

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

Notes

This report includes Provider Inspection Summaries (Facility Profiles) for Adult Family Homes in Wood County.

The report includes only facilities located within the City of Marshfield. Reports for facilities located in other communities are listed separately on the DQA Facility Profile webpage.

The report is a PDF (Adobe Acrobat) document and includes a total of 26 pages. If you wish to read the profile for a particular facility without scrolling through the rest of the document, use the Search feature in the Acrobat Reader to specify part of the name of the facility you wish to review.

If you wish to print the profile for a particular facility, be sure to send only the desired pages to your computer printer. Otherwise you will be printing all pages in the document.

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

Facility Information

Facility Name: A TOUCH OF HOME 3 (0012394)
Address: 612 E 25TH STREET, MARSHFIELD, WI 54449
License Status: REGULAR
Licensed/Certified/Registered 11/10/2008
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0102863 **End Date:** 06/11/2008 **Type:** INITIAL **Purpose:** SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED

This is Page 2 of 26 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: WOOD

Facility Information

Facility Name: DONNA GOES ADULT FAMILY HOME (690048)
Address: 812 EAST 18TH STREET, MARSHFIELD, WI 54449
License Status: REGULAR
Licensed/Certified/Registered 05/01/1996
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0100549 **End Date:** 10/30/2007 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #8F4215 Served 11/10/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS		
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY		
88.05(4)(d)2.c	SEMI-ANNUAL FIRE DRILLS		
88.07(3)(a)	PRESCRIPTION MEDICATIONS		
88.07(3)(e)1	MEDICATION- RECORD KEEPING		

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

Enforcement History (DONNA GOES ADULT FAMILY HOME)

Date: 11/08/2007 SOD #8F4215 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: WOOD

Facility Information

Facility Name: GUIDING HAND ADULT FAMILY HOME (0009806)
Address: 1200 ST JOSEPH AVENUE, MARSHFIELD, WI 54449
License Status: REGULAR
Licensed/Certified/Registered 01/28/2003
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0101574 **End Date:** 03/19/2008 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #BXP411 Served 04/25/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS		
88.05(2)(a)	DIFFICULTY WALKING		
88.05(4)(b)1	FIRE SAFETY-SMOKE DETECTORS		
88.07(3)(e)1	MEDICATION- RECORD KEEPING		
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT		

Survey ID: 0097435 **End Date:** 07/25/2006 **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: WOOD

Enforcement History (GUIDING HAND ADULT FAMILY HOME)

Date: 04/23/2008 SOD #BXP411 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: WOOD

Facility Information

Facility Name: LIGHTHOUSE II (690080)
Address: 315 SOUTH LINDEN AVENUE, MARSHFIELD, WI 54449
License Status: REGULAR
Licensed/Certified/Registered 08/01/1997
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0101977 **End Date:** 06/16/2008 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #KRNF11 Served 06/26/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(6)(a)	HOUSEHOLD PETS		

Survey ID: 0099782 **End Date:** 06/20/2007 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0098378 **End Date:** 11/22/2006 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10009625 Served 12/27/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(2)(a)	DIFFICULTY WALKING	06/07/2007	Yes

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

Survey ID: 0097573 End Date: 08/01/2006 Type: OTHER Purpose: DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10009588 Served 08/16/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(a)	RESPONSIBILITIES	11/22/2006	Yes

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

Enforcement History (LIGHTHOUSE II)

Date: 08/15/2006 SOD #10009588 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
NO NEW ADMISSIONS

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

Facility Information

Facility Name: LIGHTHOUSE III (690081)
Address: 1115 EAST FILLMORE STREET, MARSHFIELD, WI 54449
License Status: REGULAR
Licensed/Certified/Registered 08/01/1997
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0102043 **End Date:** 06/16/2008 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #LNJY12 Served 07/11/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(4)(d)2.c	SEMI-ANNUAL FIRE DRILLS		
88.06(3)(f)	REVIEW OF ISP		

Survey ID: 0099858 **End Date:** 06/20/2007 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #LNJY11 Served 07/27/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS	06/09/2008	Yes
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY	06/09/2008	Yes
88.05(2)(a)	DIFFICULTY WALKING	06/09/2008	Yes
88.05(4)(d)2.c	SEMI-ANNUAL FIRE DRILLS	06/09/2008	No

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

Survey ID: 0098259 End Date: 11/22/2006 Type: OTHER Purpose: VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0097574 End Date: 08/01/2006 Type: OTHER Purpose: DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10009589 Served 08/16/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(a)	RESPONSIBILITIES	11/22/2006	Yes

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

Enforcement History (LIGHTHOUSE III)

Date: 07/01/2008 **SOD #LNJY12** **Appealed: No**

Sanctions

COMPLY WITH REQUIREMENT

Date: 07/27/2007 **SOD #LNJY11** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT

Date: 08/15/2006 **SOD #10009589** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
NO NEW ADMISSIONS

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

Facility Information

Facility Name: OUR HOME AFH (0010520)
Address: 910 SOUTH COLUMBUS AVENUE, MARSHFIELD, WI 54449
License Status: REGULAR
Licensed/Certified/Registered 07/19/2005
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0101961 **End Date:** 06/06/2008 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0098518 **End Date:** 12/18/2006 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10009656 Served 01/19/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS	06/06/2008	Yes
88.07(3)(a)	PRESCRIPTION MEDICATIONS	06/06/2008	Yes

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

Enforcement History (OUR HOME AFH)

Date: 01/17/2007 SOD #10009656 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: WOOD

Facility Information

Facility Name: PARKSIDE POINT (0011327)
Address: 503 WEST 17TH STREET, MARSHFIELD, WI 54449
License Status: REGULAR
Licensed/Certified/Registered 03/07/2006
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0103221 **End Date:** 01/08/2009 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0100612 **End Date:** 11/07/2007 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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

Complaint History (PARKSIDE POINT)

Date Complaint Received: 11/10/2008

Date Investigation Completed: 12/19/2008

Subject Area(s)
RESIDENT RIGHTS
ADMINISTRATION

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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

Facility Information

Facility Name: SYCAMORE HOUSE (THE) (0009678)
Address: 721 SOUTH SYCAMORE AVENUE, MARSHFIELD, WI 54449
License Status: REGULAR
Licensed/Certified/Registered 08/08/2002
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0101483 **End Date:** 03/20/2008 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #09X511 Served 04/12/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(2)(a)	DIFFICULTY WALKING		
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION		

Survey ID: 0098963 **End Date:** 02/06/2007 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10009682 Served 03/21/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
13.05(3)(a)	ENTITY ALLEGATION REPORTING REQUIREMENTS	03/20/2008	Yes

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

Survey ID: 0097433 End Date: 07/25/2006 Type: STANDARD Purpose: SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10009577 Served 08/02/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.07(3)(e)1	MEDICATION- RECORD KEEPING	01/30/2007	Yes

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

Complaint History (SYCAMORE HOUSE (THE))

Date Complaint Received: 09/28/2006

Date Investigation Completed: 01/31/2007

Subject Area(s)
ABUSE

Result
NOT SUBSTANTIATED

SOD #

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

Facility Information

Facility Name: TOUCH OF HOME I ADULT FAMILY LIVING (690074)
Address: 814 EAST 6TH STREET, MARSHFIELD, WI 54449
License Status: REGULAR
Licensed/Certified/Registered 05/28/1997
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0103110 **End Date:** 12/12/2008 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #2Y9H11 Served 12/26/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(i)	BATHROOM LOCK		
88.07(2)(e)	ANNUAL HEALTH EXAM		

Survey ID: 0099059 **End Date:** 03/02/2007 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10009688 Served 04/06/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.06(3)(f)	REVIEW OF ISP	12/04/2008	Yes

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

Enforcement History (TOUCH OF HOME I ADULT FAMILY LIVING)

Date: 04/04/2007 SOD #10009688 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
PROVIDE TRAINING

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

Facility Information

Facility Name: TOUCH OF HOME II (690095)
Address: 720 CYPRESS AVENUE, MARSHFIELD, WI 54449
License Status: REGULAR
Licensed/Certified/Registered 08/30/1998
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0100067 **End Date:** 08/21/2007 **Type:** OTHER **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0099058 **End Date:** 03/13/2007 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10009687 Served 04/06/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(2)(a)	DIFFICULTY WALKING	08/21/2007	Yes
88.05(4)(c)1	EXITING FROM THE FIRST FLOOR	08/21/2007	Yes
88.06(3)(a)	INDIVIDUAL SERVICE PLAN & ASSESSMENT	08/21/2007	Yes

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

Enforcement History (TOUCH OF HOME II)

Date: 04/04/2007 SOD #10009687 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
NO NEW ADMISSIONS
PROVIDE TRAINING

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

Facility Information

Facility Name: WILLMAN AFH (0012039)
Address: 11854 COUNTY ROAD T, MARSHFIELD, WI 54449
License Status: REGULAR
Licensed/Certified/Registered 09/05/2007
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0100108 **End Date:** 08/03/2007 **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: WOOD

Facility Information

Facility Name: YOUNG AT HEART LLC (0012157)
Address: 301 N SCHMIDT, MARSHFIELD, WI 54449
License Status: REGULAR
Licensed/Certified/Registered: 01/07/2008
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0101326 **End Date:** 03/12/2008 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0100911 **End Date:** 11/15/2007 **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: WOOD

Complaint History (YOUNG AT HEART LLC)

Date Complaint Received: 03/03/2008

Date Investigation Completed: 03/12/2008

Subject Area(s)
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED

SOD #

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