

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

COUNTY: SAWYER

**Notes**

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

**The report is a PDF (Adobe Acrobat) document and includes a total of 21 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: SAWYER

**Facility Information**

**Facility Name:** RIPCZINSKI ADULT FAMILY HOME (THE) (0012133)  
**Address:** 12390 W RYAN RD, COUDERAY, WI 54828  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 11/01/2007  
**Regional Office:** WESTERN REGION (EAU CLAIRE), (715) 836-4752

**Survey History**

**Survey ID:** 0102804    **End Date:** 09/26/2008    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #OEHP11    Served 10/23/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(2)(a)	DIFFICULTY WALKING		
88.05(3)(b)	FREE OF HAZARDS		
88.07(3)(d)	MEDICATION- WRITTEN ORDER		
88.07(3)(e)1	MEDICATION- RECORD KEEPING		

**Survey ID:** 0100422    **End Date:** 10/16/2007    **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: SAWYER

**Facility Information**

**Facility Name:** AURORA RESIDENTIAL ALTERNATIVES #16 (690060)  
**Address:** 10871 SECOND AVENUE, HAYWARD, WI 54843  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 06/30/1996  
**Regional Office:** WESTERN REGION (EAU CLAIRE), (715) 836-4752

**Survey History**

**Survey ID:** 0102920    **End Date:** 10/03/2008    **Type:** OTHER    **Purpose:** SELF REPORT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #I6RW11    Served 11/10/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.06(3)(d)	INDIVIDUAL SERVICE PLAN		
88.10(3)(p)	PROMPT AND ADEQUATE TREATMENT		

**Survey ID:** 0102443    **End Date:** 09/04/2008    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0100086    **End Date:** 08/01/2007    **Type:** OTHER    **Purpose:** DESK REVIEW

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0098479    **End Date:** 12/08/2006    **Type:** ABBREVIATED    **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: SAWYER

**Enforcement History (AURORA RESIDENTIAL ALTERNATIVES #16)**

**Date: 11/07/2008      SOD #I6RW11      Appealed: No**

Sanctions

COMPLY WITH REQUIREMENT

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

**Facility Information**

**Facility Name:** BENSON ADULT FAMILY HOME (0012018)  
**Address:** 8839 N OLD HWY 27, HAYWARD, WI 54843  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 07/05/2007  
**Regional Office:** WESTERN REGION (EAU CLAIRE), (715) 836-4752

**Survey History**

**Survey ID:** 0104414    **End Date:** 06/22/2009    **Type:** OTHER    **Purpose:** SELF REPORT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #YT5611

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.10(3)(p)	PROMPT AND ADEQUATE TREATMENT		

**Survey ID:** 0102650    **End Date:** 09/05/2008    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #1SFX11    Served 10/01/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(d)	ANNUAL WELL WATER INSPECTIONS	05/22/2009	Yes
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION	05/22/2009	Yes
88.06(2)(b)	SERVICE AGREEMENT EXCEPT RESPITE	05/22/2009	Yes
88.06(3)(a)	INDIVIDUAL SERVICE PLAN & ASSESSMENT	05/22/2009	Yes
88.10(3)(b)	PRIVACY	05/22/2009	Yes

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

**Survey ID: 0099713      End Date: 07/05/2007      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: SAWYER

**Facility Information**

**Facility Name:** REST EASY (0009817)  
**Address:** 3598 NORTH BEAGLE LANE, OJIBWA, WI 54862  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 10/01/2004  
**Regional Office:** WESTERN REGION (EAU CLAIRE), (715) 836-4752

**Survey History**

**Survey ID:** 0098444    **End Date:** 11/30/2006    **Type:** STANDARD    **Purpose:** SURVEY/SELF REPORT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #10011379    Served 01/06/2007

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

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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: SAWYER

#### Facility Information

**Facility Name:** CARE PARTNERS ASSISTED LVG HAYWARD (0009028)

**Address:** 15497 PINEWOOD DRIVE, HAYWARD, WI 54843

**License Status:** REGULAR

**Licensed/Certified/Registered** 12/01/2000

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

#### Survey History

**Survey ID:** 0098935    **End Date:** 02/26/2007    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #10011385    Served 03/14/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.42(12)	MAINTENANCE OF EXITS	08/01/2007	Yes
83.42(3)(f)	SLEEPING HOURS EVACUATION DRILL	08/01/2007	Yes

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## Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: SAWYER

### Facility Information

**Facility Name:** COUNTRY TERRACE - HAYWARD (0012899)

**Address:** 10260 WHITE BIRCH LANE, HAYWARD, WI 54843

**License Status:** REGULAR

**Licensed/Certified/Registered** 08/01/2009

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

### Survey History

No survey activity during the period 07/01/2006 through 06/30/2009.

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

**Facility Information**

**Facility Name:** LCO HALFWAY HOUSE (0009818)  
**Address:** 12929 W HASKINS RD, HAYWARD, WI 54843  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 08/01/2005  
**Regional Office:** WESTERN REGION (EAU CLAIRE), (715) 836-4752

**Survey History**

**Survey ID:** 0100519    **End Date:** 10/24/2007    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #FINL11    Served 11/07/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(b)intro	ENTITY BACKGROUND CHECK REQUIREMENTS		
83.13(4)(a)	COMMUNICABLE DISEASE CONTROL	10/13/2004	Yes
83.14(1)(c)	UNIVERSAL PRECAUTIONS	04/01/2009	
83.14(1)(d)	FIRE SAFETY, FIRST AID & CHOKING	04/01/2009	
83.35(4)(f)	FOOD STORED IN SANITARY CONDITIONS	04/01/2009	
83.41(10)(b)	MECHANICALS IN GOOD REPAIR	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: SAWYER

**Enforcement History (LCO HALFWAY HOUSE)**

**Date: 11/06/2007      SOD #FINL11      Appealed: No**

Sanctions

FORFEITURE---83.14(1)(c)

FORFEITURE---83.14(1)(d)

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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: SAWYER

**Facility Information**

**Facility Name:** SUNSET SENIOR HOME (0011017)

**Address:** 15495 CTY RD B, HAYWARD, WI 54843

**License Status:** REGULAR

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

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

**Survey History**

**Survey ID:** 0104368    **End Date:** 06/05/2009    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #CVPS11    Served 06/25/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS	07/31/2009	Yes

**Survey ID:** 0103533    **End Date:** 02/10/2009    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #M9CW12    Served 03/05/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.15(1)(c)1	ADEQUATE STAFFING	04/01/2009	
83.41(10)(a)	BUILDING MAINTENANCE	04/01/2009	
83.41(10)(b)	MECHANICALS IN GOOD REPAIR	04/01/2009	
83.42(12)	MAINTENANCE OF EXITS	04/01/2009	
83.51(1)(h)	WATERTIGHT, RODENT-PROOF & WEATHERTIGHT	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: SAWYER

**Survey ID: 0101942    End Date: 05/21/2008    Type: OTHER    Purpose: COMPLAINT/SELF REPORT**

**Results: ENFORCEMENT ACTION**

**Statement of Deficiency: #M9CW11    Served 06/21/2008**

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.11(3)(a)	RESPONSIBILITIES	04/01/2009	
83.14(1)(a)2	CHALLENGING BEHAVIORS	09/30/2008	Yes
83.14(1)(a)3	CLIENT GROUP SPECIFIC TRAINING	09/30/2008	Yes
83.14(1)(c)	UNIVERSAL PRECAUTIONS	09/30/2008	Yes
83.14(1)(d)	FIRE SAFETY, FIRST AID & CHOKING	09/30/2008	Yes
83.14(2)	TRAINING DIETARY NEEDS & MENU PLANNING	09/30/2008	Yes
83.16(1)	ADMISSIONS AGREEMENT	04/01/2009	
83.21(4)(p)	PROMPT AND ADEQUATE TREATMENT	09/30/2008	Yes
83.32(2)(a)	EXPLANATION OF RIGHTS, GRIEVANCE PROCEDURE	09/30/2008	Yes
83.32(2)(a)5	HARMFUL BEHAVIOR PATTERNS	09/30/2008	Yes
83.32(2)(a)6	CAPACITY FOR SELF-CARE	09/30/2008	Yes
83.32(2)(c)1	ANNUAL EVALUATION-PARTICIPATION	09/30/2008	Yes
83.32(2)(d)	REVIEW OF PROGRESS	09/30/2008	Yes
83.41(10)(a)	BUILDING MAINTENANCE	04/01/2009	
83.42(2)(a)	EVALUATION RESIDENT EVACUATION LIMITS	09/30/2008	Yes

**Survey ID: 0101364    End Date: 03/19/2008    Type: OTHER    Purpose: COMPLAINT**

**Results: STATEMENT OF DEFICIENCY ISSUED**

**Statement of Deficiency: #ONHQ11    Served 03/25/2008**

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.51(1)(h)	WATERTIGHT, RODENT-PROOF & WEATHERTIGHT	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: SAWYER

**Survey ID: 0100173    End Date: 07/31/2007    Type: STANDARD    Purpose: SURVEY/SELF REPORT**

**Results: ENFORCEMENT ACTION**

**Statement of Deficiency: #97ON12    Served 09/17/2007**

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(1)(a)3	CLIENT GROUP SPECIFIC TRAINING	03/18/2008	Yes
83.21(4)(p)	PROMPT AND ADEQUATE TREATMENT	03/18/2008	Yes
83.33(3)(a)1	PRACTITIONER'S WRITTEN ORDER FOR MEDS	05/21/2008	Yes

**Survey ID: 0099027    End Date: 02/27/2007    Type: OTHER    Purpose: COMPLAINT**

**Results: STATEMENT OF DEFICIENCY ISSUED**

**Statement of Deficiency: #10011386    Served 03/24/2007**

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(1)(b)	LICENSEE: CAREGIVER BACKGROUND REQUIREMENTS	03/23/2007	Yes
83.21(4)(p)	PROMPT AND ADEQUATE TREATMENT	03/18/2008	Yes
83.33(2)(g)3	CBRF ARRANGE HEALTH VISITS AND DOCUMENT	07/31/2007	Yes

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### Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: SAWYER

#### Enforcement History (SUNSET SENIOR HOME)

**Date: 06/24/2009**      **SOD #CVPS11**      **Appealed: No**

Sanctions

NO NEW ADMISSIONS

**Date: 03/03/2009**      **SOD #M9CW12**      **Appealed: No**

Sanctions

FORFEITURE---83.15(1)(c)1  
FORFEITURE---83.41(10)(a)  
FORFEITURE---83.42(12)  
FORFEITURE---83.51(1)(h)

**Date: 06/19/2008**      **SOD #M9CW11**      **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
COMPLY WITH REQUIREMENT  
NO NEW ADMISSIONS  
PROVIDE TRAINING  
OTHER SANCTION  
FORFEITURE---83.14(1)(a)2  
FORFEITURE---83.14(1)(a)3  
FORFEITURE---83.14(1)(c)  
FORFEITURE---83.14(1)(d)  
FORFEITURE---83.14(2)  
FORFEITURE---83.16(1)  
FORFEITURE---83.21(4)(p)  
FORFEITURE---83.32(2)(a)5  
FORFEITURE---83.32(2)(a)6  
FORFEITURE---83.32(2)(c)1  
FORFEITURE---83.41(10)(a)  
FORFEITURE---83.42(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: SAWYER

**Date:** 09/12/2007

**SOD #**97ON12

**Appealed:** No

### Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

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

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: SAWYER

#### Complaint History (SUNSET SENIOR HOME)

**Date Complaint Received: 01/22/2009**

**Date Investigation Completed: 02/10/2009**

Subject Area(s)

ABUSE  
PHYSICAL PLANTS & SAFETY HAZARDS  
NUTRITION & FOOD SERVICES  
ADMINISTRATION

Result

NOT SUBSTANTIATED  
SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

M9CW12

**Date Complaint Received: 03/17/2008**

**Date Investigation Completed: 03/19/2008**

Subject Area(s)

PHYSICAL PLANTS & SAFETY HAZARDS

Result

SUBSTANTIATED

SOD #

ONHQ11

**Date Complaint Received: 10/12/2006**

**Date Investigation Completed: 02/27/2007**

Subject Area(s)

RESIDENT BEHAVIOR/FACILITY PRACTICE

Result

SUBSTANTIATED

SOD #

10011386

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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: SAWYER

#### Facility Information

**Facility Name:** QUEEN OF ANGELS CONVENT AND CBRF (610287)

**Address:** 11428 WEST STATE ROAD 27/70, RADISSON, WI 548677006

**License Status:** REGULAR

**Licensed/Certified/Registered** 12/01/1995

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

#### Survey History

**Survey ID:** 0102394    **End Date:** 08/18/2008    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0100524    **End Date:** 10/30/2007    **Type:** STANDARD    **Purpose:** SURVEY/SELF REPORT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #5PSV11    Served 11/07/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(2)(d)	REVIEW OF PROGRESS	08/18/2008	Yes
83.42(3)(e)	QUARTERLY FIRE DRILLS	08/18/2008	Yes

**Survey ID:** 0098491    **End Date:** 12/08/2006    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #10011380    Served 01/18/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.19(3)(f)	ACCIDENT RESULTS IN HOSPITALIZATION	10/30/2007	Yes
83.32(2)(a)5	HARMFUL BEHAVIOR PATTERNS	10/30/2007	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: SAWYER

**Survey ID: 0097784**    **End Date: 09/08/2006**    **Type: OTHER**    **Purpose: OTHER**

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #10011371    Served 09/21/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(5)(a)	NOTIFICATION: INCIDENT, INJURY, CHANGES	12/08/2006	Yes
83.16(1)	ADMISSIONS AGREEMENT	12/08/2006	Yes
83.18(4)	RETENTION	12/08/2006	Yes

**Survey ID: 0097460**    **End Date: 07/18/2006**    **Type: OTHER**    **Purpose: DESK REVIEW**

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #10006298    Served 07/29/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.11(3)(a)	RESPONSIBILITIES	09/06/2006	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: SAWYER

#### Enforcement History (QUEEN OF ANGELS CONVENT AND CBRF)

**Date: 01/17/2007**      **SOD #10011380**      **Appealed: Yes**      **Decision: STIPULATION**

Sanctions

COMPLY WITH FACILITY PLAN OF CORRECTION

FORFEITURE---83.19(3)(f)

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

FORFEITURE---83.32(3)

**Date: 09/20/2006**      **SOD #10011371**      **Appealed: Yes**      **Decision: STIPULATION**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

OTHER SANCTION

FORFEITURE---83.12(5)(a)

FORFEITURE---83.18(4)

FORFEITURE---83.32(1)(b)

**Date: 07/28/2006**      **SOD #10006298**      **Appealed: Yes**      **Decision: STIPULATION**

Sanctions

FORFEITURE---83.11(3)(a)

FORFEITURE---83.11(3)(h)

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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: SAWYER

**Date: 07/14/2006**

**SOD #10011361**

**Appealed: Yes**

**Decision: STIPULATION**

### Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

NO NEW ADMISSIONS

FORFEITURE---83.11(3)(a)

FORFEITURE---83.11(3)(h)

FORFEITURE---83.16(4)(a)

FORFEITURE---83.19(3)(a)

FORFEITURE---83.32(2)(a)4

FORFEITURE---83.33(2)(g)3

FORFEITURE---83.45(1)

FORFEITURE---83.45(1)

FORFEITURE---83.45(1)

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