

Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Lacrosse

Notes

This report includes Provider Inspection Summaries (Facility Profiles) for Adult Family Homes in Lacrosse County.

The report includes only facilities located within the City of LACROSSE. 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 24.00 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 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: APTIV FARNAM HOUSE (0017491)

Address: 1301 S 28th ST, LACROSSE, WI 54601

License Status: REGULAR

Licensed/Certified/Registered 06/12/2019 12:00:00AM

Regional Office: NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0144077 **End Date:** 08/25/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141123 **End Date:** 07/26/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #P5UD11 Served 10/25/2022

<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	8/25/23	Yes

Enforcement History (APTIV FARNAM HOUSE--0017491)

Date: 10/25/2022 **SOD #**P5UD11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: AURORA RESIDENTIAL ALTERNATIVES INC 106 (0014479)

Address: 142 LOCUST STREET, LACROSSE, WI 54601

License Status: REGULAR

Licensed/Certified/Registered 12/12/2012 12:00:00AM

Regional Office: NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0146989 **End Date:** 07/16/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141393 **End Date:** 11/10/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140941 **End Date:** 09/29/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140730 **End Date:** 08/24/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #XZ1211 Served 09/12/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.10(3)(1)	SAFE PHYSICAL ENVIRONMENT	11/10/22	Yes

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Enforcement History (AURORA RESIDENTIAL ALTERNATIVES INC 106--0014479)

Date: 09/12/2022 **SOD #**XZ1211 **Appealed:** No

Sanctions

ORDER TO COMPLY

Complaint History (AURORA RESIDENTIAL ALTERNATIVES INC 106--0014479)

Date Complaint Received: 06/18/2024

Date Investigation Completed: 07/16/2024

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 09/07/2022

Date Investigation Completed: 09/29/2022

Subject Area(s)
PHYSICAL ENVIRONMENT/SAFETY

Result
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: AURORA RESIDENTIAL ALTERNATIVES INC 108 (0014937)

Address: 146 LOCUST ST, LACROSSE, WI 54601

License Status: REGULAR

Licensed/Certified/Registered 03/01/2014 12:00:00AM

Regional Office: NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0139158 **End Date:** 03/29/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #OHQJ11 Served 04/04/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.07(3)(a)	PRESCRIPTION MEDICATIONS	5/22/22	

Enforcement History (AURORA RESIDENTIAL ALTERNATIVES INC 108--0014937)

Date: 04/07/2022 **SOD #**OHQJ11 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: CAMPBELL'S PLACE (0010095)

Address: 2505 FIRST AVE W, LACROSSE, WI 54603

License Status: REGULAR

Licensed/Certified/Registered 06/08/2003 12:00:00AM

Regional Office: NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0138601 **End Date:** 01/24/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey History

No survey activity during the period 1/21/22 to 1/20/25

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: CCLS - EAST BURR OAK (0011063)

Address: 2725 E BURR OAK, LACROSSE, WI 54601

License Status: REGULAR

Licensed/Certified/Registered 08/01/2005 12:00:00AM

Regional Office: NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0139937 **End Date:** 06/15/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: CCLS - SHOREWOOD (0010175)

Address: 1051 SHOREWOOD DRIVE, LACROSSE, WI 54601

License Status: REGULAR

Licensed/Certified/Registered 08/25/2003 12:00:00AM

Regional Office: NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0140740 **End Date:** 09/06/2022 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #MO4F11 Served 09/13/2022

<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	10/28/22	

Complaint History (CCLS - SHOREWOOD--0010175)

Date Complaint Received: 08/31/2022

Date Investigation Completed: 09/06/2022

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: CREATIVE COMMUNITY LIVING SERVICES INC DIVISION ST (0014918)

Address: 1021 DIVISION STREET, LACROSSE, WI 54601

License Status: REGULAR

Licensed/Certified/Registered 12/19/2013 12:00:00AM

Regional Office: NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0140778 **End Date:** 09/09/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: CREATIVE COMMUNITY LIVING SERVICES INC FARNAM (0010706)

Address: 2610 FARNAM ST, LACROSSE, WI 54601

License Status: REGULAR

Licensed/Certified/Registered 09/02/2004 12:00:00AM

Regional Office: NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0143173 **End Date:** 05/19/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0142489 **End Date:** 03/10/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #OLCO11 Served 03/16/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.06(3)(a)	INDIVIDUAL SERVICE PLAN & ASSESSMENT	5/19/23	Yes
88.10(3)(m)	FREEDOM FROM ABUSE	5/19/23	Yes

Survey ID: 0139936 **End Date:** 06/15/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (CREATIVE COMMUNITY LIVING SERVICES INC FARNAM--0010706)

Date: 03/16/2023 **SOD #**OLCO11 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Complaint History (CREATIVE COMMUNITY LIVING SERVICES INC FARNAM--0010706)

Date Complaint Received: 02/28/2023

Date Investigation Completed: 03/10/2023

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

SUBSTANTIATED

OLCO11

Date Complaint Received: 02/01/2023

Date Investigation Completed: 03/10/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: CREATIVE COMMUNITY LIVING SERVICES INC (0010732)

Address: N2074 IRISH COURT, LACROSSE, WI 54601

License Status: REGULAR

Licensed/Certified/Registered 10/25/2004 12:00:00AM

Regional Office: NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0140698 **End Date:** 09/02/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139685 **End Date:** 05/24/2022 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (CREATIVE COMMUNITY LIVING SERVICES INC--0010732)

Date Complaint Received: 08/31/2022

Date Investigation Completed: 09/02/2022

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY
STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 04/06/2022

Date Investigation Completed: 05/19/2022

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY
RESIDENT RIGHTS

NOT SUBSTANTIATED
NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: DENHAVEN ADULT FAMILY HOME (590021)

Address: 1116 SOUTH 6TH STREET, LACROSSE, WI 54601

License Status: REGULAR

Licensed/Certified/Registered 10/01/1995 12:00:00AM

Regional Office: NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0139302 **End Date:** 04/14/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: HIDDEN SPRINGS AFH (0015923)

Address: N3280 HIDDEN SPRINGS RD, LACROSSE, WI 54601

License Status: REGULAR

Licensed/Certified/Registered 08/11/2016 12:00:00AM

Regional Office: NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

No survey activity during the period 1/21/22 to 1/20/25

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: ILC EAGLE HOUSE (0018190)

Address: 2900 STATE ROAD, LACROSSE, WI 54601

License Status: REGULAR

Licensed/Certified/Registered 01/01/2021 12:00:00AM

Regional Office: NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0147229 **End Date:** 07/30/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #DLWH11 Served 08/06/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
88.05(6)(c)	HOUSEHOLD PETS-HANDLED PROPERLY	2/11/25	Yes
88.07(2)(b)3	TRANSPORTATION TO MEDICAL	2/11/25	Yes
88.07(2)(b)5	MONITORING HEALTH	2/11/25	Yes
88.07(3)(e)1	MEDICATION- RECORD KEEPING	2/11/25	Yes

Survey ID: 0140072 **End Date:** 07/06/2022 **Type:** STANDARD **Purpose:** SURVEY/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Survey ID: 0139366 **End Date:** 02/16/2022 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #UNKT11 Served 04/27/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
13.05(3)(a)	ENTITY ALLEGATION REPORTING REQUIREMENTS	7/6/22	Yes
88.04(2)(f)	CONDITION WHICH REPRESENTS RISK OR HARM	7/6/22	Yes
88.06(3)(d)5	SIGNED STATEMENT OF AGREEMENT	7/6/22	Yes
88.11(5)	COMPLETED INVESTIGATION NOTIFICATION	7/6/22	Yes

Enforcement History (ILC EAGLE HOUSE--0018190)

Date: 08/06/2024 **SOD #**DLWH11 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 04/27/2022 **SOD #**UNKT11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Complaint History (ILC EAGLE HOUSE--0018190)

Date Complaint Received: 05/28/2024 **Date Investigation Completed:** 07/30/2024

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PROGRAM SERVICES	SUBSTANTIATED	DLWH11

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: ILC FERNDALE (0018189)

Address: 4172 FERNDALE LANE, LACROSSE, WI 54601

License Status: REGULAR

Licensed/Certified/Registered 01/01/2021 12:00:00AM

Regional Office: NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

No survey activity during the period 1/21/22 to 1/20/25

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: ILC HORTON HOUSE (0018187)

Address: 1355 HORTON STREET, LACROSSE, WI 54601

License Status: REGULAR

Licensed/Certified/Registered 01/01/2021 12:00:00AM

Regional Office: NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

No survey activity during the period 1/21/22 to 1/20/25

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: ILC THE DWELLING PLACE (0018188)

Address: 1810 GREEN BAY STREET, LACROSSE, WI 54601

License Status: REGULAR

Licensed/Certified/Registered 10/01/2020 12:00:00AM

Regional Office: NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

No survey activity during the period 1/21/22 to 1/20/25

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: MARSHY MEADOWS AFH (0009461)

Address: 626 HARVEY STREET, LACROSSE, WI 54603

License Status: REGULAR

Licensed/Certified/Registered 10/22/2001 12:00:00AM

Regional Office: NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0138640 **End Date:** 02/04/2022 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey History

No survey activity during the period 1/21/22 to 1/20/25

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: SUNRISE (0015110)

Address: 2119 SUNSET LANE, LACROSSE, WI 54601

License Status: REGULAR

Licensed/Certified/Registered 06/03/2014 12:00:00AM

Regional Office: NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0148052 **End Date:** 11/06/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0146701 **End Date:** 05/20/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #TP3812 Served 06/13/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(a)	HOME ENVIRONMENT	11/6/24	Yes
88.06(2)(b)	SERVICE AGREEMENT EXCEPT RESPITE	11/6/24	Yes

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Survey ID: 0143214 **End Date:** 03/03/2023 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #TP3811 Served 05/31/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(g)1	HEALTH SCREENING FOR STAFF	5/20/24	Yes
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS	5/20/24	Yes
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY	5/20/24	Yes
88.05(3)(a)	HOME ENVIRONMENT	5/20/24	No
88.06(2)(b)	SERVICE AGREEMENT EXCEPT RESPITE	5/20/24	No
88.06(3)(d)1	DESCRIPTION OF SERVICES	5/20/24	Yes

Enforcement History (SUNRISE--0015110)

Date: 06/13/2024 **SOD #**TP3812 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 05/31/2023 **SOD #**TP3811 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

This is Page 22 of 24 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: SUNSET (0015313)

Address: 2121 SUNSET LANE, LACROSSE, WI 54601

License Status: REGULAR

Licensed/Certified/Registered 10/10/2014 12:00:00AM

Regional Office: NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0148155 **End Date:** 11/18/2024 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #498F11 Served 11/22/2024

<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		
88.07(3)(e)1	MEDICATION- RECORD KEEPING		
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT		

Survey ID: 0145068 **End Date:** 12/07/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140972 **End Date:** 08/04/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Enforcement History (SUNSET--0015313)

Date: 11/22/2024 **SOD #**498F11 **Appealed:** No

Sanctions

ORDER TO COMPLY

Complaint History (SUNSET--0015313)

Date Complaint Received: 10/07/2024

Date Investigation Completed: 11/18/2024

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES
RESIDENT RIGHTS
STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED
SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

498F11

Date Complaint Received: 10/26/2023

Date Investigation Completed: 12/07/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES
RESIDENT RIGHTS

NOT SUBSTANTIATED
NOT SUBSTANTIATED

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