

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 is a PDF (Adobe Acrobat) document and includes a total of 10 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: COUNTRY VIEW ASSISTED LIVING (0011684)
Address: 6803 E MCMILLAN STREET, AUBURNDALE, WI 54412
License Status: REGULAR
Licensed/Certified/Registered 02/08/2007
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0102117 **End Date:** 06/13/2008 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #N12911 Served 07/23/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE		
88.05(4)(d)2.c	SEMI-ANNUAL FIRE DRILLS		

Survey ID: 0098653 **End Date:** 11/08/2006 **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: WOOD

Facility Information

Facility Name: MURPHY ADULT FAMILY HOME (0009155)
Address: 5194 TOWER DRIVE, AUBURNDALE, WI 54412
License Status: REGULAR
Licensed/Certified/Registered 12/27/2000
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0100648 **End Date:** 11/21/2007 **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

Facility Information

Facility Name: SMITH FAMILY HOME (690085)
Address: 10477 HOPE TRAIL, AUBURNDALE, WI 54412
License Status: REGULAR
Licensed/Certified/Registered 10/23/1997
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0101333 **End Date:** 03/17/2008 **Type:** ABBREVIATED **Purpose:** SURVEY/SELF REPORT
Results: NO STATEMENT OF DEFICIENCY ISSUED

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

Facility Information

Facility Name: SMITHS COUNTRY LIVING (0011288)
Address: 10478 HOPE TRAIL, AUBURNDALE, WI 54412
License Status: REGULAR
Licensed/Certified/Registered 04/19/2008
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0100756 **End Date:** 11/19/2007 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #A8CC11 Served 12/15/2007

<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		

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Adult Family Home
COUNTY: WOOD

Enforcement History (SMITHS COUNTRY LIVING)

Date: 12/14/2007 SOD #A8CC11 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: ASPEN ASSISTED LIVING (0009485)
Address: 343 WOOD AVENUE, NEKOOSA, WI 54457
License Status: REGULAR
Licensed/Certified/Registered 10/24/2001
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0102506 **End Date:** 09/11/2008 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0098521 **End Date:** 01/11/2007 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10009662 Served 01/20/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.03(5)(e)1	SIGNIFICANT CHANGE TO THE RESIDENT	09/11/2008	Yes
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS	09/11/2008	Yes

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

Enforcement History (ASPEN ASSISTED LIVING)

Date: 01/18/2007 SOD #10009662 Appealed: No

Sanctions

COMPLY WITH REQUIREMENT

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Provider Inspection Summary
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Adult Family Home
COUNTY: WOOD

Facility Information

Facility Name: LIBERTY HOME ASSISTED LIVING (0010142)
Address: 109 4TH STREET, NEKOOSA, WI 54457
License Status: REGULAR
Licensed/Certified/Registered 09/01/2003
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0103699 **End Date:** 03/26/2009 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0100032 **End Date:** 08/14/2007 **Type:** ABBREVIATED **Purpose:** SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Adult Family Home
COUNTY: WOOD

Complaint History (LIBERTY HOME ASSISTED LIVING)

Date Complaint Received: 02/27/2009

Date Investigation Completed: 03/18/2009

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
SUPERVISION	NOT SUBSTANTIATED	
PHYSICAL PLANTS & SAFETY HAZARDS	NOT SUBSTANTIATED	
MEDICATIONS	NOT SUBSTANTIATED	
ADMISSION, TRANSFER & DISCHARGE	NOT SUBSTANTIATED	
ADMINISTRATION	NOT SUBSTANTIATED	
STAFF TRAINING AND PROFICIENCY	NOT SUBSTANTIATED	

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