

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 is a PDF (Adobe Acrobat) document and includes a total of 25.00 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: 505 PINE CONE PLACE (0013489)

Address: 505 PINE CONE PLACE, HOLMEN, WI 54636

License Status: REGULAR

Licensed/Certified/Registered 09/09/2010 12:00:00AM

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

Survey History

Survey ID: 0143087 **End Date:** 05/03/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141659 **End Date:** 09/08/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #526713 Served 12/20/2022

<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	5/3/23	Yes

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Provider Inspection Summary

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

Adult Family Home

Survey ID: 0139361 **End Date:** 02/01/2022 **Type:** STANDARD **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #526712 Served 04/26/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE	9/8/22	Yes
88.05(4)(d)2.c	SEMI-ANNUAL FIRE DRILLS	9/8/22	Yes
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT	9/8/22	Yes

Enforcement History (505 PINE CONE PLACE--0013489)

Date: 12/20/2022 **SOD #**526713 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 04/26/2022 **SOD #**526712 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
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: 507 PINE CONE PLACE (0013490)

Address: 507 PINE CONE PLACE, HOLMEN, WI 54636

License Status: REGULAR

Licensed/Certified/Registered 09/09/2010 12:00:00AM

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

Survey History

Survey ID: 0148135 **End Date:** 11/18/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #N7VO11 Served 11/25/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(a)	HOME ENVIRONMENT		
88.05(3)(b)	FREE OF HAZARDS		
88.07(2)(a)	SERVICES		

Survey ID: 0143088 **End Date:** 05/09/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

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: 0141673 **End Date: 09/08/2022** **Type: OTHER** **Purpose: VERIFICATION VISIT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #IL7I13 Served 12/21/2022

<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	5/9/23	Yes

Survey ID: 0139582 **End Date: 02/01/2022** **Type: OTHER** **Purpose: VERIFICATION VISIT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #IL7I12 Served 05/18/2022

<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	9/8/22	Yes
88.05(4)(d)2.c	SEMI-ANNUAL FIRE DRILLS	9/8/22	Yes

Enforcement History (507 PINE CONE PLACE--0013490)

Date: 11/25/2024 **SOD #N7VO11** **Appealed: No**

Sanctions

ORDER TO COMPLY

Date: 12/21/2022 **SOD #IL7I13** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 05/18/2022 **SOD #IL7I12** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
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 (507 PINE CONE PLACE--0013490)

Date Complaint Received: 09/25/2024

Date Investigation Completed: 11/18/2024

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES
STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED
SUBSTANTIATED
NOT SUBSTANTIATED

N7VO11
N7VO11

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: REM WISCONSIN III INC ELIZABETH DRIVE (0014310)

Address: N7050 ELIZABETH DRIVE, HOLMEN, WI 54636

License Status: REGULAR

Licensed/Certified/Registered 09/01/2012 12:00:00AM

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

Survey History

Survey ID: 0142021 **End Date:** 01/25/2023 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #ZIJ311 Served 02/02/2023

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

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Provider Inspection Summary

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

Adult Family Home

Facility Information

Facility Name: Vision Home (0019039)

Address: 2020 Elinor Lane, Holmen, WI 54636

License Status: REGULAR

Licensed/Certified/Registered 02/20/2023 12:00:00AM

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

Survey History

Survey ID: 0147254 **End Date:** 08/06/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #UVGG11 Served 08/07/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.06(2)(b)	SERVICE AGREEMENT EXCEPT RESPITE		
88.06(3)(a)	INDIVIDUAL SERVICE PLAN & ASSESSMENT		
88.07(2)(b)6	NOTIFICATION OF CHANGES		

Survey ID: 0142312 **End Date:** 02/20/2023 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

Enforcement History (Vision Home--0019039)

Date: 08/07/2024 **SOD #**UVGG11 **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 (Vision Home--0019039)

Date Complaint Received: 06/13/2024

Date Investigation Completed: 08/06/2024

Subject Area(s)
PROGRAM SERVICES

Result
SUBSTANTIATED

SOD #
UVGG11

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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 27TH STREET (0018185)

Address: 1348 27TH STREET SOUTH, LA CROSSE, 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 SHOREWOOD (0018186)

Address: 1120 SHOREWOOD DRIVE, LA CROSSE, 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: ABBEY ROAD (0019105)

Address: 2149 ABBEY ROAD, ONALASKA, WI 54650

License Status: REGULAR

Licensed/Certified/Registered 08/23/2022 12:00:00AM

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

Survey History

Survey ID: 0140665 **End Date:** 08/23/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION 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: Apple Valley Adult Family Home (0019543)

Address: N6124 Apple Valley Rd, Onalaska, WI 54650

License Status: REGULAR

Licensed/Certified/Registered 09/04/2023 12:00:00AM

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

Survey History

Survey ID: 0146079 **End Date:** 03/29/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0144253 **End Date:** 08/25/2023 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

Complaint History (Apple Valley Adult Family Home--0019543)

Date Complaint Received: 03/12/2024

Date Investigation Completed: 03/29/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

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: AURORA RESIDENTIAL ALTERNATIVES INC 107 (0018874)

Address: 5009 HURRICANE COURT, ONALASKA, WI 54650

License Status: REGULAR

Licensed/Certified/Registered 03/10/2022 12:00:00AM

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

Survey History

Survey ID: 0139048 **End Date:** 03/08/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION 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: COULEE CARE MAIN STREET (0014307)

Address: 1106 MAIN ST, ONALASKA, WI 54650

License Status: REGULAR

Licensed/Certified/Registered 09/19/2012 12:00:00AM

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

Survey History

Survey ID: 0143482 **End Date:** 06/21/2023 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (COULEE CARE MAIN STREET--0014307)

Date Complaint Received: 06/14/2023

Date Investigation Completed: 06/21/2023

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY

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 (590130)

Address: 837 MAIN STREET, ONALASKA, WI 54650

License Status: REGULAR

Licensed/Certified/Registered 02/13/1997 12:00:00AM

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

Survey History

Survey ID: 0146896 **End Date:** 07/03/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #4FTW11 Served 07/10/2024

<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	8/24/24	

Survey ID: 0140770 **End Date:** 09/09/2022 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

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

Complaint History (CREATIVE COMMUNITY LIVING SERVICES INC--590130)

Date Complaint Received: 05/24/2024

Date Investigation Completed: 07/03/2024

Subject Area(s)
PROGRAM SERVICES

Result
SUBSTANTIATED

SOD #
4FTW11

Date Complaint Received: 08/31/2022

Date Investigation Completed: 09/09/2022

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: REM KRISTY LANE (0011302)

Address: 1038/1040 KRISTY LANE, ONALASKA, WI 54650

License Status: REGULAR

Licensed/Certified/Registered 03/08/2006 12:00:00AM

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

Survey History

Survey ID: 0148093 **End Date:** 10/31/2024 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #RHO011 Served 11/13/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(a)	HOME ENVIRONMENT		
88.07(3)(a)	PRESCRIPTION MEDICATIONS		
88.07(3)(e)1	MEDICATION- RECORD KEEPING		

Survey ID: 0144083 **End Date:** 08/25/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0143002 **End Date:** 03/16/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #BALB12 Served 05/09/2023

<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

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Provider Inspection Summary

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

Adult Family Home

Survey ID: 0141433 **End Date:** 06/28/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #BALB11 Served 11/28/2022

<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	3/16/23	Yes
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY	3/16/23	Yes

Enforcement History (REM KRISTY LANE--0011302)

Date: 11/13/2024 **SOD #**RHO011 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 05/09/2023 **SOD #**BALB12 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 11/28/2022 **SOD #**BALB11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
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: REM WISCONSIN III INC EMERALD DRIVE A (0013941)

Address: 3724 EMERALD DR, ONALASKA, WI 54650

License Status: REGULAR

Licensed/Certified/Registered 11/01/2011 12:00:00AM

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

Survey History

Survey ID: 0147607 **End Date:** 09/18/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0142412 **End Date:** 03/07/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141667 **End Date:** 11/30/2022 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #48J511 Served 12/21/2022

<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	3/7/23	Yes

Enforcement History (REM WISCONSIN III INC EMERALD DRIVE A--0013941)

Date: 12/21/2022 **SOD #**48J511 **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 (REM WISCONSIN III INC EMERALD DRIVE A--0013941)

Date Complaint Received: 07/17/2024

Date Investigation Completed: 09/18/2024

Subject Area(s)
PROGRAM SERVICES
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 10/31/2022

Date Investigation Completed: 11/30/2022

Subject Area(s)
PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES
STAFF TRAINING AND PROFICIENCY

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED
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: REM WISCONSIN III INC EMERALD DRIVE B (0013940)

Address: 3722 EMERALD DR, ONALASKA, WI 54650

License Status: REGULAR

Licensed/Certified/Registered 11/01/2011 12:00:00AM

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

Survey History

Survey ID: 0142410 **End Date:** 03/07/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141665 **End Date:** 11/30/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #0T5P11 Served 12/21/2022

<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	3/7/23	Yes

Enforcement History (REM WISCONSIN III INC EMERALD DRIVE B--0013940)

Date: 12/21/2022 **SOD #**0T5P11 **Appealed:** No

Sanctions

ORDER TO COMPLY

This is Page 22 of 25 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

Complaint History (REM WISCONSIN III INC EMERALD DRIVE B--0013940)

Date Complaint Received: 10/27/2022

Date Investigation Completed: 11/30/2022

Subject Area(s)

Result

SOD #

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

NOT SUBSTANTIATED
NOT SUBSTANTIATED
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: REGENT MANOR (0011840)

Address: 856 E GARLAND ST, WEST SALEM, WI 54669

License Status: REGULAR

Licensed/Certified/Registered 03/01/2007 12:00:00AM

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

Survey History

Survey ID: 0142332 **End Date:** 02/27/2023 **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: REM WISCONSIN III INC WEST ISLE (0012532)

Address: N5532 HWY 108, WEST SALEM, WI 54669

License Status: REGULAR

Licensed/Certified/Registered 12/12/2008 12:00:00AM

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

Survey History

Survey ID: 0142452 **End Date:** 03/07/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141671 **End Date:** 12/07/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #FU3D11 Served 12/21/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(d)	ANNUAL WELL WATER INSPECTIONS	3/7/23	Yes
88.05(4)(a)	FIRE SAFETY-FIRE EXTINGUISHERS	3/7/23	Yes
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE	3/7/23	Yes
88.05(4)(d)2.c	SEMI-ANNUAL FIRE DRILLS	3/7/23	Yes

Enforcement History (REM WISCONSIN III INC WEST ISLE--0012532)

Date: 12/21/2022 **SOD #**FU3D11 **Appealed:** No

Sanctions

ORDER TO COMPLY

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