

**Provider Inspection Summary**  
For the period 07/01/2006 to 06/30/2009  
Community Based Residential Facility  
COUNTY: WOOD

**Notes**

**This report includes Provider Inspection Summaries (Facility Profiles) for Community Based Residential Facilities 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 20 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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: WOOD

**Facility Information**

**Facility Name:** ADAMS AVENUE GROUP HOME (0009542)

**Address:** 613 WEST 11TH STREET, MARSHFIELD, WI 54449

**License Status:** REGULAR

**Licensed/Certified/Registered** 10/01/2002

**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

**Survey History**

**Survey ID:** 0098383      **End Date:** 12/07/2006      **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: WOOD

### Facility Information

**Facility Name:** APPLE AVENUE GROUP HOME (0008794)

**Address:** 1406 SOUTH APPLE AVENUE, MARSHFIELD, WI 54449

**License Status:** REGULAR

**Licensed/Certified/Registered** 04/01/2000

**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

### Survey History

**Survey ID:** 0102118      **End Date:** 07/09/2008      **Type:** ABBREVIATED      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0098471      **End Date:** 01/05/2007      **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: WOOD

**Facility Information**

**Facility Name:** DEERVIEW MEADOWS BLDG D (0011538)

**Address:** 1316 D HUME AVENUE, MARSHFIELD, WI 54449

**License Status:** REGULAR

**Licensed/Certified/Registered** 01/01/2007

**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

**Survey History**

**Survey ID:** 0103576    **End Date:** 03/06/2009    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #6OQK11    Served 03/18/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.42(3)(c)	EXIT DIAGRAM POSTED	04/01/2009	
83.53(1)(f)	REQUIRED WIDTH CLEAR & UNOBSTRUCTED	04/01/2009	

**Survey ID:** 0101960    **End Date:** 06/10/2008    **Type:** INITIAL    **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: WOOD

**Survey ID: 0098531    End Date: 12/13/2006    Type: STANDARD    Purpose: SURVEY/SELF REPORT**

**Results: ENFORCEMENT ACTION**

**Statement of Deficiency: #10009657    Served 01/26/2007**

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(4)(p)	PROMPT AND ADEQUATE TREATMENT	06/10/2008	Yes
83.32(2)(a)	EXPLANATION OF RIGHTS, GRIEVANCE PROCEDURE	06/10/2008	Yes
83.33(4)(h)	ACTIVITY PROGRAMMING FOR DEMENTIA	06/10/2008	Yes
83.35(4)(a)	FOOD SUPPLY	06/10/2008	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: WOOD

### Enforcement History (DEERVIEW MEADOWS BLDG D)

**Date: 01/17/2007**      **SOD #10009657**      **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

PROVIDE TRAINING

FORFEITURE---83.21(4)(p)

FORFEITURE---83.32(2)(a)

FORFEITURE---83.33(4)(h)

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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: WOOD

#### Complaint History (DEERVIEW MEADOWS BLDG D)

**Date Complaint Received: 02/12/2009**

**Date Investigation Completed: 03/06/2009**

Subject Area(s)

HOMELIKE ENVIRONMENT & CLEANLINESS  
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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: WOOD

### Facility Information

**Facility Name:** DRAKE HOUSE I (THE) (611009)

**Address:** 800 SOUTH DRAKE AVENUE, MARSHFIELD, WI 54449

**License Status:** REGULAR

**Licensed/Certified/Registered** 06/30/1997

**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

### Survey History

**Survey ID:** 0101435      **End Date:** 04/01/2008      **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: WOOD

### Facility Information

**Facility Name:** DRAKE HOUSE II (THE) (611041)

**Address:** 212 COLUMBUS DRIVE, MARSHFIELD, WI 54449

**License Status:** REGULAR

**Licensed/Certified/Registered** 10/01/1998

**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

### Survey History

**Survey ID:** 0100611      **End Date:** 11/09/2007      **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 CS (SEMIAMBULATORY)

COUNTY: WOOD

#### Facility Information

**Facility Name:** GOLD HORIZONS ASSISTED LIVING LLC 2 (0011605)

**Address:** 208 WEST 25TH STREET, MARSHFIELD, WI 54449

**License Status:** REGULAR

**Licensed/Certified/Registered** 04/01/2007

**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

#### Survey History

**Survey ID:** 0103292    **End Date:** 01/08/2009    **Type:** STANDARD    **Purpose:** SURVEY/SELF REPORT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #9JXH11    Served 01/28/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.43(3)(b)1	TESTING BY SERVICE COMPANY	04/01/2009	

**Survey ID:** 0098975    **End Date:** 03/21/2007    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** LICENSE/CERT/REGISTRATION ISSUED

**Survey ID:** 0097811    **End Date:** 09/29/2006    **Type:** INITIAL    **Purpose:** CHOW--LICENSURE

**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 CNA (NONAMBULATORY)

COUNTY: WOOD

**Facility Information**

**Facility Name:** GOLD HORIZONS ASSISTED LIVING LLC (0010960)

**Address:** 1704 EAST MCMILLAN STREET, MARSHFIELD, WI 54449

**License Status:** REGULAR

**Licensed/Certified/Registered** 02/01/2006

**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

**Survey History**

**Survey ID:** 0101133      **End Date:** 01/25/2008      **Type:** STANDARD      **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #ZEDV11      Served 02/15/2008

<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	
83.32(2)(d)	REVIEW OF PROGRESS	04/01/2009	
83.33(3)(c)1	CONTROLLED SUBSTANCES	04/01/2009	
83.42(2)(a)	EVALUATION RESIDENT EVACUATION LIMITS	04/01/2009	
83.42(3)(f)	SLEEPING HOURS EVACUATION DRILL	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: WOOD

### Enforcement History (GOLD HORIZONS ASSISTED LIVING LLC)

**Date:** 02/14/2008      **SOD #**ZEDV11      **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

FORFEITURE---83.14(1)(d)

FORFEITURE---83.42(2)(a)

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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: WOOD

#### Facility Information

**Facility Name:** PEACH AVENUE GROUP HOME (0009543)

**Address:** 2401 SOUTH PEACH AVENUE, MARSHFIELD, WI 54449

**License Status:** REGULAR

**Licensed/Certified/Registered** 10/01/2002

**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

#### Survey History

**Survey ID:** 0101962      **End Date:** 06/11/2008      **Type:** ABBREVIATED      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0097828      **End Date:** 09/27/2006      **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: WOOD

#### Facility Information

**Facility Name:** WELLS NATURE VIEW I (610269)

**Address:** 1016 SOUTH ADAMS AVENUE, MARSHFIELD, WI 54449

**License Status:** REGULAR

**Licensed/Certified/Registered** 08/31/1996

**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

#### Survey History

**Survey ID:** 0100121    **End Date:** 08/23/2007    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #NR3O11    Served 09/15/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.33(3)(b)2.b	MEDICATION STORED IN ORIGINAL CONTAINER	04/01/2009	
83.33(3)(c)1	CONTROLLED SUBSTANCES	04/01/2009	
83.33(3)(c)2	PROOF-OF-USE RECORDS MAINTAINED	04/01/2009	
83.33(3)(c)3	PROOF-OF-USE RECORD AUDITED DAILY	04/01/2009	
83.33(3)(f)2	REASSESSED QUARTERLY FOR MEDICATION	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: WOOD

#### Facility Information

**Facility Name:** WELLS NATURE VIEW II (611047)

**Address:** 601 EAST 21ST STREET, MARSHFIELD, WI 54449

**License Status:** REGULAR

**Licensed/Certified/Registered** 04/30/1998

**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

#### Survey History

**Survey ID:** 0103187    **End Date:** 12/22/2008    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #4CC211    Served 01/07/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.19(3)(c)	INVESTIGATE ALLEGATION	04/01/2009	

**Survey ID:** 0100886    **End Date:** 12/18/2007    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #ZOHL11    Served 01/12/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(1)(d)	FIRE SAFETY, FIRST AID & CHOKING	12/18/2008	Yes
83.14(7)(b)	CONTINUING EDUCATION	12/18/2008	Yes

**Survey ID:** 0097988    **End Date:** 10/11/2006    **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: WOOD

#### Complaint History (WELLS NATURE VIEW II)

**Date Complaint Received: 11/21/2008**

**Date Investigation Completed: 12/18/2008**

Subject Area(s)

ABUSE  
HOMELIKE ENVIRONMENT & CLEANLINESS  
MEDICATIONS  
STAFF ADEQUACY  
PROGRAM SERVICES

Result

SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

4CC211

**Date Complaint Received: 08/08/2006**

**Date Investigation Completed: 10/11/2006**

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: WOOD

**Facility Information**

**Facility Name:** WELLS NATURE VIEW III (0009393)

**Address:** 2711 SOUTH APPLE AVENUE, MARSHFIELD, WI 54449

**License Status:** REGULAR

**Licensed/Certified/Registered** 01/01/2003

**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

**Survey History**

**Survey ID:** 0103906    **End Date:** 04/13/2009    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0099398    **End Date:** 05/04/2007    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #MEHJ11    Served 05/25/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(1)(d)	FIRE SAFETY, FIRST AID & CHOKING	04/13/2009	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: WOOD

#### Enforcement History (WELLS NATURE VIEW III)

**Date:** 05/23/2007      **SOD #**MEHJ11      **Appealed:** No

Sanctions

FORFEITURE---83.14(1)(D)

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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: WOOD

**Facility Information**

**Facility Name:** WISCONSIN GROUP HOME (611022)  
**Address:** 501 WEST 13TH STREET, MARSHFIELD, WI 54449  
**License Status:** REGULAR  
**Licensed/Certified/Registered:** 03/31/1998  
**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

**Survey History**

**Survey ID:** 0103111    **End Date:** 12/12/2008    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #5WF013    Served 12/20/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.33(2)(h)1	MEDICAL SERVICES	04/01/2009	
83.33(3)(b)2.a	MEDICATIONS SHALL HAVE A LABEL	04/01/2009	

**Survey ID:** 0098583    **End Date:** 01/17/2007    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #10009664    Served 02/02/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.33(3)(b)2.a	MEDICATIONS SHALL HAVE A LABEL	12/11/2008	No
83.33(3)(e)5	MEDICAL RECORD DOCUMENTATION	12/11/2008	Yes
83.42(3)(f)	SLEEPING HOURS EVACUATION DRILL	12/11/2008	Yes

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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: WOOD

**Enforcement History (WISCONSIN GROUPTIME)**

**Date: 12/17/2008      SOD #5WF013      Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
FORFEITURE---83.33(3)(b)2.a

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