

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

Notes

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

The report is a PDF (Adobe Acrobat) document and includes a total of 40 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 Family Home
COUNTY: CHIPPEWA

Facility Information

Facility Name: FOREST VIEW ADULT FAMILY HOME INC (0011897)

Address: 9044-125TH AVE, BLOOMER, WI 54724

License Status: REGULAR

Licensed/Certified/Registered 03/28/2007

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

Survey History

Survey ID: 0107832 **End Date:** 01/13/2011 **Type:** OTHER **Purpose:** OTHER

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0104662 **End Date:** 08/18/2009 **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
Adult Family Home
COUNTY: CHIPPEWA

Facility Information

Facility Name: PARADISE LIVING LLC (0010576)
Address: 435 WEBSTER STREET, BOYD, WI 54726
License Status: REGULAR
Licensed/Certified/Registered 06/07/2004
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0105416 **End Date:** 12/16/2009 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #0BJP11 Served 12/19/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(4)(c)1	EXITING FROM THE FIRST FLOOR		

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

Facility Information

Facility Name: PARADISE LIVING (0009019)
Address: 125 WEBSTER STREET, BOYD, WI 54726
License Status: REGULAR
Licensed/Certified/Registered 01/10/2001
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0105423 **End Date:** 12/16/2009 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #YW3S11 Served 12/29/2009

<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(3)(b)	COMPLETE BACKGROUND CHECK PROCESS		
88.04(2)(g)1	HEALTH SCREENING FOR STAFF		
88.05(4)(c)1	EXITING FROM THE FIRST FLOOR		

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

Facility Information

Facility Name: REM WISCONSIN III INC (0010848)
Address: 13924 - 300TH ST, BOYD, WI 54726
License Status: REGULAR
Licensed/Certified/Registered 05/01/2005
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0105830 **End Date:** 03/04/2010 **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: CHIPPEWA

Facility Information

Facility Name: COUNTRY WOODS LIVING INC (0012448)
Address: 10194 - 190TH STREET, CADOTT, WI 54727
License Status: REGULAR
Licensed/Certified/Registered 08/20/2008
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0108274 **End Date:** 03/31/2011 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0108110 **End Date:** 02/23/2011 **Type:** OTHER **Purpose:** OTHER

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0104956 **End Date:** 09/30/2009 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0102382 **End Date:** 08/20/2008 **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: CHIPPEWA

Complaint History (COUNTRY WOODS LIVING INC)

Date Complaint Received: 08/14/2009

Date Investigation Completed: 09/30/2009

Subject Area(s)
ABUSE

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: CHIPPEWA

Facility Information

Facility Name: HOPES & DREAMS (0013167)
Address: 121 N PINE, CADOTT, WI 54727
License Status: REGULAR
Licensed/Certified/Registered 11/04/2010
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0107389 **End Date:** 11/01/2010 **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: CHIPPEWA

Facility Information

Facility Name: REM WISCONSIN III INC - CADOTT B-2 (0013440)
Address: 234 E OAK ST, CADOTT, WI 54727
License Status: REGULAR
Licensed/Certified/Registered 06/22/2010
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0106655 **End Date:** 06/22/2010 **Type:** INITIAL **Purpose:** SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED

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Facility Information

Facility Name: REM WISCONSIN III INC - OAK ST B (0010847)
Address: 236 OAK STREET B, CADOTT, WI 54727
License Status: REGULAR
Licensed/Certified/Registered 05/01/2005
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0105177 **End Date:** 11/16/2009 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0105154 **End Date:** 11/05/2009 **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: CHIPPEWA

Facility Information

Facility Name: REM WISCONSIN III INC - OAK STREET A (0010846)
Address: 232 E OAK STREET, CADOTT, WI 54727
License Status: REGULAR
Licensed/Certified/Registered 05/18/2005
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0105175 **End Date:** 11/16/2009 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0105191 **End Date:** 11/05/2009 **Type:** ABBREVIATED **Purpose:** SURVEY/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #NY4W11 Served 11/16/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(g)1	HEALTH SCREENING FOR STAFF		

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

Facility Information

Facility Name: REM WISCONSIN INC - CADOTT D (0012704)
Address: 1600/1602 BOUNDARY RD, CADOTT, WI 54727
License Status: REGULAR
Licensed/Certified/Registered 04/01/2009
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0103795 **End Date:** 03/19/2009 **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
Adult Family Home
COUNTY: CHIPPEWA

Facility Information

Facility Name: RIVERVIEW MANOR I (590058)
Address: 630 NORTH MAIN STREET, CADOTT, WI 54727
License Status: REGULAR
Licensed/Certified/Registered 09/01/1995
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0105309 **End Date:** 12/07/2009 **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: CHIPPEWA

Facility Information

Facility Name: RIVERVIEW MANOR II (590085)
Address: 825 NORTH MAIN STREET, CADOTT, WI 54727
License Status: REGULAR
Licensed/Certified/Registered 06/01/1996
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0105755 **End Date:** 02/19/2010 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0104533 **End Date:** 07/28/2009 **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
Adult Family Home
COUNTY: CHIPPEWA

Complaint History (RIVERVIEW MANOR II)

Date Complaint Received: 06/30/2009

Date Investigation Completed: 07/06/2009

Subject Area(s)
RESIDENT RIGHTS
ABUSE

Result
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: CHIPPEWA

Facility Information

Facility Name: RIVERVIEW MANOR III (590153)
Address: 754 NORTH MAIN STREET, CADOTT, WI 54727
License Status: REGULAR
Licensed/Certified/Registered 09/11/1997
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0105308 **End Date:** 12/04/2009 **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: CHIPPEWA

Facility Information

Facility Name: RIVERVIEW MANOR IV (0008910)
Address: 621 EAST CHIPPEWA STREET, CADOTT, WI 54727
License Status: REGULAR
Licensed/Certified/Registered 02/14/2000
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0106900 **End Date:** 08/12/2010 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0105304 **End Date:** 12/07/2009 **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: CHIPPEWA

Facility Information

Facility Name: RIVERVIEW MANOR V (0010396)
Address: 649 E CHIPPEWA ST, CADOTT, WI 54727
License Status: REGULAR
Licensed/Certified/Registered 01/01/2004
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0106902 **End Date:** 08/12/2010 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0104955 **End Date:** 09/30/2009 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0104498 **End Date:** 07/06/2009 **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
Adult Family Home
COUNTY: CHIPPEWA

Complaint History (RIVERVIEW MANOR V)

Date Complaint Received: 09/17/2009

Date Investigation Completed: 09/30/2009

Subject Area(s)

Result

SOD #

RESIDENT BEHAVIOR/FACILITY PRACTICE

NOT SUBSTANTIATED

Date Complaint Received: 06/30/2009

Date Investigation Completed: 07/06/2009

Subject Area(s)

Result

SOD #

RESTRAINTS

NOT SUBSTANTIATED

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

Facility Information

Facility Name: RIVERVIEW MANOR VI (0011248)
Address: 621A E CHIPPEWA ST, CADOTT, WI 54727
License Status: REGULAR
Licensed/Certified/Registered 01/12/2006
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0106177 **End Date:** 04/26/2010 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0101738 **End Date:** 04/18/2008 **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
Adult Family Home
COUNTY: CHIPPEWA

Facility Information

Facility Name: CARRELL'S COUNTRY LIVING (TOWN HOUSE) (0013721)

Address: 500 OSBORNE ST, CORNELL, WI 54732

License Status: REGULAR

Licensed/Certified/Registered 05/10/2011

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: CHIPPEWA

Facility Information

Facility Name: CARRELLS COUNTRY LIVING I (0011598)
Address: 23495 STATE HWY 64, CORNELL, WI 54732
License Status: REGULAR
Licensed/Certified/Registered 09/19/2006
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0106299 **End Date:** 05/06/2010 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0101897 **End Date:** 06/11/2008 **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
Adult Family Home
COUNTY: CHIPPEWA

Facility Information

Facility Name: CARRELLS COUNTRY LIVING II (0012389)
Address: 23495 STATE HWY 64, CORNELL, WI 54732
License Status: REGULAR
Licensed/Certified/Registered 06/11/2008
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0106263 **End Date:** 05/06/2010 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0104262 **End Date:** 06/19/2009 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0101893 **End Date:** 06/11/2008 **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: CHIPPEWA

Complaint History (CARRELLS COUNTRY LIVING II)

Date Complaint Received: 05/13/2009

Date Investigation Completed: 06/19/2009

Subject Area(s)

Result

SOD #

PHYSICAL PLANTS & SAFETY HAZARDS

NOT SUBSTANTIATED

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

Facility Information

Facility Name: EZ VIEW ADULT FAMILY HOME #2 INC (0011161)

Address: 20977 CTY HWY Z, CORNELL, WI 54732

License Status: REGULAR

Licensed/Certified/Registered 09/23/2005

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

Survey History

Survey ID: 0104667 **End Date:** 08/06/2009 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0101546 **End Date:** 04/18/2008 **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
Adult Family Home
COUNTY: CHIPPEWA

Complaint History (EZ VIEW ADULT FAMILY HOME #2 INC)

Date Complaint Received: 07/20/2009

Date Investigation Completed: 08/06/2009

Subject Area(s)
PROGRAM SERVICES

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: CHIPPEWA

Facility Information

Facility Name: EZ VIEW GROUP HOME LLC (0010412)
Address: 20977 CTY TRK Z, CORNELL, WI 54732
License Status: REGULAR
Licensed/Certified/Registered 11/13/2003
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0104666 **End Date:** 08/06/2009 **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: CHIPPEWA

Facility Information

Facility Name: SHOREVIEW A (0013162)
Address: 1010 SHOREWOOD DR, EAU CLAIRE, WI 54703
License Status: REGULAR
Licensed/Certified/Registered 04/01/2010
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0106039 **End Date:** 04/01/2010 **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: CHIPPEWA

Facility Information

Facility Name: SHOREVIEW B (0013164)
Address: 1012 SHOREWOOD DR, EAU CLAIRE, WI 54703
License Status: REGULAR
Licensed/Certified/Registered 04/01/2010
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0106040 **End Date:** 04/01/2010 **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: CHIPPEWA

Facility Information

Facility Name: AURORA RESIDENTIAL ALTERNATIVES INC 102 (0009328)

Address: E2360 CTY RD HH, ELEVA, WI 54738

License Status: REGULAR

Licensed/Certified/Registered 04/11/2001

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

Survey History

Survey ID: 0105129 **End Date:** 10/19/2009 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #Z6LB11 Served 11/03/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(a)	HOME ENVIRONMENT		

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

Facility Information

Facility Name: CUMMINGS ADULT FAMILY HOME 2 (0012847)
Address: 25810 CTY HWY M, HOLCOMBE, WI 54745
License Status: REGULAR
Licensed/Certified/Registered 06/19/2009
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0104230 **End Date:** 06/19/2009 **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
Adult Family Home
COUNTY: CHIPPEWA

Facility Information

Facility Name: CLIENTS CHOICE (0012413)
Address: 805 EMERY STREET, STANLEY, WI 54768
License Status: REGULAR
Licensed/Certified/Registered 08/08/2008
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0108198 **End Date:** 03/09/2011 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #GPPL11 Served 03/19/2011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.06(3)(f)	REVIEW OF ISP		
88.09(2)(a)	SERVICE PROVIDER RECORD		

Survey ID: 0102336 **End Date:** 08/08/2008 **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: CHIPPEWA

Facility Information

Facility Name: COUNTRY VIEW ADULT FAMILY HOME (0010064)

Address: 34905-100TH AVENUE, STANLEY, WI 54768

License Status: REGULAR

Licensed/Certified/Registered 06/06/2003

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

Survey History

Survey ID: 0104914 **End Date:** 09/29/2009 **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: CHIPPEWA

Facility Information

Facility Name: HERITAGE HOUSE OF STANLEY (0011949)
Address: 247 E THIRD AVE, STANLEY, WI 54768
License Status: REGULAR
Licensed/Certified/Registered 02/01/2008
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0104402 **End Date:** 07/02/2009 **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: CHIPPEWA

Facility Information

Facility Name: JLH PARKVIEW MANOR (0012755)
Address: 121 W 8TH AVE, STANLEY, WI 54768
License Status: REGULAR
Licensed/Certified/Registered 06/22/2009
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0104118 **End Date:** 05/20/2009 **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
Adult Family Home
COUNTY: CHIPPEWA

Facility Information

Facility Name: MAPLE STREET ADULT FAMILY HOME (0013447)

Address: 207 W MAPLE ST, STANLEY, WI 54768

License Status: REGULAR

Licensed/Certified/Registered 09/27/2010

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

Survey History

Survey ID: 0107155 **End Date:** 09/23/2010 **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: CHIPPEWA

Facility Information

Facility Name: STEWART ADULT FAMILY HOME (0010658)
Address: 719 N FRANKLIN, STANLEY, WI 54768
License Status: REGULAR
Licensed/Certified/Registered 09/15/2004
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0105422 **End Date:** 12/16/2009 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #S1G511 Served 12/18/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(4)(a)	FIRE SAFETY-FIRE EXTINGUISHERS		

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

Facility Information

Facility Name: THUNDER CREEK ADULT FAMILY HOME (0012156)

Address: 36510 - 165TH AVENUE, STANLEY, WI 54768

License Status: REGULAR

Licensed/Certified/Registered 02/01/2008

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

Survey History

Survey ID: 0105588 **End Date:** 01/11/2010 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #PEHX11 Served 01/19/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION		
88.05(4)(d)2.c	SEMI-ANNUAL FIRE DRILLS		
88.06(3)(d)5	SIGNED STATEMENT OF AGREEMENT		
88.09(1)(d)7	RESIDENT RECORD-MEDICAL EXAMINATIONS		

Survey ID: 0103453 **End Date:** 02/02/2009 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0102395 **End Date:** 06/19/2008 **Type:** OTHER **Purpose:** OTHER

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: CHIPPEWA

Facility Information

Facility Name: TREASURED TIMES ADULT FAMILY HOME (0013276)

Address: 726 N FRANKLIN ST, STANLEY, WI 54768

License Status: REGULAR

Licensed/Certified/Registered 04/26/2010

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

Survey History

Survey ID: 0106178 **End Date:** 04/26/2010 **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: CHIPPEWA

Facility Information

Facility Name: WOLF RIVER COUNTRY ADULT HOME (0011370)
Address: 13231 CTY HWY H, STANLEY, WI 54768
License Status: REGULAR
Licensed/Certified/Registered 06/01/2006
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0108273 **End Date:** 03/31/2011 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0102383 **End Date:** 06/19/2008 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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