

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

COUNTY: ONEIDA

Notes

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

The report is a PDF (Adobe Acrobat) document and includes a total of 45 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: ONEIDA

Facility Information

Facility Name: PASTIME CLUB INC (0012089)
Address: 7937 HWY 51 SOUTH, MINOCQUA, WI 54548
License Status: REGULAR
Licensed/Certified/Registered 11/27/2007
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0100609 **End Date:** 10/11/2007 **Type:** INITIAL **Purpose:** SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED

This is Page 2 of 45 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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

Facility Information

Facility Name: CARING CONNECTION ADULT DAY SERVICES (0012203)

Address: 135 E LARCH STREET, RHINELANDER, WI 54501

License Status: REGULAR

Licensed/Certified/Registered 01/30/2008

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

Survey History

Survey ID: 0101059 **End Date:** 01/10/2008 **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: ONEIDA

Facility Information

Facility Name: BIRCH HILL ADULT FAMILY HOME (0011055)
Address: 8463 OLD HWY K, HARSHAW, WI 54529
License Status: REGULAR
Licensed/Certified/Registered 09/27/2005
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0100147 **End Date:** 09/13/2007 **Type:** STANDARD **Purpose:** SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

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

Facility Information

Facility Name: SILVER TREE PLACE (0012518)
Address: 7473 PINE ROAD, MINOCQUA, WI 54548
License Status: REGULAR
Licensed/Certified/Registered 09/24/2008
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0102547 **End Date:** 09/23/2008 **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: ONEIDA

Facility Information

Facility Name: FAMILY MATTERS ADULT FAMILY HOME (690011)

Address: 4124 COUNTY W, RHINELANDER, WI 54501

License Status: REGULAR

Licensed/Certified/Registered 11/13/1993

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

Survey History

Survey ID: 0100775 **End Date:** 11/28/2007 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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

Facility Information

Facility Name: GERMOND I (0011619)
Address: 2969A GERMOND ROAD, RHINELANDER, WI 54501
License Status: REGULAR
Licensed/Certified/Registered 10/01/2006
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0103704 **End Date:** 03/24/2009 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #LVOC11 Served 04/02/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(d)	ANNUAL WELL WATER INSPECTIONS		

Survey ID: 0103417 **End Date:** 10/01/2006 **Type:** INITIAL **Purpose:** CHOW--DESK REVIEW

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: ONEIDA

Facility Information

Facility Name: GERMOND II (0011620)
Address: 2969B GERMOND ROAD, RHINELANDER, WI 54501
License Status: REGULAR
Licensed/Certified/Registered 10/01/2006
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0103705 **End Date:** 03/24/2009 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #J2LQ11 Served 04/01/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(d)	ANNUAL WELL WATER INSPECTIONS		

Survey ID: 0103418 **End Date:** 10/01/2006 **Type:** INITIAL **Purpose:** CHOW--DESK REVIEW

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: ONEIDA

Facility Information

Facility Name: JAMIE COURT (0011623)
Address: 4575 JAMIE COURT, RHINELANDER, WI 54501
License Status: REGULAR
Licensed/Certified/Registered 10/01/2006
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0103737 **End Date:** 03/25/2009 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #14OB11 Served 04/06/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(d)	ANNUAL WELL WATER INSPECTIONS		

Survey ID: 0103419 **End Date:** 10/01/2006 **Type:** INITIAL **Purpose:** CHOW--DESK REVIEW

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: ONEIDA

Facility Information

Facility Name: MAPLE PARK I (0011617)
Address: 224 MAPLE LANE, RHINELANDER, WI 54501
License Status: REGULAR
Licensed/Certified/Registered 10/01/2006
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0103677 **End Date:** 03/23/2009 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0103415 **End Date:** 10/01/2006 **Type:** INITIAL **Purpose:** CHOW--DESK REVIEW

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: ONEIDA

Facility Information

Facility Name: MAPLE PARK II (0011618)
Address: 222 MAPLE LANE, RHINELANDER, WI 54501
License Status: REGULAR
Licensed/Certified/Registered 10/01/2006
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0103678 **End Date:** 03/23/2009 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0103416 **End Date:** 10/01/2006 **Type:** INITIAL **Purpose:** CHOW--DESK REVIEW

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: ONEIDA

Facility Information

Facility Name: RIVER BEND I (0011624)

Address: 4567 JAMIE COURT, RHINELANDER, WI 54501

License Status: REGULAR

Licensed/Certified/Registered 10/01/2006

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

Survey History

Survey ID: 0103676 End Date: 03/24/2009 Type: STANDARD Purpose: SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0103420 End Date: 10/01/2006 Type: INITIAL Purpose: CHOW--DESK REVIEW

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: ONEIDA

Facility Information

Facility Name: RIVER BEND II (0011625)
Address: 4569 JAMIE COURT, RHINELANDER, WI 54501
License Status: REGULAR
Licensed/Certified/Registered 10/01/2006
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0103463 **End Date:** 02/10/2009 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #3O3I11 Served 02/18/2009

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

Survey ID: 0103421 **End Date:** 10/01/2006 **Type:** INITIAL **Purpose:** CHOW--DESK REVIEW

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: ONEIDA

Facility Information

Facility Name: SUMAC TRAIL (0011616)
Address: 307 SUMAC TRAIL, RHINELANDER, WI 54501
License Status: REGULAR
Licensed/Certified/Registered 10/01/2006
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0103736 **End Date:** 03/24/2009 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0103414 **End Date:** 10/01/2006 **Type:** INITIAL **Purpose:** CHOW--DESK REVIEW

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: ONEIDA

Facility Information

Facility Name: TRAILS END ADULT FAMILY HOME (690050)
Address: 4195 TRAILS END ROAD, RHINELANDER, WI 54501
License Status: REGULAR
Licensed/Certified/Registered 02/19/1997
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0100767 **End Date:** 12/08/2007 **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: ONEIDA

Facility Information

Facility Name: WEST HILL (0011621)
Address: 209 WEST HILL ROAD, RHINELANDER, WI 54501
License Status: REGULAR
Licensed/Certified/Registered 10/01/2006
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0101432 **End Date:** 04/03/2008 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0098242 **End Date:** 10/19/2006 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: ONEIDA

Facility Information

Facility Name: OUR HOME LAKE TOMAHAWK (0010106)

Address: 6416 FLICKER ROAD, LAKE TOMAHAWK, WI 54539

License Status: REGULAR

Licensed/Certified/Registered 03/11/2004

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

Survey History

Survey ID: 0102799 **End Date:** 10/17/2008 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #6XSF13 Served 10/31/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(b)intro	ENTITY BACKGROUND CHECK REQUIREMENTS	08/04/2009	Yes
83.32(1)(a)	ASSESSMENT AND ISP	08/04/2009	Yes
83.32(3)	SIGNING ASSESSMENT AND ISP	08/04/2009	Yes
83.33(3)(f)2	REASSESSED QUARTERLY FOR MEDICATION	08/04/2009	Yes

Survey ID: 0100504 **End Date:** 10/25/2007 **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: ONEIDA

Survey ID: 0099684 End Date: 05/30/2007 Type: STANDARD Purpose: SURVEY/COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #6XSF12 Served 07/05/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.16(1)(e)	ENTRANCE FEE	10/14/2008	Yes
83.33(3)(f)2	REASSESSED QUARTERLY FOR MEDICATION	10/14/2008	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: ONEIDA

Enforcement History (OUR HOME LAKE TOMAHAWK)

Date: 10/30/2008 **SOD #6XSF13** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

FORFEITURE---83.32(1)(a)

FORFEITURE---83.33(3)(f)2

Date: 07/03/2007 **SOD #6XSF12** **Appealed: No**

Sanctions

FORFEITURE---83.33(3)(f)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: ONEIDA

Complaint History (OUR HOME LAKE TOMAHAWK)

Date Complaint Received: 06/05/2009

Date Investigation Completed: 08/04/2009

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
SUPERVISION	NOT SUBSTANTIATED	
RESIDENT RIGHTS	SUBSTANTIATED	X23R11
RESIDENT BEHAVIOR/FACILITY PRACTICE	NOT SUBSTANTIATED	
MEDICATIONS	NOT SUBSTANTIATED	
ADMINISTRATION	NOT SUBSTANTIATED	
STAFF TRAINING AND PROFICIENCY	NOT SUBSTANTIATED	
QUALITY OF LIFE	NOT SUBSTANTIATED	

Date Complaint Received: 09/30/2008

Date Investigation Completed: 10/14/2008

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
RESIDENT RIGHTS	NOT SUBSTANTIATED	
NUTRITION & FOOD SERVICES	NOT SUBSTANTIATED	
MEDICATIONS	NOT SUBSTANTIATED	
STAFF TRAINING AND PROFICIENCY	NOT SUBSTANTIATED	
STAFF ADEQUACY	NOT SUBSTANTIATED	
OTHER	NOT SUBSTANTIATED	

Date Complaint Received: 10/08/2007

Date Investigation Completed: 10/25/2007

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
RESIDENT RIGHTS	NOT SUBSTANTIATED	
ABUSE	NOT SUBSTANTIATED	

Date Complaint Received: 03/19/2007

Date Investigation Completed: 05/24/2007

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
ADMISSION, TRANSFER & DISCHARGE	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: ONEIDA

Facility Information

Facility Name: INNCARE OF MINOCQUA 1 (611038)

Address: 8726 PACKING PLANT ROAD, MINOCQUA, WI 54548

License Status: REGULAR

Licensed/Certified/Registered 06/30/1998

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

Survey History

Survey ID: 0103287 **End Date:** 12/11/2008 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #TTI511 Served 01/28/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.06(1)(a)2	DESTRUCTIVE OF PROPERTY OR SELF/ABUSIVE	04/01/2009	
83.15(1)(c)1	ADEQUATE STAFFING	04/01/2009	
83.19(3)(e)	WHEN POLICE ARE CALLED TO FACILITY	04/01/2009	
83.32(2)(a)5	HARMFUL BEHAVIOR PATTERNS	04/01/2009	

Survey ID: 0101973 **End Date:** 05/29/2008 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #GC3I11 Served 06/26/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.33(3)(f)2	REASSESSED QUARTERLY FOR MEDICATION	12/11/2008	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: ONEIDA

Survey ID: 0098391 End Date: 11/14/2006 Type: ABBREVIATED Purpose: SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10009628 Served 01/04/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(4)(h)	PRIVACY	05/21/2008	Yes
83.21(4)(r)	TREATMENT CHOICE	05/21/2008	Yes
83.32(2)(d)	REVIEW OF PROGRESS	05/21/2008	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: ONEIDA

Enforcement History (INNCARE OF MINOCQUA 1)

Date: 01/27/2009 **SOD #TTI511** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
FORFEITURE---83.06(1)(a.)2
FORFEITURE---83.15(1)(c)1
FORFEITURE---83.19(3)(e)
FORFEITURE---83.32(2)(a)5

Date: 01/02/2007 **SOD #10009628** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
FORFEITURE---83.21(4)(h)
FORFEITURE---83.21(4)(r)

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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: ONEIDA

Complaint History (INNCARE OF MINOCQUA 1)

Date Complaint Received: 11/13/2008

Date Investigation Completed: 12/11/2008

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
SUPERVISION	SUBSTANTIATED	TTI511
RESIDENT BEHAVIOR/FACILITY PRACTICE	SUBSTANTIATED	TTI511
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: ONEIDA

Facility Information

Facility Name: INNCARE OF MINOCQUA 2 (611039)

Address: 8730 PACKING PLANT ROAD, MINOCQUA, WI 54548

License Status: REGULAR

Licensed/Certified/Registered 06/30/1998

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

Survey History

Survey ID: 0103288 **End Date:** 12/11/2008 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #29EG11 Served 01/28/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.15(1)(a)	ADMINISTRATOR QUALIFIED: ASSOCIATE DEGREE	04/01/2009	

Survey ID: 0101975 **End Date:** 06/03/2008 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #0SWW11 Served 06/26/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(4)(w)	SAFE ENVIRONMENT	09/24/2008	Yes
83.33(3)(f)2	REASSESSED QUARTERLY FOR MEDICATION	09/24/2008	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: ONEIDA

Survey ID: 0098395 End Date: 11/14/2006 Type: STANDARD Purpose: SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10009632 Served 01/05/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(2)(a)	EXPLANATION OF RIGHTS, GRIEVANCE PROCEDURE	05/21/2008	Yes
83.33(2)(h)1	MEDICAL SERVICES	05/21/2008	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: ONEIDA

Enforcement History (INNCARE OF MINOCQUA 2)

Date: 01/27/2009 **SOD #29EG11** **Appealed: No**

Sanctions

COMPLY WITH REQUIREMENT

Date: 01/02/2007 **SOD #10009632** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
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: ONEIDA

Complaint History (INNCARE OF MINOCQUA 2)

Date Complaint Received: 11/13/2008

Date Investigation Completed: 12/11/2008

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: ONEIDA

Facility Information

Facility Name: INNCARE OF MINOCQUA WEST (611028)

Address: 8424 GRANT ROAD, MINOCQUA, WI 54548

License Status: REGULAR

Licensed/Certified/Registered 11/05/1998

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

Survey History

Survey ID: 0100510 **End Date:** 10/12/2007 **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: ONEIDA

Facility Information

Facility Name: ALICE HAUS (THE) (611051)

Address: 533 EAST TIMBER DRIVE, RHINELANDER, WI 54501

License Status: REGULAR

Licensed/Certified/Registered 07/01/1999

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

Survey History

Survey ID: 0102575 **End Date:** 09/25/2008 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #9MZG11 Served 09/29/2008

<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	04/01/2009	

Survey ID: 0100148 **End Date:** 09/12/2007 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Community Based Residential Facility--CLASS CNA (NONAMBULATORY)
COUNTY: ONEIDA

Complaint History (ALICE HAUS (THE))

Date Complaint Received: 08/26/2008

Date Investigation Completed: 09/24/2008

Subject Area(s)

PHYSICAL PLANTS & SAFETY HAZARDS
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 AS (SEMIAMBULATORY)

COUNTY: ONEIDA

Facility Information

Facility Name: COMMUNITY HOUSE (610105)

Address: 520 SOUTH EASTERN AVENUE, RHINELANDER, WI 54501

License Status: REGULAR

Licensed/Certified/Registered 01/25/1989

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

Survey History

Survey ID: 0100654 **End Date:** 11/13/2007 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0097425 **End Date:** 07/21/2006 **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: ONEIDA

Facility Information

Facility Name: CUMBERLAND HEIGHTS (610219)

Address: 251 WESTHILL DRIVE, RHINELANDER, WI 54501

License Status: REGULAR

Licensed/Certified/Registered 10/01/1993

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

Survey History

Survey ID: 0101126 **End Date:** 01/23/2008 **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 AS (SEMIAMBULATORY)

COUNTY: ONEIDA

Facility Information

Facility Name: HERITAGE HOUSE (0008500)

Address: 25 EAST FREDRICK STREET, RHINELANDER, WI 54501

License Status: REGULAR

Licensed/Certified/Registered 02/01/2000

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

Survey History

Survey ID: 0101949 **End Date:** 06/04/2008 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0098510 **End Date:** 11/21/2006 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10009644 Served 01/19/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.15(1)(c)1	ADEQUATE STAFFING	06/04/2008	Yes
83.32(2)(b)	DEVELOPMENT	06/04/2008	Yes
83.32(3)	SIGNING ASSESSMENT AND ISP	06/04/2008	Yes
83.33(3)(a)2	REVIEW OF MEDICATION REGIMEN	06/04/2008	Yes

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS AS (SEMIAMBULATORY)

COUNTY: ONEIDA

Enforcement History (HERITAGE HOUSE)

Date: 01/16/2007 SOD #10009644 Appealed: No

Sanctions

COMPLY WITH REQUIREMENT

FORFEITURE---83.15(1)(c)1

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: ONEIDA

Facility Information

Facility Name: JOSEPHINE HAUS (611005)

Address: 1450 WEST PHILLIP STREET, RHINELANDER, WI 54501

License Status: REGULAR

Licensed/Certified/Registered 04/30/1997

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

Survey History

Survey ID: 0104098 **End Date:** 06/02/2009 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0099381 **End Date:** 05/08/2007 **Type:** ABBREVIATED **Purpose:** SURVEY/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #3HRT11 Served 05/25/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(4)(o)	MEDICATIONS	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: ONEIDA

Enforcement History (JOSEPHINE HAUS)

Date: 05/23/2007 **SOD #**3HRT11 **Appealed:** No

Sanctions

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 ANA (NONAMBULATORY)

COUNTY: ONEIDA

Facility Information

Facility Name: KOINONIA RESIDENTIAL TREATMENT CTR (610055)

Address: 1991 WINNEBAGO DR PO BOX 1550, RHINELANDER, WI 54501

License Status: REGULAR

Licensed/Certified/Registered 11/22/1979

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

Survey History

Survey ID: 0102104 **End Date:** 06/02/2008 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #62GV12 Served 07/11/2008

<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	
83.35(7)(b)1	WORK AREAS AND EQUIPMENT	04/01/2009	

Survey ID: 0098052 **End Date:** 10/18/2006 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10009616 Served 11/02/2007

<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	06/02/2008	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: ONEIDA

Facility Information

Facility Name: MILESTONE MEMORY CARE (0012216)

Address: 4686 NORTH SHORE DRIVE, RHINELANDER, WI 54501

License Status: REGULAR

Licensed/Certified/Registered 02/01/2008

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

Survey History

Survey ID: 0103862 **End Date:** 04/21/2009 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0101106 **End Date:** 01/18/2008 **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: ONEIDA

Complaint History (MILESTONE MEMORY CARE)

Date Complaint Received: 03/09/2009

Date Investigation Completed: 04/21/2009

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
SUPERVISION	NOT SUBSTANTIATED	
RESIDENT RIGHTS	NOT SUBSTANTIATED	
HOMELIKE ENVIRONMENT & CLEANLINESS	NOT SUBSTANTIATED	
NUTRITION & FOOD SERVICES	NOT SUBSTANTIATED	
MEDICATIONS	NOT SUBSTANTIATED	
ADMISSION, TRANSFER & DISCHARGE	NOT SUBSTANTIATED	
STAFF ADEQUACY	NOT SUBSTANTIATED	
PROGRAM SERVICES	NOT SUBSTANTIATED	

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

Facility Information

Facility Name: GRACE LODGE ASSISTED LIVING (0010393)
Address: 1000 DAY STREET, RHINELANDER, WI 54501
License Status: REGULAR
Licensed/Certified/Registered 08/05/2003
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0103522 **End Date:** 03/02/2009 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0102356 **End Date:** 08/20/2008 **Type:** OTHER **Purpose:** 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
Residential Care Apartment Complex (REGISTERED)
COUNTY: ONEIDA

Complaint History (GRACE LODGE ASSISTED LIVING)

Date Complaint Received: 01/02/2009

Date Investigation Completed: 03/02/2009

Subject Area(s)

Result

SOD #

OTHER

SUBSTANTIATED

NOT RECORDED

Date Complaint Received: 07/15/2008

Date Investigation Completed: 08/20/2008

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

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: ONEIDA

Facility Information

Facility Name: MILESTONE SENIOR APARTMENTS (0012217)
Address: 4686 NORTH SHORE DRIVE, RHINELANDER, WI 54501
License Status: REGULAR
Licensed/Certified/Registered 02/07/2008
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0101031 **End Date:** 01/17/2008 **Type:** INITIAL **Purpose:** SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED

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

Facility Information

Facility Name: ONE PENNY PLACE (0010388)
Address: 820 3RD AVENUE, WOODRUFF, WI 54568
License Status: REGULAR
Licensed/Certified/Registered 10/01/2001
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0103779 **End Date:** 03/30/2009 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0100353 **End Date:** 10/10/2007 **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
Residential Care Apartment Complex (CERTIFIED)
COUNTY: ONEIDA

Complaint History (ONE PENNY PLACE)

Date Complaint Received: 02/16/2009

Date Investigation Completed: 03/30/2009

Subject Area(s)

Result

SOD #

ADMISSION, TRANSFER & DISCHARGE

NOT SUBSTANTIATED

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