

**Provider Inspection Summary**  
For the period 04/01/2008 to 03/31/2011  
Residential Care Apartment Complex  
COUNTY: CHIPPEWA

**Notes**

**This report includes Provider Inspection Summaries (Facility Profiles) for Residential Care Apartment Complexes in Chippewa County.**

**The report is a PDF (Adobe Acrobat) document and includes a total of 12 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  
Residential Care Apartment Complex (REGISTERED)  
COUNTY: CHIPPEWA

**Facility Information**

**Facility Name:** ROSE GARDEN (0013502)  
**Address:** 1900 PRIDDY ST, BLOOMER, WI 54724  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 12/13/2010  
**Regional Office:** WESTERN REGION (EAU CLAIRE), (715) 836-4752

**Survey History**

**Survey ID:** 0107537    **End Date:** 12/01/2010    **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  
Residential Care Apartment Complex (REGISTERED)  
COUNTY: CHIPPEWA

**Facility Information**

**Facility Name:** CHIPPEWA MANOR RETIREMENT CENTER (0010254)

**Address:** 756 IRVINE STREET, CHIPPEWA FALLS, WI 54729

**License Status:** REGULAR

**Licensed/Certified/Registered** 06/20/1997

**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: CHIPPEWA

**Facility Information**

**Facility Name:** COMFORTS OF HOME - CHIPPEWA FALLS RCAC (0011498)

**Address:** 1224 PUMPHOUSE RD, CHIPPEWA FALLS, WI 54729

**License Status:** REGULAR

**Licensed/Certified/Registered** 07/01/2006

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

**Survey History**

**Survey ID:** 0107419    **End Date:** 11/01/2010    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0106322    **End Date:** 04/29/2010    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #UVVY11    Served 05/13/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
89.34(12)	TENANT RIGHTS	05/19/2010	Yes
89.34(14)	TENANT RIGHTS	06/11/2010	Yes

**Survey ID:** 0105903    **End Date:** 03/03/2010    **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  
Residential Care Apartment Complex (CERTIFIED)  
COUNTY: CHIPPEWA

**Survey ID: 0105849**    **End Date: 02/24/2010**    **Type: OTHER**    **Purpose: VERIFICATION VISIT**

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #VLB211    Served 03/08/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
89.23(4)(d)1	SERVICES	03/11/2010	Yes

**Survey ID: 0105347**    **End Date: 12/07/2009**    **Type: STANDARD**    **Purpose: SURVEY**

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #99NB12    Served 12/11/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
13.05(2)	CLIENT PROTECTION	02/12/2010	Yes
89.23(1)	SERVICES	02/12/2010	Yes
89.23(2)(a)2.c	SERVICES	01/01/2010	Yes
89.23(2)(b)1	SERVICES	02/03/2010	Yes
89.23(3)(b)	SERVICES	01/31/2010	Yes
89.23(4)(a)1	SERVICES	01/18/2010	Yes
89.23(4)(b)1	SERVICES	01/20/2010	Yes
89.26(1)	COMPREHENSIVE ASSESSMENT	02/09/2010	Yes
89.26(2)(a)	COMPREHENSIVE ASSESSMENT	02/09/2010	Yes
89.27(1)	SERVICE AGREEMENT	01/31/2010	Yes
89.28(6)	RISK AGREEMENT	01/31/2010	Yes
89.29(2)(b)1	ADMISSION & RETENTION OF TENANTS	02/12/2010	Yes
89.34(16)	TENANT RIGHTS	02/12/2010	Yes
89.34(17)	TENANT RIGHTS	02/12/2010	Yes

**Survey ID: 0103515**    **End Date: 02/27/2009**    **Type: OTHER**    **Purpose: DESK REVIEW**

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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

**Survey ID: 0102271    End Date: 07/11/2008    Type: OTHER    Purpose: VERIFICATION VISIT**

**Results: ENFORCEMENT ACTION**

**Statement of Deficiency: #99NB11    Served 08/06/2008**

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
89.22(3)	BUILDING REQUIREMENTS	02/19/2009	Yes
89.23(2)(a)2.c	SERVICES		
89.23(3)(b)	SERVICES		
89.23(3)(e)	SERVICES	02/19/2009	Yes
89.23(4)(a)1	SERVICES		
89.23(4)(a)2	SERVICES	02/19/2009	Yes
89.23(4)(b)1	SERVICES		
89.26(1)	COMPREHENSIVE ASSESSMENT		
89.26(2)(a)	COMPREHENSIVE ASSESSMENT		
89.26(3)(b)	PARTICIPATION IN THE ASSESSMENT	02/19/2009	Yes
89.27(1)	SERVICE AGREEMENT		
89.27(3)(c)	SERVICE AGREEMENT	02/19/2009	Yes
89.27(3)(e)	SERVICE AGREEMENT	02/19/2009	Yes
89.28(1)	RISK AGREEMENT	02/19/2009	Yes
89.28(5)	RISK AGREEMENT	02/19/2009	Yes
89.28(6)	RISK AGREEMENT		
89.34(1)	TENANT RIGHTS	02/19/2009	Yes

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

**Enforcement History (COMFORTS OF HOME - CHIPPEWA FALLS RCAC)**

**Date: 05/12/2010**      **SOD #UVVY11**      **Enforcement Appealed: No**

Sanctions

FORFEITURE---89.34(14)

**Date: 12/10/2009**      **SOD #99NB12**      **Enforcement Appealed: No**

Sanctions

COMPLY WITH REQUIREMENT

NO NEW ADMISSIONS

PROVIDE TRAINING

FORFEITURE---89.23(1)

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

FORFEITURE---89.23(3)(b)

FORFEITURE---89.23(4)(a)1

FORFEITURE---89.26(1)

FORFEITURE---89.26(2)(a)

FORFEITURE---89.27(1)

FORFEITURE---89.28(6)

FORFEITURE---89.29(2)(b)1

FORFEITURE---89.34(17)

--Facility Compliant 02/12/2010 12:00:00AM

--Facility Compliant 02/25/2010 12:00:00AM

--Facility Compliant 02/12/2010 12:00:00AM

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

**Date: 08/01/2008**      **SOD #99NB11**

**Enforcement Appealed: No**

Sanctions

COMPLY WITH FACILITY PLAN OF CORRECTION  
NO NEW ADMISSIONS  
FORFEITURE---89.22(3)  
FORFEITURE---89.23(2)(a)2.c  
FORFEITURE---89.23(3)(b)  
FORFEITURE---89.23(3)(e)  
FORFEITURE---89.23(4)((a)2  
FORFEITURE---89.23(4)(a)1  
FORFEITURE---89.26(1)  
FORFEITURE---89.26(2)(a)  
FORFEITURE---89.26(3)(b)  
FORFEITURE---89.34(1)

--Facility Compliant 02/19/2009 12:00:00AM  
--Facility Compliant 03/02/2009 12:00:00AM

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

**Complaint History (COMFORTS OF HOME - CHIPPEWA FALLS RCAC)**

**Date Complaint Received: 04/06/2010**

**Date Investigation Completed: 04/29/2010**

Subject Area(s)

Result

SOD #

ADMINISTRATION

SUBSTANTIATED

UVVY11

**Date Complaint Received: 03/01/2010**

**Date Investigation Completed: 03/10/2010**

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

**Date Complaint Received: 12/04/2009**

**Date Investigation Completed: 02/24/2010**

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  
Residential Care Apartment Complex (REGISTERED)  
COUNTY: CHIPPEWA

**Facility Information**

**Facility Name:** WISSOTA SPRINGS (0011409)

**Address:** 2801 CTY HWY I, CHIPPEWA FALLS, WI 54729

**License Status:** REGULAR

**Licensed/Certified/Registered** 02/24/2006

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

**Survey History**

**Survey ID:** 0107901      **End Date:** 02/02/2011      **Type:** OTHER      **Purpose:** OTHER

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0104097      **End Date:** 06/01/2009      **Type:** OTHER      **Purpose:** DESK REVIEW

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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

**Facility Information**

**Facility Name:** HOMEPLACE OF STANLEY LLC (THE) (0011165)  
**Address:** 225 E FOURTH AVE, STANLEY, WI 54768  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 11/04/2005  
**Regional Office:** WESTERN REGION (EAU CLAIRE), (715) 836-4752

**Survey History**

**Survey ID:** 0107675    **End Date:** 11/08/2010    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0106757    **End Date:** 05/18/2010    **Type:** OTHER    **Purpose:** OTHER

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0106165    **End Date:** 04/20/2010    **Type:** OTHER    **Purpose:** DESK REVIEW

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0105509    **End Date:** 01/11/2010    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0104546    **End Date:** 07/28/2009    **Type:** OTHER    **Purpose:** OTHER

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0101792    **End Date:** 05/01/2008    **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  
Residential Care Apartment Complex (CERTIFIED)  
COUNTY: CHIPPEWA

**Complaint History (HOMEPLACE OF STANLEY LLC (THE))**

**Date Complaint Received: 09/30/2010**

**Date Investigation Completed: 11/08/2010**

Subject Area(s)  
RESIDENT RIGHTS

Result  
NOT SUBSTANTIATED

SOD #

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