: MONROE

**Facility Information**

**Facility Name:** SUPERIOR HOUSE (0009904)  
**Address:** 1822 SUPERIOR AVE, TOMAH, WI 54660  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 11/08/2002  
**Regional Office:** WESTERN REGION (EAU CLAIRE), (715) 836-4752

**Survey History**

**Survey ID:** 0104004    **End Date:** 05/14/2009    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0098307    **End Date:** 11/28/2006    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #10011591    Served 12/08/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION	12/10/2006	Yes
88.06(3)(f)	REVIEW OF ISP	12/10/2006	Yes
88.07(3)(d)	MEDICATION- WRITTEN ORDER	12/10/2006	Yes
88.07(3)(e)2	MEDICATION- RECORD OF SIDE EFFECTS	12/10/2006	Yes

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

**Facility Information**

**Facility Name:** BLUE SKY ADULT FAMILY HOME (0011668)  
**Address:** 23836 ASPEN AVE, WARRENS, WI 54666  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 10/03/2006  
**Regional Office:** WESTERN REGION (EAU CLAIRE), (715) 836-4752

**Survey History**

**Survey ID:** 0104152    **End Date:** 05/28/2009    **Type:** OTHER    **Purpose:** DESK REVIEW

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #AKAH11    Served 06/09/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.03(2)(b)2	PROGRAM STATEMENT		
88.08	TERMINATION OF PLACEMENT		

**Survey ID:** 0101336    **End Date:** 03/19/2008    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**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: MONROE

**Survey ID: 0100882    End Date: 12/17/2007    Type: STANDARD    Purpose: SURVEY**

**Results: ENFORCEMENT ACTION**

**Statement of Deficiency: #P1GM11    Served 01/11/2008**

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(d)	MAINTAIN BACKGROUND INFORMATION	01/30/2008	Yes
88.04(2)(a)	RESPONSIBILITIES	03/19/2008	Yes
88.04(2)(g)1	HEALTH SCREENING FOR STAFF	01/30/2008	Yes
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS	01/30/2008	Yes
88.05(3)(d)	ANNUAL WELL WATER INSPECTIONS	01/28/2008	Yes
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE	03/19/2008	Yes
88.05(4)(c)1	EXITING FROM THE FIRST FLOOR	01/30/2008	Yes
88.05(4)(d)2.a	FIRE SAFETY EVACUATION PLAN REVIEW	12/13/2007	Yes
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION	12/13/2007	Yes
88.06(3)(b)	PERSONS INVOLVED WITH ISP & ASSESSMENT	03/19/2008	Yes
88.06(3)(f)	REVIEW OF ISP	01/19/2008	Yes
88.07(2)(b)4	RECORD OF MEDICAL VISITS AND REPORTS	02/11/2008	Yes
88.07(2)(e)	ANNUAL HEALTH EXAM	02/11/2008	Yes
88.07(3)(d)	MEDICATION- WRITTEN ORDER	02/15/2008	Yes
88.07(3)(e)1	MEDICATION- RECORD KEEPING	03/19/2008	Yes
88.10(2)	EXPLANATION OF RESIDENT RIGHTS	03/01/2008	Yes

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**Survey ID: 0097983    End Date: 10/02/2006    Type: INITIAL    Purpose: SURVEY**

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

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

**Enforcement History (BLUE SKY ADULT FAMILY HOME)**

**Date: 06/05/2009      SOD #AKAH11      Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

**Date: 01/09/2008      SOD #P1GM11      Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
NO NEW ADMISSIONS

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**Provider Inspection Summary**  
For the period 07/01/2006 to 06/30/2009  
Community Based Residential Facility--CLASS CA (AMBULATORY)  
COUNTY: MONROE

**Facility Information**

**Facility Name:** LITTLE FALLS CBRF (510173)  
**Address:** 4039 CTY HWY I, SPARTA, WI 54656  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 01/01/1985  
**Regional Office:** WESTERN REGION (EAU CLAIRE), (715) 836-4752

**Survey History**

**Survey ID:** 0101575    **End Date:** 04/24/2008    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0101165    **End Date:** 02/19/2008    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #7ZGY11    Served 02/21/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(b)intro	ENTITY BACKGROUND CHECK REQUIREMENTS	04/04/2008	Yes
83.05(2)(d)	CLASS C AMBULATORY (CA)	04/25/2008	Waiver
83.33(2)(c)	LEISURE TIME ACTIVITIES	04/04/2008	Yes
83.33(2)(d)	COMMUNITY ACTIVITIES	04/04/2008	Yes
83.33(2)(g)1	HEALTH MONITORING-COMMUNICABLE DISEASE	04/04/2008	Yes
83.42(12)	MAINTENANCE OF EXITS	04/04/2008	Yes

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**Provider Inspection Summary**  
For the period 07/01/2006 to 06/30/2009  
Community Based Residential Facility--CLASS CA (AMBULATORY)  
COUNTY: MONROE

**Enforcement History (LITTLE FALLS CBRF)**

**Date: 02/20/2008      SOD #7ZGY11      Appealed: No**

Sanctions

COMPLY WITH REQUIREMENT  
FORFEITURE---83.33(2)(c)

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### Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MONROE

#### Facility Information

**Facility Name:** TIME FOR EASE (0010982)

**Address:** 1848 W RIVER, SPARTA, WI 54656

**License Status:** REGULAR

**Licensed/Certified/Registered** 12/01/2005

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

#### Survey History

**Survey ID:** 0100903    **End Date:** 12/19/2007    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #CTWW11 Served 01/12/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(bm)	OUT OF STATE BACKGROUND CHECKS		
50.065(6)(am)	FOUR YEAR CAREGIVER BACKGROUND REQUIREMENT		
83.14(1)(a)1	RESIDENT RIGHTS	04/01/2009	
83.14(1)(a)2	CHALLENGING BEHAVIORS	04/01/2009	
83.14(1)(a)3	CLIENT GROUP SPECIFIC TRAINING	04/01/2009	
83.14(7)(b)	CONTINUING EDUCATION	04/01/2009	
83.32(2)(c)1	ANNUAL EVALUATION-PARTICIPATION	04/01/2009	
83.32(2)(c)2	ANNUAL EVALUATION UPDATED	04/01/2009	
83.42(12)	MAINTENANCE OF EXITS	04/01/2009	
83.42(2)(a)	EVALUATION RESIDENT EVACUATION LIMITS	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: MONROE

#### Enforcement History (TIME FOR EASE)

**Date: 01/11/2008**      **SOD #CTWW11**      **Appealed: No**

Sanctions

COMPLY WITH REQUIREMENT

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

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

FORFEITURE---83.14(1)(a)3

FORFEITURE---83.14(7)(b)

FORFEITURE---83.32(2)(c)1

FORFEITURE---83.32(2)(c)2

FORFEITURE---83.42(12)

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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: MONROE

### Facility Information

**Facility Name:** CLOSE TO HOME INC (510383)

**Address:** 1206 MARK AVE, TOMAH, WI 54660

**License Status:** REGULAR

**Licensed/Certified/Registered** 03/01/1999

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

### Survey History

**Survey ID:** 0102086      **End Date:** 07/07/2008      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0098908      **End Date:** 03/13/2007      **Type:** ABBREVIATED      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MONROE

### Facility Information

**Facility Name:** CRANBERRY COURT I LLC (0010457)

**Address:** 1031 HEELER AVE, TOMAH, WI 54660

**License Status:** REGULAR

**Licensed/Certified/Registered** 06/01/2004

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

### Survey History

**Survey ID:** 0102596      **End Date:** 09/29/2008      **Type:** ABBREVIATED      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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### Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MONROE

#### Facility Information

**Facility Name:** CRANBERRY COURT LLC BLDG 2 (0010577)

**Address:** 1025 HEELER AVE, TOMAH, WI 54660

**License Status:** REGULAR

**Licensed/Certified/Registered** 10/04/2004

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

#### Survey History

**Survey ID:** 0104358    **End Date:** 06/24/2009    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #DGK711    Served 07/09/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(4)(c)	REPORTING INCIDENTS WITH SERIOUS INJURY		
83.36(1)(a)	ADEQUATE STAFF TO MEET RESIDENT NEEDS		
83.37(2)(c)	MEDICATION ADMINISTRATION NOT SUPERVISED		

**Survey ID:** 0102156    **End Date:** 07/22/2008    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0098969    **End Date:** 03/27/2007    **Type:** OTHER    **Purpose:** OTHER

**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: MONROE

**Survey ID: 0098776    End Date: 02/05/2007    Type: STANDARD    Purpose: SURVEY**

**Results: ENFORCEMENT ACTION**

**Statement of Deficiency: #10011560    Served 02/16/2007**

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(7)(b)	CONTINUING EDUCATION	04/11/2007	Yes
83.32(3)	SIGNING ASSESSMENT AND ISP	03/31/2007	Yes
83.33(3)(b)2.g	INTERNAL AND EXTERNAL STORED SEPARATELY	02/05/2007	Yes
83.41(10)(b)	MECHANICALS IN GOOD REPAIR	02/05/2007	Yes
83.42(2)(b)	ANNUAL EVALUATION MORE THAN 2 MINUTES	03/31/2007	Yes
83.42(3)(f)	SLEEPING HOURS EVACUATION DRILL	03/31/2007	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: MONROE

### Enforcement History (CRANBERRY COURT LLC BLDG 2)

**Date:** 02/15/2007      **SOD #**10011560      **Appealed:** No

Sanctions

COMPLY WITH FACILITY PLAN OF CORRECTION  
FORFEITURE---83.14(7)(b)

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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: MONROE

#### Facility Information

**Facility Name:** GREENFIELD HOUSE (THE) (0009602)

**Address:** 21444 FLATIRON AVENUE, TOMAH, WI 54660

**License Status:** REGULAR

**Licensed/Certified/Registered** 04/01/2003

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

#### Survey History

**Survey ID:** 0104021    **End Date:** 05/14/2009    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0099287    **End Date:** 04/25/2007    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #OL0I11    Served 05/08/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(7)(b)	CONTINUING EDUCATION	05/01/2007	Yes
83.42(3)(f)	SLEEPING HOURS EVACUATION DRILL	05/01/2007	Yes
83.53(2)(a)	DOORS EXCEPT PATIO DOORS	05/01/2007	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: MONROE

#### Enforcement History (GREENFIELD HOUSE (THE))

**Date:** 05/07/2007      **SOD #**OL0I11      **Appealed:** No

Sanctions

FORFEITURE---83.14(7)(b)

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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: MONROE

#### Facility Information

**Facility Name:** SUNSET RIDGE ESTATES (510290)

**Address:** 20035 JUNCO RD, TOMAH, WI 54660

**License Status:** REGULAR

**Licensed/Certified/Registered** 11/01/1995

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

#### Survey History

**Survey ID:** 0102341    **End Date:** 08/18/2008    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0101026    **End Date:** 01/16/2008    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #JC1D11    Served 01/29/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.13(4)(a)	COMMUNICABLE DISEASE CONTROL	02/01/2008	Yes
83.14(1)(a)	CLIENT RELATED TRAINING	02/01/2008	Yes
83.42(12)	MAINTENANCE OF EXITS	02/01/2008	Yes
83.44(1)(g)	EMERGENCY PLAN & NO ONE OVER 2 MINUTES	03/01/2008	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: MONROE

### Enforcement History (SUNSET RIDGE ESTATES)

**Date: 01/29/2008**      **SOD #JC1D11**      **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

FORFEITURE---83.14(1)(a)

FORFEITURE---83.42(12)

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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: MONROE

**Facility Information**

**Facility Name:** TROWBRIDGE PERSONAL CARE RESIDENCE (510046)

**Address:** 110 E COUNCIL ST, TOMAH, WI 54660

**License Status:** REGULAR

**Licensed/Certified/Registered** 05/01/1990

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

**Survey History**

**Survey ID:** 0104179      **End Date:** 06/16/2009      **Type:** ABBREVIATED      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0099330      **End Date:** 05/17/2007      **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: MONROE

#### Facility Information

**Facility Name:** AGAPE ACRES LLC (0011150)

**Address:** 3737 BLUEBERRY RD, WARRENS, WI 54666

**License Status:** REGULAR

**Licensed/Certified/Registered** 07/01/2006

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

#### Survey History

**Survey ID:** 0103541    **End Date:** 02/12/2009    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #ZZ2P11    Served 03/04/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(b)intro	ENTITY BACKGROUND CHECK REQUIREMENTS		
83.14(2)	TRAINING DIETARY NEEDS & MENU PLANNING	04/01/2009	
83.15(1)(c)1	ADEQUATE STAFFING	04/01/2009	

**Survey ID:** 0103244    **End Date:** 01/13/2009    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0102157    **End Date:** 07/22/2008    **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MONROE

**Survey ID: 0097503    End Date: 07/11/2006    Type: STANDARD    Purpose: SURVEY**

**Results: STATEMENT OF DEFICIENCY ISSUED**

**Statement of Deficiency: #10011362    Served 07/20/2006**

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.33(3)(e)4	UNIT DOSE OR UNIT TIME PACKETS	07/28/2006	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: MONROE

#### Enforcement History (AGAPE ACRES LLC)

**Date: 03/02/2009**      **SOD #ZZ2P11**      **Appealed: No**

Sanctions

FORFEITURE---83.14(2)

FORFEITURE---83.15(1)(c)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: MONROE

#### Complaint History (AGAPE ACRES LLC)

**Date Complaint Received: 01/21/2009**

**Date Investigation Completed: 02/12/2009**

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

ZZ2P11

**Date Complaint Received: 01/05/2009**

**Date Investigation Completed: 01/13/2009**

Subject Area(s)

Result

SOD #

PHYSICAL PLANTS & SAFETY HAZARDS

NOT SUBSTANTIATED

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**Provider Inspection Summary**  
For the period 07/01/2006 to 06/30/2009  
Residential Care Apartment Complex (CERTIFIED)  
COUNTY: MONROE

**Facility Information**

**Facility Name:** HOMESTEAD APARTMENTS (0011308)  
**Address:** 331 S WATER ST, SPARTA, WI 54656  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 01/20/2006  
**Regional Office:** WESTERN REGION (EAU CLAIRE), (715) 836-4752

**Survey History**

**Survey ID:** 0098483      **End Date:** 01/17/2007      **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  
Residential Care Apartment Complex (REGISTERED)  
COUNTY: MONROE

**Facility Information**

**Facility Name: MARYCREST ASSISTED LIVING (0011029)**

**Address: 401 S WATER ST, SPARTA, WI 54656**

**License Status: REGULAR**

**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  
Residential Care Apartment Complex (REGISTERED)  
COUNTY: MONROE

**Facility Information**

**Facility Name:** A TOUCH OF HOME (0010271)  
**Address:** 1211 MARK AVENUE, TOMAH, WI 54660  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 01/01/2002  
**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  
Residential Care Apartment Complex (REGISTERED)  
COUNTY: MONROE

**Facility Information**

**Facility Name:** CLOSE TO HOME (0010255)  
**Address:** 1206 MARK AVENUE, TOMAH, WI 54660  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 02/01/1998  
**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  
Residential Care Apartment Complex (CERTIFIED)  
COUNTY: MONROE

**Facility Information**

**Facility Name:** LIBERTY VILLAGE ASSISTED LIVING (0012805)  
**Address:** 200 LIBERTY PLACE, TOMAH, WI 54660  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 06/01/2009  
**Regional Office:** WESTERN REGION (EAU CLAIRE), (715) 836-4752

**Survey History**

**Survey ID:** 0104059    **End Date:** 05/28/2009    **Type:** INITIAL    **Purpose:** SURVEY  
**Results:** LICENSE/CERT/REGISTRATION ISSUED

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