

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

COUNTY: WASHBURN

Notes

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

The report is a PDF (Adobe Acrobat) document and includes a total of 29 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: WASHBURN

Facility Information

Facility Name: ALZHEIMERS DAY RESPITE PROGRAM (0010161)
Address: P O BOX 453, SPOONER, WI 54801
License Status: REGULAR
Licensed/Certified/Registered 06/01/2004
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0103223 **End Date:** 12/22/2008 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #UXK012 Served 01/08/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
I.c.(2)	PLAN-IDENTIFIED NEEDS WITH 30 DAYS		
III.c.(1)	FIRE PROTECTION		
III.c.(4)	FIRE ALARM & SMOKE DETECTORS		
V.(2)	EVALUATION PROCESS		

Survey ID: 0097783 **End Date:** 08/24/2006 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10011527 Served 09/19/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
I.b.(4)	HEALTH STATEMENT	02/15/2007	Yes

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

Facility Information

Facility Name: RAINBOWS END (0010739)
Address: W6954 - 30TH AVE, BARRONETT, WI 54813
License Status: REGULAR
Licensed/Certified/Registered 11/17/2004
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0103693 **End Date:** 03/27/2009 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0098704 **End Date:** 02/09/2007 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10011564 Served 02/15/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY	06/01/2007	Yes
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION	06/01/2007	Yes
88.05(4)(d)2.c	SEMI-ANNUAL FIRE DRILLS	06/01/2007	Yes
88.06(3)(a)	INDIVIDUAL SERVICE PLAN & ASSESSMENT	06/01/2007	Yes

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

Facility Information

Facility Name: PREMIER COUNTRY LIVING (0012703)

Address: 715 W HOKAH, MINONG, WI 54859

License Status: REGULAR

Licensed/Certified/Registered 01/28/2009

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

Survey History

Survey ID: 0104161 **End Date:** 06/09/2009 **Type:** OTHER **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0103339 **End Date:** 01/28/2009 **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: WASHBURN

Facility Information

Facility Name: SUNSET PINES (590110)
Address: N2565 CO HWY M, SARONA, WI 54870
License Status: REGULAR
Licensed/Certified/Registered 11/19/1986
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0103267	End Date: 01/22/2009	Type: ABBREVIATED	Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED			
<hr/>			
Survey ID: 0098036	End Date: 10/25/2006	Type: ABBREVIATED	Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED			
<hr/>			

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

Facility Information

Facility Name: AURORA RESIDENTIAL ALTERNATIVES #103 (0012849)

Address: 119 REINHART DR, SHELL LAKE, WI 54871

License Status: REGULAR

Licensed/Certified/Registered 06/05/2009

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

Survey History

Survey ID: 0104133 **End Date:** 06/04/2009 **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: WASHBURN

Facility Information

Facility Name: AURORA RES ALTERNATIVES SPOONER 082 (590137)

Address: 525 BLACK BEAR AVENUE, SPOONER, WI 54801

License Status: REGULAR

Licensed/Certified/Registered 05/21/1997

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

Survey History

Survey ID: 0103555 **End Date:** 03/09/2009 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0099226 **End Date:** 05/02/2007 **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: WASHBURN

Facility Information

Facility Name: AURORA RESIDENTIAL ALTERNATIVES INC #095 (0011335)

Address: 1140/1142 NORTHLAND RD, SPOONER, WI 54801

License Status: REGULAR

Licensed/Certified/Registered 03/03/2006

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

Survey History

Survey ID: 0101392 **End Date:** 03/27/2008 **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: WASHBURN

Facility Information

Facility Name: DAGO SPRINGS (0011699)
Address: N5517 DAGO SPRINGS DR, SPOONER, WI 54801
License Status: REGULAR
Licensed/Certified/Registered 02/08/2007
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0103473 **End Date:** 01/21/2009 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #X6R813 Served 02/18/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
12.08	ARMED FORCES BACKGROUND SEARCHES	07/08/2009	Yes
50.065(2)(bm)	OUT OF STATE BACKGROUND CHECKS	07/08/2009	Yes
88.03(5)(b)	CHANGE IN HOUSEHOLD MEMBERS	07/08/2009	Yes
88.04(2)(a)	RESPONSIBILITIES	07/08/2009	Yes
88.07(3)(d)	MEDICATION- WRITTEN ORDER	07/08/2009	Yes

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

Survey ID: 0102409 End Date: 08/15/2008 Type: OTHER Purpose: VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #X6R812 Served 08/28/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.07(3)(d)	MEDICATION- WRITTEN ORDER	07/08/2009	Yes
88.07(3)(e)1	MEDICATION- RECORD KEEPING	07/08/2009	Yes
88.10(3)(q)	MEDICATIONS	07/08/2009	Yes

Survey ID: 0101418 End Date: 03/24/2008 Type: STANDARD Purpose: SURVEY/COMPLAINT/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #X6R811 Served 04/02/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(2)(a)	DIFFICULTY WALKING	07/03/2008	Yes
88.05(3)(d)	ANNUAL WELL WATER INSPECTIONS	04/10/2008	Yes
88.05(4)(d)2.a	FIRE SAFETY EVACUATION PLAN REVIEW	04/03/2007	Yes
88.06(3)(a)	INDIVIDUAL SERVICE PLAN & ASSESSMENT	04/04/2008	Yes
88.07(3)(d)	MEDICATION- WRITTEN ORDER		
88.07(3)(e)1	MEDICATION- RECORD KEEPING		

Survey ID: 0098717 End Date: 02/08/2007 Type: INITIAL Purpose: CHOW--LICENSURE

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: WASHBURN

Enforcement History (DAGO SPRINGS)

Date: 02/09/2009 **SOD #X6R813** **Appealed: No**

Sanctions

NO NEW ADMISSIONS

Date: 08/28/2008 **SOD #X6R812** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

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

Complaint History (DAGO SPRINGS)

Date Complaint Received: 12/09/2008

Date Investigation Completed: 01/21/2009

Subject Area(s)

Result

SOD #

ABUSE

NOT SUBSTANTIATED

Date Complaint Received: 02/29/2008

Date Investigation Completed: 03/24/2008

Subject Area(s)

Result

SOD #

ADMISSION, TRANSFER & DISCHARGE
PROGRAM SERVICES

NOT SUBSTANTIATED
SUBSTANTIATED

X6R811

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

Facility Information

Facility Name: HARMON HOME (590109)
Address: 1109 HARMON, SPOONER, WI 54801
License Status: REGULAR
Licensed/Certified/Registered 09/30/1992
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0103547 **End Date:** 03/09/2009 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0098145 **End Date:** 10/25/2006 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10011579 Served 11/10/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(j)	BEDROOM REQUIREMENTS	11/16/2006	Yes

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

Facility Information

Facility Name: PINE WOODS RESIDENTIAL (0010906)
Address: N5628 SHADY OAKS LANE, SPOONER, WI 54801
License Status: REGULAR
Licensed/Certified/Registered: 03/29/2005
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0102404 **End Date:** 08/26/2008 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #8TI611 Served 08/27/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.07(2)(b)4	RECORD OF MEDICAL VISITS AND REPORTS		
88.07(3)(c)	MEDICATION ASSISTANCE		

Survey ID: 0099007 **End Date:** 03/21/2007 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10011588 Served 03/26/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.06(3)(f)	REVIEW OF ISP	04/03/2007	Yes
88.07(3)(d)	MEDICATION- WRITTEN ORDER	04/05/2007	Yes

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

Complaint History (PINE WOODS RESIDENTIAL)

Date Complaint Received: 07/01/2008

Date Investigation Completed: 08/26/2008

Subject Area(s)

Result

SOD #

RESIDENT BEHAVIOR/FACILITY PRACTICE

NOT SUBSTANTIATED

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

Facility Information

Facility Name: SHADY ELMS (0012408)
Address: 919 THIRD ST, SPOONER, WI 54801
License Status: REGULAR
Licensed/Certified/Registered 08/11/2008
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0102330 **End Date:** 08/11/2008 **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: WASHBURN

Facility Information

Facility Name: SHADY OAKS (0009836)
Address: N5576 ROCKY RIDGE ROAD, SPOONER, WI 54801
License Status: REGULAR
Licensed/Certified/Registered 09/11/2002
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0103195 **End Date:** 12/18/2008 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #MCRT11 Served 01/05/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(4)(c)1	EXITING FROM THE FIRST FLOOR		

Survey ID: 0098462 **End Date:** 01/04/2007 **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: WASHBURN

Facility Information

Facility Name: WHISPERING PINES (0010672)
Address: 800 COLLEGE STREET, SPOONER, WI 54801
License Status: REGULAR
Licensed/Certified/Registered 09/21/2004
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0102803 **End Date:** 10/28/2008 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0098286 **End Date:** 11/13/2006 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10011583 Served 11/28/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(g)1	HEALTH SCREENING FOR STAFF	10/28/2008	Yes

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

Facility Information

Facility Name: YELLOW RIVER ADULT FAMILY HOME (0012842)

Address: W9441 YELLOW RIVER DR, SPOONER, WI 54801

License Status: REGULAR

Licensed/Certified/Registered 07/16/2009

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 CNA (NONAMBULATORY)

COUNTY: WASHBURN

Facility Information

Facility Name: GLENVIEW SPECIAL CARE WING (0012418)

Address: 201 GLENVIEW LANE, SHELL LAKE, WI 54871

License Status: REGULAR

Licensed/Certified/Registered 06/01/2009

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

Survey History

Survey ID: 0103881 **End Date:** 04/08/2009 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #468H11 Served 04/18/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.37(3)(a)	MEDICATION STORAGE: ORIGINAL CONTAINERS		

Survey ID: 0101820 **End Date:** 05/29/2008 **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 AA (AMBULATORY)
COUNTY: WASHBURN

Facility Information

Facility Name: AIN DAH ING INC (510341)
Address: 704 N RIVER ST, SPOONER, WI 54801
License Status: REGULAR
Licensed/Certified/Registered 04/01/1981
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0103570 **End Date:** 03/04/2009 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #XNL411 Served 03/09/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(4)(o)	MEDICATIONS	04/01/2009	
83.33(3)(f)1	UNDERSTANDS BENEFITS AND SIDE EFFECTS	04/01/2009	

Survey ID: 0098026 **End Date:** 10/19/2006 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10011571 Served 10/25/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.41(1)(d)3	FURNACE AND DRYER ENCLOSED	11/15/2006	Yes
83.41(10)(a)	BUILDING MAINTENANCE	11/15/2006	Yes
83.41(10)(b)	MECHANICALS IN GOOD REPAIR	11/15/2006	Yes
83.41(4)(b)	HEATING SYSTEM MAINTAINED SAFE	11/15/2006	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: WASHBURN

Facility Information

Facility Name: CARE PARTNERS ASSISTED LIVING LLC (0009048)

Address: W7184 GREEN VALLEY RD, SPOONER, WI 54801

License Status: REGULAR

Licensed/Certified/Registered 07/01/2001

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

Survey History

Survey ID: 0104052 **End Date:** 05/20/2009 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0103728 **End Date:** 03/04/2009 **Type:** OTHER **Purpose:** SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #9RHY11 Served 03/26/2009

<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	

Survey ID: 0103066 **End Date:** 12/10/2008 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0099919 **End Date:** 08/03/2007 **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: WASHBURN

Enforcement History (CARE PARTNERS ASSISTED LIVING LLC)

Date: 03/23/2009 SOD #9RHY11 Appealed: No

Sanctions

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 CNA (NONAMBULATORY)

COUNTY: WASHBURN

Complaint History (CARE PARTNERS ASSISTED LIVING LLC)

Date Complaint Received: 10/21/2008

Date Investigation Completed: 12/10/2008

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 10/17/2008

Date Investigation Completed: 12/10/2008

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

ADMINISTRATION

NOT SUBSTANTIATED

PROGRAM SERVICES

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: WASHBURN

Facility Information

Facility Name: COUNTRY TERRACE - SPOONER (0011535)

Address: N4810 HILL DR, SPOONER, WI 54801

License Status: REGULAR

Licensed/Certified/Registered 07/14/2006

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

Survey History

Survey ID: 0104045 **End Date:** 05/20/2009 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0103730 **End Date:** 03/13/2009 **Type:** OTHER **Purpose:** SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #BN6L11 Served 03/26/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(4)(p)	PROMPT AND ADEQUATE TREATMENT	05/20/2009	Yes

Survey ID: 0102084 **End Date:** 07/09/2008 **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: WASHBURN

Survey ID: 0099331 **End Date: 05/01/2007** **Type: OTHER** **Purpose: COMPLAINT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #KT0211 Served 05/16/2007

<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	06/21/2007	Yes
83.16(1)(h)5	REFUND OF THE ENTRANCE FEE	06/21/2007	Yes

Survey ID: 0098580 **End Date: 01/24/2007** **Type: OTHER** **Purpose: COMPLAINT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0097546 **End Date: 07/14/2006** **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: WASHBURN

Enforcement History (COUNTRY TERRACE - SPOONER)

Date: 03/23/2009 **SOD #BN6L11** **Appealed: No**

Sanctions

FORFEITURE---83.21(4)(p)

Date: 05/14/2007 **SOD #KT0211** **Appealed: No**

Sanctions

FORFEITURE---83.16(1)(h)1

FORFEITURE---83.16(1)(h)5

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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: WASHBURN

Complaint History (COUNTRY TERRACE - SPOONER)

Date Complaint Received: 04/20/2009

Date Investigation Completed: 05/20/2009

Subject Area(s)

NUTRITION & FOOD SERVICES
MEDICATIONS
ADMINISTRATION
STAFF ADEQUACY

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 03/30/2007

Date Investigation Completed: 05/01/2007

Subject Area(s)

ADMISSION, TRANSFER & DISCHARGE

Result

SUBSTANTIATED

SOD #

KT0Q11

Date Complaint Received: 10/12/2006

Date Investigation Completed: 01/24/2007

Subject Area(s)

RESIDENT RIGHTS
ADMISSION, TRANSFER & DISCHARGE
PROGRAM SERVICES

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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

Facility Information

Facility Name: GLENVIEW (0010257)
Address: 201 GLENVIEW LANE, SHELL LAKE, WI 54871
License Status: REGULAR
Licensed/Certified/Registered 01/01/1998
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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