

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

COUNTY: PORTAGE

**Notes**

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

**The report is a PDF (Adobe Acrobat) document and includes a total of 61 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: PORTAGE

**Facility Information**

**Facility Name:** ADULT DAY CENTER OF PORTAGE COUNTY (600005)

**Address:** 1519 WATER STREET, STEVENS POINT, WI 54481

**License Status:** REGULAR

**Licensed/Certified/Registered** 11/29/1990

**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

**Survey History**

**Survey ID:** 0100890      **End Date:** 12/20/2007      **Type:** ABBREVIATED      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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**Survey ID:** 0100891      **End Date:** 12/20/2007      **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: PORTAGE

**Facility Information**

**Facility Name:** AURORA RESIDENTIAL ALTERNATIVES #061 (0009111)

**Address:** 1501 GREENTREE DRIVE, PLOVER, WI 54467

**License Status:** REGULAR

**Licensed/Certified/Registered** 08/22/2000

**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

**Survey History**

**Survey ID:** 0104084    **End Date:** 04/09/2009    **Type:** ABBREVIATED    **Purpose:** VERIFICATION VISIT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #OQQY11    Served 06/04/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(e)2.b	INSPECTIONS-GAS FURNACE	07/19/2009	Yes

**Survey ID:** 0098533    **End Date:** 01/03/2007    **Type:** STANDARD    **Purpose:** SURVEY/SELF REPORT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #10009660    Served 01/22/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(5)(c)	TRAINING-AGENCY MAY REQUIRE ADDITIONAL	04/09/2009	Yes
88.06(3)(d)1	DESCRIPTION OF SERVICES	04/09/2009	Yes

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

**Facility Information**

**Facility Name:** AURORA RESIDENTIAL ALTERNATIVES 52 (0008822)

**Address:** 1421 ROGERS DRIVE, PLOVER, WI 54467

**License Status:** REGULAR

**Licensed/Certified/Registered** 09/18/1999

**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

**Survey History**

**Survey ID:** 0100500    **End Date:** 11/01/2007    **Type:** ABBREVIATED    **Purpose:** SURVEY/COMPLAINT/SELF REPORT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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

**Complaint History (AURORA RESIDENTIAL ALTERNATIVES 52)**

**Date Complaint Received: 08/06/2007**

**Date Investigation Completed: 11/01/2007**

Subject Area(s)  
ADMINISTRATION  
QUALITY OF LIFE

Result  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

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

**Facility Information**

**Facility Name:** CCLS INC BRIDLEWOOD (0010843)  
**Address:** 3330 BRIDLEWOOD DRIVE, PLOVER, WI 54467  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 05/23/2005  
**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

**Survey History**

**Survey ID:** 0103560    **End Date:** 02/18/2009    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #BCPH11    Served 03/09/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(4)(a)	FIRE SAFETY-FIRE EXTINGUISHERS		
88.06(3)(a)	INDIVIDUAL SERVICE PLAN & ASSESSMENT		
88.06(3)(d)5	SIGNED STATEMENT OF AGREEMENT		
88.07(3)(a)	PRESCRIPTION MEDICATIONS		

**Survey ID:** 0098607    **End Date:** 12/27/2006    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #10009669    Served 02/05/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(4)(d)1	FIRE SAFETY EVACUATION PLAN	02/18/2009	Yes

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

**Facility Information**

**Facility Name:** CCLS JOHNSON (0011193)  
**Address:** 3315/3317 JOHNSON AVENUE, PLOVER, WI 54467  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 02/23/2006  
**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

**Survey History**

**Survey ID:** 0100380    **End Date:** 10/03/2007    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #W10V11    Served 10/24/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.06(3)(c)	ASSESSMENT IDENTIFY NEEDS & ABILITIES		

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

**Facility Information**

**Facility Name:** EVERGREEN MANOR II (0011268)  
**Address:** 3430 LARRY COURT, PLOVER, WI 54467  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 01/11/2006  
**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

**Survey History**

**Survey ID:** 0100350    **End Date:** 10/03/2007    **Type:** STANDARD    **Purpose:** SURVEY/SELF REPORT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #ZN2Q11    Served 10/15/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE		

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

**Facility Information**

**Facility Name:** MEADOW (0012034)  
**Address:** 4760 STILL MEADOW LANE, PLOVER, WI 54467  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 01/07/2008  
**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

**Survey History**

**Survey ID:** 0100910    **End Date:** 10/23/2007    **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: PORTAGE

**Facility Information**

**Facility Name:** OUR PLACE (690022)  
**Address:** 2420 CRESCENT CT, PLOVER, WI 54467  
**License Status:** REGULAR  
**Licensed/Certified/Registered:** 11/11/1995  
**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

**Survey History**

**Survey ID:** 0102082    **End Date:** 06/03/2008    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0098049    **End Date:** 10/17/2006    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #10009614    Served 11/02/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.09(2)(c)	LOCATION AND RETENTION PERIOD	06/03/2008	Yes

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

**Enforcement History (OUR PLACE)**

**Date: 10/31/2006      SOD #10009614      Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

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

**Facility Information**

**Facility Name:** RIVER (0012300)  
**Address:** 4525 RIVER DRIVE, PLOVER, WI 54467  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 11/18/2008  
**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

**Survey History**

**Survey ID:** 0102919    **End Date:** 11/13/2008    **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: PORTAGE

**Facility Information**

**Facility Name:** AURORA RESIDENTIAL ALTERNATIVES INC #15 (0011343)

**Address:** 641 NORTH SECOND STREET, STEVENS POINT, WI 54481

**License Status:** REGULAR

**Licensed/Certified/Registered** 03/13/2006

**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

**Survey History**

**Survey ID:** 0101118      **End Date:** 02/06/2008      **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  
Adult Family Home  
COUNTY: PORTAGE

**Facility Information**

**Facility Name:** AURORA RESIDENTIAL ALTERNATIVES INC #19 (0011447)

**Address:** 643 NORTH SECOND STREET, STEVENS POINT, WI 54481

**License Status:** REGULAR

**Licensed/Certified/Registered** 06/20/2006

**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

**Survey History**

**Survey ID:** 0101219      **End Date:** 02/28/2008      **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  
Adult Family Home  
COUNTY: PORTAGE

**Facility Information**

**Facility Name:** AURORA RESIDENTIAL ALTERNATIVES INC #58 (0010988)

**Address:** 5741 SANDPIPER DRIVE, STEVENS POINT, WI 54481

**License Status:** REGULAR

**Licensed/Certified/Registered** 07/28/2005

**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

**Survey History**

**Survey ID:** 0101847      **End Date:** 05/28/2008      **Type:** STANDARD      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0098054      **End Date:** 10/24/2006      **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  
Adult Family Home  
COUNTY: PORTAGE

**Facility Information**

**Facility Name:** AURORA RESIDENTIAL ALTERNATIVES INC #59 (0012036)

**Address:** 724 HAWK LANE, STEVENS POINT, WI 54481

**License Status:** REGULAR

**Licensed/Certified/Registered** 11/07/2007

**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

**Survey History**

**Survey ID:** 0100487      **End Date:** 10/23/2007      **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: PORTAGE

**Facility Information**

**Facility Name:** CASA DE MILLER (0011957)  
**Address:** 420 SHERMAN AVENUE, STEVENS POINT, WI 54481  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 07/02/2007  
**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

**Survey History**

**Survey ID:** 0104111    **End Date:** 05/20/2009    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #2CCP11    Served 06/08/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(4)(b)1	FIRE SAFETY-SMOKE DETECTORS		

**Survey ID:** 0099704    **End Date:** 06/04/2007    **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: PORTAGE

**Facility Information**

**Facility Name:** DAVID SCHRODA (0012696)  
**Address:** 5509 GLENWOOD AVENUE, STEVENS POINT, WI 54481  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 04/07/2009  
**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

**Survey History**

**Survey ID:** 0103826    **End Date:** 03/18/2009    **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: PORTAGE

**Facility Information**

**Facility Name:** TONNA ROSA VELASQUEZ (0010088)  
**Address:** 1905 LOCUST STREET, STEVENS POINT, WI 54481  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 04/05/2004  
**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

**Survey History**

**Survey ID:** 0101068      **End Date:** 01/30/2008      **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: PORTAGE

### Facility Information

**Facility Name:** MAPLE RIDGE OF PLOVER MEMORY CARE (0012043)

**Address:** 2841 MAPLE DRIVE, PLOVER, WI 54467

**License Status:** REGULAR

**Licensed/Certified/Registered** 03/01/2008

**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

### Survey History

**Survey ID:** 0100772      **End Date:** 12/06/2007      **Type:** STANDARD      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0100191      **End Date:** 09/01/2007      **Type:** INITIAL      **Purpose:** CHOW--DESK REVIEW

**Results:** PROBATIONARY LICENSE ISSUED

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**Provider Inspection Summary**

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: PORTAGE

**Facility Information**

**Facility Name:** MAPLE RIDGE OF PLOVER (0012042)

**Address:** 2831 MAPLE DRIVE, PLOVER, WI 54467

**License Status:** REGULAR

**Licensed/Certified/Registered** 03/01/2008

**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

**Survey History**

**Survey ID:** 0100883    **End Date:** 12/06/2007    **Type:** STANDARD    **Purpose:** SURVEY/SELF REPORT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #2XOM11    Served 01/03/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(6)(am)	FOUR YEAR CAREGIVER BACKGROUND REQUIREMENT	11/10/2008	Yes
83.41(5)(d)2	HOT WATER TEMPERATURES	11/10/2008	Yes

**Survey ID:** 0100189    **End Date:** 09/01/2007    **Type:** INITIAL    **Purpose:** CHOW--DESK REVIEW

**Results:** PROBATIONARY LICENSE ISSUED

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**Provider Inspection Summary**

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: PORTAGE

**Facility Information**

**Facility Name:** WHISPERING PINES CBRF (0012331)

**Address:** 3380 BRIDLEWOOD DR, PLOVER, WI 54467

**License Status:** REGULAR

**Licensed/Certified/Registered** 03/01/2009

**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

**Survey History**

**Survey ID:** 0104048    **End Date:** 05/20/2009    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0103524    **End Date:** 02/17/2009    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #1XP611    Served 03/07/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.42(3)(e)	QUARTERLY FIRE DRILLS	04/01/2009	
83.42(3)(f)	SLEEPING HOURS EVACUATION DRILL	04/01/2009	

**Survey ID:** 0101234    **End Date:** 02/29/2008    **Type:** OTHER    **Purpose:** CHOW--LICENSURE

**Results:** PROBATIONARY LICENSE ISSUED

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### Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: PORTAGE

#### Complaint History (WHISPERING PINES CBRF)

**Date Complaint Received: 03/10/2009**

**Date Investigation Completed: 05/20/2009**

Subject Area(s)  
PROGRAM SERVICES

Result  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 02/13/2009**

**Date Investigation Completed: 02/17/2009**

Subject Area(s)  
PROGRAM SERVICES

Result  
NOT SUBSTANTIATED

SOD #

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### Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: PORTAGE

#### Facility Information

**Facility Name:** AURORA RESIDENTIAL ALTERNATIVES II (62) (610256)

**Address:** 2040 JEFFERSON STREET, STEVENS POINT, WI 54481

**License Status:** REGULAR

**Licensed/Certified/Registered** 01/01/1996

**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

#### Survey History

**Survey ID:** 0102208      **End Date:** 07/16/2008      **Type:** ABBREVIATED      **Purpose:** SURVEY/SELF REPORT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0098507      **End Date:** 01/10/2007      **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: PORTAGE

#### Facility Information

**Facility Name:** CARE PARTNERS STEVENS POINT #1 (0011953)  
**Address:** 3349 BLDG A WHITING AVENUE, STEVENS POINT, WI 54481  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 07/02/2007  
**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

#### Survey History

**Survey ID:** 0101988    **End Date:** 06/05/2008    **Type:** STANDARD    **Purpose:** SURVEY/SELF REPORT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #LRR511    Served 06/26/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.07(2)(b)	CHANGE	04/01/2009	
83.11(3)(c)	CHANGE IN CLIENT GROUP	04/01/2009	

**Survey ID:** 0100502    **End Date:** 10/16/2007    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0099706    **End Date:** 06/12/2007    **Type:** INITIAL    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #ZF6011    Served 07/03/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.43(7)(d)1	REVIEW OF PLAN AND ON-SITE INSPECTION	10/16/2007	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: PORTAGE

#### Complaint History (CARE PARTNERS STEVENS POINT #1)

**Date Complaint Received: 06/25/2007**

**Date Investigation Completed: 10/12/2007**

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: PORTAGE

**Facility Information**

**Facility Name:** CARE PARTNERS STEVENS POINT #2 (0011954)

**Address:** 3349 BLDG B WHITING AVENUE, STEVENS POINT, WI 54481

**License Status:** REGULAR

**Licensed/Certified/Registered** 07/02/2007

**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

**Survey History**

**Survey ID:** 0102203    **End Date:** 07/29/2008    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0101881    **End Date:** 06/05/2008    **Type:** STANDARD    **Purpose:** SURVEY/SELF REPORT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0100503    **End Date:** 10/16/2007    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0099707    **End Date:** 06/12/2007    **Type:** INITIAL    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #00N411    Served 07/03/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.43(7)(d)1	REVIEW OF PLAN AND ON-SITE INSPECTION	10/16/2007	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: PORTAGE

#### Complaint History (CARE PARTNERS STEVENS POINT #2)

**Date Complaint Received: 07/11/2008**

**Date Investigation Completed: 07/28/2008**

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: PORTAGE

**Facility Information**

**Facility Name:** HARMONY OF STEVENS POINT (0009568)

**Address:** 1800 BLUEBELL LANE, STEVENS POINT, WI 54481

**License Status:** REGULAR

**Licensed/Certified/Registered** 01/13/2003

**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

**Survey History**

**Survey ID:** 0102058    **End Date:** 06/26/2008    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0101655    **End Date:** 04/30/2008    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT/SELF REPORT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0101067    **End Date:** 01/16/2008    **Type:** OTHER    **Purpose:** COMPLAINT/SELF REPORT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #G08N11    Served 02/11/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.19(3)(d)	WHEREABOUTS UNKNOWN	04/24/2008	Yes

**Survey ID:** 0098856    **End Date:** 03/02/2007    **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: PORTAGE

**Survey ID: 0098534    End Date: 01/04/2007    Type: STANDARD    Purpose: SURVEY/COMPLAINT/SELF REPORT**

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #10009661    Served 01/22/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.33(3)(b)1	CONTROL	03/02/2007	Yes
83.35(5)(c)	FROZEN AT 0 DEGREES F. OR BELOW	03/02/2007	Yes

**Survey ID: 0097991    End Date: 10/10/2006    Type: OTHER    Purpose: COMPLAINT/SELF REPORT**

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #10009610    Served 10/30/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(4)(p)	PROMPT AND ADEQUATE TREATMENT	01/16/2008	Yes
83.21(4)(w)	SAFE ENVIRONMENT	01/16/2008	Yes
83.32(2)(a)	EXPLANATION OF RIGHTS, GRIEVANCE PROCEDURE	01/16/2008	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: PORTAGE

#### Enforcement History (HARMONY OF STEVENS POINT)

**Date:** 10/26/2006      **SOD #**10009610      **Appealed:** Yes      **Decision:** STIPULATION

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

FORFEITURE---83.21(4)(p)

FORFEITURE---83.21(4)(w)

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: PORTAGE

#### Complaint History (HARMONY OF STEVENS POINT)

**Date Complaint Received: 05/30/2008**

**Date Investigation Completed: 06/25/2008**

Subject Area(s)

RESIDENT BEHAVIOR/FACILITY PRACTICE  
HOMELIKE ENVIRONMENT & CLEANLINESS  
NUTRITION & FOOD SERVICES  
PROGRAM SERVICES

Result

NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 03/26/2008**

**Date Investigation Completed: 04/30/2008**

Subject Area(s)

HOMELIKE ENVIRONMENT & CLEANLINESS  
NUTRITION & FOOD SERVICES  
STAFF ADEQUACY  
PROGRAM SERVICES

Result

NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 11/28/2007**

**Date Investigation Completed: 01/16/2008**

Subject Area(s)

RESIDENT RIGHTS  
RESIDENT BEHAVIOR/FACILITY PRACTICE  
HOMELIKE ENVIRONMENT & CLEANLINESS  
PROGRAM SERVICES

Result

NOT SUBSTANTIATED  
SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

G08N11

**Date Complaint Received: 01/04/2007**

**Date Investigation Completed: 03/02/2007**

Subject Area(s)

PROGRAM SERVICES

Result

NOT SUBSTANTIATED

SOD #

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### Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: PORTAGE

**Date Complaint Received: 12/13/2006**

**Date Investigation Completed: 01/03/2007**

Subject Area(s)  
RESIDENT RIGHTS  
RESIDENT BEHAVIOR/FACILITY PRACTICE  
PROGRAM SERVICES

<u>Result</u>	<u>SOD #</u>
NOT SUBSTANTIATED	
NOT SUBSTANTIATED	
NOT SUBSTANTIATED	

**Date Complaint Received: 07/27/2006**

**Date Investigation Completed: 10/05/2006**

Subject Area(s)  
SUPERVISION

<u>Result</u>	<u>SOD #</u>
SUBSTANTIATED	10009610

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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: PORTAGE

#### Facility Information

**Facility Name:** MINISTRY BEHAVIORAL HLTH/RES TREATMENT CENTER (610085)

**Address:** 201 PRENTICE STREET NORTH, STEVENS POINT, WI 54481

**License Status:** REGULAR

**Licensed/Certified/Registered** 03/31/1987

**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

#### Survey History

**Survey ID:** 0101745    **End Date:** 05/09/2008    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0098253    **End Date:** 10/31/2006    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #10009619    Served 12/05/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.33(3)(a)1	PRACTITIONER'S WRITTEN ORDER FOR MEDS	05/09/2008	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: PORTAGE

#### Facility Information

**Facility Name:** NORTH CREST (0009320)

**Address:** 2225 EAGLE SUMMIT, STEVENS POINT, WI 54481

**License Status:** REGULAR

**Licensed/Certified/Registered** 10/16/2002

**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

#### Survey History

**Survey ID:** 0103455    **End Date:** 02/16/2009    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0099787    **End Date:** 06/18/2007    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #F6HY11    Served 07/19/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.13(7)(a)	EMPLOYE PERSONNEL RECORD	01/26/2009	Yes

**Survey ID:** 0097815    **End Date:** 09/22/2006    **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: PORTAGE

#### Complaint History (NORTH CREST)

**Date Complaint Received: 01/16/2009**

**Date Investigation Completed: 02/16/2009**

Subject Area(s)

SUPERVISION  
PHYSICAL PLANTS & SAFETY HAZARDS  
ADMISSION, TRANSFER & DISCHARGE  
ADMINISTRATION

Result

NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

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**Provider Inspection Summary**

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: PORTAGE

**Facility Information**

**Facility Name:** NORTH HAVEN (0008672)

**Address:** 2301 EAGLE SUMMIT, STEVENS POINT, WI 54481

**License Status:** REGULAR

**Licensed/Certified/Registered** 04/01/2000

**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

**Survey History**

**Survey ID:** 0102932    **End Date:** 11/03/2008    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #DUGF11    Served 11/21/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(4)(o)	MEDICATIONS	12/08/2008	Yes

**Survey ID:** 0102475    **End Date:** 08/19/2008    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #R8VX11    Served 09/13/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(4)(p)	PROMPT AND ADEQUATE TREATMENT	10/29/2008	Yes

**Survey ID:** 0101874    **End Date:** 05/28/2008    **Type:** STANDARD    **Purpose:** SURVEY/SELF REPORT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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### Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: PORTAGE

**Survey ID: 0099140**    **End Date: 04/05/2007**    **Type: OTHER**    **Purpose: COMPLAINT**

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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**Survey ID: 0097989**    **End Date: 10/22/2006**    **Type: STANDARD**    **Purpose: SURVEY/SELF REPORT**

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

---

**Survey ID: 0097921**    **End Date: 09/22/2006**    **Type: OTHER**    **Purpose: COMPLAINT**

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #10009603    Served 10/13/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.19(3)(c)	INVESTIGATE ALLEGATION	04/05/2007	Yes

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### Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: PORTAGE

#### Enforcement History (NORTH HAVEN)

**Date: 11/20/2008**      **SOD #DUG11**      **Appealed: No**

Sanctions

FORFEITURE---83.21(4)(o)

**Date: 09/12/2008**      **SOD #R8VX11**      **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

FORFEITURE---83.21(4)(p)

**Date: 10/11/2006**      **SOD #10009603**      **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

FORFEITURE---83.19(3)(c)

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### Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: PORTAGE

#### Complaint History (NORTH HAVEN)

**Date Complaint Received: 09/30/2008**

**Date Investigation Completed: 11/03/2008**

Subject Area(s)

PHYSICAL PLANTS & SAFETY HAZARDS  
NUTRITION & FOOD SERVICES  
MEDICATIONS  
STAFF ADEQUACY

Result

NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

DUFG11

**Date Complaint Received: 08/12/2008**

**Date Investigation Completed: 08/19/2008**

Subject Area(s)

NUTRITION & FOOD SERVICES

Result

NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 07/07/2008**

**Date Investigation Completed: 08/19/2008**

Subject Area(s)

MEDICATIONS  
STAFF ADEQUACY  
PROGRAM SERVICES

Result

NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
SUBSTANTIATED

SOD #

R8VX11

**Date Complaint Received: 02/28/2007**

**Date Investigation Completed: 04/05/2007**

Subject Area(s)

NUTRITION & FOOD SERVICES  
ADMINISTRATION  
STAFF ADEQUACY  
PROGRAM SERVICES

Result

NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

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### Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: PORTAGE

#### Facility Information

**Facility Name:** NORTH RIDGE (0010600)

**Address:** 2201 EAGLE SUMMIT, STEVENS POINT, WI 54481

**License Status:** REGULAR

**Licensed/Certified/Registered** 12/01/2004

**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

#### Survey History

**Survey ID:** 0102715    **End Date:** 10/01/2008    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0102375    **End Date:** 08/11/2008    **Type:** OTHER    **Purpose:** SURVEY/COMPLAINT/SELF REPORT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #N46J11    Served 08/28/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(4)(w)	SAFE ENVIRONMENT	04/01/2009	
83.32(3)	SIGNING ASSESSMENT AND ISP	04/01/2009	

**Survey ID:** 0101756    **End Date:** 05/02/2008    **Type:** STANDARD    **Purpose:** SURVEY/SELF REPORT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #DFGV11    Served 05/21/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(2)(d)	REVIEW OF PROGRESS	08/11/2008	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: PORTAGE

**Survey ID: 0100262**    **End Date: 09/10/2007**    **Type: OTHER**    **Purpose: COMPLAINT/SELF REPORT**

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #U3P411    Served 10/04/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(4)(r)	TREATMENT CHOICE	04/25/2008	Yes

**Survey ID: 0098473**    **End Date: 11/20/2006**    **Type: STANDARD**    **Purpose: SURVEY/SELF REPORT**

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #10009640    Served 01/13/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(4)(p)	PROMPT AND ADEQUATE TREATMENT	09/12/2007	Yes

**Survey ID: 0097581**    **End Date: 07/26/2006**    **Type: OTHER**    **Purpose: COMPLAINT**

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #10009591    Served 08/17/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(4)(o)	MEDICATIONS	10/16/2006	Yes
83.33(2)(g)3	CBRF ARRANGE HEALTH VISITS AND DOCUMENT	10/16/2006	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: PORTAGE

#### Enforcement History (NORTH RIDGE)

**Date: 08/26/2008**      **SOD #N46J11**      **Appealed: No**

Sanctions

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

**Date: 01/11/2007**      **SOD #10009640**      **Appealed: Yes**      **Decision: STIPULATION**

Sanctions

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

**Date: 08/15/2006**      **SOD #10009591**      **Appealed: No**

Sanctions

FORFEITURE---83.21(4)(o)  
FORFEITURE---83.33(2)(g)3

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### Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: PORTAGE

#### Complaint History (NORTH RIDGE)

**Date Complaint Received: 08/21/2008**

**Date Investigation Completed: 10/01/2008**

Subject Area(s)

Result

SOD #

MEDICATIONS  
STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED  
NOT SUBSTANTIATED

**Date Complaint Received: 07/31/2008**

**Date Investigation Completed: 08/11/2008**

Subject Area(s)

Result

SOD #

ABUSE

NOT SUBSTANTIATED

**Date Complaint Received: 07/09/2007**

**Date Investigation Completed: 09/10/2007**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

U3P411

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

COUNTY: PORTAGE

### Facility Information

**Facility Name:** OAKRIDGE SENIOR LIVING COMMUNITY CBRF (0011830)

**Address:** 5625 SANDPIPER DRIVE, STEVENS POINT, WI 54481

**License Status:** REGULAR

**Licensed/Certified/Registered** 01/01/2008

**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

### Survey History

**Survey ID:** 0102123      **End Date:** 07/10/2008      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0101656      **End Date:** 05/01/2008      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0100771      **End Date:** 12/07/2007      **Type:** STANDARD      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0099702      **End Date:** 05/31/2007      **Type:** INITIAL      **Purpose:** SURVEY

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

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### Provider Inspection Summary

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

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

COUNTY: PORTAGE

**Complaint History (OAKRIDGE SENIOR LIVING COMMUNITY CBRF)**

**Date Complaint Received: 04/17/2008**

**Date Investigation Completed: 07/09/2008**

Subject Area(s)

RESIDENT BEHAVIOR/FACILITY PRACTICE  
MEDICATIONS  
PROGRAM SERVICES

Result

NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 03/12/2008**

**Date Investigation Completed: 05/01/2008**

Subject Area(s)

MEDICATIONS

Result

NOT SUBSTANTIATED

SOD #

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**Provider Inspection Summary**

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: PORTAGE

**Facility Information**

**Facility Name:** POINT MANOR (0010796)

**Address:** 1800 SHERMAN AVENUE, STEVENS POINT, WI 544817215

**License Status:** REGULAR

**Licensed/Certified/Registered** 06/01/2005

**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

**Survey History**

**Survey ID:** 0101882    **End Date:** 05/29/2008    **Type:** STANDARD    **Purpose:** SURVEY/SELF REPORT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0098053    **End Date:** 10/24/2006    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #10009617    Served 11/02/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)	SIGNING ASSESSMENT AND ISP	05/29/2008	Yes

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

**Facility Information**

**Facility Name:** PORTAGE HOUSE (610004)  
**Address:** 1019 ARLINGTON PLACE, STEVENS POINT, WI 54481  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 03/31/1981  
**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

**Survey History**

**Survey ID:** 0103970    **End Date:** 04/20/2009    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #MBDZ11    Served 05/16/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.37(3)(c)	MEDICATION STORAGE: LOCKED CABINET		
83.48(6)(d)	INTEGRATED HEAT DETECTOR IN FURNACE ROOM		

**Survey ID:** 0099437    **End Date:** 05/01/2007    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #7WPP11    Served 06/04/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(1)(a)	CLIENT RELATED TRAINING	04/01/2009	

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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: PORTAGE

**Enforcement History (PORTAGE HOUSE)**

**Date: 05/31/2007      SOD #7WPP11      Appealed: No**

Sanctions

FORFEITURE---83.14(1)(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: PORTAGE

**Facility Information**

**Facility Name:** SYLVAN CROSSINGS OF STEVENS POINT (0011469)

**Address:** 100 NORTH GREEN AVENUE, STEVENS POINT, WI 54481

**License Status:** REGULAR

**Licensed/Certified/Registered** 11/01/2006

**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

**Survey History**

**Survey ID:** 0103053    **End Date:** 12/08/2008    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0102568    **End Date:** 09/17/2008    **Type:** STANDARD    **Purpose:** SURVEY/SELF REPORT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #7G6X11    Served 09/25/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(4)(p)	PROMPT AND ADEQUATE TREATMENT	12/08/2008	Yes

**Survey ID:** 0098382    **End Date:** 12/08/2006    **Type:** INITIAL    **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: PORTAGE

#### Enforcement History (SYLVAN CROSSINGS OF STEVENS POINT)

**Date: 09/24/2008**      **SOD #7G6X11**      **Appealed: No**

Sanctions

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: PORTAGE

#### Complaint History (SYLVAN CROSSINGS OF STEVENS POINT)

**Date Complaint Received: 10/30/2008**

**Date Investigation Completed: 12/08/2008**

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: PORTAGE

**Facility Information**

**Facility Name:** WELLINGTON PLACE OF WHITING (0012046)

**Address:** 1902 POST ROAD, STEVENS POINT, WI 54481

**License Status:** REGULAR

**Licensed/Certified/Registered** 03/01/2008

**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

**Survey History**

**Survey ID:** 0103542    **End Date:** 03/02/2009    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #LGEF11    Served 03/17/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(4)(o)	MEDICATIONS	04/01/2009	
83.33(2)(g)3	CBRF ARRANGE HEALTH VISITS AND DOCUMENT	04/01/2009	

**Survey ID:** 0102246    **End Date:** 07/29/2008    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #LR6611    Served 08/06/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(4)(g)	FAIR TREATMENT	02/11/2009	Yes
83.41(10)(a)	BUILDING MAINTENANCE	02/11/2009	Yes
83.41(10)(c)	PLUMBING IN GOOD REPAIR	02/11/2009	Yes
83.64(2)(f)6	HOME TYPE DISHWASHERS	02/11/2009	Yes

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### Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: PORTAGE

**Survey ID: 0101109**      **End Date: 01/09/2008**      **Type: STANDARD**      **Purpose: SURVEY**

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #NP1T12      Served 02/15/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(7)(b)2	FOOD PREPARATION AREA CLEAN GOOD REPAIR	07/23/2008	Yes
83.35(8)(a)1	FLOORS EASILY CLEANED AND GOOD REPAIR	07/23/2008	Yes
83.41(10)(a)	BUILDING MAINTENANCE	07/23/2008	Yes

---

**Survey ID: 0100188**      **End Date: 09/07/2007**      **Type: INITIAL**      **Purpose: CHOW--DESK REVIEW**

**Results:** PROBATIONARY LICENSE ISSUED

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: PORTAGE

### Enforcement History (WELLINGTON PLACE OF WHITING)

**Date: 03/12/2009**      **SOD #LGEF11**      **Appealed: No**

Sanctions

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

**Date: 08/05/2008**      **SOD #LR6611**      **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
PROVIDE TRAINING  
FORFEITURE---83.21(4)(g)  
FORFEITURE---83.41(10)(c)

**Date: 02/14/2008**      **SOD #NP1T12**      **Appealed: No**

Sanctions

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

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### Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: PORTAGE

#### Complaint History (WELLINGTON PLACE OF WHITING)

**Date Complaint Received: 02/06/2009**

**Date Investigation Completed: 02/11/2009**

Subject Area(s)

MEDICATIONS  
ADMINISTRATION

Result

SUBSTANTIATED  
SUBSTANTIATED

SOD #

LGEF11  
LGEF11

**Date Complaint Received: 07/11/2008**

**Date Investigation Completed: 07/22/2008**

Subject Area(s)

RESIDENT RIGHTS  
PHYSICAL PLANTS & SAFETY HAZARDS  
HOMELIKE ENVIRONMENT & CLEANLINESS  
NUTRITION & FOOD SERVICES  
MEDICATIONS  
STAFF ADEQUACY  
PROGRAM SERVICES

Result

SUBSTANTIATED  
SUBSTANTIATED  
SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

LR6611  
LR6611  
LR6611

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

**Facility Information**

**Facility Name:** THE LODGE AT WHISPERING PINES (0012069)  
**Address:** 3450 BRIDLEWOOD DR, PLOVER, WI 54467  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 04/28/2008  
**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

**Survey History**

**Survey ID:** 0101558    **End Date:** 04/22/2008    **Type:** INITIAL    **Purpose:** SURVEY  
**Results:** LICENSE/CERT/REGISTRATION ISSUED

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

**Facility Information**

**Facility Name:** HARMONY COMMONS RCAC (0012716)  
**Address:** 1801 LILAC LANE, STEVENS POINT, WI 54481  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 03/03/2009  
**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

**Survey History**

**Survey ID:** 0104134    **End Date:** 05/11/2009    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0103499    **End Date:** 02/24/2009    **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: PORTAGE

**Complaint History (HARMONY COMMONS RCAC)**

**Date Complaint Received: 04/25/2009**

**Date Investigation Completed: 05/11/2009**

Subject Area(s)  
PROGRAM SERVICES

Result  
NOT SUBSTANTIATED

SOD #

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

**Facility Information**

**Facility Name:** OAKRIDGE SENIOR LIVING COMMUNITY RCAC (0011533)

**Address:** 5625 SANDPIPER DRIVE, STEVENS POINT, WI 54481

**License Status:** REGULAR

**Licensed/Certified/Registered** 06/04/2007

**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

**Survey History**

**Survey ID:** 0103894      **End Date:** 04/09/2009      **Type:** STANDARD      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0099446      **End Date:** 05/31/2007      **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  
Residential Care Apartment Complex (REGISTERED)  
COUNTY: PORTAGE

**Facility Information**

**Facility Name:** RIVER VIEW LODGE (0012646)  
**Address:** 1800B SHERMAN AVENUE, STEVENS POINT, WI 54481  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 02/05/2009  
**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

**Survey History**

**Survey ID:** 0103464    **End Date:** 02/05/2009    **Type:** INITIAL    **Purpose:** SURVEY  
**Results:** LICENSE/CERT/REGISTRATION ISSUED

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