

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

COUNTY: JUNEAU

Notes

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

The report is a PDF (Adobe Acrobat) document and includes a total of 38 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: JUNEAU

Facility Information

Facility Name: RANCH HOUSE AFH (0012248)
Address: N2743 24TH AVE, LYNDON STATION, WI 53944
License Status: REGULAR
Licensed/Certified/Registered 01/22/2008
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0105694 **End Date:** 02/11/2010 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 2 of 38 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 Family Home
COUNTY: JUNEAU

Complaint History (RANCH HOUSE AFH)

Date Complaint Received: 12/02/2009

Date Investigation Completed: 01/22/2010

Subject Area(s)
RESIDENT RIGHTS
PROGRAM SERVICES

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: JUNEAU

Facility Information

Facility Name: HILLTOP HOUSE AFH (0012252)
Address: W3422 55TH STREET, MAUSTON, WI 53948
License Status: REGULAR
Licensed/Certified/Registered 01/22/2008
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0105632 **End Date:** 01/22/2010 **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
Adult Family Home
COUNTY: JUNEAU

Facility Information

Facility Name: VALLEY HOUSE AFH (0012199)
Address: W 3504 55TH ST, MAUSTON, WI 53948
License Status: REGULAR
Licensed/Certified/Registered 11/21/2007
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0108165 **End Date:** 03/08/2011 **Type:** STANDARD **Purpose:** SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

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Facility Information

Facility Name: CLOSE TO HOME (0012329)
Address: 603 NORTH MAIN ST, NECEDAH, WI 54646
License Status: REGULAR
Licensed/Certified/Registered 04/16/2008
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0106445 **End Date:** 06/02/2010 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0105905 **End Date:** 03/10/2010 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #JKRL11 Served 03/17/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(g)1	HEALTH SCREENING FOR STAFF	06/02/2010	Yes
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS	06/02/2010	Yes
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION	06/02/2010	Yes
88.05(4)(d)2.c	SEMI-ANNUAL FIRE DRILLS	06/02/2010	Yes
88.06(3)(a)	INDIVIDUAL SERVICE PLAN & ASSESSMENT	06/02/2010	Yes

Survey ID: 0101518 **End Date:** 04/16/2008 **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: JUNEAU

Enforcement History (CLOSE TO HOME)

Date: 03/15/2010

SOD #JKRL11

Enforcement Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

--Facility Compliant 06/02/2010 12:00:00AM

COMPLY WITH REQUIREMENT

--Facility Compliant 06/02/2010 12:00:00AM

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

Facility Information

Facility Name: COMMUNITY DESTINATIONS ADULT FAMILY CARE PROG (0013391)

Address: N11028-17TH AVE, NECEDAH, WI 54646

License Status: REGULAR

Licensed/Certified/Registered 10/12/2010

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

Survey History

Survey ID: 0107261 **End Date:** 07/02/2010 **Type:** INITIAL **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: JUNEAU

Facility Information

Facility Name: COUNTRY GROVE HOMES (0011011)
Address: N11151 17TH AVE, NECEDAH, WI 54646
License Status: REGULAR
Licensed/Certified/Registered 07/14/2005
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0105135 **End Date:** 10/29/2009 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #128P11 Served 11/20/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY		

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

Facility Information

Facility Name: PATH WAYS (190081)
Address: 803 JOHN ST, NECEDAH, WI 54646
License Status: REGULAR
Licensed/Certified/Registered 03/13/1996
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0105644 **End Date:** 01/29/2010 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #4M5Y11 Served 02/18/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.06(3)(f)	REVIEW OF ISP		

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

Facility Information

Facility Name: RANDYS ADULT FAMILY HOME (199039)
Address: W5615 HAZELNUT LANE, NECEDAH, WI 54646
License Status: REGULAR
Licensed/Certified/Registered 04/07/1998
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0105480 **End Date:** 12/30/2009 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #C32811 Served 01/13/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.09(1)(d)	RESIDENT RECORDS REQUIREMENTS		
88.09(2)(a)	SERVICE PROVIDER RECORD		

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

Facility Information

Facility Name: SUHR ADULT FAMILY HOME (0012875)
Address: W6555-23RD ST, NECEDAH, WI 54646
License Status: REGULAR
Licensed/Certified/Registered 05/11/2010
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0106237 **End Date:** 08/21/2009 **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: JUNEAU

Facility Information

Facility Name: TRANQUILITY HOME (0012064)
Address: 401 S MAIN ST, NECEDAH, WI 54646
License Status: REGULAR
Licensed/Certified/Registered 08/06/2007
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0104692 **End Date:** 08/20/2009 **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: JUNEAU

Facility Information

Facility Name: WELCOME HOME AFH LLC (0012626)
Address: W4088 29TH ST E, NECEDAH, WI 54646
License Status: REGULAR
Licensed/Certified/Registered 04/14/2009
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0108169 **End Date:** 03/15/2011 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #TP8W11 Served 03/16/2011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.03(2)(b)2	PROGRAM STATEMENT		
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS		
88.05(2)(a)	DIFFICULTY WALKING		
88.05(4)(d)2.a	FIRE SAFETY EVACUATION PLAN REVIEW		
88.06(2)(b)	SERVICE AGREEMENT EXCEPT RESPITE		
88.06(3)(a)	INDIVIDUAL SERVICE PLAN & ASSESSMENT		

Survey ID: 0103835 **End Date:** 04/14/2009 **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: JUNEAU

Enforcement History (WELCOME HOME AFH LLC)

Date: 03/15/2011 SOD #TP8W11 Enforcement Appealed: No

Sanctions

COMPLY WITH REQUIREMENT
PROVIDE TRAINING

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

Facility Information

Facility Name: MISLEVECHECK HOME (0011706)
Address: W 10142 RICK RD, WONEWOC, WI 53968
License Status: REGULAR
Licensed/Certified/Registered 12/30/2006
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0107069 **End Date:** 08/26/2010 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0106364 **End Date:** 04/27/2010 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #RUZP11 Served 05/20/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(d)	ANNUAL WELL WATER INSPECTIONS	04/27/2010	Yes
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION	04/27/2010	Yes
88.06(2)(b)	SERVICE AGREEMENT EXCEPT RESPITE	04/27/2010	Yes
88.07(1)(b)	AUTONOMY AND CHOICES	04/27/2010	Yes

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

Enforcement History (MISLEVECHECK HOME)

Date: 05/18/2010

SOD #RUZP11

Enforcement Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

--Facility Compliant 04/27/2010 12:00:00AM

COMPLY WITH REQUIREMENT

--Facility Compliant 04/27/2010 12:00:00AM

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

Complaint History (MISLEVECHECK HOME)

Date Complaint Received: 04/06/2010

Date Investigation Completed: 04/27/2010

Subject Area(s)

RESIDENT RIGHTS
RESIDENT BEHAVIOR/FACILITY PRACTICE
ADMINISTRATION
PROGRAM SERVICES

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
SUBSTANTIATED

SOD #

RUZP11

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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: JUNEAU

Facility Information

Facility Name: COTTAGE CARE CENTER (0010835)

Address: 204 HALL ST, MAUSTON, WI 53948

License Status: REGULAR

Licensed/Certified/Registered 08/01/2005

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

Survey History

Survey ID: 0107631 End Date: 12/03/2010 Type: OTHER Purpose: VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0107079 End Date: 09/08/2010 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #KYWK11 Served 09/20/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(3)(a)	CRIMINAL RECORDS CHECK	12/03/2010	Yes
83.12(4)(c)	REPORTING INCIDENTS WITH SERIOUS INJURY	12/03/2010	Yes
83.35(1)(a)	MEET THE NUTRITIONAL NEEDS	12/03/2010	Yes

Survey ID: 0106431 End Date: 06/01/2010 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 CNA (NONAMBULATORY)

COUNTY: JUNEAU

Survey ID: 0105906 **End Date: 03/09/2010** **Type: STANDARD** **Purpose: SURVEY**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #DBDQ11 Served 03/17/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)(k)	RIGHTS OF RESIDENTS: SELF-DETERMINATION	06/01/2010	Yes
83.35(2)	MODIFIED OR SPECIAL DIETS	06/01/2010	Yes
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN	06/01/2010	Yes
83.35(5)(b)	ANNUAL EVALUATION OF EVACUATION LIMITS	06/01/2010	Yes
83.47(2)(d)	FIRE DRILLS	06/01/2010	Yes

Survey ID: 0103848 **End Date: 04/01/2009** **Type: OTHER** **Purpose: COMPLAINT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0102426 **End Date: 08/08/2008** **Type: OTHER** **Purpose: COMPLAINT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #NSWL11 Served 09/09/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.33(2)(c)	LEISURE TIME ACTIVITIES	04/01/2009	Yes
83.33(2)(g)3	CBRF ARRANGE HEALTH VISITS AND DOCUMENT	04/01/2009	Yes
83.33(3)(c)1	CONTROLLED SUBSTANCES	04/01/2009	Yes

Survey ID: 0101564 **End Date: 04/08/2008** **Type: STANDARD** **Purpose: SURVEY/SELF REPORT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #OUP611 Served 04/29/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.43(3)(b)1	TESTING BY SERVICE COMPANY	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 CNA (NONAMBULATORY)
COUNTY: JUNEAU

Enforcement History (COTTAGE CARE CENTER)

Date: 09/17/2010 **SOD #KYWK11** **Enforcement Appealed: No**
Sanctions
COMPLY WITH DEPARTMENT PLAN OF CORRECTION --Facility Compliant 12/03/2010 12:00:00AM
FORFEITURE---83.12(3)(a)
FORFEITURE---83.12(4)(c)
FORFEITURE---83.35(1)(a)

Date: 03/15/2010 **SOD #DBDQ11** **Enforcement Appealed: No**
Sanctions
FORFEITURE---83.35(5)(b)

Date: 09/05/2008 **SOD #NSWL11** **Enforcement Appealed: No**
Sanctions
COMPLY WITH REQUIREMENT --Facility Compliant 04/01/2009 12:00:00AM
FORFEITURE---83.33(2)(c)
FORFEITURE---83.33(2)(g)3

Date: 04/28/2008 **SOD #OUP611** **Enforcement Appealed: No**
Sanctions
COMPLY WITH DEPARTMENT PLAN OF CORRECTION --Facility Compliant 04/20/2009 12:00:00AM
FORFEITURE---83.43(3)(b)1

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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: JUNEAU

Complaint History (COTTAGE CARE CENTER)

Date Complaint Received: 07/15/2010

Date Investigation Completed: 09/08/2010

Subject Area(s)

PROGRAM SERVICES

Result

SUBSTANTIATED

SOD #

KYWK11

Date Complaint Received: 02/16/2009

Date Investigation Completed: 04/01/2009

Subject Area(s)

RESIDENT RIGHTS
MEDICATIONS
ADMINISTRATION
QUALITY OF LIFE
RESIDENT RIGHTS
MEDICATIONS
ADMINISTRATION
PROGRAM SERVICES

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 07/21/2008

Date Investigation Completed: 08/08/2008

Subject Area(s)

RESIDENT RIGHTS
MEDICATIONS

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 06/25/2008

Date Investigation Completed: 08/08/2008

Subject Area(s)

HOMELIKE ENVIRONMENT & CLEANLINESS
NUTRITION & FOOD SERVICES
MEDICATIONS
STAFF TRAINING AND PROFICIENCY
STAFF ADEQUACY
QUALITY OF LIFE

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
SUBSTANTIATED

SOD #

NSWL11

NSWL11

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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: JUNEAU

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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: JUNEAU

Facility Information

Facility Name: COTTAGE CARE CIRCLE (0013060)

Address: 320 ATTEWELL STREET, MAUSTON, WI 53948

License Status: REGULAR

Licensed/Certified/Registered 12/01/2010

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

Survey History

Survey ID: 0107410 **End Date:** 09/17/2010 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0105271 **End Date:** 11/20/2009 **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
Community Based Residential Facility--CLASS AA (AMBULATORY)
COUNTY: JUNEAU

Facility Information

Facility Name: EVERGREEN MANOR INC (0010512)
Address: W5205 BUCKEYE DR, NECEDAH, WI 54646
License Status: REGULAR
Licensed/Certified/Registered 10/01/2004
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0107750 **End Date:** 01/04/2011 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0107655 **End Date:** 11/23/2010 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #CN8B11 Served 12/14/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(bm)	OUT OF STATE BACKGROUND CHECKS	11/29/2010	Yes
83.20(2)(c)	PROHIBITIONS AND EXCEPTIONS	12/17/2010	Yes

Survey ID: 0104730 **End Date:** 08/20/2009 **Type:** OTHER **Purpose:** SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #DTWS11 Served 09/08/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)(l)	RIGHTS OF RESIDENTS: LEAST RESTRICTIVE	11/20/2009	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: JUNEAU

Survey ID: 0102969 End Date: 11/20/2008 Type: STANDARD Purpose: SURVEY/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #WX4014 Served 12/05/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(2)(a)7	CAPACITY FOR SELF-DIRECTION	04/01/2009	Yes

Survey ID: 0102607 End Date: 09/24/2008 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
Community Based Residential Facility--CLASS AA (AMBULATORY)
COUNTY: JUNEAU

Enforcement History (EVERGREEN MANOR INC)

Date: 11/30/2010 **SOD #CN8B11** **Enforcement Appealed: No**

Sanctions
FORFEITURE---83.20(2)(c)

Date: 09/02/2009 **SOD #DTWS11** **Enforcement Appealed: No**

Sanctions
COMPLY WITH DEPARTMENT PLAN OF CORRECTION --Facility Compliant 11/20/2009 12:00:00AM
FORFEITURE---83.32(3)(1)

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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: JUNEAU

Facility Information

Facility Name: OAK RUN (110465)
Address: N9895 18TH AVE PO BOX 40, NECEDAH, WI 54646
License Status: REGULAR
Licensed/Certified/Registered: 02/28/1996
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0107719 **End Date:** 01/04/2011 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #WWIC11 Served 01/27/2011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(2)(h)	POSTING: LICENSE, DEFICIENCIES, REVOCATIONS		

Survey ID: 0107337 **End Date:** 10/19/2010 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #79RG11 Served 11/12/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(2)	MODIFIED OR SPECIAL DIETS	11/01/2010	Yes
83.36(1)(b)	QUALIFIED STAFF IN CHARGE, ON DUTY AND AWAKE	10/06/2010	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: JUNEAU

Survey ID: 0105376 **End Date: 11/18/2009** **Type: STANDARD** **Purpose: SURVEY**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #FIB111 Served 12/08/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.20(2)(b)	TRAINING IN FIRE SAFETY	10/06/2010	Yes
83.21(1)	TRAINING IN RESIDENT RIGHTS	10/06/2010	Yes
83.21(3)	CORRECTIONAL CLIENTS	10/06/2010	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	10/06/2010	Yes
83.36(1)(b)	QUALIFIED STAFF IN CHARGE, ON DUTY AND AWAKE	10/06/2010	Yes
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	10/06/2010	Yes
83.47(2)(d)	FIRE DRILLS	10/06/2010	Yes

Survey ID: 0102533 **End Date: 08/26/2008** **Type: OTHER** **Purpose: COMPLAINT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #CNXN11 Served 10/09/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.07(8)	AMENDMENT TO LICENSE	04/01/2009	Yes
83.14(1)(a)3	CLIENT GROUP SPECIFIC TRAINING	04/01/2009	Yes
83.14(1)(b)	LICENSEE: CAREGIVER BACKGROUND REQUIREMENTS	04/01/2009	Yes
83.14(1)(c)	UNIVERSAL PRECAUTIONS	04/01/2009	Yes
83.14(1)(d)	FIRE SAFETY, FIRST AID & CHOKING	04/01/2009	Yes
83.14(2)	TRAINING DIETARY NEEDS & MENU PLANNING	04/01/2009	Yes
83.15(1)(c)1	ADEQUATE STAFFING	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: JUNEAU

Enforcement History (OAK RUN)

Date: 01/10/2011 **SOD #WWIC11** **Enforcement Appealed: No**

Sanctions

FORFEITURE---83.14(2)(h)

Date: 10/26/2010 **SOD #79RG11** **Enforcement Appealed: No**

Sanctions

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

COMPLY WITH REQUIREMENT --Facility Compliant 12/10/2010 12:00:00AM

FORFEITURE---83.35(2)

FORFEITURE---83.36(1)(b)

Date: 12/04/2009 **SOD #FIB111** **Enforcement Appealed: No**

Sanctions

COMPLY WITH REQUIREMENT

FORFEITURE---83.20(2)(b)

FORFEITURE---83.21(1)

FORFEITURE---83.21(3)

FORFEITURE---83.35(3)(d)

FORFEITURE---83.36(2)(b)

FORFEITURE---83.37(2)(d)

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: JUNEAU

Date: 09/19/2008

SOD #CNXN11

Enforcement Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

--Facility Compliant 11/05/2009 12:00:00AM

COMPLY WITH REQUIREMENT

--Facility Compliant 11/05/2009 12:00:00AM

FORFEITURE---83.07(8)

FORFEITURE---83.14(1)(a)3

FORFEITURE---83.14(1)(b)

FORFEITURE---83.14(1)(c)

FORFEITURE---83.14(1)(d)

FORFEITURE---83.14(2)

FORFEITURE---83.15(1)(c)1

FORFEITURE---83.41(10)(a)

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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: JUNEAU

Complaint History (OAK RUN)

Date Complaint Received: 09/14/2010

Date Investigation Completed: 10/19/2010

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

ABUSE

NOT SUBSTANTIATED

RESIDENT BEHAVIOR/FACILITY PRACTICE

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: JUNEAU

Facility Information

Facility Name: CREST VIEW GREAT LAKES (0009594)

Address: 612 VIEW ST, NEW LISBON, WI 53950

License Status: REGULAR

Licensed/Certified/Registered 11/01/2002

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

Survey History

Survey ID: 0104057 **End Date:** 05/12/2009 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #EEM711 Served 06/01/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.20(2)(c)	PROHIBITIONS AND EXCEPTIONS		

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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: JUNEAU

Enforcement History (CREST VIEW GREAT LAKES)

Date: 05/28/2009 **SOD #EEM711** **Enforcement Appealed: No**

Sanctions

FORFEITURE---83.20(2)(c)

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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: JUNEAU

Facility Information

Facility Name: WEBER HAUS (110115)

Address: 312 CENTER ST, WONEWOC, WI 539689224

License Status: REGULAR

Licensed/Certified/Registered 10/31/1985

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

Survey History

Survey ID: 0105882 **End Date:** 03/05/2010 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #VU2M11 Served 03/13/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.13(2)(c)	EMPLOYEE RECORDS RETAINED FOR 3 YEARS		

Survey ID: 0104141 **End Date:** 06/03/2009 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #3PFB11 Served 06/10/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	03/03/2010	Yes
83.59(1)(e)	NO EXIT THROUGH RESIDENT ROOM, BATHROOM	03/03/2010	Yes

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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: JUNEAU

Enforcement History (WEBER HAUS)

Date: 06/09/2009

SOD #3PFB11

Enforcement Appealed: No

Sanctions

COMPLY WITH REQUIREMENT

PROVIDE TRAINING

FORFEITURE---83.59(1)(e)

--Facility Compliant 03/03/2010 12:00:00AM

--Facility Compliant 03/03/2010 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 CS (SEMIAMBULATORY)

COUNTY: JUNEAU

Complaint History (WEBER HAUS)

Date Complaint Received: 02/18/2010

Date Investigation Completed: 03/03/2010

Subject Area(s)
SUPERVISION

Result
NOT SUBSTANTIATED

SOD #

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

Facility Information

Facility Name: OAK GROVE ASSISTED CARE LLC (0010959)
Address: 200 6TH ST, NECEDAH, WI 54646
License Status: REGULAR
Licensed/Certified/Registered 04/01/2005
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0103936 **End Date:** 04/22/2009 **Type:** STANDARD **Purpose:** SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

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