

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

Notes

This report includes Provider Inspection Summaries (Facility Profiles) for Adult Family Homes in St Croix 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: ST CROIX

Facility Information

Facility Name: AURORA RES ALTERNATIVES INC 039 (0008618)
Address: 1280 12TH AVE, BALDWIN, WI 54002
License Status: REGULAR
Licensed/Certified/Registered 06/15/1999
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

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

This is Page 2 of 28 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: ST CROIX

Facility Information

Facility Name: REM WISCONSIN INC RIDGEWAY (0011141)
Address: 1055 RIDGEWAY STREET, HAMMOND, WI 54015
License Status: REGULAR
Licensed/Certified/Registered 09/27/2005
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0100462 **End Date:** 10/23/2007 **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: ST CROIX

Facility Information

Facility Name: AURORA RES ALT INC 100B (0009097)
Address: 778 B WILFRED ROAD, HUDSON, WI 54016
License Status: REGULAR
Licensed/Certified/Registered 09/09/2000
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0100005 **End Date:** 08/16/2007 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #DZMY11 Served 08/20/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
12.11	SUPERVISION OF INDIVIDUAL		

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

Facility Information

Facility Name: AURORA RESIDENTIAL ALTERNATIVES INC #030 (0010558)

Address: 760 WILFRED RD APT B, HUDSON, WI 54016

License Status: REGULAR

Licensed/Certified/Registered 04/21/2004

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

Survey History

Survey ID: 0097686 **End Date:** 08/09/2006 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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

Facility Information

Facility Name: AURORA RESIDENTIAL ALTERNATIVES INC #032 A (0010409)

Address: 798 A WILFRED RD, HUDSON, WI 54016

License Status: REGULAR

Licensed/Certified/Registered 11/05/2003

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: ST CROIX

Facility Information

Facility Name: AURORA RESIDENTIAL ALTERNATIVES INC #036 (0010606)

Address: 770 WILFRED ROAD, HUDSON, WI 54016

License Status: REGULAR

Licensed/Certified/Registered 06/01/2004

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: ST CROIX

Facility Information

Facility Name: AURORA RESIDENTIAL ALTERNATIVES INC 031 (0010159)

Address: 895 B FRASER ROAD, HUDSON, WI 54016

License Status: REGULAR

Licensed/Certified/Registered 07/23/2003

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

Survey History

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

Facility Information

Facility Name: BLUE JAY RESIDENCE 2 (0012877)
Address: 723B BLUE JAY LANE, HUDSON, WI 54016
License Status: REGULAR
Licensed/Certified/Registered 07/01/2009
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0104364 **End Date:** 06/30/2009 **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: ST CROIX

Facility Information

Facility Name: BLUE JAY RESIDENCE 3 (0012878)
Address: 719A BLUE JAY LANE, HUDSON, WI 54016
License Status: REGULAR
Licensed/Certified/Registered 07/01/2009
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0104365 **End Date:** 06/30/2009 **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: ST CROIX

Facility Information

Facility Name: BLUE JAY RESIDENCE I (0012876)
Address: 723A BLUE JAY LANE, HUDSON, WI 54016
License Status: REGULAR
Licensed/Certified/Registered 07/01/2009
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0104361 **End Date:** 06/30/2009 **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: ST CROIX

Facility Information

Facility Name: HEARTVIEW INC 488 A (0012517)
Address: 488 A PRAIRIE LANE, HUDSON, WI 54016
License Status: REGULAR
Licensed/Certified/Registered 10/03/2008
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0103261 **End Date:** 01/15/2009 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0102642 **End Date:** 09/01/2008 **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: ST CROIX

Complaint History (HEARTVIEW INC 488 A)

Date Complaint Received: 10/19/2008

Date Investigation Completed: 01/15/2009

Subject Area(s)
RESIDENT RIGHTS

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: ST CROIX

Facility Information

Facility Name: HEARTVIEW INC 488 B (0012423)
Address: 488 B PRAIRE LANE, HUDSON, WI 54016
License Status: REGULAR
Licensed/Certified/Registered 07/17/2008
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0102603	End Date: 09/01/2008	Type: OTHER	Purpose: OTHER
Results: NO STATEMENT OF DEFICIENCY ISSUED			
<hr/>			
Survey ID: 0102136	End Date: 07/17/2008	Type: INITIAL	Purpose: SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED			
<hr/>			

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

Facility Information

Facility Name: HOMETOWN SENIOR LIVING (0012702)
Address: 1015 CREST VIEW DR, HUDSON, WI 54016
License Status: REGULAR
Licensed/Certified/Registered 05/12/2009
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0103976 **End Date:** 05/12/2009 **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: ST CROIX

Facility Information

Facility Name: REM WISCONSIN III INC - WHEATGRASS (0010465)

Address: 1401 WHEATGRASS, HUDSON, WI 54016

License Status: REGULAR

Licensed/Certified/Registered 02/01/2004

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: ST CROIX

Facility Information

Facility Name: REM WISCONSIN III INC (0010075)
Address: 782 WILFRED RD APT A, HUDSON, WI 54016
License Status: REGULAR
Licensed/Certified/Registered 06/05/2003
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: ST CROIX

Facility Information

Facility Name: REM WISCONSIN III INC (0010128)
Address: 782 WILFRED RD APT B, HUDSON, WI 54016
License Status: REGULAR
Licensed/Certified/Registered 06/05/2003
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0102155 **End Date:** 07/21/2008 **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
Adult Family Home
COUNTY: ST CROIX

Facility Information

Facility Name: REM-NAMEKAGON LOOP (0009105)
Address: 1222 NAMEKAGON LOOP, HUDSON, WI 54016
License Status: REGULAR
Licensed/Certified/Registered 09/01/2000
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0098994 **End Date:** 03/28/2007 **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: ST CROIX

Facility Information

Facility Name: AURORA RESIDENTIAL ALTERNATIVES INC 006 (0008619)

Address: 256 E 1ST STREET, NEW RICHMOND, WI 54017

License Status: REGULAR

Licensed/Certified/Registered 05/03/1999

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: ST CROIX

Facility Information

Facility Name: AURORA RESIDENTIAL ALTERNATIVES INC #037 (0010825)

Address: 973 & 975 JOHNSON DRIVE, NEW RICHMOND, WI 54017

License Status: REGULAR

Licensed/Certified/Registered 01/11/2005

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

Survey History

Survey ID: 0098910 **End Date:** 02/13/2007 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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

Facility Information

Facility Name: ESSENCE - PARADIGM SERVICES INC (0011842)
Address: 132 N GREEN AVE, NEW RICHMOND, WI 54017
License Status: REGULAR
Licensed/Certified/Registered 04/05/2007
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0099043 **End Date:** 03/05/2007 **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: ST CROIX

Facility Information

Facility Name: MEADOW VIEW (0010211)
Address: 601 HAGEN AVE, NEW RICHMOND, WI 54017
License Status: REGULAR
Licensed/Certified/Registered 09/16/2003
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

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

Facility Information

Facility Name: NORTHGATE (0011948)
Address: 1314 - 214TH AVE, NEW RICHMOND, WI 54017
License Status: REGULAR
Licensed/Certified/Registered 04/27/2007
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0099221 **End Date:** 04/26/2007 **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: ST CROIX

Facility Information

Facility Name: NORTHSIDE (0010811)
Address: 900 N FOURTH ST, NEW RICHMOND, WI 54017
License Status: REGULAR
Licensed/Certified/Registered: 01/03/2005
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0098553 **End Date:** 01/17/2007 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10010009 Served 01/23/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION		
88.07(3)(d)	MEDICATION- WRITTEN ORDER		
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT		
88.10(3)(q)	MEDICATIONS		

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

Facility Information

Facility Name: PINE VIEW (0010213)
Address: 727 E SIXTH STREET, NEW RICHMOND, WI 54017
License Status: REGULAR
Licensed/Certified/Registered 09/16/2003
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
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Adult Family Home
COUNTY: ST CROIX

Facility Information

Facility Name: SPIRIT RESIDENCE (0012879)
Address: 615 E THIRD ST, NEW RICHMOND, WI 54017
License Status: REGULAR
Licensed/Certified/Registered 07/01/2009
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
Adult Family Home
COUNTY: ST CROIX

Facility Information

Facility Name: TWIN OAKS ADULT FAMILY HOME (0012568)
Address: 111 FINVOLD ST, WOODVILLE, WI 54028
License Status: REGULAR
Licensed/Certified/Registered 12/10/2008
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0103074 **End Date:** 12/10/2008 **Type:** INITIAL **Purpose:** SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED

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