

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

COUNTY: PIERCE

Notes

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

The report is a PDF (Adobe Acrobat) document and includes a total of 28 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: PIERCE

Facility Information

Facility Name: HAVE-A-HEART ADULT DAY CARE (0012348)
Address: W10356 HWY 29, RIVER FALLS, WI 54022
License Status: REGULAR
Licensed/Certified/Registered 04/15/2008
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0106382 **End Date:** 05/19/2010 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0101543 **End Date:** 04/14/2008 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

This is Page 2 of 28 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: PIERCE

Facility Information

Facility Name: MAPLE VIEW (590044)
Address: 301 N MAPLE ST, ELLSWORTH, WI 54011
License Status: REGULAR
Licensed/Certified/Registered 01/31/1995
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0106042 **End Date:** 04/02/2010 **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: PIERCE

Facility Information

Facility Name: WILLOW VIEW (590127)
Address: 140 W HUMBLE AVENUE, ELLSWORTH, WI 54011
License Status: REGULAR
Licensed/Certified/Registered 02/26/1997
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0106204 **End Date:** 04/26/2010 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #FCQY11 Served 04/30/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(a)	HOME ENVIRONMENT		

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

Facility Information

Facility Name: AURORA RES ALTERNATIVES INC 089 (590113)
Address: W7475 145TH AVENUE, HAGER CITY, WI 54014
License Status: REGULAR
Licensed/Certified/Registered 11/25/1996
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
Adult Family Home
COUNTY: PIERCE

Facility Information

Facility Name: AURORA RES ALT PRESCOTT 050 (590028)
Address: 456 S GIBBS STREET, PRESCOTT, WI 54021
License Status: REGULAR
Licensed/Certified/Registered 08/25/1994
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
Adult Family Home
COUNTY: PIERCE

Facility Information

Facility Name: AURORA RES ALT BARTOSH LANE 029 (590029)
Address: 1310 BARTOSH LANE, RIVER FALLS, WI 54022
License Status: REGULAR
Licensed/Certified/Registered 01/31/1992
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0105954 **End Date:** 03/18/2010 **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: PIERCE

Facility Information

Facility Name: CLARK DAMON VILLA (0010777)
Address: 1685 SUNWOOD COURT, RIVER FALLS, WI 54022
License Status: REGULAR
Licensed/Certified/Registered 02/01/2005
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
Adult Family Home
COUNTY: PIERCE

Facility Information

Facility Name: REM WISCONSIN III INC CUDD (590031)
Address: 211 SOUTH CUDD STREET, RIVER FALLS, WI 54022
License Status: REGULAR
Licensed/Certified/Registered 10/04/1988
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0105960 **End Date:** 03/10/2010 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #MMSE12 Served 03/15/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(4)(c)1	EXITING FROM THE FIRST FLOOR		

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

Facility Information

Facility Name: REM WISCONSIN INC - COVEY (0012316)
Address: 1535 COVEY DR, RIVER FALLS, WI 54022
License Status: REGULAR
Licensed/Certified/Registered 03/01/2008
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0107296 **End Date:** 10/06/2010 **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
Community Based Residential Facility--CLASS CA (AMBULATORY)
COUNTY: PIERCE

Facility Information

Facility Name: CEDAR HOUSE (510278)
Address: 145 W SUMMIT AVE, ELLSWORTH, WI 54011
License Status: REGULAR
Licensed/Certified/Registered 04/02/1996
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0106182 **End Date:** 04/26/2010 **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: PIERCE

Facility Information

Facility Name: COUNTRYSIDE (0010637)

Address: N5335 - 760TH ST, ELLSWORTH, WI 54011

License Status: REGULAR

Licensed/Certified/Registered 01/01/2005

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
Community Based Residential Facility--CLASS AA (AMBULATORY)
COUNTY: PIERCE

Facility Information

Facility Name: HEIGHTS (THE) (0008516)
Address: 510 MADONNA STREET, ELLSWORTH, WI 54011
License Status: REGULAR
Licensed/Certified/Registered 11/01/1999
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0103117 **End Date:** 11/11/2008 **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: PIERCE

Facility Information

Facility Name: PARKSIDE (0009712)

Address: 258 N BEULAH ST, ELLSWORTH, WI 54011

License Status: REGULAR

Licensed/Certified/Registered 05/01/2003

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

Survey History

Survey ID: 0106522 **End Date:** 06/23/2010 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0106088 **End Date:** 04/01/2010 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #GGUP11 Served 04/12/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.36(1)(a)	ADEQUATE STAFF TO MEET RESIDENT NEEDS	06/01/2010	Yes
83.40	OXYGEN STORAGE	06/01/2010	Yes
83.45(1)(b)	BUILDING INTEGRITY	06/01/2010	Yes
83.59(7)(a)	EMERGENCY EGRESS LIGHTING PROVIDED	06/01/2010	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: PIERCE

Enforcement History (PARKSIDE)

Date: 04/07/2010 SOD #GGUP11 Enforcement Appealed: No

Sanctions

FORFEITURE---83.36(1)(a)

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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: PIERCE

Facility Information

Facility Name: SUMMIT VIEW (510279)
Address: 278 N BEULAH STREET, ELLSWORTH, WI 54011
License Status: REGULAR
Licensed/Certified/Registered 03/05/1996
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0106081 **End Date:** 04/01/2010 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #V5LX11 Served 04/08/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.47(2)(d)	FIRE DRILLS		
83.59(7)(a)	EMERGENCY EGRESS LIGHTING PROVIDED		

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Provider Inspection Summary

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

Community Based Residential Facility--CLASS AS (SEMIAMBULATORY)

COUNTY: PIERCE

Facility Information

Facility Name: SEASONS (THE) (510234)

Address: 207 WEST STREET, PLUM CITY, WI 54761

License Status: REGULAR

Licensed/Certified/Registered 10/20/1993

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 17 of 28 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
Community Based Residential Facility--CLASS CA (AMBULATORY)
COUNTY: PIERCE

Facility Information

Facility Name: AURORA RES ALTERNATIVES INC 035 (0008706)
Address: 1352 SOUTH SPRUCE ST, RIVER FALLS, WI 54022
License Status: REGULAR
Licensed/Certified/Registered 04/01/2000
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0106022 **End Date:** 03/18/2010 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #DE6Y11 Served 03/24/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.60(1)	TOTAL/OPENABLE WINDOW AREA		

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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: PIERCE

Facility Information

Facility Name: COMFORTS OF HOME-RIVER FALLS CBRF (0012426)

Address: 2328 AURORA CIRCLE, RIVER FALLS, WI 54022

License Status: REGULAR

Licensed/Certified/Registered 07/01/2009

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

Survey History

Survey ID: 0104379 **End Date:** 06/29/2009 **Type:** STANDARD **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

Survey ID: 0104120 **End Date:** 05/07/2009 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #K5YG11 Served 06/03/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.47(2)(d)	FIRE DRILLS	06/15/2009	Yes

Survey ID: 0101922 **End Date:** 06/19/2008 **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 AA (AMBULATORY)
COUNTY: PIERCE

Facility Information

Facility Name: KINNIC FALLS ALCOHOL DRUG SERVS INC (0008581)
Address: 900 SOUTH ORANGE STREET, RIVER FALLS, WI 54022
License Status: REGULAR
Licensed/Certified/Registered 12/31/1981
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0106520 **End Date:** 06/23/2010 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0106326 **End Date:** 05/06/2010 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #OVMQ11 Served 05/14/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.54(3)(b)	BEDROOMS: CORRECTIONS/AODA UP TO 3 RESIDENTS	06/23/2010	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: PIERCE

Enforcement History (KINNIC FALLS ALCOHOL DRUG SERVS INC)

Date: 05/12/2010 **SOD #OVMQ11** **Enforcement Appealed: No**
Sanctions
COMPLY WITH DEPARTMENT PLAN OF CORRECTION --Facility Compliant 06/23/2010 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 CNA (NONAMBULATORY)

COUNTY: PIERCE

Facility Information

Facility Name: OUR HOUSE ASSISTED CARE (0013425)

Address: 902 S WASSON LANE, RIVER FALLS, WI 54022

License Status: PROBATIONARY

Licensed/Certified/Registered 09/30/2010

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

Survey History

Survey ID: 0107159 **End Date:** 09/24/2010 **Type:** INITIAL **Purpose:** CHOW--DESK REVIEW

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 AA (AMBULATORY)
COUNTY: PIERCE

Facility Information

Facility Name: RIDGEWOOD CBRF (510281)
Address: ` , RIVER FALLS, WI 54022
License Status: REGULAR
Licensed/Certified/Registered 02/15/1996
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0106519 **End Date:** 06/23/2010 **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 (CERTIFIED)
COUNTY: PIERCE

Facility Information

Facility Name: WELCOME HOME ASSISTED LIVING INC (0012458)

Address: 1121 INDUSTRIAL RD, ELMWOOD, WI 54740

License Status: REGULAR

Licensed/Certified/Registered 08/19/2008

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

Survey History

Survey ID: 0107425 **End Date:** 10/28/2010 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0107128 **End Date:** 09/20/2010 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0102343 **End Date:** 08/19/2008 **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: PIERCE

Complaint History (WELCOME HOME ASSISTED LIVING INC)

Date Complaint Received: 10/19/2010

Date Investigation Completed: 10/28/2010

Subject Area(s)
QUALITY OF LIFE

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: PIERCE

Facility Information

Facility Name: COMFORTS OF HOME RIVER FALLS GRAND APTS (0012562)

Address: 2306 2310 2314 2318 AURORA CIR, RIVER FALLS, WI 54022

License Status: REGULAR

Licensed/Certified/Registered 04/21/2009

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

Survey History

Survey ID: 0108061 **End Date:** 02/28/2011 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0103870 **End Date:** 04/21/2009 **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
Residential Care Apartment Complex (CERTIFIED)
COUNTY: PIERCE

Facility Information

Facility Name: COMFORTS OF HOME-RIVER FALLS RCAC (0012053)
Address: 2348 AURORA CIRCLE, RIVER FALLS, WI 54022
License Status: REGULAR
Licensed/Certified/Registered 08/13/2007
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0106588 **End Date:** 06/30/2010 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0103118 **End Date:** 12/16/2008 **Type:** OTHER **Purpose:** OTHER

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0101940 **End Date:** 06/17/2008 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0101743 **End Date:** 04/14/2008 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #RB5P11 Served 05/16/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
89.22(2)(b)1	BUILDING REQUIREMENTS	06/05/2008	Yes

This is Page 27 of 28 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: PIERCE

Facility Information

Facility Name: VALLEY VILLAS ASSISTED LIVING (0013449)
Address: S820 WESTLAND DR, SPRING VALLEY, WI 54767
License Status: REGULAR
Licensed/Certified/Registered 08/16/2010
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0106938 **End Date:** 08/16/2010 **Type:** INITIAL **Purpose:** SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED

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