

Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Community Based Residential Facility
COUNTY: ST CROIX

Notes

This report includes Provider Inspection Summaries (Facility Profiles) for Community Based Residential Facilities in St Croix 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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: ST CROIX

Facility Information

Facility Name: AURORA RES ALTERNATIVES INC 075 (0008753)

Address: 1740 6TH AVENUE, BALDWIN, WI 54002

License Status: REGULAR

Licensed/Certified/Registered 04/01/2000

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

Survey History

Survey ID: 0100044 **End Date:** 08/22/2007 **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: ST CROIX

Facility Information

Facility Name: AURORA RESIDENTIAL ALTERNATIVES #023 (0011656)

Address: 1760 SIXTH AVE, BALDWIN, WI 54002

License Status: REGULAR

Licensed/Certified/Registered 10/11/2006

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

Survey History

Survey ID: 0103646 **End Date:** 02/10/2009 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0097895 **End Date:** 10/11/2006 **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: ST CROIX

Facility Information

Facility Name: COMFORTS OF HOME BALDWIN (0009851)

Address: 1880 FOURTH AVE, BALDWIN, WI 54002

License Status: REGULAR

Licensed/Certified/Registered 12/01/2003

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

Survey History

Survey ID: 0099532 **End Date:** 06/18/2007 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0098878 **End Date:** 02/07/2007 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10010005 Served 03/07/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(bm)	OUT OF STATE BACKGROUND CHECKS		
83.36(1)	PETS	04/01/2009	
83.42(3)(e)	QUARTERLY FIRE DRILLS	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: ST CROIX

Facility Information

Facility Name: BURKWOOD (0012365)
Address: 615 OLD MILL RD, HUDSON, WI 54016
License Status: PROBATIONARY
Licensed/Certified/Registered 09/16/2008
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0102477 **End Date:** 09/16/2008 **Type:** INITIAL **Purpose:** SURVEY
Results: PROBATIONARY LICENSE ISSUED

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: ST CROIX

Facility Information

Facility Name: COMFORTS OF HOME - HUDSON (0010987)

Address: 1111 HEGGEN, HUDSON, WI 54016

License Status: REGULAR

Licensed/Certified/Registered 08/01/2006

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

Survey History

Survey ID: 0103460 **End Date:** 01/28/2009 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #4DHO11 Served 02/13/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.41(5)(d)2	HOT WATER TEMPERATURES	04/01/2009	
83.42(2)(c)	EVACUATION TIME 4 MINUTES OR MORE	04/01/2009	
83.42(3)(f)	SLEEPING HOURS EVACUATION DRILL	04/01/2009	

Survey ID: 0101726 **End Date:** 04/13/2008 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0101137 **End Date:** 02/13/2008 **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: ST CROIX

Survey ID: 0100735 **End Date: 11/28/2007** **Type: OTHER** **Purpose: COMPLAINT/SELF REPORT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #VIE011 Served 12/12/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(4)(r)	TREATMENT CHOICE	01/03/2008	Yes

Survey ID: 0099280 **End Date: 04/18/2007** **Type: OTHER** **Purpose: COMPLAINT**

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10010063 Served 05/07/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(4)(o)	MEDICATIONS	06/06/2007	Yes
83.21(4)(r)	TREATMENT CHOICE	01/03/2008	Yes

Survey ID: 0097594 **End Date: 08/01/2006** **Type: OTHER** **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: ST CROIX

Enforcement History (COMFORTS OF HOME - HUDSON)

Date: 02/12/2009 **SOD #4DHO11** **Appealed: No**

Sanctions

OTHER SANCTION

Date: 12/10/2007 **SOD #VIE011** **Appealed: No**

Sanctions

FORFEITURE---83.21(4)(r)

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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: ST CROIX

Complaint History (COMFORTS OF HOME - HUDSON)

Date Complaint Received: 03/21/2008

Date Investigation Completed: 04/22/2008

Subject Area(s)

RESIDENT RIGHTS
MEDICATIONS
PROGRAM SERVICES

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 10/09/2007

Date Investigation Completed: 11/28/2007

Subject Area(s)

MEDICATIONS
ADMINISTRATION

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 03/05/2007

Date Investigation Completed: 04/18/2007

Subject Area(s)

MEDICATIONS
STAFF ADEQUACY
PROGRAM SERVICES

Result

SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

1010063

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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: ST CROIX

Facility Information

Facility Name: EXODUS HOUSE (0012273)
Address: 698 BAKER RD, HUDSON, WI 54016
License Status: REGULAR
Licensed/Certified/Registered 03/20/2008
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0101340 **End Date:** 03/20/2008 **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: ST CROIX

Facility Information

Facility Name: PINE RIDGE ASSISTED LIVING (0012820)

Address: 1320 WISCONSIN ST, HUDSON, WI 54016

License Status: PROBATIONARY

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 AS (SEMIAMBULATORY)

COUNTY: ST CROIX

Facility Information

Facility Name: ARTHUR-ROSE LLC (0011898)

Address: 1164 HWY 64, NEW RICHMOND, WI 54017

License Status: REGULAR

Licensed/Certified/Registered 06/01/2008

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

Survey History

Survey ID: 0101544 **End Date:** 04/15/2008 **Type:** OTHER **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

Survey ID: 0100737 **End Date:** 11/27/2007 **Type:** OTHER **Purpose:** OTHER

Results: ENFORCEMENT ACTION

Statement of Deficiency: #F8Y411 Served 12/11/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
12.11	SUPERVISION OF INDIVIDUAL	04/15/2008	Yes
50.065(2)(b)intro	ENTITY BACKGROUND CHECK REQUIREMENTS	04/15/2008	Yes
83.14(3)	INITIAL TRAINING MEDICATIONS	04/15/2008	Yes
83.14(8)	DOCUMENTATION	04/15/2008	Yes
83.15(1)(c)1	ADEQUATE STAFFING	04/15/2008	Yes

Survey ID: 0099504 **End Date:** 06/14/2007 **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 AS (SEMIAMBULATORY)

COUNTY: ST CROIX

Enforcement History (ARTHUR-ROSE LLC)

Date: 12/10/2007 SOD #F8Y411 Appealed: No

Sanctions

OTHER SANCTION
FORFEITURE---83.14(3)
FORFEITURE---83.15(1)(c)1

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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: ST CROIX

Facility Information

Facility Name: AURORA RES ALT NEW RICHMOND 005 (510214)

Address: 1710 COUNTY ROAD A, NEW RICHMOND, WI 54017

License Status: REGULAR

Licensed/Certified/Registered 02/28/1981

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

Survey History

Survey ID: 0101805 **End Date:** 05/20/2008 **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
Community Based Residential Facility--CLASS CA (AMBULATORY)
COUNTY: ST CROIX

Facility Information

Facility Name: AURORA RES ALTERNATIVES INC 099 (0009334)
Address: 670 SYCAMORE DRIVE, NEW RICHMOND, WI 54017
License Status: REGULAR
Licensed/Certified/Registered 05/01/2002
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0097758 **End Date:** 09/21/2006 **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: ST CROIX

Facility Information

Facility Name: DEERFIELD (THE) (0008844)

Address: 1127 WEST EIGHTH STREET, NEW RICHMOND, WI 54017

License Status: REGULAR

Licensed/Certified/Registered 05/01/2000

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

Survey History

Survey ID: 0099925 **End Date:** 08/01/2007 **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: ST CROIX

Facility Information

Facility Name: OUR HOUSE ASSISTED CARE LLC (0009308)

Address: 1310 CIRCLE PINE DRIVE, NEW RICHMOND, WI 54017

License Status: REGULAR

Licensed/Certified/Registered 05/01/2001

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

Survey History

Survey ID: 0102042 **End Date:** 06/09/2008 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #JHG811 Served 07/03/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(b)intro	ENTITY BACKGROUND CHECK REQUIREMENTS		
83.32(2)(a)7	CAPACITY FOR SELF-DIRECTION	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: ST CROIX

Survey ID: 0101171 End Date: 02/04/2008 Type: OTHER Purpose: COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #N6H011 Served 02/21/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
13.05(3)(a)	ENTITY ALLEGATION REPORTING REQUIREMENTS	03/13/2008	Yes
83.12(5)(a)	NOTIFICATION: INCIDENT, INJURY, CHANGES	03/31/2008	Yes
83.19(1)(e)1	NOTIFICATION OF ALLEGED ABUSE OR MISAPPROPRIATION OF PROPERTY	03/13/2008	Yes
83.19(1)(e)2	REPORT OF ABUSE REQUIREMENTS	03/12/2008	Yes
83.33(3)(c)1	CONTROLLED SUBSTANCES	03/13/2008	Yes
83.33(3)(c)3	PROOF-OF-USE RECORD AUDITED DAILY	03/07/2008	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: ST CROIX

Enforcement History (OUR HOUSE ASSISTED CARE LLC)

Date: 02/19/2008 **SOD #**N6H011 **Appealed:** No

Sanctions

OTHER SANCTION

FORFEITURE---83.12(5)(a)

FORFEITURE---83.33(3)(c)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: ST CROIX

Complaint History (OUR HOUSE ASSISTED CARE LLC)

Date Complaint Received: 01/16/2008

Date Investigation Completed: 02/04/2008

Subject Area(s)
MEDICATIONS

Result
SUBSTANTIATED

SOD #
N6H011

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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: ST CROIX

Facility Information

Facility Name: AURORA RES ALTERNATIVES INC 033 (0009230)

Address: 230 CO ROAD SS, RIVER FALLS, WI 54022

License Status: REGULAR

Licensed/Certified/Registered 09/01/2001

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

Survey History

Survey ID: 0097632 **End Date:** 08/21/2006 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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