

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

COUNTY: VERNON

Notes

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

The report is a PDF (Adobe Acrobat) document and includes a total of 45 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: VERNON

Facility Information

Facility Name: CARE COVE ADULT DAY CARE (0008857)
Address: 620 SOUTH GARFIELD AVE, VIROQUA, WI 54665
License Status: REGULAR
Licensed/Certified/Registered 02/22/2000
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0100015 **End Date:** 08/17/2007 **Type:** ABBREVIATED **Purpose:** SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 2 of 45 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: VERNON

Facility Information

Facility Name: CHAMPION HOUSE II INC (0011325)
Address: S2399 HWY Q, HILLSBORO, WI 54634
License Status: REGULAR
Licensed/Certified/Registered 03/03/2006
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0101644 **End Date:** 04/04/2008 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #97ID11 Served 05/01/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(1)(c)	RESPONSIBLE, MATURE AND CHARACTER		
88.05(4)(d)2.c	SEMI-ANNUAL FIRE DRILLS		
88.07(2)(e)	ANNUAL HEALTH EXAM		
88.10(3)(b)	PRIVACY		

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

Enforcement History (CHAMPION HOUSE II INC)

Date: 04/30/2008 SOD #97ID11 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: VERNON

Facility Information

Facility Name: CHAMPION HOUSE III (0011965)
Address: 607 ENTERPRISE DRIVE, HILLSBORO, WI 54634
License Status: REGULAR
Licensed/Certified/Registered 06/01/2007
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0102516 **End Date:** 09/15/2008 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0100744 **End Date:** 11/30/2007 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0100517 **End Date:** 10/04/2007 **Type:** OTHER **Purpose:** SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #FF6L11 Served 11/02/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.10(3)(p)	PROMPT AND ADEQUATE TREATMENT	11/30/2007	Yes

Survey ID: 0099453 **End Date:** 06/01/2007 **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: VERNON

Enforcement History (CHAMPION HOUSE III)

Date: 10/31/2007 SOD #FF6L11 Appealed: No

Sanctions

PROVIDE TRAINING

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

Facility Information

Facility Name: CHAMPION HOUSE INC (0010518)
Address: S2395A HWY Q, HILLSBORO, WI 54634
License Status: REGULAR
Licensed/Certified/Registered 03/31/2004
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0099491 **End Date:** 05/24/2007 **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: VERNON

Facility Information

Facility Name: HOPE HAVEN (0012815)
Address: 408 W ADAMS STREET, LA FARGE, WI 54639
License Status: REGULAR
Licensed/Certified/Registered 06/01/2009
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0104169 **End Date:** 06/09/2009 **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: VERNON

Facility Information

Facility Name: CRYSTAL HOUSE (0012478)
Address: 611 N STATE ST, LAFARGE, WI 546397915
License Status: REGULAR
Licensed/Certified/Registered 11/01/2008
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0102856 **End Date:** 11/08/2008 **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: VERNON

Facility Information

Facility Name: NATHAN-GARRETT HOME (THE) (0012103)
Address: 206 N SHIRD COURT, LAFARGE, WI 54639
License Status: REGULAR
Licensed/Certified/Registered 10/01/2007
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0102198 **End Date:** 10/02/2007 **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: VERNON

Facility Information

Facility Name: OPPORTUNITY HOUSE (0012594)
Address: 517 E SNOW ST, LAFARGE, WI 54639
License Status: REGULAR
Licensed/Certified/Registered 11/01/2008
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0102869 **End Date:** 11/05/2008 **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: VERNON

Facility Information

Facility Name: SERENITY HILLS I (590105)
Address: 243 E LAKEVIEW DR, LAFARGE, WI 54639
License Status: REGULAR
Licensed/Certified/Registered 06/01/1996
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: VERNON

Facility Information

Facility Name: SERENITY HILLS II (0010406)
Address: 282 E LAKEVIEW DR, LAFARGE, WI 54639
License Status: REGULAR
Licensed/Certified/Registered 10/24/2003
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: VERNON

Facility Information

Facility Name: WHISPERING PINES ADULT FAMILY HOME (0009577)

Address: S4338 SLABACK ROAD, LAFARGE, WI 54639

License Status: REGULAR

Licensed/Certified/Registered 03/01/2002

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: VERNON

Facility Information

Facility Name: WHISPERING PINES II (0011341)
Address: 107 WEST MAPLE CT, LAFARGE, WI 54639
License Status: REGULAR
Licensed/Certified/Registered 04/28/2006
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: VERNON

Facility Information

Facility Name: HARRIS HOUSE (0011950)
Address: E10118 HARRISON RD, READSTOWN, WI 54652
License Status: REGULAR
Licensed/Certified/Registered 06/06/2007
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0099585 **End Date:** 06/14/2007 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0099445 **End Date:** 06/05/2007 **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: VERNON

Facility Information

Facility Name: KICKAPOO VALLEY ADULT FAMILY HOME (0012099)

Address: S7130 STATE HWY 131, VIOLA, WI 54664

License Status: REGULAR

Licensed/Certified/Registered 09/01/2008

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

Survey History

Survey ID: 0102420 **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: VERNON

Facility Information

Facility Name: BREEZY MEADOWS (0012851)
Address: E9434 COUNTY RD SS, VIROQUA, WI 54665
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.

This is Page 18 of 45 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: VERNON

Facility Information

Facility Name: HOPE HOUSE (0012595)
Address: E7475 B GETTER RD, VIROQUA, WI 54665
License Status: REGULAR
Licensed/Certified/Registered 11/01/2008
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0102862 **End Date:** 11/05/2008 **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: VERNON

Facility Information

Facility Name: MAPLE STREET HOUSE (0011446)
Address: 543 W MAPLE ST, VIROQUA, WI 54665
License Status: REGULAR
Licensed/Certified/Registered 07/26/2006
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0099228 **End Date:** 04/24/2007 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0097461 **End Date:** 07/27/2006 **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
Adult Family Home
COUNTY: VERNON

Complaint History (MAPLE STREET HOUSE)

Date Complaint Received: 03/21/2007

Date Investigation Completed: 04/24/2007

Subject Area(s)

Result

SOD #

SUPERVISION

NOT SUBSTANTIATED

RESIDENT BEHAVIOR/FACILITY PRACTICE

NOT SUBSTANTIATED

This is Page 21 of 45 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: VERNON

Facility Information

Facility Name: MEADOWOOD COURT HOUSE (0012800)
Address: 508 MEADOWOOD COURT, VIROQUA, WI 54665
License Status: REGULAR
Licensed/Certified/Registered 06/01/2009
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0104252 **End Date:** 06/21/2009 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0104171 **End Date:** 06/10/2009 **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: VERNON

Facility Information

Facility Name: OAK STREET ADULT FAMILY HOME (0012948)
Address: 416 E OAK ST, VIROQUA, WI 54665
License Status: REGULAR
Licensed/Certified/Registered 09/01/2009
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: VERNON

Facility Information

Facility Name: RUSK AVENUE HOUSE (0012563)
Address: 116 N RUSK AVE, VIROQUA, WI 54665
License Status: REGULAR
Licensed/Certified/Registered 11/01/2008
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0104280 **End Date:** 05/27/2009 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #YW9D11 Served 06/25/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.10(3)(d)	PRESUMPTION OF COMPETENCY		
88.10(3)(q)	MEDICATIONS		

Survey ID: 0102952 **End Date:** 10/30/2008 **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: VERNON

Complaint History (RUSK AVENUE HOUSE)

Date Complaint Received: 05/04/2009

Date Investigation Completed: 05/27/2009

Subject Area(s)

ADMISSION, TRANSFER & DISCHARGE
ADMINISTRATION

Result

SUBSTANTIATED
SUBSTANTIATED

SOD #

YW9D11
YW9D11

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

Facility Information

Facility Name: SHELDON LANE ADULT FAMILY HOME (0012230)
Address: S4212 SHELDON LANE, VIROQUA, WI 54665
License Status: REGULAR
Licensed/Certified/Registered 01/01/2008
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0100807 **End Date:** 12/14/2007 **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
Adult Family Home
COUNTY: VERNON

Facility Information

Facility Name: STOHR HOUSE (0011460)
Address: 504 W GILLETTE ST, VIROQUA, WI 54665
License Status: REGULAR
Licensed/Certified/Registered 07/01/2006
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 CS (SEMIAMBULATORY)

COUNTY: VERNON

Facility Information

Facility Name: BOTHNE HOUSE (510360)

Address: 100 BOTHNE DRIVE, COON VALLEY, WI 54623

License Status: REGULAR

Licensed/Certified/Registered 05/01/1998

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

Survey History

Survey ID: 0099762 **End Date:** 06/27/2007 **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 CS (SEMIAMBULATORY)

COUNTY: VERNON

Facility Information

Facility Name: BETHEL PARKSIDE ELDERLY GROUP HOME (510337)

Address: 315 WEST ADAMS COURT, LAFARGE, WI 54639

License Status: REGULAR

Licensed/Certified/Registered 06/25/1996

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 CA (AMBULATORY)
COUNTY: VERNON

Facility Information

Facility Name: NIGHTINGALE HOUSE (510335)
Address: 421 N BIRD STREET, LAFARGE, WI 54639
License Status: REGULAR
Licensed/Certified/Registered 02/01/1994
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 CA (AMBULATORY)
COUNTY: VERNON

Facility Information

Facility Name: SHERRY HOUSE (THE) (510352)
Address: 440 EAST CENTER STREET, READSTOWN, WI 54652
License Status: REGULAR
Licensed/Certified/Registered 01/01/1998
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0100459 **End Date:** 10/18/2007 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #FFTL11 Served 10/18/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(7)(b)	CONTINUING EDUCATION	04/01/2009	
83.21(4)(o)	MEDICATIONS	04/01/2009	
83.41(10)(a)	BUILDING MAINTENANCE	04/01/2009	
83.42(3)(f)	SLEEPING HOURS EVACUATION DRILL	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 CA (AMBULATORY)
COUNTY: VERNON

Enforcement History (SHERRY HOUSE (THE))

Date: 10/25/2007 SOD #FFTL11 Appealed: No

Sanctions

FORFEITURE---50.03(5g)(c)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: VERNON

Facility Information

Facility Name: VIOLA HOUSE (THE) (0008941)

Address: 509 S WAGONER ST, VIOLA, WI 546648506

License Status: REGULAR

Licensed/Certified/Registered 09/01/2000

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

Survey History

Survey ID: 0097514 **End Date:** 07/25/2006 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10008393 Served 08/15/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(d)	MAINTAIN BACKGROUND INFORMATION		

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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: VERNON

Facility Information

Facility Name: CARING HOUSE (510334)
Address: 119 W COURT ST, VIROQUA, WI 54665
License Status: REGULAR
Licensed/Certified/Registered 08/01/1990
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0099074 **End Date:** 03/07/2007 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10011387 Served 04/14/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(4)(n)4	FREE FROM PHYSICAL RESTRAINTS	04/01/2009	
83.41(10)(a)	BUILDING MAINTENANCE	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: VERNON

Enforcement History (CARING HOUSE)

Date: 04/10/2007 SOD #10011387 Appealed: No

Sanctions

COMPLY WITH REQUIREMENT
PROVIDE TRAINING
FORFEITURE---83.21(4)(n)4

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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: VERNON

Complaint History (CARING HOUSE)

Date Complaint Received: 01/18/2007

Date Investigation Completed: 04/09/2007

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
RESIDENT BEHAVIOR/FACILITY PRACTICE	SUBSTANTIATED	10011387
RESTRAINTS	SUBSTANTIATED	10011387

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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: VERNON

Facility Information

Facility Name: EDELWEISS (510336)
Address: RT 3 BOX 67, VIROQUA, WI 54665
License Status: REGULAR
Licensed/Certified/Registered 04/01/1996
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 CNA (NONAMBULATORY)

COUNTY: VERNON

Facility Information

Facility Name: FAIR HAVEN (0008858)

Address: 601 ARENA DRIVE, VIROQUA, WI 54665

License Status: REGULAR

Licensed/Certified/Registered 08/01/2000

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 CNA (NONAMBULATORY)

COUNTY: VERNON

Facility Information

Facility Name: VERNON AREA REHAB CENTER INC CBRF (510340)

Address: 811 ROGERS ST, VIROQUA, WI 54665

License Status: REGULAR

Licensed/Certified/Registered 01/01/1985

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

Survey History

Survey ID: 0099673 **End Date:** 04/27/2007 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #1Z9911 Served 07/05/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(4)(g)	FAIR TREATMENT	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: VERNON

Complaint History (VERNON AREA REHAB CENTER INC CBRF)

Date Complaint Received: 03/21/2007

Date Investigation Completed: 04/23/2007

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
SUPERVISION	NOT SUBSTANTIATED	
ABUSE	NOT SUBSTANTIATED	
STAFF ADEQUACY	NOT SUBSTANTIATED	
QUALITY OF LIFE	SUBSTANTIATED	1Z9911

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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: VERNON

Facility Information

Facility Name: OLD TIMES (510339)

Address: 206 POLLY RUDE WAY, WESTBY, WI 54667

License Status: REGULAR

Licensed/Certified/Registered 02/10/1993

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

Survey History

Survey ID: 0099570 **End Date:** 06/12/2007 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0097871 **End Date:** 09/26/2006 **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: VERNON

Complaint History (OLD TIMES)

Date Complaint Received: 07/14/2006

Date Investigation Completed: 09/27/2006

Subject Area(s)

Result

SOD #

ABUSE

NOT SUBSTANTIATED

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

Facility Information

Facility Name: KINDRED HEARTS OF HILLSBORO (0012440)
Address: 504 SALSBERY CIRCLE, HILLSBORO, WI 54634
License Status: REGULAR
Licensed/Certified/Registered 08/18/2008
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0102328 **End Date:** 08/05/2008 **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: VERNON

Facility Information

Facility Name: PLEASANT VALLEY SENIORS (0010263)
Address: W466 CTH K, STODDARD, WI 54658
License Status: REGULAR
Licensed/Certified/Registered 04/10/2001
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0097488 **End Date:** 07/26/2006 **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
Residential Care Apartment Complex (CERTIFIED)
COUNTY: VERNON

Facility Information

Facility Name: MAPLEWOOD TERRACE (0010251)
Address: 620 GARFIELD ST, VIROQUA, WI 54665
License Status: REGULAR
Licensed/Certified/Registered 10/01/1999
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

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