

**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 is a PDF (Adobe Acrobat) document and includes a total of 16 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 AA (AMBULATORY)  
COUNTY: WOOD

**Facility Information**

**Facility Name:** BROWNS APPLE INN (0009919)  
**Address:** 6409 COUNTY N, ARPIN, WI 54410  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 10/01/2003  
**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

**Survey History**

**Survey ID:** 0103580    **End Date:** 03/12/2009    **Type:** ABBREVIATED    **Purpose:** SURVEY/COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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**Survey ID:** 0101541    **End Date:** 04/11/2008    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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**Survey ID:** 0099655    **End Date:** 05/18/2007    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #H29911    Served 06/15/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.07(8)	AMENDMENT TO LICENSE	04/09/2008	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

**Complaint History (BROWNS APPLE INN)**

**Date Complaint Received: 03/04/2009**

**Date Investigation Completed: 03/11/2009**

Subject Area(s)  
RESIDENT RIGHTS  
MEDICATIONS

Result  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 03/17/2008**

**Date Investigation Completed: 04/09/2008**

Subject Area(s)  
PROGRAM SERVICES

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 CS (SEMIAMBULATORY)  
COUNTY: WOOD

**Facility Information**

**Facility Name:** BROWNS MAPLE INN (0009866)  
**Address:** 8203 CTY ROAD T, ARPIN, WI 54410  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 10/01/2003  
**Regional Office:** NORTHEASTERN REGION (DEPERE), (920) 983-3200

**Survey History**

**Survey ID:** 0100787    **End Date:** 12/14/2007    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #ADTN11    Served 12/21/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.33(2)(h)2	MEDICAL SERVICES DOCUMENTED IN RECORD	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:** HEWITT HOUSE (610212)

**Address:** 11002 MAIN STREET, HEWITT, WI 54441

**License Status:** REGULAR

**Licensed/Certified/Registered** 09/16/1994

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

#### Survey History

**Survey ID:** 0104545      **End Date:** 06/30/2009      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0102639      **End Date:** 10/03/2008      **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

**Survey ID: 0102317    End Date: 07/14/2008    Type: STANDARD    Purpose: SURVEY/COMPLAINT**

**Results: ENFORCEMENT ACTION**

**Statement of Deficiency: #D8JN11    Served 08/21/2008**

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(b)intro	ENTITY BACKGROUND CHECK REQUIREMENTS	10/01/2008	Yes
83.07(8)	AMENDMENT TO LICENSE	10/01/2008	Yes
83.11(3)(a)	RESPONSIBILITIES	10/01/2008	Yes
83.13(7)(a)9	TRAINING AND INSERVICE REQUIREMENTS	10/01/2008	Yes
83.14(1)(c)	UNIVERSAL PRECAUTIONS	10/01/2008	Yes
83.15(1)(c)1	ADEQUATE STAFFING	10/01/2008	Yes
83.21(4)(m)	ABUSE, NEGLECT, OR MISAPPROPRIATION	10/01/2008	Yes
83.21(4)(o)	MEDICATIONS	10/01/2008	Yes
83.21(4)(p)	PROMPT AND ADEQUATE TREATMENT	10/01/2008	Yes
83.33(3)(a)1	PRACTITIONER'S WRITTEN ORDER FOR MEDS	10/01/2008	Yes
83.33(3)(f)2	REASSESSED QUARTERLY FOR MEDICATION	10/01/2008	Yes
83.33(3)(i)1	RECORDS	10/01/2008	Yes
83.33(3)(i)2	MEDICAL CONDITION RECORDED IN RECORDS	10/01/2008	Yes
83.42(2)(a)	EVALUATION RESIDENT EVACUATION LIMITS	10/01/2008	Yes

**Survey ID: 0101120    End Date: 01/02/2008    Type: OTHER    Purpose: COMPLAINT**

**Results: NO STATEMENT OF DEFICIENCY ISSUED**

**Survey ID: 0100758    End Date: 11/07/2007    Type: OTHER    Purpose: COMPLAINT**

**Results: ENFORCEMENT ACTION**

**Statement of Deficiency: #1P4V12    Served 12/18/2007**

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(4)(g)	FAIR TREATMENT	01/02/2008	Yes
83.33(3)(c)1	CONTROLLED SUBSTANCES	01/02/2008	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

**Survey ID: 0098779**      **End Date: 02/15/2007**      **Type: STANDARD**      **Purpose: SURVEY/SELF REPORT**

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #10009679    Served 02/24/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(7)(b)	CONTINUING EDUCATION	11/07/2007	Yes
83.14(8)	DOCUMENTATION	11/07/2007	Yes
83.21(4)(g)	FAIR TREATMENT	11/07/2007	No
83.35(5)(c)	FROZEN AT 0 DEGREES F. OR BELOW	11/07/2007	Yes
83.41(5)(d)2	HOT WATER TEMPERATURES	11/07/2007	Yes

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**Survey ID: 0097822**      **End Date: 09/25/2006**      **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

#### Enforcement History (HEWITT HOUSE)

**Date: 08/13/2008**      **SOD #D8JN11**      **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
COMPLY WITH REQUIREMENT  
NO NEW ADMISSIONS  
PROVIDE TRAINING  
FORFEITURE---83.07(8)  
FORFEITURE---83.14(1)(c)  
FORFEITURE---83.15(1)(c)1  
FORFEITURE---83.21(4)(m)  
FORFEITURE---83.21(4)(o)  
FORFEITURE---83.21(4)(p)  
FORFEITURE---83.33(3)(a)1  
FORFEITURE---83.33(3)(f)2  
FORFEITURE---83.33(3)(i)2

**Date: 12/14/2007**      **SOD #1P4V12**      **Appealed: No**

Sanctions

FORFEITURE---83.21(4)(g)

**Date: 02/21/2007**      **SOD #10009679**      **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
PROVIDE TRAINING  
FORFEITURE---83.14(7)(b)  
FORFEITURE---83.21(4)(g)

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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 (HEWITT HOUSE)

**Date Complaint Received: 05/18/2009**

**Date Investigation Completed: 06/30/2009**

Subject Area(s)

MEDICATIONS  
ADMINISTRATION

Result

NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 09/02/2008**

**Date Investigation Completed: 10/01/2008**

Subject Area(s)

ADMINISTRATION

Result

NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 07/01/2008**

**Date Investigation Completed: 07/09/2008**

Subject Area(s)

LICENSED CAPACITY /CLASS OF LICENSE  
RESIDENT RIGHTS  
RESIDENT BEHAVIOR/FACILITY PRACTICE  
ADMINISTRATION  
PROGRAM SERVICES

Result

SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
SUBSTANTIATED

SOD #

D8JN11  
  
  
  
D8JN11

**Date Complaint Received: 05/01/2008**

**Date Investigation Completed: 07/14/2008**

Subject Area(s)

MEDICATIONS  
ADMINISTRATION  
PROGRAM SERVICES

Result

SUBSTANTIATED  
NOT SUBSTANTIATED  
SUBSTANTIATED

SOD #

D8JN11  
  
D8JN11

**Date Complaint Received: 11/16/2007**

**Date Investigation Completed: 01/02/2008**

Subject Area(s)

MEDICATIONS  
ADMINISTRATION  
STAFF TRAINING AND PROFICIENCY  
PROGRAM SERVICES

Result

NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
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

**Date Complaint Received: 11/15/2007**

Subject Area(s)  
MEDICATIONS  
ADMINISTRATION  
STAFF TRAINING AND PROFICIENCY  
PROGRAM SERVICES

**Date Investigation Completed: 01/02/2008**

<u>Result</u>	<u>SOD #</u>
NOT SUBSTANTIATED	
NOT SUBSTANTIATED	
NOT SUBSTANTIATED	
NOT SUBSTANTIATED	

**Date Complaint Received: 10/17/2007**

Subject Area(s)  
ADMINISTRATION  
PROGRAM SERVICES

**Date Investigation Completed: 11/07/2007**

<u>Result</u>	<u>SOD #</u>
NOT SUBSTANTIATED	
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: WOOD

**Facility Information**

**Facility Name:** AURORA RESIDENTIAL ALTERNATIVES #96 (0011396)

**Address:** 5307/5311 6TH AVENUE, PITTSVILLE, WI 54466

**License Status:** REGULAR

**Licensed/Certified/Registered** 12/01/2006

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

**Survey History**

**Survey ID:** 0102526    **End Date:** 08/20/2008    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #HZLP11    Served 09/17/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
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**Survey ID:** 0102237    **End Date:** 07/24/2008    **Type:** STANDARD    **Purpose:** SURVEY/SELF REPORT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #6RYK11    Served 08/04/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.19(3)(e)	WHEN POLICE ARE CALLED TO FACILITY	04/01/2009	

**Survey ID:** 0098389    **End Date:** 12/06/2006    **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: WOOD

#### Enforcement History (AURORA RESIDENTIAL ALTERNATIVES #96)

**Date: 09/16/2008**      **SOD #HZLP11**      **Appealed: Yes**      **Decision: STIPULATION**

Sanctions

SUBMIT POC (SOD APPEAL ONLY)

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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 (AURORA RESIDENTIAL ALTERNATIVES #96)

**Date Complaint Received: 07/25/2008**

**Date Investigation Completed: 08/20/2008**

Subject Area(s)

RESIDENT BEHAVIOR/FACILITY PRACTICE

Result

SUBSTANTIATED

SOD #

HZLP11

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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:** DELANEY HOME (0011989)

**Address:** 5342 3RD AVENUE, PITTSVILLE, WI 54466

**License Status:** REGULAR

**Licensed/Certified/Registered** 01/01/2008

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

#### Survey History

**Survey ID:** 0102795    **End Date:** 10/13/2008    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #GZO411    Served 10/31/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.11(3)(a)	RESPONSIBILITIES	04/01/2009	
83.14(5)	TRAINING NOT AFFILIATED WITH CBRF	04/01/2009	
83.32(2)(a)	EXPLANATION OF RIGHTS, GRIEVANCE PROCEDURE	04/01/2009	
83.32(2)(c)1	ANNUAL EVALUATION-PARTICIPATION	04/01/2009	
83.33(3)(a)1	PRACTITIONER'S WRITTEN ORDER FOR MEDS	04/01/2009	
83.33(3)(f)2	REASSESSED QUARTERLY FOR MEDICATION	04/01/2009	
83.41(4)(b)2	GAS FURNACE SERVICED EVERY 3 YEARS	04/01/2009	
83.42(3)(e)	QUARTERLY FIRE DRILLS	04/01/2009	

**Survey ID:** 0099779    **End Date:** 06/06/2007    **Type:** INITIAL    **Purpose:** CHOW--DESK REVIEW

**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 CS (SEMIAMBULATORY)

COUNTY: WOOD

**Enforcement History (DELANEY HOME)**

**Date: 10/28/2008      SOD #GZO411      Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
PROVIDE TRAINING  
FORFEITURE---83.14(5)

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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

#### Complaint History (DELANEY HOME)

**Date Complaint Received: 09/23/2008**

**Date Investigation Completed: 10/02/2008**

Subject Area(s)

Result

SOD #

HOMELIKE ENVIRONMENT & CLEANLINESS

NOT SUBSTANTIATED

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