

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

COUNTY: BAYFIELD

Notes

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

The report is a PDF (Adobe Acrobat) document and includes a total of 7 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
Community Based Residential Facility--CLASS AA (AMBULATORY)
COUNTY: BAYFIELD

Facility Information

Facility Name: MISHOMIS HOUSE (610278)
Address: RT 1 BOX 107P, BAYFIELD, WI 54814
License Status: REGULAR
Licensed/Certified/Registered 03/06/1996
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0106436 **End Date:** 06/09/2010 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0105952 **End Date:** 03/12/2010 **Type:** OTHER **Purpose:** DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #0V5111 Served 03/17/2010

<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	03/18/2010	Yes
83.15(1)	ADMINISTRATOR QUALIFICATIONS	03/18/2010	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: BAYFIELD

Survey ID: 0104509 End Date: 07/13/2009 Type: STANDARD Purpose: SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #W4NM11 Served 07/25/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(b)intro	ENTITY BACKGROUND CHECK REQUIREMENTS		
50.065(2)(bm)	OUT OF STATE BACKGROUND CHECKS		
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE		
83.20(2)(c)	PROHIBITIONS AND EXCEPTIONS		
83.36(1)(b)	QUALIFIED STAFF IN CHARGE, ON DUTY AND AWAKE		
83.47(2)(d)	FIRE DRILLS		
83.47(3)	FIRE INSPECTION		
83.48(3)(a)	FIRE DETECTION SYSTEMS INSPECTED ANNUALLY		

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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: BAYFIELD

Enforcement History (MISHOMIS HOUSE)

Date: 03/15/2010 **SOD #0V5111** **Enforcement Appealed: No**

Sanctions

FORFEITURE---83.14(2)(e)

Date: 07/24/2009 **SOD #W4NM11** **Enforcement Appealed: No**

Sanctions

FORFEITURE---50.065(2)(b)
FORFEITURE---83.20(2)(c)
FORFEITURE---83.36(1)(b)
FORFEITURE---83.47(2)(d)
FORFEITURE---83.47(3)
FORFEITURE---83.48(3)(a)

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

COUNTY: BAYFIELD

Facility Information

Facility Name: WILLOW MANOR (0013334)

Address: 68290 N DISTRICT ST, IRON RIVER, WI 54847

License Status: PROBATIONARY

Licensed/Certified/Registered 09/01/2010

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

Survey History

Survey ID: 0106986 **End Date:** 08/02/2010 **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: BAYFIELD

Facility Information

Facility Name: OAKS AT NORTHERN LIGHTS (THE) (0012705)

Address: 702 BRATLEY DR, WASHBURN, WI 54891

License Status: REGULAR

Licensed/Certified/Registered 04/01/2010

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

Survey History

Survey ID: 0105942 **End Date:** 03/19/2010 **Type:** STANDARD **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

Survey ID: 0103651 **End Date:** 03/20/2009 **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
Residential Care Apartment Complex (REGISTERED)
COUNTY: BAYFIELD

Facility Information

Facility Name: CHEQUAMEGON AREA ASSISTED LIVING (0013599)

Address: 320 SUPERIOR, WASHBURN, WI 54891

License Status: REGULAR

Licensed/Certified/Registered 12/07/2010

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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