

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 Wisconsin Rapids. 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 18 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: BEST PLACE 2 B (0009035)
Address: 2941 SHADY LANE, WISCONSIN RAPIDS, WI 54494
License Status: REGULAR
Licensed/Certified/Registered 07/01/2000
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0101885 **End Date:** 06/04/2008 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #OSHM11 Served 06/12/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.03(2)(b)2	PROGRAM STATEMENT		

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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: EVERGREEN (0011754)
Address: 2131 CINDY CT, WISCONSIN RAPIDS, WI 54494
License Status: REGULAR
Licensed/Certified/Registered 05/23/2007
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0103410 **End Date:** 02/03/2009 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #PY7211 Served 02/11/2009

<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		

Survey ID: 0101144 **End Date:** 02/15/2008 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0099359 **End Date:** 05/07/2007 **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 (EVERGREEN)

Date Complaint Received: 12/12/2007

Date Investigation Completed: 02/14/2008

Subject Area(s)
ABUSE
STAFF ADEQUACY

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: GAYNOR ESTATE (0012097)
Address: 2530 GAYNOR AVENUE, WISCONSIN RAPIDS, WI 54495
License Status: REGULAR
Licensed/Certified/Registered 12/19/2007
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0100763 **End Date:** 11/20/2007 **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: HEARTLAND FAMILY CARE (0012915)
Address: 1120 GARDNER ST, WISCONSIN RAPIDS, WI 54495
License Status: REGULAR
Licensed/Certified/Registered 08/20/2009
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

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: WOOD

Facility Information

Facility Name: LILY LANE GROUP HOME (0011391)
Address: 1530 LILY LANE, WISCONSIN RAPIDS, WI 54494
License Status: REGULAR
Licensed/Certified/Registered 03/31/2006
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0103395 **End Date:** 01/21/2009 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #00B111 Served 02/09/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(c)	CHANGE IN TYPE OF INDIVIDUAL SERVED		
88.10(3)(p)	PROMPT AND ADEQUATE TREATMENT		

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

Enforcement History (LILY LANE GROUP HOME)

Date: 02/05/2009 SOD #00B111 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: PATHWAYS (0011718)
Address: 2121 CINDY COURT, WISCONSIN RAPIDS, WI 54494
License Status: REGULAR
Licensed/Certified/Registered 01/11/2007
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0102453 **End Date:** 09/04/2008 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #5QSI11 Served 09/10/2008

<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		

Survey ID: 0098492 **End Date:** 01/03/2007 **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: RIDGEWOOD (0012713)
Address: 1520 MICHAEL CT, WISCONSIN RAPIDS, WI 54494
License Status: REGULAR
Licensed/Certified/Registered 03/03/2009
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0103502 **End Date:** 02/20/2009 **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: WOOD

Facility Information

Facility Name: RIVER CITY ESTATES IV (0012520)
Address: 541 GARFIELD STREET, WISCONSIN RAPIDS, WI 54495
License Status: REGULAR
Licensed/Certified/Registered 09/24/2008
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0102546 **End Date:** 09/10/2008 **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: WOOD

Facility Information

Facility Name: RIVER CITY ESTATES LLC II (0011778)
Address: 5510 KELLNER ROAD, WISCONSIN RAPIDS, WI 54494
License Status: REGULAR
Licensed/Certified/Registered 02/27/2007
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0103077 **End Date:** 12/08/2008 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0101834 **End Date:** 05/08/2008 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0098817 **End Date:** 02/01/2007 **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: WOOD

Complaint History (RIVER CITY ESTATES LLC II)

Date Complaint Received: 03/27/2008

Date Investigation Completed: 05/08/2008

Subject Area(s)
MEDICATIONS
PROGRAM SERVICES

Result
SUBSTANTIATED
NOT SUBSTANTIATED

SOD #
NOT RECORDED

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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: RIVER CITY ESTATES LLC III (0012115)
Address: 550 WISCONSIN STREET, WISCONSIN RAPIDS, WI 54494
License Status: REGULAR
Licensed/Certified/Registered: 10/30/2007
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0103286 **End Date:** 01/15/2009 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0100428 **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: WOOD

Complaint History (RIVER CITY ESTATES LLC III)

Date Complaint Received: 01/05/2009

Date Investigation Completed: 01/15/2009

Subject Area(s)
SUPERVISION
RESIDENT RIGHTS
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
Adult Family Home
COUNTY: WOOD

Facility Information

Facility Name: RIVER CITY ESTATES LLC (0011779)
Address: 5512 KELLNER ROAD, WISCONSIN RAPIDS, WI 54494
License Status: REGULAR
Licensed/Certified/Registered 02/21/2007
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0102531 **End Date:** 09/18/2008 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #2S8K11 Served 09/25/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(d)	ANNUAL WELL WATER INSPECTIONS		

Survey ID: 0098746 **End Date:** 02/01/2007 **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: WOOD

Facility Information

Facility Name: SKINNER ADULT CARE HOME (0012404)
Address: 3467 SENECA ROAD, WISCONSIN RAPIDS, WI 54495
License Status: REGULAR
Licensed/Certified/Registered 08/04/2008
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0102235 **End Date:** 06/12/2008 **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: WOOD

Facility Information

Facility Name: SMILING FACES (0012098)
Address: 421 16TH STREET S. W, WISCONSIN RAPIDS, WI 54494
License Status: REGULAR
Licensed/Certified/Registered 11/06/2007
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0100484 **End Date:** 10/02/2007 **Type:** INITIAL **Purpose:** SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED

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