

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

COUNTY: MONROE

Notes

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

The report is a PDF (Adobe Acrobat) document and includes a total of 53 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 Day Care Facility
COUNTY: MONROE

Facility Information

Facility Name: C-R DAY SERVICE LLC (0013483)
Address: 413 OSBORNE DRIVE, SPARTA, WI 54656
License Status: REGULAR
Licensed/Certified/Registered 11/05/2010
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0107400 **End Date:** 11/05/2010 **Type:** INITIAL **Purpose:** SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED

This is Page 2 of 53 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 Day Care Facility
COUNTY: MONROE

Facility Information

Facility Name: HANDISHOP DAY CENTERS (0012916)
Address: 620 INDUSTRIAL DRIVE, SPARTA, WI 54656
License Status: REGULAR
Licensed/Certified/Registered 08/03/2009
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0106759 **End Date:** 07/27/2010 **Type:** OTHER **Purpose:** OTHER

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0104901 **End Date:** 09/28/2009 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0104549 **End Date:** 07/24/2009 **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 Day Care Facility
COUNTY: MONROE

Facility Information

Facility Name: HANDISHOP DAY CENTERS (0013645)
Address: 1411 N SUPERIOR AVE, TOMAH, WI 54660
License Status: REGULAR
Licensed/Certified/Registered 02/04/2011
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0107906 **End Date:** 02/04/2011 **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 Day Care Facility
COUNTY: MONROE

Facility Information

Facility Name: RIVERFRONT (0012553)
Address: 905 KILBOURN AVENUE, TOMAH, WI 54660
License Status: REGULAR
Licensed/Certified/Registered 11/03/2008
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0108097 **End Date:** 02/15/2011 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #PM5C11 Served 03/03/2011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
III.c.(4)	FIRE ALARM & SMOKE DETECTORS		
V.(2)	EVALUATION PROCESS		

Survey ID: 0102872 **End Date:** 11/03/2008 **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: MONROE

Facility Information

Facility Name: BLACKBERRY HILL ADULT FAMILY HOME (0009903)

Address: 17143 ITASCA ROAD, CAMP DOUGLAS, WI 54618

License Status: REGULAR

Licensed/Certified/Registered 11/09/2002

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

Survey History

Survey ID: 0107593 **End Date:** 10/26/2010 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #D4X711 Served 11/03/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(d)	ANNUAL WELL WATER INSPECTIONS		

Survey ID: 0103014 **End Date:** 12/02/2008 **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
Adult Family Home
COUNTY: MONROE

Facility Information

Facility Name: LAWRENCE FOSTER HOME (0011489)
Address: 24756 LAKE RD, CASHTON, WI 54619
License Status: REGULAR
Licensed/Certified/Registered 08/11/2006
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0106417 **End Date:** 05/20/2010 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #I4LJ11 Served 05/25/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE		

Survey ID: 0102762 **End Date:** 10/21/2008 **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
Adult Family Home
COUNTY: MONROE

Survey ID: 0101807 End Date: 05/08/2008 Type: STANDARD Purpose: SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #TVYZ11 Served 05/28/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(d)	MAINTAIN BACKGROUND INFORMATION	10/21/2008	Yes
88.04(2)(a)	RESPONSIBILITIES	10/21/2008	Yes
88.04(2)(g)1	HEALTH SCREENING FOR STAFF	10/13/2008	Yes
88.05(2)(a)	DIFFICULTY WALKING	10/21/2008	Yes
88.05(3)(a)	HOME ENVIRONMENT	06/10/2008	Yes
88.05(3)(b)	FREE OF HAZARDS	09/30/2008	Yes
88.05(3)(d)	ANNUAL WELL WATER INSPECTIONS	05/21/2008	Yes
88.05(4)(d)2.a	FIRE SAFETY EVACUATION PLAN REVIEW	06/26/2008	Yes
88.06(3)(a)	INDIVIDUAL SERVICE PLAN & ASSESSMENT	08/31/2008	Yes
88.06(3)(d)5	SIGNED STATEMENT OF AGREEMENT	09/30/2008	Yes
88.06(3)(f)	REVIEW OF ISP	09/30/2008	Yes
88.07(3)(d)	MEDICATION- WRITTEN ORDER	09/30/2008	Yes
88.09(2)(a)	SERVICE PROVIDER RECORD	10/21/2008	Yes

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

Enforcement History (LAWRENCE FOSTER HOME)

Date: 05/27/2008

SOD #TVYZ11

Enforcement Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
NO NEW ADMISSIONS

--Facility Compliant 10/21/2008 12:00:00AM
--Facility Compliant 10/21/2008 12:00:00AM

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

Complaint History (LAWRENCE FOSTER HOME)

Date Complaint Received: 04/08/2008

Date Investigation Completed: 05/08/2008

Subject Area(s)
MEDICATIONS
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: MONROE

Facility Information

Facility Name: NIGHTWIND ADULT FAMILY HOME (0009891)
Address: 25571 CTY X, CASHTON, WI 54619
License Status: REGULAR
Licensed/Certified/Registered 01/13/2003
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0103770 **End Date:** 04/03/2009 **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: MONROE

Facility Information

Facility Name: ANDERSON ADULT FAMILY HOME (0013361)
Address: 912 DOUGLAS ST, SPARTA, WI 54656
License Status: REGULAR
Licensed/Certified/Registered 07/28/2010
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0106733 **End Date:** 07/28/2010 **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: MONROE

Facility Information

Facility Name: NELSON ADULT FAMILY HOME (0009909)
Address: 230 N COURT, SPARTA, WI 54656
License Status: REGULAR
Licensed/Certified/Registered 01/13/2003
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0107844 **End Date:** 01/26/2011 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0103273 **End Date:** 01/14/2009 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #INUB11 Served 01/22/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
88.06(3)(f)	REVIEW OF ISP	02/04/2009	Yes
88.07(3)(a)	PRESCRIPTION MEDICATIONS	02/04/2009	Yes

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

Facility Information

Facility Name: PINE LANE FALLS ADULT FAMILY HOME (0009915)

Address: 515 PEARL STREET, SPARTA, WI 54656

License Status: REGULAR

Licensed/Certified/Registered 02/01/2003

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

Survey History

Survey ID: 0103276 **End Date:** 01/14/2009 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #PN6P12 Served 01/22/2009

<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	03/01/2009	Yes
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: MONROE

Facility Information

Facility Name: ANTONY ADULT FOSTER HOME (0010124)
Address: 21470 HWY 16, TOMAH, WI 54660
License Status: REGULAR
Licensed/Certified/Registered 05/16/2003
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0104204 **End Date:** 06/17/2009 **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: MONROE

Facility Information

Facility Name: CAMBRIA HOUSE (0012026)
Address: 313 W ELIZABETH ST, TOMAH, WI 54660
License Status: REGULAR
Licensed/Certified/Registered 07/12/2007
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0104468 **End Date:** 07/24/2009 **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: MONROE

Facility Information

Facility Name: NEW DAY AFH INC 2 (0012644)
Address: 12873 CTY HWY PP, TOMAH, WI 54660
License Status: REGULAR
Licensed/Certified/Registered 12/01/2008
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0107312 **End Date:** 10/21/2010 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0102995 **End Date:** 12/01/2008 **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: MONROE

Facility Information

Facility Name: NEW DAY AFH INC (0011829)
Address: 12867 CTY HWY PP, TOMAH, WI 54660
License Status: REGULAR
Licensed/Certified/Registered 02/27/2007
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0108183 **End Date:** 03/16/2011 **Type:** ABBREVIATED **Purpose:** SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #KFS211 Served 03/24/2011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(b)	FREE OF HAZARDS		

Survey ID: 0098781 **End Date:** 02/27/2009 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

Survey ID: 0102676 **End Date:** 09/29/2008 **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: MONROE

Facility Information

Facility Name: STARVIEW ADULT FAMILY HOME (0012498)
Address: 702 KILBOURN AVENUE, TOMAH, WI 54660
License Status: REGULAR
Licensed/Certified/Registered 08/27/2008
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0108215 **End Date:** 03/16/2011 **Type:** OTHER **Purpose:** OTHER

Results: ENFORCEMENT ACTION

Statement of Deficiency: #VTCR11 Served 03/23/2011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(a)	HOME ENVIRONMENT		
88.07(2)(a)	SERVICES		
88.11(1)	REPORTING OF ABUSE AND NEGLECT		

Survey ID: 0107599 **End Date:** 12/08/2010 **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
Adult Family Home
COUNTY: MONROE

Survey ID: 0106985 End Date: 08/25/2010 Type: STANDARD Purpose: SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #U90311 Served 09/03/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(b)intro	ENTITY BACKGROUND CHECK REQUIREMENTS	12/08/2010	Yes
88.03(5)(e)1	SIGNIFICANT CHANGE TO THE RESIDENT	12/08/2010	Yes
88.04(2)(a)	RESPONSIBILITIES	12/08/2010	Yes
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS	12/08/2010	Yes
88.06(3)(a)	INDIVIDUAL SERVICE PLAN & ASSESSMENT	12/08/2010	Yes
88.10(3)(e)	SELF-DIRECTION	12/08/2010	Yes
88.10(3)(n)1	FREEDOM FROM SECLUSION AND RESTRAINTS	12/08/2010	Yes

Survey ID: 0102403 End Date: 08/18/2008 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: MONROE

Enforcement History (STARVIEW ADULT FAMILY HOME)

Date: 03/22/2011 **SOD #VTCR11** **Enforcement Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT

Date: 09/02/2010 **SOD #U90311** **Enforcement Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION --Facility Compliant 12/08/2010 12:00:00AM
NO NEW ADMISSIONS --Facility Compliant 12/09/2010 12:00:00AM

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

Facility Information

Facility Name: SUPERIOR HOUSE LLC (0009904)
Address: 1822 SUPERIOR AVE, TOMAH, WI 54660
License Status: REGULAR
Licensed/Certified/Registered 11/08/2002
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0104004 **End Date:** 05/14/2009 **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: MONROE

Facility Information

Facility Name: BLUE SKY ADULT FAMILY HOME (0011668)
Address: 23836 ASPEN AVE, WARRENS, WI 54666
License Status: REGULAR
Licensed/Certified/Registered 10/03/2006
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0105583 **End Date:** 01/28/2010 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0104152 **End Date:** 05/28/2009 **Type:** OTHER **Purpose:** DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #AKAH11 Served 06/09/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.03(2)(b)2	PROGRAM STATEMENT	06/24/2009	Yes
88.08	TERMINATION OF PLACEMENT	06/24/2009	Yes

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

Enforcement History (BLUE SKY ADULT FAMILY HOME)

Date: 06/05/2009 **SOD #AKAH11** **Enforcement Appealed: No**
Sanctions
COMPLY WITH DEPARTMENT PLAN OF CORRECTION --Facility Compliant 06/24/2009 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: MONROE

Facility Information

Facility Name: BRIDGE PATH (0013540)

Address: 503 W WATER ST, SPARTA, WI 54656

License Status: PROBATIONARY

Licensed/Certified/Registered 01/25/2011

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

Survey History

Survey ID: 0107855 **End Date:** 01/24/2011 **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 CA (AMBULATORY)
COUNTY: MONROE

Facility Information

Facility Name: LITTLE FALLS CBRF (510173)
Address: 4039 CTY HWY I, SPARTA, WI 54656
License Status: REGULAR
Licensed/Certified/Registered 01/01/1985
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0106827 **End Date:** 07/30/2010 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #626M11 Served 08/17/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(3)(a)	CRIMINAL RECORDS CHECK		
83.12(3)(b)	DOCUMENTATION OF INVESTIGATIONS OF INJURIES		
83.12(4)(b)	REPORTING WHEN LAW ENFORCEMENT IS CALLED		

Survey ID: 0105957 **End Date:** 03/15/2010 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #P3QW11 Served 03/17/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(5)(b)	ANNUAL EVALUATION OF EVACUATION LIMITS	03/27/2010	Yes
83.37(1)(h)	SCHEDULED PSYCHOTROPIC MEDICATIONS	03/27/2010	Yes

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Provider Inspection Summary

For the period 04/01/2008 to 03/31/2011

Community Based Residential Facility--CLASS CA (AMBULATORY)

COUNTY: MONROE

Survey ID: 0101575 **End Date:** 04/24/2008 **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 CA (AMBULATORY)
COUNTY: MONROE

Complaint History (LITTLE FALLS CBRF)

Date Complaint Received: 06/25/2010

Date Investigation Completed: 07/30/2010

Subject Area(s)

Result

SOD #

ABUSE

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: MONROE

Facility Information

Facility Name: MEADOWS (THE) (0013299)

Address: 14345 CTY HWY B, SPARTA, WI 54656

License Status: PROBATIONARY

Licensed/Certified/Registered 09/13/2010

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

Survey History

Survey ID: 0107062 **End Date:** 09/13/2010 **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: MONROE

Facility Information

Facility Name: TIME FOR EASE (0010982)

Address: 1848 W RIVER, SPARTA, WI 54656

License Status: REGULAR

Licensed/Certified/Registered 12/01/2005

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

Survey History

Survey ID: 0105407 End Date: 12/23/2009 Type: OTHER Purpose: DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0105024 End Date: 09/24/2009 Type: STANDARD Purpose: SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #4WWU11 Served 10/14/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(4)(c)	REPORTING INCIDENTS WITH SERIOUS INJURY		
83.25	CONTINUING EDUCATION		
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES		
83.35(5)(b)	ANNUAL EVALUATION OF EVACUATION LIMITS		
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: MONROE

Enforcement History (TIME FOR EASE)

Date: 10/13/2009 SOD #4WWU11 Enforcement Appealed: No

Sanctions

FORFEITURE---83.25

FORFEITURE---83.35(5)(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: MONROE

Facility Information

Facility Name: CLOSE TO HOME INC (510383)

Address: 1206 MARK AVE, TOMAH, WI 54660

License Status: REGULAR

Licensed/Certified/Registered 03/01/1999

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

Survey History

Survey ID: 0105274 End Date: 12/01/2009 Type: OTHER Purpose: COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0104885 End Date: 09/01/2009 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #00TW11 Served 09/24/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN		

Survey ID: 0104357 End Date: 07/06/2009 Type: ABBREVIATED Purpose: SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #Q7KK11 Served 07/09/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)(k)	RIGHTS OF RESIDENTS: SELF-DETERMINATION		

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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: MONROE

Survey ID: 0102086 **End Date:** 07/07/2008 **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: MONROE

Enforcement History (CLOSE TO HOME INC)

Date: 09/21/2009 SOD #00TW11 Enforcement Appealed: No

Sanctions

FORFEITURE---83.35(3)(a)

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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: MONROE

Complaint History (CLOSE TO HOME INC)

Date Complaint Received: 08/18/2009

Date Investigation Completed: 09/21/2009

Subject Area(s)
RESIDENT RIGHTS
ABUSE

Result
SUBSTANTIATED
NOT SUBSTANTIATED

SOD #
00TW11

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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: MONROE

Facility Information

Facility Name: CRANBERRY COURT I LLC (0010457)

Address: 1031 HEELER AVE, TOMAH, WI 54660

License Status: REGULAR

Licensed/Certified/Registered 06/01/2004

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

Survey History

Survey ID: 0108066 **End Date:** 02/09/2011 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #FR9G11 Served 03/04/2011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(bm)	OUT OF STATE BACKGROUND CHECKS		
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE		
83.20(2)(a)	TRAINING IN STANDARD PRECAUTIONS		
83.20(2)(b)	TRAINING IN FIRE SAFETY		
83.20(2)(c)	PROHIBITIONS AND EXCEPTIONS		
83.47(2)(e)	OTHER EVACUATION DRILLS		
83.59(2)(b)	SOLID CORE WOOD DOORS OR EQUIVALENT		

Survey ID: 0102596 **End Date:** 09/29/2008 **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: MONROE

Enforcement History (CRANBERRY COURT ILLC)

Date: 03/03/2011 SOD #FR9G11 Enforcement Appealed: No

Sanctions

FORFEITURE---83.20 (2)(a)
FORFEITURE---83.20 (2)(b)
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 CNA (NONAMBULATORY)

COUNTY: MONROE

Facility Information

Facility Name: CRANBERRY COURT LLC BLDG 2 (0010577)

Address: 1025 HEELER AVE, TOMAH, WI 54660

License Status: REGULAR

Licensed/Certified/Registered 10/04/2004

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

Survey History

Survey ID: 0104358 **End Date:** 06/24/2009 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #DGK711 Served 07/09/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(4)(c)	REPORTING INCIDENTS WITH SERIOUS INJURY		
83.36(1)(a)	ADEQUATE STAFF TO MEET RESIDENT NEEDS		
83.37(2)(c)	MEDICATION ADMINISTRATION NOT SUPERVISED		

Survey ID: 0102156 **End Date:** 07/22/2008 **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: MONROE

Enforcement History (CRANBERRY COURT LLC BLDG 2)

Date: 07/08/2009 SOD #DGK711 Enforcement Appealed: No

Sanctions

COMPLY WITH REQUIREMENT

FORFEITURE---83.36(1)(a)

FORFEITURE---83.37(2)(c)

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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: MONROE

Facility Information

Facility Name: GREENFIELD HOUSE (THE) (0009602)

Address: 21444 FLATIRON AVENUE, TOMAH, WI 54660

License Status: REGULAR

Licensed/Certified/Registered 04/01/2003

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

Survey History

Survey ID: 0104021 **End Date:** 05/14/2009 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #G4TN11 Served 05/16/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.48(3)(a)	FIRE DETECTION SYSTEMS INSPECTED ANNUALLY	05/19/2009	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: MONROE

Facility Information

Facility Name: SUNSET RIDGE ESTATES (510290)

Address: 20035 JUNCO RD, TOMAH, WI 54660

License Status: REGULAR

Licensed/Certified/Registered 11/01/1995

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

Survey History

Survey ID: 0105536 **End Date:** 01/06/2010 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #MRJT11 Served 01/14/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(3)(b)	COMPLETE BACKGROUND CHECK PROCESS		
83.32(3)(n)	RIGHTS OF RESIDENTS: SAFE ENVIRONMENT		
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION		

Survey ID: 0102341 **End Date:** 08/18/2008 **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 AA (AMBULATORY)
COUNTY: MONROE

Facility Information

Facility Name: TROWBRIDGE PERSONAL CARE RESIDENCE (510046)

Address: 110 E COUNCIL ST, TOMAH, WI 54660

License Status: REGULAR

Licensed/Certified/Registered 05/01/1990

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

Survey History

Survey ID: 0105567 **End Date:** 01/26/2010 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0104179 **End Date:** 06/16/2009 **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MONROE

Facility Information

Facility Name: AGAPE ACRES LLC (0011150)

Address: 3737 BLUEBERRY RD, WARRENS, WI 54666

License Status: REGULAR

Licensed/Certified/Registered 07/01/2006

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

Survey History

Survey ID: 0107647 End Date: 12/16/2010 Type: OTHER Purpose: COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0106665 End Date: 07/19/2010 Type: STANDARD Purpose: SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #9I7911 Served 07/22/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.47(2)(d)	FIRE DRILLS		
83.47(2)(e)	OTHER EVACUATION DRILLS		

Survey ID: 0105552 End Date: 01/20/2010 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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: MONROE

Survey ID: 0103541 **End Date: 02/12/2009** **Type: OTHER** **Purpose: COMPLAINT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #ZZ2P11 Served 03/04/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(b)intro	ENTITY BACKGROUND CHECK REQUIREMENTS		
83.14(2)	TRAINING DIETARY NEEDS & MENU PLANNING	04/01/2009	Yes
83.15(1)(c)1	ADEQUATE STAFFING	04/01/2009	Yes

Survey ID: 0103244 **End Date: 01/13/2009** **Type: OTHER** **Purpose: COMPLAINT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0102157 **End Date: 07/22/2008** **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
Community Based Residential Facility--CLASS CNA (NONAMBULATORY)
COUNTY: MONROE

Enforcement History (AGAPE ACRES LLC)

Date: 03/02/2009 SOD #ZZ2P11 Enforcement Appealed: No

Sanctions

FORFEITURE---83.14(2)
FORFEITURE---83.15(1)(c)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: MONROE

Complaint History (AGAPE ACRES LLC)

Date Complaint Received: 11/19/2010

Date Investigation Completed: 12/16/2010

Subject Area(s)

ABUSE
ADMINISTRATION
PROGRAM SERVICES

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 01/12/2010

Date Investigation Completed: 01/20/2010

Subject Area(s)

MEDICATIONS
STAFF TRAINING AND PROFICIENCY
PROGRAM SERVICES

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 01/21/2009

Date Investigation Completed: 02/12/2009

Subject Area(s)

STAFF TRAINING AND PROFICIENCY

Result

SUBSTANTIATED

SOD #

ZZ2P11

Date Complaint Received: 01/05/2009

Date Investigation Completed: 01/13/2009

Subject Area(s)

PHYSICAL PLANTS & SAFETY HAZARDS

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: MONROE

Facility Information

Facility Name: HOMESTEAD APARTMENTS (0011308)
Address: 331 S WATER ST, SPARTA, WI 54656
License Status: REGULAR
Licensed/Certified/Registered 01/20/2006
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0104355 **End Date:** 07/09/2009 **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
Residential Care Apartment Complex (REGISTERED)
COUNTY: MONROE

Facility Information

Facility Name: MARYCREST ASSISTED LIVING (0011029)

Address: 401 S WATER ST, SPARTA, WI 54656

License Status: REGULAR

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 48 of 53 total pages. If printing this report ensure that your printer is set to print only the desired pages.

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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

Facility Information

Facility Name: A TOUCH OF HOME (0010271)
Address: 1211 MARK AVENUE, TOMAH, WI 54660
License Status: REGULAR
Licensed/Certified/Registered: 01/01/2002
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0105275 **End Date:** 12/01/2009 **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 (REGISTERED)
COUNTY: MONROE

Complaint History (A TOUCH OF HOME)

Date Complaint Received: 10/26/2009

Date Investigation Completed: 12/01/2009

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
Residential Care Apartment Complex (REGISTERED)
COUNTY: MONROE

Facility Information

Facility Name: CLOSE TO HOME (0010255)
Address: 1206 MARK AVENUE, TOMAH, WI 54660
License Status: REGULAR
Licensed/Certified/Registered 02/01/1998
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0105276 **End Date:** 12/01/2009 **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 (REGISTERED)
COUNTY: MONROE

Complaint History (CLOSE TO HOME)

Date Complaint Received: 10/26/2009

Date Investigation Completed: 12/01/2009

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
Residential Care Apartment Complex (CERTIFIED)
COUNTY: MONROE

Facility Information

Facility Name: LIBERTY VILLAGE ASSISTED LIVING (0012805)
Address: 200 LIBERTY PLACE, TOMAH, WI 54660
License Status: REGULAR
Licensed/Certified/Registered 06/01/2009
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0104472 **End Date:** 07/27/2009 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0104059 **End Date:** 05/28/2009 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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