

Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011
Community Based Residential Facility
COUNTY: CHIPPEWA

Notes

This report includes Provider Inspection Summaries (Facility Profiles) for Community Based Residential Facilities in Chippewa County.

The report is a PDF (Adobe Acrobat) document and includes a total of 29 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 CNA (NONAMBULATORY)

COUNTY: CHIPPEWA

Facility Information

Facility Name: CARE PARTNERS ASSISTED LIVING BLOOMER II (0012570)

Address: 406 B PRIDDY STREET, BLOOMER, WI 54724

License Status: REGULAR

Licensed/Certified/Registered 10/09/2008

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

Survey History

Survey ID: 0102679 **End Date:** 10/06/2008 **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: CHIPPEWA

Facility Information

Facility Name: COUNTRY TERRACE - BLOOMER (0011080)

Address: 406 PRIDDY ST, BLOOMER, WI 54724

License Status: REGULAR

Licensed/Certified/Registered 08/12/2005

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

Survey History

Survey ID: 0107862 End Date: 01/13/2011 Type: OTHER Purpose: COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0106644 End Date: 06/10/2010 Type: OTHER Purpose: COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0104842 End Date: 08/24/2009 Type: OTHER Purpose: SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #7D0I11 Served 09/17/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.45(1)(b)	BUILDING INTEGRITY		
83.55(6)(b)	BATH AND TOILET AREAS: WATER TEMPERATURE		

Survey ID: 0102732 End Date: 09/29/2008 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: CHIPPEWA

Complaint History (COUNTRY TERRACE - BLOOMER)

Date Complaint Received: 12/20/2010

Date Investigation Completed: 01/13/2011

Subject Area(s)

NUTRITION & FOOD SERVICES
MEDICATIONS
STAFF ADEQUACY

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 05/01/2009

Date Investigation Completed: 08/24/2009

Subject Area(s)

RESIDENT RIGHTS
ADMINISTRATION

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 08/25/2008

Date Investigation Completed: 09/29/2008

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 CNA (NONAMBULATORY)

COUNTY: CHIPPEWA

Facility Information

Facility Name: EAGLETON RESIDENCE (0011784)

Address: 14135-150TH AVE, BLOOMER, WI 547244410

License Status: REGULAR

Licensed/Certified/Registered 02/01/2008

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

Survey History

Survey ID: 0106488 End Date: 06/10/2010 Type: OTHER Purpose: VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0105781 End Date: 02/10/2010 Type: STANDARD Purpose: SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #6FFE11 Served 02/23/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.13(1)(f)	MAINTAIN RECORDS ANNUAL WELL WATER TESTING	03/01/2010	Yes
83.22(2)	INDIVIDUAL SERVICE PLAN DEVELOPMENT TRAINING	03/01/2010	Yes
83.47(2)(d)	FIRE DRILLS	03/01/2010	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: CHIPPEWA

Enforcement History (EAGLETON RESIDENCE)

Date: 02/22/2010 SOD #6FFE11 Enforcement Appealed: No

Sanctions

FORFEITURE---83.13(1)(f)

FORFEITURE---83.22(2)

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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: CHIPPEWA

Facility Information

Facility Name: ROSE GARDEN ASSISTED LIVING FACILITY (0013503)

Address: 1840 PRIDDY ST, BLOOMER, WI 54724

License Status: PROBATIONARY

Licensed/Certified/Registered 12/13/2010

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

Survey History

Survey ID: 0107539 **End Date:** 12/01/2010 **Type:** OTHER **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 AA (AMBULATORY)
COUNTY: CHIPPEWA

Facility Information

Facility Name: BROMEISL GROUP HOME (510009)
Address: 100 W GREENVILLE ST, CHIPPEWA FALLS, WI 54729
License Status: REGULAR
Licensed/Certified/Registered 01/27/1984
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0107449 **End Date:** 11/08/2010 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0105139 **End Date:** 10/20/2009 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #375G11 Served 10/30/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.18(2)	EMPLOYEE RECORDS AVAILABLE UPON REQUEST	11/08/2010	Yes
83.25	CONTINUING EDUCATION	08/03/2010	Yes
83.45(1)(a)	EXTERIOR AREAS	06/30/2010	Yes
83.45(1)(b)	BUILDING INTEGRITY	11/08/2010	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: CHIPPEWA

Enforcement History (BROMEISL GROUP HOME)

Date: 10/29/2009 **SOD #375G11** **Enforcement Appealed: No**

Sanctions

FORFEITURE---83.25

FORFEITURE---83.45(1)(a)

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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: CHIPPEWA

Facility Information

Facility Name: CHIPPEWA VALLEY GROUP HOME (0009211)

Address: 1022 FIRST AVENUE, CHIPPEWA FALLS, WI 54729

License Status: REGULAR

Licensed/Certified/Registered 02/01/2002

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

Survey History

Survey ID: 0105136 **End Date:** 10/28/2009 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #JQCX11 Served 11/04/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE		
83.47(2)(d)	FIRE DRILLS		

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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: CHIPPEWA

Facility Information

Facility Name: COMFORTS OF HOME-CHIPPEWA FALLS I (0009840)

Address: 11 SCHEIDLER ROAD, CHIPPEWA FALLS, WI 54729

License Status: REGULAR

Licensed/Certified/Registered 09/01/2002

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

Survey History

Survey ID: 0106307 **End Date:** 05/04/2010 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0104815 **End Date:** 09/04/2009 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #BI3E11 Served 09/11/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.48(1)(b)	SMOKE AND HEAT DETECTORS PER NFPA 72	09/04/2010	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: CHIPPEWA

Facility Information

Facility Name: COMFORTS OF HOME-CHIPPEWA FALLS II (0009839)

Address: 1212 PUMPHOUSE RD, CHIPPEWA FALLS, WI 54729

License Status: REGULAR

Licensed/Certified/Registered 09/01/2002

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

Survey History

Survey ID: 0108170 **End Date:** 02/07/2011 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #3TRF12 Served 03/14/2011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(5)(a)	NOTIFICATION: INCIDENT, INJURY, CHANGES		
83.32(3)(i)	RIGHTS OF RESIDENTS: PROMPT AND ADEQUATE TREATMENT		
83.35(1)(a)	MEET THE NUTRITIONAL NEEDS		
83.35(1)(c)	LISTED AREAS FOR ASSESSMENTS		
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN		
83.37(1)(i)	PRN PSYCHOTROPIC MEDICATION		

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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: CHIPPEWA

Survey ID: 0106711 End Date: 06/04/2010 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #3TRF11 Served 07/21/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(3)(a)	CRIMINAL RECORDS CHECK	08/12/2010	Yes
83.32(3)(i)	RIGHTS OF RESIDENTS: PROMPT AND ADEQUATE TREATMENT		No
83.32(3)(n)	RIGHTS OF RESIDENTS: SAFE ENVIRONMENT	05/26/2010	Yes
83.35(1)(b)	3 MEALS A DAY	08/21/2010	Yes
83.35(1)(c)	LISTED AREAS FOR ASSESSMENTS		No
83.35(1)(d)	RETAIN WRITTEN REPORT OF ASSESSMENT	08/21/2010	Yes
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN		No
83.35(3)(b)	MENU DATED AND KEPT ON FILE	08/21/2010	Yes

Survey ID: 0106265 End Date: 04/29/2010 Type: OTHER Purpose: COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0105956 End Date: 03/10/2010 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #NCBK11 Served 03/15/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(4)(a)	REPORTING WHEN RESIDENT'S WHEREABOUTS UNKNOWN	04/29/2010	Yes
83.32(3)(i)	RIGHTS OF RESIDENTS: PROMPT AND ADEQUATE TREATMENT	04/29/2010	Yes

Survey ID: 0103597 End Date: 03/05/2009 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: CHIPPEWA

Enforcement History (COMFORTS OF HOME-CHIPPEWA FALLS II)

Date: 03/11/2011 **SOD #3TRF12** **Enforcement Appealed: No**

Sanctions

FORFEITURE---83.12(5)(a)
FORFEITURE---83.32(3)(i)
FORFEITURE---83.35(1)(c)
FORFEITURE---83.35(3)(a)
FORFEITURE---83.37(1)(i)

Date: 07/08/2010 **SOD #3TRF11** **Enforcement Appealed: No**

Sanctions

FORFEITURE---83.12(3)(a)
FORFEITURE---83.32(3)(i)
FORFEITURE---83.32(3)(n)
FORFEITURE---83.35(1)(c)
FORFEITURE---83.35(3)(a)

Date: 03/11/2010 **SOD #NCBK11** **Enforcement Appealed: No**

Sanctions

FORFEITURE---83.12(4)(a)
FORFEITURE---83.32(3)(i)

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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: CHIPPEWA

Complaint History (COMFORTS OF HOME-CHIPPEWA FALLS II)

Date Complaint Received: 01/25/2011

Date Investigation Completed: 02/07/2011

Subject Area(s)

RESIDENT RIGHTS
PHYSICAL PLANTS & SAFETY HAZARDS

Result

SUBSTANTIATED
SUBSTANTIATED

SOD #

3TRF12
3TRF12

Date Complaint Received: 06/04/2010

Date Investigation Completed: 06/30/2010

Subject Area(s)

RESIDENT BEHAVIOR/FACILITY PRACTICE

Result

SUBSTANTIATED

SOD #

3TRF11

Date Complaint Received: 03/22/2010

Date Investigation Completed: 05/04/2010

Subject Area(s)

NUTRITION & FOOD SERVICES
ADMINISTRATION
STAFF TRAINING AND PROFICIENCY

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 02/11/2010

Date Investigation Completed: 03/10/2010

Subject Area(s)

ADMINISTRATION

Result

SUBSTANTIATED

SOD #

NCBK11

Date Complaint Received: 02/26/2009

Date Investigation Completed: 03/05/2009

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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: CHIPPEWA

Facility Information

Facility Name: HOME SUITE HOME LLC (0009908)

Address: 13362 - 98TH AVENUE, CHIPPEWA FALLS, WI 54729

License Status: REGULAR

Licensed/Certified/Registered 11/01/2003

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

Survey History

Survey ID: 0107494 **End Date:** 11/08/2010 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0106771 **End Date:** 08/03/2010 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0101894 **End Date:** 06/10/2008 **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: CHIPPEWA

Complaint History (HOME SUITE HOME LLC)

Date Complaint Received: 10/25/2010

Date Investigation Completed: 11/08/2010

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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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: CHIPPEWA

Facility Information

Facility Name: NEW HOPE CBRF INC (0012152)
Address: 133 W ELM ST, CHIPPEWA FALLS, WI 54729
License Status: REGULAR
Licensed/Certified/Registered 11/01/2007
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0105468 **End Date:** 01/06/2010 **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: CHIPPEWA

Facility Information

Facility Name: NEW HOPE HALLIE INC (0013009)
Address: 10875 40TH AVENUE, CHIPPEWA FALLS, WI 54729
License Status: REGULAR
Licensed/Certified/Registered 11/02/2010
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0107695 **End Date:** 12/01/2010 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #DF3912 Served 01/08/2011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS		
83.14(2)(h)	POSTING: LICENSE, DEFICIENCIES, REVOCATIONS		
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION		
83.35(1)(a)	MEET THE NUTRITIONAL NEEDS		
83.35(1)(d)	RETAIN WRITTEN REPORT OF ASSESSMENT		
83.35(2)	MODIFIED OR SPECIAL DIETS		
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN		
83.37(1)(a)	WRITTEN ORDER FOR MEDICATIONS, SUPPLEMENTS		
83.37(1)(i)	PRN PSYCHOTROPIC MEDICATION		
83.37(1)(j)	PROOF-OF-USE RECORD		
83.37(2)(c)	MEDICATION ADMINISTRATION NOT SUPERVISED		

Survey ID: 0107350 **End Date:** 11/02/2010 **Type:** OTHER **Purpose:** DESK REVIEW

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 AA (AMBULATORY)

COUNTY: CHIPPEWA

Survey ID: 0107111 **End Date: 09/07/2010** **Type: STANDARD** **Purpose: SURVEY/SELF REPORT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #DF3911 Served 09/22/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS		
83.32(3)(i)	RIGHTS OF RESIDENTS: PROMPT AND ADEQUATE TREATMENT	11/01/2010	Yes
83.32(3)(n)	RIGHTS OF RESIDENTS: SAFE ENVIRONMENT	11/01/2010	Yes
83.35(1)(a)	MEET THE NUTRITIONAL NEEDS		
83.35(2)	MODIFIED OR SPECIAL DIETS		
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN		
83.35(5)(b)	ANNUAL EVALUATION OF EVACUATION LIMITS	11/01/2010	Yes
83.37(1)(a)	WRITTEN ORDER FOR MEDICATIONS, SUPPLEMENTS		
83.37(1)(i)	PRN PSYCHOTROPIC MEDICATION		

Survey ID: 0105080 **End Date: 10/16/2009** **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 AA (AMBULATORY)
COUNTY: CHIPPEWA

Enforcement History (NEW HOPE HALLIE INC)

Date: 01/07/2011 SOD #DF3912 Enforcement Appealed: Yes Decision: PENDING

Sanctions

FORFEITURE---83.14(2)(h)
FORFEITURE---83.32(3)(h)
FORFEITURE---83.35(1)(a)
FORFEITURE---83.35(2)
FORFEITURE---83.35(3)(a)
FORFEITURE---83.37(1)(a)
FORFEITURE---83.37(1)(i)
FORFEITURE---83.37(1)(j)
FORFEITURE---83.37(2)(c)

Date: 09/21/2010 SOD #DF3911 Enforcement Appealed: Yes Decision: PENDING

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT

NO NEW ADMISSIONS
FORFEITURE---83.32(3)(i)
FORFEITURE---83.32(3)(n)
FORFEITURE---83.35(1)(a)
FORFEITURE---83.35(2)
FORFEITURE---83.35(3)(a)
FORFEITURE---83.37(1)(i)

--Facility Compliant 12/17/2010 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: CHIPPEWA

Facility Information

Facility Name: OUR HOUSE ASSISTED CARE (0013432)

Address: 115 MARRS ST, CHIPPEWA FALLS, WI 54729

License Status: PROBATIONARY

Licensed/Certified/Registered 09/30/2010

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

Survey History

Survey ID: 0108434 **End Date:** 01/31/2011 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0107171 **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: CHIPPEWA

Complaint History (OUR HOUSE ASSISTED CARE)

Date Complaint Received: 12/28/2010

Date Investigation Completed: 01/31/2011

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

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: CHIPPEWA

Facility Information

Facility Name: OUR HOUSE MEMORY CARE (0013435)

Address: 105 MARRS ST, CHIPPEWA FALLS, WI 54729

License Status: PROBATIONARY

Licensed/Certified/Registered 09/30/2010

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

Survey History

Survey ID: 0107173 **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: CHIPPEWA

Facility Information

Facility Name: RUTLEDGE HOME (0011783)

Address: 300 BRIDGEWATER AVE, CHIPPEWA FALLS, WI 54729

License Status: REGULAR

Licensed/Certified/Registered 04/03/2007

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

Survey History

Survey ID: 0107645 **End Date:** 12/17/2010 **Type:** OTHER **Purpose:** OTHER

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0104664 **End Date:** 08/17/2009 **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
Community Based Residential Facility--CLASS AA (AMBULATORY)
COUNTY: CHIPPEWA

Facility Information

Facility Name: BURPO CBRF (510291)
Address: 26101 275TH ST, HOLCOMBE, WI 54745
License Status: REGULAR
Licensed/Certified/Registered 10/16/1989
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0105023 **End Date:** 09/30/2009 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #SZ8M11 Served 10/16/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(b)intro	ENTITY BACKGROUND CHECK REQUIREMENTS		
83.20(2)(b)	TRAINING IN FIRE SAFETY		
83.25	CONTINUING EDUCATION		
83.36(1)(b)	QUALIFIED STAFF IN CHARGE, ON DUTY AND AWAKE		
83.37(1)(e)	MEDICATION REGIMEN, ADMINISTRATION REVIEW		

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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: CHIPPEWA

Enforcement History (BURPO CBRF)

Date: 10/15/2009 SOD #SZ8M11 Enforcement Appealed: No

Sanctions

FORFEITURE---83.20(2)(b)
FORFEITURE---83.20(2)(d)
FORFEITURE---83.25
FORFEITURE---83.36(1)(b)

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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: CHIPPEWA

Facility Information

Facility Name: COUNTRY TERRACE - STANLEY (0012898)

Address: 804 PINE ST, STANLEY, WI 54768

License Status: REGULAR

Licensed/Certified/Registered 08/01/2010

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

Survey History

Survey ID: 0106728 **End Date:** 07/27/2010 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0104477 **End Date:** 07/22/2009 **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: CHIPPEWA

Facility Information

Facility Name: HAVEN OF STANLEY(THE) (0012212)

Address: 225 E 4TH AVE, STANLEY, WI 54768

License Status: REGULAR

Licensed/Certified/Registered 05/01/2008

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

Survey History

Survey ID: 0106758 **End Date:** 07/29/2010 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0104669 **End Date:** 07/28/2009 **Type:** OTHER **Purpose:** OTHER

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0101740 **End Date:** 05/01/2008 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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