

Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011

COUNTY: BARRON

Notes

This report includes Provider Inspection Summaries (Facility Profiles) for Assisted Living Facilities in Barron County.

The report is a PDF (Adobe Acrobat) document and includes a total of 51 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 04/01/2008 to 03/31/2011
Adult Day Care Facility
COUNTY: BARRON

Facility Information

Facility Name: DAYBREAK II (500018)
Address: 154 MEMORIAL DRIVE, BARRON, WI 54812
License Status: REGULAR
Licensed/Certified/Registered 03/17/1997
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0104501 **End Date:** 07/27/2009 **Type:** ABBREVIATED **Purpose:** SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 2 of 51 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011
Adult Day Care Facility
COUNTY: BARRON

Facility Information

Facility Name: DAYBREAK I (500017)
Address: 12 WEST HUMBIRD STREET, RICE LAKE, WI 54868
License Status: REGULAR
Licensed/Certified/Registered 03/17/1997
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0104502 **End Date:** 07/22/2009 **Type:** ABBREVIATED **Purpose:** SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011
Adult Family Home
COUNTY: BARRON

Facility Information

Facility Name: WILLOW PINES (0013221)
Address: 1058-6TH STREET, ALMENA, WI 54805
License Status: REGULAR
Licensed/Certified/Registered 03/15/2010
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0107003 **End Date:** 08/31/2010 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0105928 **End Date:** 03/15/2010 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011
Adult Family Home
COUNTY: BARRON

Facility Information

Facility Name: HUSSETS KOUNTRY KARE (0009807)
Address: 25 S EIGHTH STREET, BARRON, WI 54812
License Status: REGULAR
Licensed/Certified/Registered 08/08/2002
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0104834 **End Date:** 09/09/2009 **Type:** ABBREVIATED **Purpose:** SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011
Adult Family Home
COUNTY: BARRON

Facility Information

Facility Name: JUST LIKE HOME (590167)
Address: 1117 W STOUT STREET, CHETEK, WI 54728
License Status: REGULAR
Licensed/Certified/Registered 09/09/1998
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0108168 **End Date:** 03/10/2011 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #RGDS11 Served 03/15/2011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(b)intro	ENTITY BACKGROUND CHECK REQUIREMENTS	03/15/2011	Yes

Survey ID: 0107854 **End Date:** 01/05/2011 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0105988 **End Date:** 03/24/2010 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0103600 **End Date:** 03/13/2009 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011
Adult Family Home
COUNTY: BARRON

Complaint History (JUST LIKE HOME)

Date Complaint Received: 03/03/2011

Date Investigation Completed: 03/10/2011

Subject Area(s)
ADMINISTRATION

Result
SUBSTANTIATED

SOD #
RGDS11

Date Complaint Received: 02/26/2010

Date Investigation Completed: 03/24/2010

Subject Area(s)
STAFF TRAINING AND PROFICIENCY

Result
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011
Adult Family Home
COUNTY: BARRON

Facility Information

Facility Name: PARADISE (THE) ON LITTLE BASS LAKE (0013646)

Address: 2207 POLK-BAR, CUMBERLAND, WI 54829

License Status: REGULAR

Licensed/Certified/Registered 05/06/2011

Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

No survey activity during the period 04/01/2008 through 03/31/2011.

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Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011
Adult Family Home
COUNTY: BARRON

Facility Information

Facility Name: THOMPSONS AFH (0013309)
Address: 565-25-1/4 STREET, NEW AUBURN, WI 54757
License Status: REGULAR
Licensed/Certified/Registered 04/06/2011
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0108280	End Date: 03/31/2011	Type: INITIAL	Purpose: SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED			
<hr/>			
Survey ID: 0108026	End Date: 12/20/2010	Type: INITIAL	Purpose: DESK REVIEW
Results: NO STATEMENT OF DEFICIENCY ISSUED			
<hr/>			

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Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011
Adult Family Home
COUNTY: BARRON

Facility Information

Facility Name: CIRCLE OF HOPE INC (590093)
Address: 180 WAYNE ST EAST, PRAIRIE FARM, WI 54762
License Status: REGULAR
Licensed/Certified/Registered 07/01/1992
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0107460 **End Date:** 11/05/2010 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #EWVJ11 Served 10/15/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(d)	ANNUAL WELL WATER INSPECTIONS		
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION		

Survey ID: 0103602 **End Date:** 03/13/2009 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011
Adult Family Home
COUNTY: BARRON

Complaint History (CIRCLE OF HOPE INC)

Date Complaint Received: 10/19/2010

Date Investigation Completed: 10/27/2010

Subject Area(s)

RESIDENT RIGHTS
NUTRITION & FOOD SERVICES
QUALITY OF LIFE

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011
Adult Family Home
COUNTY: BARRON

Facility Information

Facility Name: HOMESTEAD (THE) (0013706)
Address: 2852 - 20TH STREET, RICE LAKE, WI 54868
License Status: REGULAR
Licensed/Certified/Registered 04/04/2011
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

No survey activity during the period 04/01/2008 through 03/31/2011.

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Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011
Adult Family Home
COUNTY: BARRON

Facility Information

Facility Name: MITCHELLS FAMILY HOME (0012586)
Address: 103 HILLTOP DR, RICE LAKE, WI 54868
License Status: REGULAR
Licensed/Certified/Registered 11/01/2008
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0107302 **End Date:** 10/06/2010 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0102851 **End Date:** 11/01/2008 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011
Adult Family Home
COUNTY: BARRON

Facility Information

Facility Name: PATRICK STREET HOUSE (0012118)
Address: 315 ST PATRICK STREET, RICE LAKE, WI 54868
License Status: REGULAR
Licensed/Certified/Registered 09/07/2007
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0105470 **End Date:** 01/05/2010 **Type:** STANDARD **Purpose:** SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011
Community Based Residential Facility--CLASS AA (AMBULATORY)
COUNTY: BARRON

Facility Information

Facility Name: HANSENS GROUP HOME (510307)
Address: 1190 17TH ST, BARRON, WI 54812
License Status: REGULAR
Licensed/Certified/Registered 02/01/1986
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0107456 **End Date:** 10/02/2010 **Type:** OTHER **Purpose:** OTHER

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0104246 **End Date:** 05/26/2009 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011
Community Based Residential Facility--CLASS AA (AMBULATORY)
COUNTY: BARRON

Facility Information

Facility Name: HUNTER HOME SERVICES INC (0012722)

Address: 1222 - 13-1/2 AVENUE, BARRON, WI 54812

License Status: REGULAR

Licensed/Certified/Registered 05/01/2010

Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0106037 **End Date:** 03/24/2010 **Type:** STANDARD **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

Survey ID: 0103962 **End Date:** 04/24/2009 **Type:** STANDARD **Purpose:** CHOW--LICENSURE

Results: PROBATIONARY LICENSE ISSUED

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Provider Inspection Summary

For the period 04/01/2008 to 03/31/2011

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: BARRON

Facility Information

Facility Name: MONROE MANOR (510311)

Address: 508 E MONROE AVE, BARRON, WI 54812

License Status: REGULAR

Licensed/Certified/Registered 10/20/1984

Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0108162 **End Date:** 03/01/2011 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #85W311 Served 03/17/2011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(2)(a)	ADMINISTRATOR QUALIFICATIONS		
83.25	CONTINUING EDUCATION		
83.47(2)(d)	FIRE DRILLS		

Survey ID: 0106474 **End Date:** 06/09/2010 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0106577 **End Date:** 05/26/2010 **Type:** OTHER **Purpose:** OTHER

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0105985 **End Date:** 03/18/2010 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 04/01/2008 to 03/31/2011

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: BARRON

Survey ID: 0105003 **End Date: 09/28/2009** **Type: ABBREVIATED** **Purpose: SURVEY**

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011
Community Based Residential Facility--CLASS CNA (NONAMBULATORY)
COUNTY: BARRON

Enforcement History (MONROE MANOR)

Date: 03/14/2011 SOD #85W311 Enforcement Appealed: No

Sanctions

COMPLY WITH REQUIREMENT
PROVIDE TRAINING
FORFEITURE---83.25
FORFEITURE---83.47(2)(d)

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Provider Inspection Summary

For the period 04/01/2008 to 03/31/2011

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: BARRON

Complaint History (MONROE MANOR)

Date Complaint Received: 01/31/2011

Date Investigation Completed: 03/01/2011

Subject Area(s)
STAFF ADEQUACY

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 02/25/2010

Date Investigation Completed: 03/18/2010

Subject Area(s)
SUPERVISION
MEDICATIONS
STAFF TRAINING AND PROFICIENCY

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 04/01/2008 to 03/31/2011

Community Based Residential Facility--CLASS AS (SEMIAMBULATORY)

COUNTY: BARRON

Facility Information

Facility Name: SUE HUSET INC - CAMERON HOUSE (0013020)

Address: 1372-24-3/8 ST, CAMERON, WI 54822

License Status: REGULAR

Licensed/Certified/Registered 11/02/2010

Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0106578 **End Date:** 06/30/2010 **Type:** OTHER **Purpose:** DESK REVIEW

Results: LICENSE/CERT/REGISTRATION ISSUED

Survey ID: 0105048 **End Date:** 10/21/2009 **Type:** INITIAL **Purpose:** SURVEY

Results: PROBATIONARY LICENSE ISSUED

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Provider Inspection Summary

For the period 04/01/2008 to 03/31/2011

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: BARRON

Facility Information

Facility Name: CHETEK RIVERS EDGE (0011663)

Address: 251 WOODWARD ST, CHETEK, WI 54728

License Status: REGULAR

Licensed/Certified/Registered 04/01/2007

Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0107809 **End Date:** 01/11/2011 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0106227 **End Date:** 05/04/2010 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0104878 **End Date:** 09/09/2009 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0103985 **End Date:** 05/04/2009 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #30W511 Served 05/12/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(3)(f)	STAFF ACCESS TO ASSESSMENT AND ISP	09/09/2009	Yes

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Provider Inspection Summary

For the period 04/01/2008 to 03/31/2011

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: BARRON

Survey ID: 0102553 **End Date:** 09/22/2008 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 04/01/2008 to 03/31/2011

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: BARRON

Complaint History (CHETEK RIVERS EDGE)

Date Complaint Received: 11/19/2010

Date Investigation Completed: 01/11/2011

Subject Area(s)

HOMELIKE ENVIRONMENT & CLEANLINESS
MEDICATIONS
STAFF TRAINING AND PROFICIENCY

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
-migrated data -

SOD #

NOT RECORDED

Date Complaint Received: 04/07/2010

Date Investigation Completed: 05/04/2010

Subject Area(s)

MEDICATIONS
QUALITY OF LIFE

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 09/03/2009

Date Investigation Completed: 09/09/2009

Subject Area(s)

PROGRAM SERVICES

Result

NOT SUBSTANTIATED

SOD #

Date Complaint Received: 08/13/2008

Date Investigation Completed: 09/22/2008

Subject Area(s)

PHYSICAL PLANTS & SAFETY HAZARDS
NUTRITION & FOOD SERVICES
MEDICATIONS
QUALITY OF LIFE

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011
Community Based Residential Facility--CLASS AA (AMBULATORY)
COUNTY: BARRON

Facility Information

Facility Name: AURORA RES ALTERNATIVES INC 049 (510300)
Address: 1849 HWY 63, COMSTOCK, WI 54826
License Status: REGULAR
Licensed/Certified/Registered 01/01/1995
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0103603 **End Date:** 03/16/2009 **Type:** ABBREVIATED **Purpose:** SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 04/01/2008 to 03/31/2011

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: BARRON

Facility Information

Facility Name: CARE PARTNERS ASSISTED LIVING LLC (0009050)

Address: 1627 KERN AVENUE, RICE LAKE, WI 54868

License Status: REGULAR

Licensed/Certified/Registered 07/01/2001

Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0104404 **End Date:** 07/14/2009 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011
Community Based Residential Facility--CLASS AA (AMBULATORY)
COUNTY: BARRON

Facility Information

Facility Name: CHRISMARK HOME LLC (0011891)
Address: 910 MELNORA ST, RICE LAKE, WI 54868
License Status: REGULAR
Licensed/Certified/Registered 03/23/2007
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0108174 **End Date:** 03/02/2011 **Type:** ABBREVIATED **Purpose:** SURVEY/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #NX0V11 Served 03/07/2011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.17(1)	LICENSEE CONDUCT CAREGIVER BACKGROUND CHECK	03/08/2011	Yes

Survey ID: 0103695 **End Date:** 03/18/2009 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011
Community Based Residential Facility--CLASS AA (AMBULATORY)
COUNTY: BARRON

Facility Information

Facility Name: CORNERSTONE WEST (0013523)
Address: 1464-21ST AVENUE, RICE LAKE, WI 54868
License Status: PROBATIONARY
Licensed/Certified/Registered 09/27/2010
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0107206 **End Date:** 09/27/2010 **Type:** INITIAL **Purpose:** CHOW--LICENSURE
Results: PROBATIONARY LICENSE ISSUED

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Provider Inspection Summary

For the period 04/01/2008 to 03/31/2011

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: BARRON

Facility Information

Facility Name: COUNTRY TERRACE OF WISCONSIN INC (0009581)

Address: 1631 KERN AVENUE, RICE LAKE, WI 54868

License Status: REGULAR

Licensed/Certified/Registered 03/01/2002

Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0108107 **End Date:** 03/02/2011 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0107545 **End Date:** 11/22/2010 **Type:** OTHER **Purpose:** OTHER

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0107119 **End Date:** 09/15/2010 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0103554 **End Date:** 03/04/2009 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 04/01/2008 to 03/31/2011

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: BARRON

Complaint History (COUNTRY TERRACE OF WISCONSIN INC)

Date Complaint Received: 08/16/2010

Date Investigation Completed: 09/15/2010

Subject Area(s)

ABUSE
HOMELIKE ENVIRONMENT & CLEANLINESS
NUTRITION & FOOD SERVICES
PROGRAM SERVICES

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 02/02/2009

Date Investigation Completed: 03/04/2009

Subject Area(s)

RESIDENT RIGHTS

Result

NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011
Community Based Residential Facility--CLASS AA (AMBULATORY)
COUNTY: BARRON

Facility Information

Facility Name: MAGNA HOUSE (0010826)
Address: 615 E SAWYER ST, RICE LAKE, WI 54868
License Status: REGULAR
Licensed/Certified/Registered 08/01/2005
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0107137 **End Date:** 09/13/2010 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0106420 **End Date:** 05/12/2010 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #E9DB11 Served 06/07/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(b)intro	ENTITY BACKGROUND CHECK REQUIREMENTS	06/10/2010	Yes
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	06/09/2010	Yes
83.20(2)(b)	TRAINING IN FIRE SAFETY	06/16/2010	Yes
83.20(2)(c)	PROHIBITIONS AND EXCEPTIONS	06/09/2010	Yes
83.20(2)(d)	TRAINING IN MEDICATION ADMINISTRATION	06/09/2010	Yes
83.25	CONTINUING EDUCATION	06/09/2010	Yes
83.36(1)(b)	QUALIFIED STAFF IN CHARGE, ON DUTY AND AWAKE	06/22/2010	Yes
83.46(1)(c)	HEATING SYSTEM MAINTENANCE	06/17/2010	Yes
83.47(2)(d)	FIRE DRILLS	06/09/2010	Yes

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Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011
Community Based Residential Facility--CLASS AA (AMBULATORY)
COUNTY: BARRON

Survey ID: 0102013 End Date: 06/16/2008 Type: STANDARD Purpose: SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #C95H11 Served 06/30/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)	SIGNING ASSESSMENT AND ISP	04/01/2009	Yes
83.41(10)(a)	BUILDING MAINTENANCE	04/01/2009	Yes

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Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011
Community Based Residential Facility--CLASS AA (AMBULATORY)
COUNTY: BARRON

Enforcement History (MAGNA HOUSE)

Date: 06/03/2010	SOD #E9DB11	Enforcement Appealed: No
<u>Sanctions</u>		
COMPLY WITH DEPARTMENT PLAN OF CORRECTION		--Facility Compliant 06/22/2010 12:00:00AM
COMPLY WITH REQUIREMENT		--Facility Compliant 06/22/2010 12:00:00AM
FORFEITURE---83.20(2)(b)		
FORFEITURE---83.20(2)(c)		
FORFEITURE---83.20(2)(d)		
FORFEITURE---83.25		
FORFEITURE---83.36(1)(b)		
FORFEITURE---83.47(2)(d)		

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Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011
Community Based Residential Facility--CLASS AA (AMBULATORY)
COUNTY: BARRON

Facility Information

Facility Name: NEW BEGINNINGS OF BARRON COUNTY INC (0009905)

Address: 4 CORNELL AVENUE, RICE LAKE, WI 54868

License Status: REGULAR

Licensed/Certified/Registered 07/01/2003

Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0107518 **End Date:** 11/23/2010 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0107339 **End Date:** 10/19/2010 **Type:** OTHER **Purpose:** SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #4Q6D11 Served 11/02/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(2)	MODIFIED OR SPECIAL DIETS	11/08/2010	Yes
83.38(1)(b)	SUPERVISION	11/08/2010	Yes

Survey ID: 0105197 **End Date:** 11/16/2009 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0102147 **End Date:** 07/21/2008 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011
Community Based Residential Facility--CLASS AA (AMBULATORY)
COUNTY: BARRON

Enforcement History (NEW BEGINNINGS OF BARRON COUNTY INC)

Date: 10/27/2010 SOD #4Q6D11 Enforcement Appealed: No

Sanctions

FORFEITURE---83.35(2)
FORFEITURE---83.38(1)(b)

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Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011
Community Based Residential Facility--CLASS AA (AMBULATORY)
COUNTY: BARRON

Complaint History (NEW BEGINNINGS OF BARRON COUNTY INC)

Date Complaint Received: 11/02/2010

Date Investigation Completed: 11/23/2010

Subject Area(s)

Result

SOD #

ABUSE

NOT SUBSTANTIATED

Date Complaint Received: 10/21/2010

Date Investigation Completed: 11/23/2010

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS
PHYSICAL PLANTS & SAFETY HAZARDS
MEDICATIONS

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 11/13/2009

Date Investigation Completed: 11/16/2009

Subject Area(s)

Result

SOD #

ABUSE

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 04/01/2008 to 03/31/2011

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: BARRON

Facility Information

Facility Name: OUR HOUSE ASSISTED CARE (0013421)

Address: 415 E SOUTH ST, RICE LAKE, WI 54868

License Status: PROBATIONARY

Licensed/Certified/Registered 09/30/2010

Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0107186 **End Date:** 09/24/2010 **Type:** INITIAL **Purpose:** CHOW--DESK REVIEW

Results: PROBATIONARY LICENSE ISSUED

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Provider Inspection Summary

For the period 04/01/2008 to 03/31/2011

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: BARRON

Facility Information

Facility Name: OUR HOUSE MEMORY CARE (0013426)

Address: 413 E SOUTH ST, RICE LAKE, WI 54868

License Status: PROBATIONARY

Licensed/Certified/Registered 09/30/2010

Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0107182 **End Date:** 09/24/2010 **Type:** INITIAL **Purpose:** CHOW--DESK REVIEW

Results: PROBATIONARY LICENSE ISSUED

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Provider Inspection Summary

For the period 04/01/2008 to 03/31/2011

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: BARRON

Facility Information

Facility Name: THOMAS LANDING (0012947)

Address: 950 BEAR PAW AVENUE, RICE LAKE, WI 54868

License Status: REGULAR

Licensed/Certified/Registered 09/28/2010

Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

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Provider Inspection Summary

For the period 04/01/2008 to 03/31/2011

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: BARRON

Survey ID: 0108158 End Date: 02/08/2011 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #VCWG11 Served 03/15/2011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(4)(c)	REPORTING INCIDENTS WITH SERIOUS INJURY		
83.12(5)(a)	NOTIFICATION: INCIDENT, INJURY, CHANGES		
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS		
83.14(2)(j)	NOT PERMIT A CONDITION OF SUBSTANTIAL RISK		
83.15(3)(a)	ADMINISTRATOR SHALL SUPERVISE DAILY OPERATION		
83.16(2)	RESIDENT CARE STAFF AT LEAST 18 YEARS OLD		
83.20(2)(a)	CONDITIONS-INITIATED BY RESIDENT		
83.20(2)(b)	TRAINING IN FIRE SAFETY		
83.20(2)(c)	PROHIBITIONS AND EXCEPTIONS		
83.21(1)	TRAINING IN RESIDENT RIGHTS		
83.21(2)(a)	EXPLANATION OF RESIDENT RIGHTS		
83.21(3)	CORRECTIONAL CLIENTS		
83.22(3)	TRAINING IN DAILY LIVING ACTIVITIES REQUIRED		
83.22(4)	TRAINING IN DIETARY DUTIES REQUIRED		
83.36(1)(a)	ADEQUATE STAFF TO MEET RESIDENT NEEDS		
83.37(1)(h)	SCHEDULED PSYCHOTROPIC MEDICATIONS		
83.41(1)(b)	EQUIPMENT		
83.41(3)(b)	DINING & LIVING INTERNALLY ACCESSIBLE		

Survey ID: 0107216 End Date: 09/27/2010 Type: OTHER Purpose: VERIFICATION VISIT

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 04/01/2008 to 03/31/2011

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: BARRON

Survey ID: 0107016 **End Date: 08/18/2010** **Type: STANDARD** **Purpose: SURVEY**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #H4B611 Served 08/30/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(bm)	OUT OF STATE BACKGROUND CHECKS	09/15/2010	Yes
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS	10/01/2010	Yes
83.15(3)(a)	ADMINISTRATOR SHALL SUPERVISE DAILY OPERATION	09/30/2010	Yes
83.20(2)(b)	TRAINING IN FIRE SAFETY	09/15/2010	Yes
83.20(2)(c)	PROHIBITIONS AND EXCEPTIONS	09/15/2010	Yes
83.36(1)(b)	QUALIFIED STAFF IN CHARGE, ON DUTY AND AWAKE	09/15/2010	Yes
83.37(3)(a)	MEDICATION STORAGE: ORIGINAL CONTAINERS	10/01/2010	Yes
83.47(2)(d)	FIRE DRILLS	09/15/2010	Yes

Survey ID: 0106328 **End Date: 04/21/2010** **Type: OTHER** **Purpose: OTHER**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #QOVD11 Served 05/13/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(2)(e)	NOTIFY WITHIN 7 DAYS OF ADMINISTRATOR CHANGE	05/13/2010	Yes

Survey ID: 0104859 **End Date: 09/18/2009** **Type: INITIAL** **Purpose: SURVEY**

Results: PROBATIONARY LICENSE ISSUED

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Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011
Community Based Residential Facility--CLASS CNA (NONAMBULATORY)
COUNTY: BARRON

Enforcement History (THOMAS LANDING)

Date: 03/08/2011 SOD #VCWG11 Enforcement Appealed: No

Sanctions

COMPLY WITH REQUIREMENT

PROVIDE TRAINING

FORFEITURE---83.12(4)(c)

FORFEITURE---83.12(5)(a)

FORFEITURE---83.14(2)(a)

FORFEITURE---83.14(2)(j)

FORFEITURE---83.15(3)(a)

FORFEITURE---83.16(2)

FORFEITURE---83.20(2)(b)

FORFEITURE---83.20(2)(c)

FORFEITURE---83.21(1)

FORFEITURE---83.21(2)(a)

FORFEITURE---83.21(3)

FORFEITURE---83.22(3)

FORFEITURE---83.22(4)

FORFEITURE---83.36(1)(a)

FORFEITURE---83.37(1)(h)

FORFEITURE---83.41(3)(b)

Date: 08/26/2010 SOD #H4B611 Enforcement Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION --Facility Compliant 10/01/2010 12:00:00AM

NO NEW ADMISSIONS --Facility Compliant 10/01/2010 12:00:00AM

FORFEITURE---83.14(2)(a)

FORFEITURE---83.15(3)(a)

FORFEITURE---83.20(2)(b)

FORFEITURE---83.20(2)(c)

FORFEITURE---83.36(1)(b)

FORFEITURE---83.47(2)(d)

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Provider Inspection Summary

For the period 04/01/2008 to 03/31/2011

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: BARRON

Date: 05/10/2010 **SOD #QOVD11**

Enforcement Appealed: No

Sanctions

OTHER SANCTION

FORFEITURE---83.14(2)(e)

--Facility Compliant 05/13/2010 12:00:00AM

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Provider Inspection Summary

For the period 04/01/2008 to 03/31/2011

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: BARRON

Complaint History (THOMAS LANDING)

Date Complaint Received: 01/16/2011

Date Investigation Completed: 02/08/2011

Subject Area(s)

NUTRITION & FOOD SERVICES
PROGRAM SERVICES

Result

SUBSTANTIATED
SUBSTANTIATED

SOD #

VCWG11
VCWG11

Date Complaint Received: 01/10/2011

Date Investigation Completed: 02/08/2011

Subject Area(s)

STAFF ADEQUACY

Result

SUBSTANTIATED

SOD #

VCWG11

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Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011
Residential Care Apartment Complex (REGISTERED)
COUNTY: BARRON

Facility Information

Facility Name: BARRON MEMORIAL MED CNTR MAYO HEALTH SYSTEM (0011606)

Address: 1222 E WOODLAND AVE, BARRON, WI 54812

License Status: REGULAR

Licensed/Certified/Registered 08/11/2006

Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

No survey activity during the period 04/01/2008 through 03/31/2011.

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Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011
Residential Care Apartment Complex (CERTIFIED)
COUNTY: BARRON

Facility Information

Facility Name: PELICAN PLACE APARTMENTS (0013402)
Address: 708 TAINTER ST, CHETEK, WI 54728
License Status: REGULAR
Licensed/Certified/Registered 07/21/2010
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0106686 **End Date:** 07/12/2010 **Type:** INITIAL **Purpose:** SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011
Residential Care Apartment Complex (CERTIFIED)
COUNTY: BARRON

Facility Information

Facility Name: BRENTWOOD SENIOR COMMUNITIES (0011336)
Address: 633 CAMERON RD, RICE LAKE, WI 54868
License Status: REGULAR
Licensed/Certified/Registered 03/03/2006
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0108173 **End Date:** 03/01/2011 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #KLJL11 Served 03/07/2011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(6)(am)	FOUR YEAR CAREGIVER BACKGROUND REQUIREMENT	03/10/2011	Yes
89.23(4)(d)1	SERVICES	03/10/2011	Yes

Survey ID: 0103571 **End Date:** 03/11/2009 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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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 04/01/2008 to 03/31/2011
Residential Care Apartment Complex (CERTIFIED)
COUNTY: BARRON

Complaint History (BRENTWOOD SENIOR COMMUNITIES)

Date Complaint Received: 03/06/2011

Date Investigation Completed: 04/12/2011

Subject Area(s)

ADMISSION, TRANSFER & DISCHARGE
STAFF TRAINING AND PROFICIENCY
PROGRAM SERVICES

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

This is Page 48 of 51 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011
Residential Care Apartment Complex (CERTIFIED)
COUNTY: BARRON

Facility Information

Facility Name: THOMAS LANDING (0012946)
Address: 950 BEAR PAW AVENUE, RICE LAKE, WI 54868
License Status: REGULAR
Licensed/Certified/Registered 09/01/2009
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0108159 **End Date:** 02/08/2011 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #8P4I11 Served 03/15/2011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
89.23(1)	SERVICES		
89.23(2)(a)2.c	SERVICES		
89.28(1)	RISK AGREEMENT		

Survey ID: 0107651 **End Date:** 12/07/2010 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0104716 **End Date:** 08/26/2009 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011
Residential Care Apartment Complex (CERTIFIED)
COUNTY: BARRON

Enforcement History (THOMAS LANDING)

Date: 03/08/2011 SOD #8P4I11 Enforcement Appealed: No

Sanctions

COMPLY WITH REQUIREMENT

FORFEITURE---89.23(1)

FORFEITURE---89.23(2)(a)2.c

FORFEITURE---89.28(1)

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Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011
Residential Care Apartment Complex (CERTIFIED)
COUNTY: BARRON

Complaint History (THOMAS LANDING)

Date Complaint Received: 01/16/2011

Date Investigation Completed: 02/08/2011

Subject Area(s)

NUTRITION & FOOD SERVICES
PROGRAM SERVICES

Result

SUBSTANTIATED
SUBSTANTIATED

SOD #

VCWG11
VCWG11

Date Complaint Received: 01/10/2011

Date Investigation Completed: 02/08/2011

Subject Area(s)

STAFF ADEQUACY

Result

SUBSTANTIATED

SOD #

8P4I11

Date Complaint Received: 11/22/2010

Date Investigation Completed: 12/07/2010

Subject Area(s)

STAFF ADEQUACY

Result

NOT SUBSTANTIATED

SOD #

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