

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

Notes

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

The report is a PDF (Adobe Acrobat) document and includes a total of 21 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 (CERTIFIED)
COUNTY: LACROSSE

Facility Information

Facility Name: BETHANY HEIGHTS ASSISTED LIVING (0011373)
Address: 112 JUNIPER LANE, HOLMEN, WI 54636
License Status: REGULAR
Licensed/Certified/Registered 06/20/2006
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: LACROSSE

Facility Information

Facility Name: PRAIRIE HOME (0011629)
Address: 620 MALIN COURT, HOLMEN, WI 54636
License Status: REGULAR
Licensed/Certified/Registered 10/01/2006
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0105122 **End Date:** 11/03/2009 **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
Residential Care Apartment Complex (REGISTERED)
COUNTY: LACROSSE

Facility Information

Facility Name: MEADOW WOOD ASSISTED LIVING (0010258)
Address: 2904 EAST AVENUE SOUTH, LA CROSSE, WI 54601
License Status: REGULAR
Licensed/Certified/Registered 11/24/1998
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: LACROSSE

Facility Information

Facility Name: VILLAGE APARTMENTS ON CASS (0010253)
Address: 225 SOUTH 24TH STREET, LA CROSSE, WI 54601
License Status: REGULAR
Licensed/Certified/Registered 07/20/1998
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

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

Facility Information

Facility Name: WILLOWS (THE) (0010267)
Address: 2555 SOUTH 7TH STREET, LA CROSSE, WI 54601
License Status: REGULAR
Licensed/Certified/Registered 12/01/1998
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

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

Facility Information

Facility Name: BETHANY ON CASS (0010447)
Address: 1315 CASS STREET, LACROSSE, WI 54601
License Status: REGULAR
Licensed/Certified/Registered 11/04/2003
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0102259 **End Date:** 08/07/2008 **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
Residential Care Apartment Complex (CERTIFIED)
COUNTY: LACROSSE

Facility Information

Facility Name: SHELBY TERRACE (0012093)
Address: 2525 SHELBY ROAD, LACROSSE, WI 54601
License Status: REGULAR
Licensed/Certified/Registered 09/10/2007
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0105233 **End Date:** 11/13/2009 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #NPDZ11 Served 11/24/2009

| <u>Deficiencies Cited</u> | <u>Subject Area</u> | <u>Compliance Verified</u> | <u>Corrected</u> |
|---------------------------|---------------------|----------------------------|------------------|
| 89.34(17) | TENANT RIGHTS | | |

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

Facility Information

Facility Name: VILLAS OF LACROSSE (0012328)
Address: 3141 EAST AVE S, LACROSSE, WI 54601
License Status: REGULAR
Licensed/Certified/Registered 07/01/2008
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0101968 **End Date:** 06/23/2008 **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
Residential Care Apartment Complex (CERTIFIED)
COUNTY: LACROSSE

Facility Information

Facility Name: EAGLE CREST ASSISTED LIVING (0012206)
Address: 351 MASON STREET, ONALASKA, WI 54650
License Status: REGULAR
Licensed/Certified/Registered 01/04/2008
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

No survey activity during the period 04/01/2008 through 03/31/2011.

This is Page 10 of 21 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
Residential Care Apartment Complex (REGISTERED)
COUNTY: LACROSSE

Facility Information

Facility Name: EAGLE CREST SENIOR LIVING COMMUNITY (0012207)

Address: 351 MASON ST, ONALASKA, WI 54650

License Status: REGULAR

Licensed/Certified/Registered 10/25/2007

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

Survey History

No survey activity during the period 04/01/2008 through 03/31/2011.

This is Page 11 of 21 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
Residential Care Apartment Complex (REGISTERED)
COUNTY: LACROSSE

Facility Information

Facility Name: LAUREL MANOR (0010274)
Address: 108 17TH AVENUE SOUTHWEST, ONALASKA, WI 54650
License Status: REGULAR
Licensed/Certified/Registered: 11/01/2002
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

No survey activity during the period 04/01/2008 through 03/31/2011.

This is Page 12 of 21 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
Residential Care Apartment Complex (CERTIFIED)
COUNTY: LACROSSE

Facility Information

Facility Name: SPRINGBROOK COMMUNITY ASSISTED LIVING (0011819)

Address: 861 CRITTER COURT, ONALASKA, WI 54650

License Status: REGULAR

Licensed/Certified/Registered 06/15/2007

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

Survey History

Survey ID: 0105222 **End Date:** 10/30/2009 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #I11611 Served 11/23/2009

| <u>Deficiencies Cited</u> | <u>Subject Area</u> | <u>Compliance Verified</u> | <u>Corrected</u> |
|---------------------------|---------------------|----------------------------|------------------|
| 89.23(4)(d)1 | SERVICES | | |
| 89.23(4)(d)2.a | SERVICES | | |
| 89.23(4)(d)2.b | SERVICES | | |

Survey ID: 0104776 **End Date:** 08/11/2009 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #V49611 Served 09/01/2009

| <u>Deficiencies Cited</u> | <u>Subject Area</u> | <u>Compliance Verified</u> | <u>Corrected</u> |
|---------------------------|---------------------|----------------------------|------------------|
| 89.34(16) | TENANT RIGHTS | 10/30/2009 | Yes |
| 89.34(2) | TENANT RIGHTS | 10/30/2009 | Yes |

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

Survey ID: 0103752 End Date: 03/03/2009 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
Residential Care Apartment Complex (CERTIFIED)
COUNTY: LACROSSE

Enforcement History (SPRINGBROOK COMMUNITY ASSISTED LIVING)

Date: 11/17/2009 SOD #111611 Enforcement Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

FORFEITURE---89.23(4)(d)1

FORFEITURE---89.23(4)(d)2.a

FORFEITURE---89.23(4)(d)2.b

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

Complaint History (SPRINGBROOK COMMUNITY ASSISTED LIVING)

Date Complaint Received: 10/07/2009

Date Investigation Completed: 10/30/2009

Subject Area(s)
STAFF ADEQUACY

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 05/11/2009

Date Investigation Completed: 06/24/2009

Subject Area(s)
MEDICATIONS
ADMINISTRATION

Result
SUBSTANTIATED
SUBSTANTIATED

SOD #
V49611
V49611

Date Complaint Received: 01/26/2009

Date Investigation Completed: 03/03/2009

Subject Area(s)
MEDICATIONS
PROGRAM SERVICES
QUALITY OF LIFE

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 10/13/2008

Date Investigation Completed: 11/17/2008

Subject Area(s)
NUTRITION & FOOD SERVICES
STAFF TRAINING AND PROFICIENCY
STAFF ADEQUACY

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 10/07/2008

Date Investigation Completed: 11/17/2008

Subject Area(s)
NUTRITION & FOOD SERVICES
MEDICATIONS

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 07/29/2008

Date Investigation Completed: 01/27/2009

Subject Area(s)
OTHER

Result
NOT SUBSTANTIATED

SOD #

This is Page 16 of 21 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
Residential Care Apartment Complex (CERTIFIED)
COUNTY: LACROSSE

Date Complaint Received: 07/10/2008

Date Investigation Completed: 09/02/2008

Subject Area(s)
ADMINISTRATION

Result
SUBSTANTIATED

SOD #
Q30411

Date Complaint Received: 07/07/2008

Date Investigation Completed: 07/25/2008

Subject Area(s)
MEDICATIONS

Result
SUBSTANTIATED

SOD #
Q30411

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

Facility Information

Facility Name: SALEM TERRACE (0012008)
Address: 104 LEWIS ST, WEST SALEM, WI 54669
License Status: REGULAR
Licensed/Certified/Registered 07/01/2007
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0106097 **End Date:** 04/16/2010 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0102329 **End Date:** 07/16/2008 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #8I4411 Served 08/13/2008

| <u>Deficiencies Cited</u> | <u>Subject Area</u> | <u>Compliance Verified</u> | <u>Corrected</u> |
|---------------------------|---------------------|----------------------------|------------------|
|---------------------------|---------------------|----------------------------|------------------|

Survey ID: 0101693 **End Date:** 04/08/2008 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #9PFF11 Served 05/08/2008

| <u>Deficiencies Cited</u> | <u>Subject Area</u> | <u>Compliance Verified</u> | <u>Corrected</u> |
|---------------------------|---------------------|----------------------------|------------------|
| 89.23(3)(c) | SERVICES | 05/23/2008 | Yes |
| 89.34(16) | TENANT RIGHTS | 05/23/2008 | Yes |

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

Enforcement History (SALEM TERRACE)

Date: 08/12/2008 **SOD #8I4411** **Enforcement Appealed: Yes** **Decision: STIPULATION**
Sanctions
FORFEITURE---89.23(2)(b)1

Date: 05/07/2008 **SOD #9PFF11** **Enforcement Appealed: No**
Sanctions
FORFEITURE---89.23(3)(c)

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

Complaint History (SALEM TERRACE)

Date Complaint Received: 06/25/2008

Date Investigation Completed: 08/11/2008

| <u>Subject Area(s)</u> | <u>Result</u> | <u>SOD #</u> |
|------------------------------------|-------------------|--------------|
| HOMELIKE ENVIRONMENT & CLEANLINESS | NOT SUBSTANTIATED | |
| MEDICATIONS | NOT SUBSTANTIATED | |
| STAFF TRAINING AND PROFICIENCY | NOT SUBSTANTIATED | |
| STAFF ADEQUACY | SUBSTANTIATED | 8I4411 |

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

Facility Information

Facility Name: WHISPERING PINES (0012020)
Address: 780 EAST AVENUE, WEST SALEM, WI 54669
License Status: REGULAR
Licensed/Certified/Registered 09/01/2007
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0104918 **End Date:** 09/30/2009 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0104642 **End Date:** 08/10/2009 **Type:** OTHER **Purpose:** DESK REVIEW

Results: LICENSE/CERT/REGISTRATION ISSUED

Survey ID: 0101591 **End Date:** 04/28/2008 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

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