

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 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 37 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: AIRPORT AVENUE (0009452)
Address: 1010 AIRPORT AVENUE, WISCONSIN RAPIDS, WI 54494
License Status: REGULAR
Licensed/Certified/Registered 01/01/2003
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0101091 **End Date:** 01/11/2008 **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: AURORA RESIDENTIAL ALTERNATIVES INC #92 (0011261)

Address: 2910/2920 KINGSTON ROAD, WISCONSIN RAPIDS, WI 54494

License Status: REGULAR

Licensed/Certified/Registered 08/01/2006

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

Survey History

Survey ID: 0102787 **End Date:** 10/24/2008 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0101701 **End Date:** 04/28/2008 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0101125 **End Date:** 01/11/2008 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0097392 **End Date:** 07/10/2006 **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

Complaint History (AURORA RESIDENTIAL ALTERNATIVES INC #92)

Date Complaint Received: 09/26/2008

Date Investigation Completed: 10/24/2008

Subject Area(s)

PHYSICAL PLANTS & SAFETY HAZARDS
NUTRITION & FOOD SERVICES

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 12/10/2007

Date Investigation Completed: 01/10/2008

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 CNA (NONAMBULATORY)

COUNTY: WOOD

Facility Information

Facility Name: AURORA RESIDENTIAL ALTERNATIVES INC #93 (0011262)

Address: 3010/3020 KINGSTON ROAD, WISCONSIN RAPIDS, WI 54494

License Status: REGULAR

Licensed/Certified/Registered 08/01/2006

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

Survey History

Survey ID: 0100264 **End Date:** 09/21/2007 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #I1EG11 Served 10/04/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.33(3)(c)3	PROOF-OF-USE RECORD AUDITED DAILY	04/01/2009	

Survey ID: 0097656 **End Date:** 08/14/2006 **Type:** STANDARD **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION 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 (AURORA RESIDENTIAL ALTERNATIVES INC #93)

Date Complaint Received: 06/25/2007

Date Investigation Completed: 09/21/2007

Subject Area(s)
SUPERVISION
MEDICATIONS

Result
NOT SUBSTANTIATED
SUBSTANTIATED

SOD #

I1EG11

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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: BRIDGEWOOD CBRF (610119)
Address: 810 16TH AVENUE SOUTH, WISCONSIN RAPIDS, WI 54495
License Status: REGULAR
Licensed/Certified/Registered 11/30/1989
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0100893 **End Date:** 12/21/2007 **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
Community Based Residential Facility--CLASS AA (AMBULATORY)
COUNTY: WOOD

Facility Information

Facility Name: BROWNS ELMWOOD INN (0012410)
Address: 521 ELM STREET, WISCONSIN RAPIDS, WI 54494
License Status: REGULAR
Licensed/Certified/Registered 06/10/2008
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0103581 **End Date:** 03/12/2009 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0101880 **End Date:** 06/03/2008 **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
Community Based Residential Facility--CLASS AA (AMBULATORY)
COUNTY: WOOD

Complaint History (BROWNS ELMWOOD INN)

Date Complaint Received: 03/04/2009

Date Investigation Completed: 03/12/2009

Subject Area(s)
RESIDENT RIGHTS
MEDICATIONS

Result
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 CS (SEMIAMBULATORY)

COUNTY: WOOD

Facility Information

Facility Name: BROWNS HAZEL INN (0010950)

Address: 1171 21ST NORTH, WISCONSIN RAPIDS, WI 54494

License Status: REGULAR

Licensed/Certified/Registered 01/01/2006

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

Survey History

Survey ID: 0100376 **End Date:** 10/04/2007 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #L8DR13 Served 11/01/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.05(2)(a)	CLASS A AMBULATORY (AA)	04/01/2009	
83.15(1)(c)1	ADEQUATE STAFFING	04/01/2009	
83.32(2)(d)	REVIEW OF PROGRESS	04/01/2009	
83.33(3)(b)2.d	MEDICATION STORAGE SHALL BE LOCKED	04/01/2009	
83.42(3)(e)	QUARTERLY FIRE DRILLS	04/01/2009	
83.45(1)	ACCESSIBILITY	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 CS (SEMIAMBULATORY)

COUNTY: WOOD

Enforcement History (BROWNS HAZEL INN)

Date: 10/19/2007 **SOD #**L8DR13 **Appealed:** No

Sanctions

COMPLY WITH REQUIREMENT

FORFEITURE---83.32(2)(d)

FORFEITURE---83.42(3)(e)

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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 (BROWNS HAZEL INN)

Date Complaint Received: 03/12/2009

Date Investigation Completed: 07/09/2009

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
RESIDENT RIGHTS	SUBSTANTIATED	1MS311
PHYSICAL PLANTS & SAFETY HAZARDS	NOT SUBSTANTIATED	
MEDICATIONS	NOT SUBSTANTIATED	
ADMINISTRATION	NOT SUBSTANTIATED	
PROGRAM SERVICES	SUBSTANTIATED	1MS311

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Provider Inspection Summary

For the period 07/01/2006 to 06/30/2009

Community Based Residential Facility--CLASS ANA (NONAMBULATORY)

COUNTY: WOOD

Facility Information

Facility Name: CCLS WISCONSIN RAPIDS GROUP HOME (610056)

Address: 1030 GROVE AVENUE, WISCONSIN RAPIDS, WI 54494

License Status: REGULAR

Licensed/Certified/Registered 04/30/1981

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

Survey History

Survey ID: 0099801 **End Date:** 07/10/2007 **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 CNA (NONAMBULATORY)

COUNTY: WOOD

Facility Information

Facility Name: GNP COUNTRY ESTATES LLC (0011149)

Address: 1610 25TH AVENUE SOUTH, WISCONSIN RAPIDS, WI 54495

License Status: REGULAR

Licensed/Certified/Registered 11/01/2006

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

Survey History

Survey ID: 0103284 **End Date:** 01/13/2009 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0102357 **End Date:** 08/19/2008 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0102234 **End Date:** 07/23/2008 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #RTZ111 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	01/09/2009	Yes
83.21(4)(t)	INCOMPETENCY	01/09/2009	Yes
83.42(3)(f)	SLEEPING HOURS EVACUATION DRILL	01/09/2009	Yes

Survey ID: 0101117 **End Date:** 01/15/2008 **Type:** OTHER **Purpose:** OTHER

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: 0099852 **End Date: 07/03/2007** **Type: OTHER** **Purpose: COMPLAINT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #BB7Z12 Served 07/27/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(2)(d)	REVIEW OF PROGRESS	08/19/2008	Yes

Survey ID: 0098520 **End Date: 12/20/2006** **Type: STANDARD** **Purpose: SURVEY**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10009658 Served 01/19/2007

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(1)(d)	FIRE SAFETY, FIRST AID & CHOKING	07/03/2007	Yes
83.32(2)(d)	REVIEW OF PROGRESS	07/03/2007	No
83.32(3)	SIGNING ASSESSMENT AND ISP	07/03/2007	Yes
83.33(3)(b)2.g	INTERNAL AND EXTERNAL STORED SEPARATELY	07/03/2007	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 (GNP COUNTRY ESTATES LLC)

Date: 07/25/2007 **SOD #BB7Z12** **Appealed: No**

Sanctions

FORFEITURE---83.32(2)(d)

Date: 01/17/2007 **SOD #10009658** **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 CNA (NONAMBULATORY)

COUNTY: WOOD

Complaint History (GNP COUNTRY ESTATES LLC)

Date Complaint Received: 12/11/2008

Date Investigation Completed: 01/09/2009

Subject Area(s)

Result

SOD #

RESIDENT BEHAVIOR/FACILITY PRACTICE

NOT SUBSTANTIATED

Date Complaint Received: 08/07/2008

Date Investigation Completed: 08/19/2008

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

ABUSE

NOT SUBSTANTIATED

HOMELIKE ENVIRONMENT & CLEANLINESS

NOT SUBSTANTIATED

NUTRITION & FOOD SERVICES

NOT SUBSTANTIATED

MEDICATIONS

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 05/16/2007

Date Investigation Completed: 07/03/2007

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY

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: HARMONY OF WISCONSIN RAPIDS II (0009381)

Address: 2230 JAMES COURT, WISCONSIN RAPIDS, WI 54494

License Status: REGULAR

Licensed/Certified/Registered 01/25/2002

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

Survey History

Survey ID: 0104542 **End Date:** 06/26/2009 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0102418 **End Date:** 08/29/2008 **Type:** OTHER **Purpose:** SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #TU7E12 Served 09/08/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(5)(c)	FROZEN AT 0 DEGREES F. OR BELOW	04/01/2009	
83.35(6)(c)	HOT 150 DEGREE F., COLD 40 DEGREES F.	04/01/2009	

Survey ID: 0101723 **End Date:** 04/18/2008 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #U0FV11 Served 05/19/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(2)(d)	REVIEW OF PROGRESS	08/29/2008	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: 0101572 End Date: 03/07/2008 Type: OTHER Purpose: COMPLAINT/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #TU7E11 Served 04/25/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(6)(c)	HOT 150 DEGREE F., COLD 40 DEGREES F.	08/26/2008	No

Survey ID: 0099800 End Date: 06/28/2007 Type: STANDARD Purpose: SURVEY/COMPLAINT/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

Enforcement History (HARMONY OF WISCONSIN RAPIDS II)

Date: 09/04/2008 **SOD #TU7E12** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
FORFEITURE---83.35(6)(c)

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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 (HARMONY OF WISCONSIN RAPIDS II)

Date Complaint Received: 03/28/2008

Date Investigation Completed: 04/10/2008

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
HOMELIKE ENVIRONMENT & CLEANLINESS	NOT SUBSTANTIATED	
NUTRITION & FOOD SERVICES	NOT SUBSTANTIATED	
MEDICATIONS	SUBSTANTIATED	U0FV11
STAFF ADEQUACY	SUBSTANTIATED	U0FV11
PROGRAM SERVICES	NOT SUBSTANTIATED	

Date Complaint Received: 03/26/2008

Date Investigation Completed: 04/10/2008

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
HOMELIKE ENVIRONMENT & CLEANLINESS	NOT SUBSTANTIATED	
NUTRITION & FOOD SERVICES	SUBSTANTIATED	U0FV11
STAFF ADEQUACY	NOT SUBSTANTIATED	

Date Complaint Received: 03/24/2008

Date Investigation Completed: 04/10/2008

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
STAFF ADEQUACY	SUBSTANTIATED	U0FV11

Date Complaint Received: 12/28/2007

Date Investigation Completed: 02/19/2008

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
NUTRITION & FOOD SERVICES	SUBSTANTIATED	TU7E11

Date Complaint Received: 05/10/2007

Date Investigation Completed: 06/28/2007

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PROGRAM SERVICES	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: HARMONY OF WISCONSIN RAPIDS (0009023)

Address: 2230 14TH STREET SOUTH, WISCONSIN RAPIDS, WI 54494

License Status: REGULAR

Licensed/Certified/Registered 01/01/2001

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

Survey History

Survey ID: 0101725 **End Date:** 04/29/2008 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #S1MJ11 Served 05/19/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(2)(d)	REVIEW OF PROGRESS	04/01/2009	

Survey ID: 0098324 **End Date:** 11/10/2006 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10009623 Served 12/15/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(4)(o)	MEDICATIONS	04/16/2008	Yes
83.32(2)(c)1	ANNUAL EVALUATION-PARTICIPATION	04/16/2008	Yes
83.33(3)(a)2	REVIEW OF MEDICATION REGIMEN	04/16/2008	Yes
83.35(5)(c)	FROZEN AT 0 DEGREES F. OR BELOW	04/16/2008	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

Complaint History (HARMONY OF WISCONSIN RAPIDS)

Date Complaint Received: 03/26/2008

Date Investigation Completed: 04/29/2008

Subject Area(s)

HOMELIKE ENVIRONMENT & CLEANLINESS
NUTRITION & FOOD SERVICES
STAFF ADEQUACY

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 03/24/2008

Date Investigation Completed: 04/29/2008

Subject Area(s)

STAFF ADEQUACY

Result

SUBSTANTIATED

SOD #

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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: HILLTOP ESTATES (0012662)
Address: 914 STATE HWY 73 SOUTH, WISCONSIN RAPIDS, WI 54494
License Status: PROBATIONARY
Licensed/Certified/Registered 04/01/2009
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0103760 **End Date:** 04/01/2009 **Type:** INITIAL **Purpose:** OTHER
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: HILLTOP OF PEPPER (0010105)

Address: 630 PEPPER AVENUE, WISCONSIN RAPIDS, WI 54494

License Status: REGULAR

Licensed/Certified/Registered 03/01/2004

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

Survey History

Survey ID: 0100770 **End Date:** 12/07/2007 **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: WOOD

Facility Information

Facility Name: OUR HOUSE 12TH STREET (0009291)

Address: 2711 12TH STREET SOUTH, WISCONSIN RAPIDS, WI 54494

License Status: REGULAR

Licensed/Certified/Registered 12/29/2001

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

Survey History

Survey ID: 0103222 **End Date:** 01/02/2009 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #FLGT11 Served 01/12/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(4)(o)	MEDICATIONS	04/01/2009	

Survey ID: 0101141 **End Date:** 02/14/2008 **Type:** STANDARD **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

Enforcement History (OUR HOUSE 12TH STREET)

Date: 01/08/2009 **SOD #FLGT11** **Appealed: No**

Sanctions

FORFEITURE---83.21(4)(o)

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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 (OUR HOUSE 12TH STREET)

Date Complaint Received: 12/04/2008

Date Investigation Completed: 12/30/2008

Subject Area(s)
PROGRAM SERVICES

Result
SUBSTANTIATED

SOD #
FLGT11

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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: OUR HOUSE 16TH STREET (0009293)

Address: 2941 16TH STREET SOUTH, WISCONSIN RAPIDS, WI 54494

License Status: REGULAR

Licensed/Certified/Registered 12/29/2001

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

Survey History

Survey ID: 0102414 **End Date:** 08/27/2008 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0101178 **End Date:** 02/06/2008 **Type:** ABBREVIATED **Purpose:** SURVEY/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #C0QR11 Served 02/22/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(1)(d)	FIRE SAFETY, FIRST AID & CHOKING	09/03/2008	Yes
83.19(3)(d)	WHEREABOUTS UNKNOWN	09/03/2008	Yes
83.32(2)(d)	REVIEW OF PROGRESS	09/03/2008	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

Complaint History (OUR HOUSE 16TH STREET)

Date Complaint Received: 07/29/2008

Date Investigation Completed: 08/27/2008

Subject Area(s)
SUPERVISION

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: PINE RIDGE ASSISTED LIVING MEM CAR (0012698)

Address: 2440 BAKER STREET, WISCONSIN RAPIDS, WI 54494

License Status: REGULAR

Licensed/Certified/Registered 05/01/2009

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

Survey History

Survey ID: 0103915 **End Date:** 04/22/2009 **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: WOOD

Facility Information

Facility Name: PINE RIDGE ASSISTED LIVING (0012090)

Address: 491 25TH STREET N, WISCONSIN RAPIDS, WI 54494

License Status: REGULAR

Licensed/Certified/Registered 10/10/2007

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

Survey History

Survey ID: 0103007 **End Date:** 11/25/2008 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0100647 **End Date:** 11/15/2007 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0100276 **End Date:** 10/03/2007 **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: WOOD

Complaint History (PINE RIDGE ASSISTED LIVING)

Date Complaint Received: 10/29/2008

Date Investigation Completed: 11/20/2008

Subject Area(s)

NUTRITION & FOOD SERVICES
PROGRAM SERVICES

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 11/02/2007

Date Investigation Completed: 11/15/2007

Subject Area(s)

ADMISSION, TRANSFER & DISCHARGE
ADMINISTRATION

Result

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

Facility Information

Facility Name: WELLINGTON PLACE OF BIRON (0012044)

Address: 1661 SOUTH BIRON DRIVE, WISCONSIN RAPIDS, WI 54494

License Status: REGULAR

Licensed/Certified/Registered 03/01/2008

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

Survey History

Survey ID: 0103059 **End Date:** 12/08/2008 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0102857 **End Date:** 10/03/2008 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #L3M711 Served 11/06/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(4)(t)	INCOMPETENCY	04/01/2009	

Survey ID: 0101481 **End Date:** 03/04/2008 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #DWXW11 Served 04/11/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(2)(d)	REVIEW OF PROGRESS	09/30/2008	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: 0101090 **End Date: 01/08/2008** **Type: STANDARD** **Purpose: SURVEY/SELF REPORT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0100186 **End Date: 09/07/2007** **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 CNA (NONAMBULATORY)

COUNTY: WOOD

Enforcement History (WELLINGTON PLACE OF BIRON)

Date: 11/05/2008 **SOD #L3M711** **Appealed: No**

Sanctions

COMPLY WITH REQUIREMENT
PROVIDE TRAINING
FORFEITURE---83.21(4)(t)

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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 (WELLINGTON PLACE OF BIRON)

Date Complaint Received: 10/20/2008

Date Investigation Completed: 12/08/2008

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 09/24/2008

Date Investigation Completed: 09/30/2008

Subject Area(s)

Result

SOD #

MEDICATIONS

NOT SUBSTANTIATED

Date Complaint Received: 09/08/2008

Date Investigation Completed: 09/30/2008

Subject Area(s)

Result

SOD #

SUPERVISION

NOT SUBSTANTIATED

RESIDENT RIGHTS

SUBSTANTIATED

L3M711

Date Complaint Received: 01/07/2008

Date Investigation Completed: 03/04/2008

Subject Area(s)

Result

SOD #

MEDICATIONS

NOT SUBSTANTIATED

ADMINISTRATION

NOT SUBSTANTIATED

STAFF ADEQUACY

SUBSTANTIATED

DWXW11

PROGRAM SERVICES

NOT SUBSTANTIATED

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