

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

COUNTY: PEPIN

Notes

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

The report is a PDF (Adobe Acrobat) document and includes a total of 9 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: PEPIN

Facility Information

Facility Name: HURLBURTS HAVEN (0012349)
Address: 1215 EAST PROSPECT ST, DURAND, WI 54736
License Status: REGULAR
Licensed/Certified/Registered 06/18/2008
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0108024 **End Date:** 02/23/2011 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0105342 **End Date:** 10/19/2009 **Type:** OTHER **Purpose:** OTHER

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0101918 **End Date:** 06/18/2008 **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: PEPIN

Facility Information

Facility Name: ASSISTED LIVING OF DURAND (0010435)
Address: 1103 E LANEVILLE, DURAND, WI 54736
License Status: REGULAR
Licensed/Certified/Registered 12/17/2003
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0105348 **End Date:** 12/10/2009 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #VHRZ11 Served 12/12/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.07(3)(e)1	MEDICATION- RECORD KEEPING		

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

Facility Information

Facility Name: FLO'S ADULT FAMILY HOME (590027)
Address: 915 E WASHINGTON ST, DURAND, WI 54736
License Status: REGULAR
Licensed/Certified/Registered 05/31/1992
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0106115 **End Date:** 04/20/2010 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0101542 **End Date:** 04/04/2008 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #JZU211 Served 04/18/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(a)	HOME ENVIRONMENT	09/01/2008	Yes
88.05(3)(b)	FREE OF HAZARDS	04/06/2008	Yes
88.05(4)(b)1	FIRE SAFETY-SMOKE DETECTORS	04/05/2008	Yes
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION	04/07/2008	Yes
88.07(2)(e)	ANNUAL HEALTH EXAM	04/05/2008	Yes

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

Facility Information

Facility Name: NICOLES ADULT FAMILY HOME (0009710)
Address: 620 4TH AVE E, DURAND, WI 54736
License Status: REGULAR
Licensed/Certified/Registered 08/01/2002
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0106609 **End Date:** 06/14/2010 **Type:** OTHER **Purpose:** DESK REVIEW

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #OWV511 Served 06/18/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.03(5)(e)1	SIGNIFICANT CHANGE TO THE RESIDENT		

Survey ID: 0103506 **End Date:** 02/20/2009 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #E1EY12 Served 02/25/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(e)2.b	INSPECTIONS-GAS FURNACE		

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

Facility Information

Facility Name: PINE RIDGE DURAND (590088)
Address: W5433 COUNTY V LOT 35, DURAND, WI 54736
License Status: REGULAR
Licensed/Certified/Registered 09/23/1996
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0104551 **End Date:** 08/07/2009 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0103568 **End Date:** 02/18/2009 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #IVZH12 Served 03/07/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(3)(b)	COMPLETE BACKGROUND CHECK PROCESS	07/07/2009	Yes
88.04(2)(a)	RESPONSIBILITIES	07/07/2009	Yes
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY	07/07/2009	Yes
88.06(3)(a)	INDIVIDUAL SERVICE PLAN & ASSESSMENT	07/07/2009	Yes
88.06(3)(d)1	DESCRIPTION OF SERVICES	07/07/2009	Yes
88.06(3)(d)5	SIGNED STATEMENT OF AGREEMENT	07/07/2009	Yes
88.06(3)(e)	COPY OF ISP	07/07/2009	Yes
88.06(3)(f)	REVIEW OF ISP	07/07/2009	Yes
88.07(2)(b)4	RECORD OF MEDICAL VISITS AND REPORTS	07/07/2009	Yes
88.07(3)(d)	MEDICATION- WRITTEN ORDER	07/07/2009	Yes
88.07(3)(e)1	MEDICATION- RECORD KEEPING	07/07/2009	Yes

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

Enforcement History (PINE RIDGE DURAND)

Date: 03/06/2009

SOD #IVZH12

Enforcement Appealed: No

Sanctions

NO NEW ADMISSIONS

--Facility Compliant 08/07/2009 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: PEPIN

Facility Information

Facility Name: HOMEPLACE OF DURAND LLC (THE) (0011507)
Address: 315 COUNTRY LANE, DURAND, WI 54736
License Status: REGULAR
Licensed/Certified/Registered 06/08/2006
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0106760 **End Date:** 07/29/2010 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0105417 **End Date:** 12/14/2009 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #YQB012 Served 12/21/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
89.34(16)	TENANT RIGHTS	12/15/2009	Yes
89.34(17)	TENANT RIGHTS	06/15/2010	Yes

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

Enforcement History (HOMEPLACE OF DURAND LLC (THE))

Date: 12/18/2009 SOD #YQB012 Enforcement Appealed: No

Sanctions

FORFEITURE---89.34(16)

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