

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

COUNTY: RUSK

**Notes**

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

**The report is a PDF (Adobe Acrobat) document and includes a total of 14 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: RUSK

**Facility Information**

**Facility Name:** HALCYON HOME (590103)  
**Address:** N2664 CO LINE RD, CHETEK, WI 54728  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 10/22/1996  
**Regional Office:** WESTERN REGION (EAU CLAIRE), (715) 836-4752

**Survey History**

**Survey ID:** 0104056    **End Date:** 05/26/2009    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0103912    **End Date:** 04/09/2009    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT/SELF REPORT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #9PW711    Served 04/20/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(3)(b)	COMPLETE BACKGROUND CHECK PROCESS	05/19/2009	Yes
88.06(2)(a)2	HEALTH EXAM NOT REQUIRED SHORT RESPITE	05/19/2009	Yes
88.06(3)(d)1	DESCRIPTION OF SERVICES	05/19/2009	Yes
88.06(3)(f)	REVIEW OF ISP	05/19/2009	Yes
88.09(1)(d)	RESIDENT RECORDS REQUIREMENTS	05/19/2009	Yes

***This is Page 2 of 14 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 Family Home  
COUNTY: RUSK

**Enforcement History (HALCYON HOME)**

**Date: 04/14/2009      SOD #9PW711      Appealed: No**

Sanctions

NO NEW ADMISSIONS

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

**Complaint History (HALCYON HOME)**

**Date Complaint Received: 03/27/2009**

**Date Investigation Completed: 04/09/2009**

Subject Area(s)  
ADMINISTRATION

Result  
NOT SUBSTANTIATED

SOD #

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

**Facility Information**

**Facility Name:** AURORA RES ALTERNATIVES INC 065 (0009210)  
**Address:** N5832 CEDAR STREET, GLEN FLORA, WI 54526  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 02/21/2001  
**Regional Office:** WESTERN REGION (EAU CLAIRE), (715) 836-4752

**Survey History**

**Survey ID:** 0098912      **End Date:** 03/13/2007      **Type:** ABBREVIATED      **Purpose:** SURVEY  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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

**Facility Information**

**Facility Name:** PEACEFUL HILLS (0011132)  
**Address:** W10050 - 310TH AVE, HOLCOMBE, WI 54745  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 11/01/2005  
**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  
Adult Family Home  
COUNTY: RUSK

**Facility Information**

**Facility Name:** LAKE HOUSE (0008754)  
**Address:** 412 E LAKE AVENUE, LADYSMITH, WI 54848  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 08/16/1999  
**Regional Office:** WESTERN REGION (EAU CLAIRE), (715) 836-4752

**Survey History**

**Survey ID:** 0102884    **End Date:** 10/10/2008    **Type:** ABBREVIATED    **Purpose:** SURVEY/SELF REPORT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #9L6Y11    Served 11/07/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.07(1)(c)	ACTIVITIES AND SERVICES		

**Survey ID:** 0099207    **End Date:** 03/26/2007    **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  
Adult Family Home  
COUNTY: RUSK

**Complaint History (LAKE HOUSE)**

**Date Complaint Received: 10/19/2006**

**Date Investigation Completed: 03/26/2007**

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
SUPERVISION	NOT SUBSTANTIATED	
RESIDENT RIGHTS	NOT SUBSTANTIATED	
NUTRITION & FOOD SERVICES	NOT SUBSTANTIATED	
STAFF ADEQUACY	NOT SUBSTANTIATED	
QUALITY OF LIFE	SUBSTANTIATED	NOT RECORDED

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

**Facility Information**

**Facility Name:** MINER MANOR (0010570)  
**Address:** 407 E MINER AVE, LADYSMITH, WI 54848  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 04/12/2004  
**Regional Office:** WESTERN REGION (EAU CLAIRE), (715) 836-4752

**Survey History**

**Survey ID:** 0099085    **End Date:** 03/26/2007    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #10011388    Served 04/14/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(4)(d)2.a	FIRE SAFETY EVACUATION PLAN REVIEW	07/02/2009	Yes
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION	07/02/2009	Yes

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

**Facility Information**

**Facility Name:** PARKER PLACE (THE) (0010652)  
**Address:** W9976 BIRCH CIRCLE DRIVE, LADYSMITH, WI 54848  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 07/02/2004  
**Regional Office:** WESTERN REGION (EAU CLAIRE), (715) 836-4752

**Survey History**

**Survey ID:** 0103595    **End Date:** 03/02/2009    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0097913    **End Date:** 09/15/2006    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #10011372    Served 10/07/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.07(3)(a)	PRESCRIPTION MEDICATIONS	03/02/2009	Yes
88.07(3)(d)	MEDICATION- WRITTEN ORDER	03/02/2009	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: RUSK

### Facility Information

**Facility Name:** CARE PARTNERS ASSISTED LIVING - LADYSMITH (0012671)

**Address:** 1105 BAKER AVE, LADYSMITH, WI 54848

**License Status:** REGULAR

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

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

### Survey History

**Survey ID:** 0103196      **End Date:** 12/15/2008      **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: RUSK

### Facility Information

**Facility Name:** COUNTRY TERRACE LADYSMITH (0009673)

**Address:** 910 SHADY LANE, LADYSMITH, WI 54848

**License Status:** REGULAR

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

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

### Survey History

**Survey ID:** 0102552    **End Date:** 09/18/2008    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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**Survey ID:** 0102392    **End Date:** 09/28/2007    **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: RUSK

#### Complaint History (COUNTRY TERRACE LADYSMITH)

**Date Complaint Received: 09/18/2007**

**Date Investigation Completed: 09/28/2007**

Subject Area(s)

Result

SOD #

ABUSE  
MEDICATIONS

NOT SUBSTANTIATED  
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: RUSK

**Facility Information**

**Facility Name:** LAKE MANOR (510330)

**Address:** 119 E 4TH ST N, LADYSMITH, WI 54848

**License Status:** REGULAR

**Licensed/Certified/Registered** 06/30/1992

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

**Survey History**

**Survey ID:** 0099087    **End Date:** 03/26/2007    **Type:** OTHER    **Purpose:** SELF REPORT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #10011389    Served 04/14/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(1)(b)	LICENSEE PROTECT CIVIL RIGHTS OF RESIDENTS	04/01/2009	

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