

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

COUNTY: VILAS

Notes

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

The report is a PDF (Adobe Acrobat) document and includes a total of 32 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: VILAS

Facility Information

Facility Name: DAY BREAK ADULT CENTER (0008944)
Address: 5030 HWY 70 WEST, EAGLE RIVER, WI 54521
License Status: REGULAR
Licensed/Certified/Registered 02/29/2000
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0102796 **End Date:** 10/23/2008 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #UE6E14 Served 10/30/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
I.c.(4)	PLAN-QUARTERLY DOCUMENTING		
I.d.(1)	PROGRAM SERVICES		
III.c.(4)	FIRE ALARM & SMOKE DETECTORS		
V.(1)	PROGRAM EVALUATION		

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Provider Inspection Summary
For the period 07/01/2006 to 06/30/2009
Adult Day Care Facility
COUNTY: VILAS

Survey ID: 0098392 End Date: 11/13/2006 Type: STANDARD Purpose: SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10009629 Served 01/07/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
I.f.(3)(a)	MEDICATION-WRITTEN ORDER	10/23/2008	Yes
I.f.(3)(b)	MEDICATION-RECORD	10/23/2008	Yes
I.f.(3)(e)	MEDICATION-SIDE EFFECTS & ADVERSE REACT	10/23/2008	Yes
I.f.(3)(f)	MEDICATION-DOCUMENTED IN INK	10/23/2008	Yes
II.d.(4)	TRAINING-CONTINUING EDUCATION	10/23/2008	Yes
III.b.(4)	SAFETY-DRINKING WATER	10/23/2008	Yes
III.b.(5)	SAFETY-EMERGENCIES PLAN	10/23/2008	Yes
III.c.(4)	FIRE ALARM & SMOKE DETECTORS	10/23/2008	No

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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: VILAS

Facility Information

Facility Name: INNCARES LEISURE MANOR (0010716)

Address: 717 INDIANA STREET, EAGLE RIVER, WI 54521

License Status: REGULAR

Licensed/Certified/Registered 04/01/2005

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

Survey History

Survey ID: 0104296 **End Date:** 06/04/2009 **Type:** OTHER **Purpose:** SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #HLLS11 Served 07/01/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(2)(f)	ENSURE COPY OF THIS CHAPTER IS IN CBRF	08/24/2009	Yes
83.15(3)(a)	ADMINISTRATOR SHALL SUPERVISE DAILY OPERATION	08/24/2009	Yes
83.32(3)(g)	RIGHTS OF RESIDENTS: FREE OF PHYSICAL RESTRAINTS	08/24/2009	Yes
83.32(3)(l)	RIGHTS OF RESIDENTS: LEAST RESTRICTIVE	08/24/2009	Yes
83.35(2)	MODIFIED OR SPECIAL DIETS	08/24/2009	Yes
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN	08/24/2009	Yes
83.35(5)(a)	FOOD STORAGE	08/24/2009	Yes
83.36(1)(a)	ADEQUATE STAFF TO MEET RESIDENT NEEDS	08/24/2009	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: VILAS

Survey ID: 0103559 End Date: 03/02/2009 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #RTUP11 Served 03/11/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
13.05(2)	CLIENT PROTECTION	08/24/2009	Yes
83.12(5)(a)	NOTIFICATION: INCIDENT, INJURY, CHANGES	08/24/2009	Yes
83.19(1)(e)1	NOTIFICATION OF ALLEGED ABUSE OR MISAPPROPRIATION OF PROPERTY	08/24/2009	Yes
83.19(3)(c)	INVESTIGATE ALLEGATION	08/24/2009	Yes
83.19(3)(f)	ACCIDENT RESULTS IN HOSPITALIZATION	08/24/2009	Yes
83.32(2)(a)5	HARMFUL BEHAVIOR PATTERNS	08/24/2009	Yes
83.33(3)(c)2	PROOF-OF-USE RECORDS MAINTAINED	08/24/2009	Yes
83.33(3)(c)3	PROOF-OF-USE RECORD AUDITED DAILY	08/24/2009	Yes

Survey ID: 0103293 End Date: 12/11/2008 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #8N3111 Served 01/28/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(1)(d)	FIRE SAFETY, FIRST AID & CHOKING	04/01/2009	
83.14(7)(b)	CONTINUING EDUCATION	04/01/2009	
83.16(1)	ADMISSIONS AGREEMENT	04/01/2009	
83.19(3)(d)	WHEREABOUTS UNKNOWN	04/01/2009	
83.21(4)(t)	INCOMPETENCY	04/01/2009	
83.32(2)(c)1	ANNUAL EVALUATION-PARTICIPATION	04/01/2009	
83.32(2)(d)	REVIEW OF PROGRESS	04/01/2009	
83.33(2)(a)	SUPERVISION	04/01/2009	
83.33(4)(h)	ACTIVITY PROGRAMMING FOR DEMENTIA	04/01/2009	
83.42(2)(a)	EVALUATION RESIDENT EVACUATION LIMITS	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: VILAS

Survey ID: 0101829 **End Date: 05/19/2008** **Type: STANDARD** **Purpose: SURVEY**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0098399 **End Date: 11/16/2006** **Type: STANDARD** **Purpose: SURVEY**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10009635 Served 01/10/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(2)(a)	EXPLANATION OF RIGHTS, GRIEVANCE PROCEDURE	05/19/2008	Yes
83.32(3)	SIGNING ASSESSMENT AND ISP	05/19/2008	Yes
83.33(2)(g)3	CBRF ARRANGE HEALTH VISITS AND DOCUMENT	05/19/2008	Yes
83.33(3)(a)2	REVIEW OF MEDICATION REGIMEN	05/19/2008	Yes
83.41(4)(b)2	GAS FURNACE SERVICED EVERY 3 YEARS	05/19/2008	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: VILAS

Enforcement History (INNCARES LEISURE MANOR)

Date: 03/10/2009 **SOD #RTUP11** **Appealed: No**

Sanctions

FORFEITURE---13.05(2)
FORFEITURE---83.12(5)(a)
FORFEITURE---83.19(3)(c)
FORFEITURE---83.19(3)(f)
FORFEITURE---83.32(2)(a)5

Date: 01/27/2009 **SOD #8N3111** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
FORFEITURE---83.14(1)(d)
FORFEITURE---83.14(7)(b)
FORFEITURE---83.33(2)(a)

Date: 01/03/2007 **SOD #10009635** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
PROVIDE TRAINING
FORFEITURE---83.32(2)(a)
FORFEITURE---83.33(2)(g)3
FORFEITURE---83.33(3)(a)2

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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: VILAS

Complaint History (INNCARES LEISURE MANOR)

Date Complaint Received: 01/26/2009

Date Investigation Completed: 02/11/2009

Subject Area(s)

MEDICATIONS
PROGRAM SERVICES

Result

SUBSTANTIATED
SUBSTANTIATED

SOD #

RTUP11
RTUP11

Date Complaint Received: 12/09/2008

Date Investigation Completed: 12/11/2008

Subject Area(s)

SUPERVISION

Result

SUBSTANTIATED

SOD #

8N3111

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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: VILAS

Facility Information

Facility Name: OUR PLACE INC (0010204)
Address: 215 EAST DIVISION STREET, EAGLE RIVER, WI 54521
License Status: REGULAR
Licensed/Certified/Registered 05/01/2004
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0101484 **End Date:** 04/08/2008 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #P87311 Served 04/12/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.43(4)(b)2.e	COMPARTMENT IF MINIMUM LINTEL DEPTH	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: VILAS

Facility Information

Facility Name: OUR HOME LAC DU FLAMBEAU (0010443)

Address: 2201 WEST BOLTEN LAKE LANE, LAC DU FLAMBEAU, WI 54538

License Status: REGULAR

Licensed/Certified/Registered 07/01/2004

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

Survey History

Survey ID: 0103064 **End Date:** 10/15/2008 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #WW7R11 Served 12/13/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.19(3)(d)	WHEREABOUTS UNKNOWN	04/01/2009	
83.19(3)(f)	ACCIDENT RESULTS IN HOSPITALIZATION	04/01/2009	

Survey ID: 0100544 **End Date:** 11/07/2007 **Type:** OTHER **Purpose:** DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #8EVY11 Served 11/10/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.16(1)(h)1	PREPAID FEES RETURNED WITHIN 10 DAYS	10/14/2008	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: VILAS

Survey ID: 0100507 **End Date: 10/16/2007** **Type: OTHER** **Purpose: COMPLAINT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #QTSJ11 Served 11/07/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(1)(d)	FIRE SAFETY, FIRST AID & CHOKING	10/14/2008	Yes
83.54(2)	BEDROOMS: LOCATION	10/14/2008	Yes

Survey ID: 0099861 **End Date: 07/16/2007** **Type: STANDARD** **Purpose: SURVEY/COMPLAINT/SELF REPORT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #ER6611 Served 08/01/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.16(1)(e)	ENTRANCE FEE	11/07/2007	Yes
83.16(1)(h)3	FULL ACCOUNTING OF ANY MONEY HELD	11/07/2007	Yes
83.19(3)(f)	ACCIDENT RESULTS IN HOSPITALIZATION	11/07/2007	Yes
83.32(2)(a)	EXPLANATION OF RIGHTS, GRIEVANCE PROCEDURE	11/07/2007	Yes
83.32(3)	SIGNING ASSESSMENT AND ISP	11/07/2007	Yes

Survey ID: 0097383 **End Date: 07/07/2006** **Type: STANDARD** **Purpose: SURVEY/SELF REPORT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10009574 Served 07/20/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(8)	DOCUMENTATION	07/13/2007	Yes
83.21(4)(t)	INCOMPETENCY	07/13/2007	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: VILAS

Enforcement History (OUR HOME LAC DU FLAMBEAU)

Date: 11/08/2007 **SOD #8EVY11** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
FORFEITURE---83.16(1)(h)1

Date: 11/06/2007 **SOD #QTSJ11** **Appealed: No**

Sanctions

COMPLY WITH REQUIREMENT
PROVIDE TRAINING
FORFEITURE---83.14(1)(d)

Date: 07/31/2007 **SOD #ER6611** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
FORFEITURE---83.16(1)(h)3
FORFEITURE---83.32(2)(a)

Date: 07/19/2006 **SOD #10009574** **Appealed: No**

Sanctions

PROVIDE TRAINING

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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: VILAS

Complaint History (OUR HOME LAC DU FLAMBEAU)

Date Complaint Received: 09/30/2008

Date Investigation Completed: 10/15/2008

Subject Area(s)

NUTRITION & FOOD SERVICES
MEDICATIONS
STAFF TRAINING AND PROFICIENCY
STAFF ADEQUACY

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 10/10/2007

Date Investigation Completed: 11/07/2007

Subject Area(s)

ADMISSION, TRANSFER & DISCHARGE

Result

SUBSTANTIATED

SOD #

8EVY11

Date Complaint Received: 10/08/2007

Date Investigation Completed: 10/16/2007

Subject Area(s)

RESIDENT RIGHTS
ABUSE

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 09/05/2007

Date Investigation Completed: 10/16/2007

Subject Area(s)

PHYSICAL PLANTS & SAFETY HAZARDS
NUTRITION & FOOD SERVICES

Result

SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

QTSJ11

Date Complaint Received: 03/19/2007

Date Investigation Completed: 07/16/2007

Subject Area(s)

ADMISSION, TRANSFER & DISCHARGE

Result

SUBSTANTIATED

SOD #

ER6611

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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: VILAS

Facility Information

Facility Name: OUR HOME I (610100)

Address: 12339 WARPETH LANE, MINOCQUA, WI 54548

License Status: REGULAR

Licensed/Certified/Registered 01/31/1989

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

Survey History

Survey ID: 0102933 **End Date:** 10/14/2008 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #N92Z11 Served 11/21/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(1)(d)	FIRE SAFETY, FIRST AID & CHOKING	04/01/2009	
83.15(1)(a)	ADMINISTRATOR QUALIFIED: ASSOCIATE DEGREE	04/01/2009	
83.21(4)(o)	MEDICATIONS	04/01/2009	
83.33(2)(c)	LEISURE TIME ACTIVITIES	04/01/2009	
83.42(3)(f)	SLEEPING HOURS EVACUATION DRILL	04/01/2009	

Survey ID: 0102204 **End Date:** 07/16/2008 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0102113 **End Date:** 06/03/2008 **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: VILAS

Survey ID: 0100481 **End Date: 10/24/2007** **Type: OTHER** **Purpose: COMPLAINT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0099383 **End Date: 05/01/2007** **Type: STANDARD** **Purpose: SURVEY/COMPLAINT**

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #L68K11 Served 05/25/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u> <u>Verified</u>	<u>Corrected</u>
83.33(3)(b)2.d	MEDICATION STORAGE SHALL BE LOCKED	10/14/2008	Yes
83.35(2)	MODIFIED OR SPECIAL DIETS	10/14/2008	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: VILAS

Enforcement History (OUR HOME I)

Date: 11/20/2008 SOD #N92Z11 Appealed: Yes Decision: STIPULATION

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

FORFEITURE---83.14(1)(d)

FORFEITURE---83.15(1)(a)

FORFEITURE---83.21(4)(o)

FORFEITURE---83.33(2)(c)

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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: VILAS

Complaint History (OUR HOME I)

Date Complaint Received: 09/30/2008

Date Investigation Completed: 10/14/2008

Subject Area(s)

NUTRITION & FOOD SERVICES
ADMINISTRATION
STAFF ADEQUACY

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
SUBSTANTIATED

SOD #

N92Z11

Date Complaint Received: 09/19/2008

Date Investigation Completed: 10/14/2008

Subject Area(s)

MEDICATIONS
ADMINISTRATION
STAFF ADEQUACY
PROGRAM SERVICES

Result

SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

N92Z11

Date Complaint Received: 09/11/2008

Date Investigation Completed: 10/14/2008

Subject Area(s)

RESIDENT RIGHTS

Result

SUBSTANTIATED

SOD #

N92Z11

Date Complaint Received: 06/06/2008

Date Investigation Completed: 07/16/2008

Subject Area(s)

PROGRAM SERVICES

Result

NOT SUBSTANTIATED

SOD #

Date Complaint Received: 05/30/2008

Date Investigation Completed: 06/03/2008

Subject Area(s)

PROGRAM SERVICES

Result

NOT SUBSTANTIATED

SOD #

Date Complaint Received: 10/08/2007

Date Investigation Completed: 10/24/2007

Subject Area(s)

RESIDENT RIGHTS
ABUSE

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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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: VILAS

Date Complaint Received: 03/19/2007

Date Investigation Completed: 05/01/2007

Subject Area(s)

ADMISSION, TRANSFER & DISCHARGE

Result

NOT SUBSTANTIATED

SOD #

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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: VILAS

Facility Information

Facility Name: OUR HOME II (0009081)

Address: 12440 WARPETH LANE, MINOCQUA, WI 54548

License Status: REGULAR

Licensed/Certified/Registered 01/31/2001

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

Survey History

Survey ID: 0104108 **End Date:** 05/20/2009 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #N2K911 Served 06/04/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.20(2)(b)	TRAINING IN FIRE SAFETY		
83.20(2)(c)	PROHIBITIONS AND EXCEPTIONS		
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION		
83.32(3)(i)	RIGHTS OF RESIDENTS: PROMPT AND ADEQUATE TREATMENT		
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION		

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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: VILAS

Survey ID: 0102934 **End Date: 10/15/2008** **Type: STANDARD** **Purpose: SURVEY/COMPLAINT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #OU6211 Served 11/21/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(b)intro	ENTITY BACKGROUND CHECK REQUIREMENTS		
83.13(4)(a)	COMMUNICABLE DISEASE CONTROL	04/01/2009	
83.33(2)(c)	LEISURE TIME ACTIVITIES	04/01/2009	
83.42(3)(f)	SLEEPING HOURS EVACUATION DRILL	04/01/2009	

Survey ID: 0101119 **End Date: 01/15/2008** **Type: OTHER** **Purpose: COMPLAINT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0100552 **End Date: 10/23/2007** **Type: STANDARD** **Purpose: SURVEY/COMPLAINT/SELF REPORT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #6HO812 Served 11/14/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.16(1)	ADMISSIONS AGREEMENT	09/10/2008	Yes
83.18(1)(d)2	OTHER INFORMATION REQUIRED IN RECORD	09/10/2008	Yes

Survey ID: 0099411 **End Date: 04/27/2007** **Type: OTHER** **Purpose: COMPLAINT/SELF REPORT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #6HO811 Served 05/31/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.16(1)	ADMISSIONS AGREEMENT	10/18/2007	No
83.18(1)(d)2	OTHER INFORMATION REQUIRED IN RECORD	10/18/2007	No

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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: VILAS

Enforcement History (OUR HOME II)

Date: 06/03/2009 **SOD #N2K911** **Appealed: No**

Sanctions

PROVIDE TRAINING
FORFEITURE---83.20(2)(b)
FORFEITURE---83.20(2)(c)
FORFEITURE---83.32(3)(c)
FORFEITURE---83.32(3)(i)
FORFEITURE---83.37(2)(d)

Date: 11/20/2008 **SOD #OU6211** **Appealed: Yes** **Decision: STIPULATION**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
FORFEITURE---93.33(2)(c)

Date: 09/10/2008 **SOD #6HO811** **Appealed: No**

Sanctions

COMPLY WITH REQUIREMENT

Date: 11/12/2007 **SOD #6HO812** **Appealed: No**

Sanctions

FORFEITURE---83.16(1)
FORFEITURE---83.18(1)(d)2

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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: VILAS

Complaint History (OUR HOME II)

Date Complaint Received: 04/14/2009

Date Investigation Completed: 05/14/2009

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
SUPERVISION	NOT SUBSTANTIATED	
ABUSE	NOT SUBSTANTIATED	
PHYSICAL PLANTS & SAFETY HAZARDS	NOT SUBSTANTIATED	
MEDICATIONS	SUBSTANTIATED	N2K911
ADMINISTRATION	NOT SUBSTANTIATED	
STAFF TRAINING AND PROFICIENCY	NOT SUBSTANTIATED	
STAFF ADEQUACY	SUBSTANTIATED	N2K911
PROGRAM SERVICES	SUBSTANTIATED	N2K911

Date Complaint Received: 09/30/2008

Date Investigation Completed: 10/15/2008

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
NUTRITION & FOOD SERVICES	NOT SUBSTANTIATED	
STAFF TRAINING AND PROFICIENCY	NOT SUBSTANTIATED	
STAFF ADEQUACY	NOT SUBSTANTIATED	
PROGRAM SERVICES	NOT SUBSTANTIATED	

Date Complaint Received: 11/12/2007

Date Investigation Completed: 01/07/2008

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
MEDICATIONS	NOT SUBSTANTIATED	
STAFF ADEQUACY	NOT SUBSTANTIATED	
PROGRAM SERVICES	NOT SUBSTANTIATED	
OTHER	NOT SUBSTANTIATED	

Date Complaint Received: 10/08/2007

Date Investigation Completed: 10/18/2007

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
RESIDENT RIGHTS	NOT SUBSTANTIATED	
ABUSE	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: VILAS

Date Complaint Received: 08/22/2007

Subject Area(s)
RESIDENT RIGHTS
NUTRITION & FOOD SERVICES
ADMISSION, TRANSFER & DISCHARGE
PROGRAM SERVICES

Date Investigation Completed: 10/18/2007

<u>Result</u>	<u>SOD #</u>
NOT SUBSTANTIATED	
NOT SUBSTANTIATED	
NOT SUBSTANTIATED	
NOT SUBSTANTIATED	

Date Complaint Received: 06/29/2007

Subject Area(s)
ADMISSION, TRANSFER & DISCHARGE
PROGRAM SERVICES

Date Investigation Completed: 10/18/2007

<u>Result</u>	<u>SOD #</u>
NOT SUBSTANTIATED	
NOT SUBSTANTIATED	

Date Complaint Received: 05/01/2007

Subject Area(s)
MEDICATIONS
STAFF TRAINING AND PROFICIENCY

Date Investigation Completed: 10/18/2007

<u>Result</u>	<u>SOD #</u>
NOT SUBSTANTIATED	
NOT SUBSTANTIATED	

Date Complaint Received: 03/19/2007

Subject Area(s)
ADMISSION, TRANSFER & DISCHARGE

Date Investigation Completed: 04/25/2007

<u>Result</u>	<u>SOD #</u>
NOT SUBSTANTIATED	

Date Complaint Received: 03/09/2007

Subject Area(s)
RESIDENT RIGHTS
MEDICATIONS
PROGRAM SERVICES

Date Investigation Completed: 04/25/2007

<u>Result</u>	<u>SOD #</u>
NOT SUBSTANTIATED	
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: VILAS

Facility Information

Facility Name: OUR HOME III (0009067)

Address: 2187 KATIES LANE, MINOCQUA, WI 54548

License Status: REGULAR

Licensed/Certified/Registered 05/01/2001

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

Survey History

Survey ID: 0103443 **End Date:** 01/27/2009 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #SE4T11 Served 02/12/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
13.05(2)	CLIENT PROTECTION		
83.21(4)(p)	PROMPT AND ADEQUATE TREATMENT	04/01/2009	
83.32(2)(a)5	HARMFUL BEHAVIOR PATTERNS	04/01/2009	
83.33(2)(a)	SUPERVISION	04/01/2009	

Survey ID: 0102852 **End Date:** 10/23/2008 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #3WI111 Served 11/06/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.15(1)(a)	ADMINISTRATOR QUALIFIED: ASSOCIATE DEGREE	04/01/2009	
83.33(2)	GENERAL SERVICES	04/01/2009	
83.33(2)(c)	LEISURE TIME ACTIVITIES	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: VILAS

Survey ID: 0102105 **End Date: 06/03/2008** **Type: STANDARD** **Purpose: SURVEY/SELF REPORT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #PQPZ11 Served 07/10/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(7)(b)	CONTINUING EDUCATION	10/15/2008	Yes

Survey ID: 0100508 **End Date: 10/24/2007** **Type: OTHER** **Purpose: COMPLAINT**

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #RYUP11 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	06/03/2008	Yes

Survey ID: 0099435 **End Date: 05/02/2007** **Type: OTHER** **Purpose: COMPLAINT**

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #WR5R12 Served 06/02/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.16(1)	ADMISSIONS AGREEMENT	06/03/2008	Yes
83.18(1)(d)2	OTHER INFORMATION REQUIRED IN RECORD	06/03/2008	Yes
83.33(3)(b)2.d	MEDICATION STORAGE SHALL BE LOCKED	06/03/2008	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: VILAS

Survey ID: 0098398 End Date: 11/27/2006 Type: ABBREVIATED Purpose: SURVEY/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10009634 Served 01/10/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.18(1)(d)2	OTHER INFORMATION REQUIRED IN RECORD	05/02/2007	No
83.21(4)(o)	MEDICATIONS	05/02/2007	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: VILAS

Enforcement History (OUR HOME III)

Date: 02/10/2009 **SOD #SE4T11** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

FORFEITURE---83.21(4)(p)

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

Date: 11/05/2008 **SOD #3WI111** **Appealed: Yes** **Decision: STIPULATION**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

FORFEITURE---83.15(1)(a)

FORFEITURE---83.33(2)

FORFEITURE---83.33(2)(c)

Date: 07/09/2008 **SOD #PQPZ11** **Appealed: Yes** **Decision: STIPULATION**

Sanctions

FORFEITURE---83.14(7)(b)

Date: 01/03/2007 **SOD #10009634** **Appealed: No**

Sanctions

COMPLY WITH REQUIREMENT

FORFEITURE---83.21(4)(o)

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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: VILAS

Complaint History (OUR HOME III)

Date Complaint Received: 01/06/2009

Date Investigation Completed: 01/27/2009

Subject Area(s)

RESIDENT RIGHTS
ABUSE

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 09/30/2008

Date Investigation Completed: 10/15/2008

Subject Area(s)

NUTRITION & FOOD SERVICES
STAFF TRAINING AND PROFICIENCY
STAFF ADEQUACY
OTHER

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

3WI111

Date Complaint Received: 10/08/2007

Date Investigation Completed: 10/24/2007

Subject Area(s)

RESIDENT RIGHTS
ABUSE

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 03/19/2007

Date Investigation Completed: 05/02/2007

Subject Area(s)

ADMISSION, TRANSFER & DISCHARGE

Result

NOT SUBSTANTIATED

SOD #

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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: VILAS

Facility Information

Facility Name: INN CARE (0008982)

Address: 4288 MAPLE CIRCLE SOUTH, PHELPS, WI 54554

License Status: REGULAR

Licensed/Certified/Registered 11/01/2000

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

Survey History

Survey ID: 0101136 **End Date:** 01/22/2008 **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
Residential Care Apartment Complex (CERTIFIED)
COUNTY: VILAS

Facility Information

Facility Name: K CARE ASSISTED LIVING APARTMENTS (0010382)
Address: 12440 WARPETH LANE, MINOCQUA, WI 54548
License Status: REGULAR
Licensed/Certified/Registered: 11/01/1996
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0102861 **End Date:** 10/15/2008 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0101534 **End Date:** 04/11/2008 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0100761 **End Date:** 10/30/2007 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #URF012 Served 12/15/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
89.23(2)(a)2.b	SERVICES	01/21/2008	Yes
89.23(2)(c)	SERVICES	01/21/2008	Yes

Survey ID: 0099189 **End Date:** 04/27/2007 **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
Residential Care Apartment Complex (CERTIFIED)
COUNTY: VILAS

Enforcement History (K CARE ASSISTED LIVING APARTMENTS)

Date: 12/14/2007 SOD #URF012 Appealed: Yes Decision: STIPULATION

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
FORFEITURE---89.23(2)(a)2.b
FORFEITURE---89.23(2)(c)
FORFEITURE---89.25(1)(c)
FORFEITURE---89.27(2)(a)1
FORFEITURE---89.28(2)(a)1
FORFEITURE---89.29(1)(c)
FORFEITURE---89.56(2)

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

Complaint History (K CARE ASSISTED LIVING APARTMENTS)

Date Complaint Received: 10/03/2008

Date Investigation Completed: 10/15/2008

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 03/12/2008

Date Investigation Completed: 04/11/2008

Subject Area(s)
ADMINISTRATION

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 09/05/2007

Date Investigation Completed: 10/17/2007

Subject Area(s)
PROGRAM SERVICES

Result
SUBSTANTIATED

SOD #
URF012

Date Complaint Received: 03/19/2007

Date Investigation Completed: 04/25/2070

Subject Area(s)
ADMISSION, TRANSFER & DISCHARGE

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 03/09/2007

Date Investigation Completed: 04/25/2007

Subject Area(s)
RESIDENT RIGHTS
MEDICATIONS
PROGRAM SERVICES

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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