

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

COUNTY: POLK

Notes

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

The report is a PDF (Adobe Acrobat) document and includes a total of 28 pages. If you wish to read the profile for a particular facility without scrolling through the rest of the document, use the Search feature in the Acrobat Reader to specify part of the name of the facility you wish to review.

If you wish to print the profile for a particular facility, be sure to send only the desired pages to your computer printer. Otherwise you will be printing all pages in the document.

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

Facility Information

Facility Name: AURORA RESIDENTIAL ALTERNATIVES INC #034 (0011973)

Address: 312 SIXTH ST, CENTURIA, WI 54824

License Status: REGULAR

Licensed/Certified/Registered 06/05/2007

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

Survey History

Survey ID: 0103813 **End Date:** 04/01/2009 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0099495 **End Date:** 06/05/2007 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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

Facility Information

Facility Name: ROSEWOOD ADULT FAMILY HOME (0011329)
Address: 215 FIFTH ST NW, CLEAR LAKE, WI 54005
License Status: REGULAR
Licensed/Certified/Registered 02/02/2006
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0104247 **End Date:** 06/19/2009 **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: POLK

Facility Information

Facility Name: VAUGHAN/SORENSEN AFH (0011828)
Address: 306 PARK AVE, FREDERIC, WI 54837
License Status: REGULAR
Licensed/Certified/Registered 05/01/2007
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0104104 **End Date:** 05/04/2009 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #375M11 Served 06/01/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(f)	CONDITION WHICH REPRESENTS RISK OR HARM		

Survey ID: 0099238 **End Date:** 05/01/2007 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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

Enforcement History (VAUGHAN/SORENSEN AFH)

Date: 05/21/2009 SOD #375M11 Appealed: Yes

Sanctions

REVOKE LICENSE

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

Facility Information

Facility Name: ANGELS IN WAITING (0009761)
Address: 301 MAIN STREET W, MILLTOWN, WI 54858
License Status: REGULAR
Licensed/Certified/Registered 10/29/2002
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0099834 **End Date:** 07/23/2007 **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: POLK

Facility Information

Facility Name: SEVENTH CHILD ADULT FAMILY & RESPITE HOME LLC (0012753)

Address: 2032A 170TH STREET, MILLTOWN, WI 54858

License Status: REGULAR

Licensed/Certified/Registered 06/10/2009

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

Survey History

Survey ID: 0104194 **End Date:** 06/04/2009 **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 Family Home
COUNTY: POLK

Facility Information

Facility Name: MORNING GLORY - COMMUNITY HOMESTEAD (0009682)

Address: 515A 280TH STREET, OSCEOLA, WI 54020

License Status: REGULAR

Licensed/Certified/Registered 05/16/2002

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

Survey History

Survey ID: 0103815 **End Date:** 04/01/2009 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0098123 **End Date:** 10/04/2006 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10011374 Served 11/03/2006

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

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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: POLK

Facility Information

Facility Name: RIVERBEND (0010999)

Address: 475 GOLFVIEW, AMERY, WI 54001

License Status: REGULAR

Licensed/Certified/Registered 03/01/2006

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

Survey History

Survey ID: 0101554 **End Date:** 04/23/2008 **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: POLK

Facility Information

Facility Name: AURORA RESIDENTIAL ALTERNATIVES INC #066 (0010036)

Address: 514 FIRST AVE, BALSAM LAKE, WI 54810

License Status: REGULAR

Licensed/Certified/Registered 12/01/2003

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

Survey History

Survey ID: 0103845 **End Date:** 04/08/2009 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0102397 **End Date:** 06/20/2008 **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: POLK

Complaint History (AURORA RESIDENTIAL ALTERNATIVES INC #066)

Date Complaint Received: 03/19/2009

Date Investigation Completed: 04/07/2009

Subject Area(s)

ABUSE
STAFF TRAINING AND PROFICIENCY
QUALITY OF LIFE

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: POLK

Facility Information

Facility Name: SOPHIES MANOR ASSISTED LIVING II INC (0012368)

Address: 300 MICHIGAN AVE, CENTURIA, WI 54824

License Status: REGULAR

Licensed/Certified/Registered 06/01/2009

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

Survey History

Survey ID: 0104006 **End Date:** 05/05/2009 **Type:** STANDARD **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

Statement of Deficiency: #4GPT11 Served 05/13/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.47(2)(d)	FIRE DRILLS		

Survey ID: 0102678 **End Date:** 10/07/2008 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0101782 **End Date:** 05/05/2008 **Type:** INITIAL **Purpose:** SURVEY

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 AA (AMBULATORY)
COUNTY: POLK

Facility Information

Facility Name: CLEAR LAKE MANOR (510357)
Address: 460 2ND AVENUE, CLEAR LAKE, WI 54005
License Status: REGULAR
Licensed/Certified/Registered 09/01/1997
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0101862 **End Date:** 04/22/2008 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #7LDC11 Served 06/04/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.19(1)(d)	PHYSICAL OR MENTAL CONDITION	04/01/2009	
83.21(4)(p)	PROMPT AND ADEQUATE TREATMENT	04/01/2009	
83.33(2)(h)2	MEDICAL SERVICES DOCUMENTED IN RECORD	04/01/2009	
83.33(3)(e)2.b	INJECTIONS	04/01/2009	

Survey ID: 0097617 **End Date:** 07/26/2006 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10011365 Served 08/19/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.43(3)(b)1	TESTING BY SERVICE COMPANY	08/31/2006	Yes
83.43(3)(b)2	TESTING OF SMOKE DETECTORS	08/31/2006	Yes
83.53(2)(a)	DOORS EXCEPT PATIO DOORS	08/31/2006	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: POLK

Enforcement History (CLEAR LAKE MANOR)

Date: 05/28/2008 SOD #7LDC11 Appealed: Yes Decision: STIPULATION

Sanctions

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

Date: 08/14/2006 SOD #10011365 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
Community Based Residential Facility--CLASS AA (AMBULATORY)
COUNTY: POLK

Complaint History (CLEAR LAKE MANOR)

Date Complaint Received: 02/27/2008

Date Investigation Completed: 05/16/2008

Subject Area(s)
RESIDENT RIGHTS
ADMINISTRATION

Result
SUBSTANTIATED
SUBSTANTIATED

SOD #
7LDC11
7LDC11

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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: POLK

Facility Information

Facility Name: COMFORTS OF HOME - FREDERIC (0010757)

Address: 105 E OAK ST, FREDERIC, WI 54837

License Status: REGULAR

Licensed/Certified/Registered 11/01/2005

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

Survey History

Survey ID: 0103591 **End Date:** 03/16/2009 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0100116 **End Date:** 09/10/2007 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0098087 **End Date:** 10/16/2006 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10011375 Served 11/01/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.11(3)(h)	NOT PERMIT A CONDITION OF RISK	11/27/2006	Yes
83.19(3)(f)	ACCIDENT RESULTS IN HOSPITALIZATION	11/27/2006	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: POLK

Survey ID: 0097823 End Date: 08/08/2006 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10011370 Served 09/11/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(4)(g)	FAIR TREATMENT	10/11/2006	Yes
83.32(2)(a)5	HARMFUL BEHAVIOR PATTERNS	10/11/2006	Yes

Survey ID: 0097455 End Date: 07/25/2006 Type: ABBREVIATED 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: POLK

Enforcement History (COMFORTS OF HOME - FREDERIC)

Date: 10/30/2006 **SOD #10011375** **Appealed: No**

Sanctions

FORFEITURE---83.11(3)(h)

Date: 09/07/2006 **SOD #10011370** **Appealed: No**

Sanctions

PROVIDE TRAINING
FORFEITURE---83.21(4)(g)

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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: POLK

Complaint History (COMFORTS OF HOME - FREDERIC)

Date Complaint Received: 02/27/2009

Date Investigation Completed: 03/16/2009

Subject Area(s)

RESIDENT RIGHTS
NUTRITION & FOOD SERVICES
ADMINISTRATION

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 10/12/2006

Date Investigation Completed: 10/16/2006

Subject Area(s)

SUPERVISION

Result

SUBSTANTIATED

SOD #

10011375

Date Complaint Received: 09/28/2006

Date Investigation Completed: 10/16/2006

Subject Area(s)

RESIDENT BEHAVIOR/FACILITY PRACTICE
NUTRITION & FOOD SERVICES

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 08/04/2006

Date Investigation Completed: 08/08/2006

Subject Area(s)

ADMISSION, TRANSFER & DISCHARGE
ADMINISTRATION

Result

SUBSTANTIATED
SUBSTANTIATED

SOD #

10011370
10011370

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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: POLK

Facility Information

Facility Name: COMFORTS OF HOME - ST CROIX II (0010569)

Address: 341 MCKENNEY ST, ST CROIX FALLS, WI 54024

License Status: REGULAR

Licensed/Certified/Registered 05/01/2004

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

Survey History

Survey ID: 0104191 **End Date:** 06/10/2009 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0101351 **End Date:** 02/26/2008 **Type:** ABBREVIATED **Purpose:** SURVEY/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #Z3R112 Served 03/22/2008

<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	
83.32(2)(a)5	HARMFUL BEHAVIOR PATTERNS	04/01/2009	

Survey ID: 0097827 **End Date:** 07/19/2006 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10011368 Served 09/11/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(4)(p)	PROMPT AND ADEQUATE TREATMENT	11/01/2006	Yes
83.32(2)(a)5	HARMFUL BEHAVIOR PATTERNS	11/01/2006	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: POLK

Enforcement History (COMFORTS OF HOME - ST CROIX II)

Date: 03/17/2008 **SOD #Z3R112** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

FORFEITURE---83.21(4)(p)

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

Date: 09/07/2006 **SOD #10011368** **Appealed: No**

Sanctions

PROVIDE TRAINING

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: POLK

Complaint History (COMFORTS OF HOME - ST CROIX II)

Date Complaint Received: 05/13/2009

Date Investigation Completed: 06/10/2009

Subject Area(s)
STAFF ADEQUACY

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 08/18/2006

Date Investigation Completed: 07/19/2006

Subject Area(s)
ABUSE

Result
SUBSTANTIATED

SOD #
10011368

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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: POLK

Facility Information

Facility Name: COMFORTS OF HOME-ST CROIX FALLS I (0010062)

Address: 343 MCKENNEY STREET, ST CROIX FALLS, WI 54024

License Status: REGULAR

Licensed/Certified/Registered 12/01/2003

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

Survey History

Survey ID: 0104189 **End Date:** 06/10/2009 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0101316 **End Date:** 02/26/2008 **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: POLK

Complaint History (COMFORTS OF HOME-ST CROIX FALLS I)

Date Complaint Received: 05/13/2009

Date Investigation Completed: 06/10/2009

Subject Area(s)
STAFF ADEQUACY

Result
NOT SUBSTANTIATED

SOD #

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

Facility Information

Facility Name: AMERY ASSTD LIV -RIVER BEND (0011001)
Address: 475 GOLF VIEW LANE, AMERY, WI 54001
License Status: REGULAR
Licensed/Certified/Registered 05/09/2005
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: POLK

Facility Information

Facility Name: EVERGREEN VILLAGE (0010556)
Address: 611 HARRIMAN AVE S, AMERY, WI 54001
License Status: REGULAR
Licensed/Certified/Registered 06/01/2004
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0098421 **End Date:** 12/20/2006 **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
Residential Care Apartment Complex (CERTIFIED)
COUNTY: POLK

Facility Information

Facility Name: ROYAL OAKS INC (THE) (0012793)
Address: 304 EIGHTH AVE E, OSCEOLA, WI 54020
License Status: REGULAR
Licensed/Certified/Registered 05/05/2009
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0103963 **End Date:** 05/05/2009 **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
Residential Care Apartment Complex (CERTIFIED)
COUNTY: POLK

Facility Information

Facility Name: ST CROIX VALLEY GOOD SAM APT COMPLEX (0011008)

Address: 750 LOUISANNA E, ST CROIX FALLS, WI 54024

License Status: REGULAR

Licensed/Certified/Registered 11/09/2006

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

Survey History

Survey ID: 0103814 **End Date:** 04/07/2009 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0098220 **End Date:** 11/09/2006 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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