

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

COUNTY: POLK

**Notes**

**This report includes Provider Inspection Summaries (Facility Profiles) for Assisted Living Facilities in Polk 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 Family Home  
COUNTY: POLK

**Facility Information**

**Facility Name:** AURORA RESIDENTIAL ALTERNATIVES INC #066 (0013505)

**Address:** 514 FIRST AVE, BALSAM LAKE, WI 54810

**License Status:** REGULAR

**Licensed/Certified/Registered** 10/14/2010

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

**Survey History**

**Survey ID:** 0107306      **End Date:** 10/14/2010      **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: POLK

**Facility Information**

**Facility Name:** AURORA RESIDENTIAL ALTERNATIVES INC #034 (0011973)

**Address:** 312 SIXTH ST, CENTURIA, WI 54824

**License Status:** REGULAR

**Licensed/Certified/Registered** 06/05/2007

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

**Survey History**

**Survey ID:** 0103813      **End Date:** 04/01/2009      **Type:** STANDARD      **Purpose:** SURVEY/SELF REPORT

**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: POLK

**Facility Information**

**Facility Name:** ROSEWOOD ADULT FAMILY HOME (0011329)  
**Address:** 215 FIFTH ST NW, CLEAR LAKE, WI 54005  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 02/02/2006  
**Regional Office:** WESTERN REGION (EAU CLAIRE), (715) 836-4752

**Survey History**

**Survey ID:** 0104247    **End Date:** 06/19/2009    **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: POLK

**Facility Information**

**Facility Name:** ANGELS IN WAITING (0009761)  
**Address:** 301 MAIN STREET W, MILLTOWN, WI 54858  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 10/29/2002  
**Regional Office:** WESTERN REGION (EAU CLAIRE), (715) 836-4752

**Survey History**

**Survey ID:** 0106140    **End Date:** 04/21/2010    **Type:** OTHER    **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0105680    **End Date:** 01/06/2010    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #87O011    Served 01/29/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(b)intro	ENTITY BACKGROUND CHECK REQUIREMENTS	04/21/2010	Yes
50.065(2)(d)	MAINTAIN BACKGROUND INFORMATION	04/21/2010	Yes
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE	04/21/2010	Yes
88.05(4)(d)2.c	SEMI-ANNUAL FIRE DRILLS	04/21/2010	Yes

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

**Enforcement History (ANGELS IN WAITING)**

**Date: 01/25/2010**      **SOD #87O011**

**Enforcement Appealed: No**

Sanctions

COMPLY WITH REQUIREMENT

--Facility Compliant 04/21/2010 12:00:00AM

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

**Facility Information**

**Facility Name:** OUR SWEET HOME (0013094)  
**Address:** 313 2ND AVENUE SW BOX 14, MILLTOWN, WI 54858  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 02/01/2010  
**Regional Office:** WESTERN REGION (EAU CLAIRE), (715) 836-4752

**Survey History**

**Survey ID:** 0105621    **End Date:** 01/27/2010    **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: POLK

**Facility Information**

**Facility Name:** SEVENTH CHILD ADULT FAMILY & RESPITE HOME LLC (0012753)

**Address:** 2032A 170TH STREET, MILLTOWN, WI 54858

**License Status:** REGULAR

**Licensed/Certified/Registered** 06/10/2009

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

**Survey History**

**Survey ID:** 0104194    **End Date:** 06/04/2009    **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: POLK

**Facility Information**

**Facility Name:** MORNING GLORY - COMMUNITY HOMESTEAD (0009682)

**Address:** 515A 280TH STREET, OSCEOLA, WI 54020

**License Status:** REGULAR

**Licensed/Certified/Registered** 05/16/2002

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

**Survey History**

**Survey ID:** 0107956      **End Date:** 02/07/2011      **Type:** ABBREVIATED      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0103815      **End Date:** 04/01/2009      **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: POLK

**Facility Information**

**Facility Name:** PINE VIEW LLC (0012996)  
**Address:** 301 MEADOW LARK LANE, OSCEOLA, WI 54020  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 12/02/2009  
**Regional Office:** WESTERN REGION (EAU CLAIRE), (715) 836-4752

**Survey History**

**Survey ID:** 0105326      **End Date:** 12/02/2009      **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 CNA (NONAMBULATORY)

COUNTY: POLK

### Facility Information

**Facility Name:** RIVERBEND (0010999)

**Address:** 475 GOLFVIEW, AMERY, WI 54001

**License Status:** REGULAR

**Licensed/Certified/Registered** 03/01/2006

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

### Survey History

**Survey ID:** 0106038      **End Date:** 03/29/2010      **Type:** ABBREVIATED      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0101554      **End Date:** 04/23/2008      **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: POLK

**Facility Information**

**Facility Name:** SOPHIES MANOR ASSISTED LIVING II INC (0012368)

**Address:** 300 MICHIGAN AVE, CENTURIA, WI 54824

**License Status:** REGULAR

**Licensed/Certified/Registered** 06/01/2009

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

**Survey History**

**Survey ID:** 0104006    **End Date:** 05/05/2009    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #4GPT11    Served 05/13/2009

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

**Survey ID:** 0102678    **End Date:** 10/07/2008    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0101782    **End Date:** 05/05/2008    **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: POLK

**Facility Information**

**Facility Name:** CLEAR LAKE MANOR (510357)  
**Address:** 460 2ND AVENUE, CLEAR LAKE, WI 54005  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 09/01/1997  
**Regional Office:** WESTERN REGION (EAU CLAIRE), (715) 836-4752

**Survey History**

**Survey ID:** 0107052    **End Date:** 09/01/2010    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0105318    **End Date:** 12/02/2009    **Type:** OTHER    **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0104644    **End Date:** 07/28/2009    **Type:** STANDARD    **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #LEIK11    Served 08/15/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	10/31/2009	Yes
83.44(1)(c)	CLOTHES DRYERS ENCLOSED AND VENTED	10/31/2009	Yes
83.45(1)(a)	EXTERIOR AREAS	10/31/2009	Yes
83.55(6)(b)	BATH AND TOILET AREAS: WATER TEMPERATURE	10/31/2009	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: POLK

**Survey ID: 0101862    End Date: 04/22/2008    Type: OTHER    Purpose: COMPLAINT**

**Results: ENFORCEMENT ACTION**

**Statement of Deficiency: #7LDC11    Served 06/04/2008**

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.19(1)(d)	PHYSICAL OR MENTAL CONDITION	04/01/2009	Yes
83.21(4)(p)	PROMPT AND ADEQUATE TREATMENT	04/01/2009	Yes
83.33(2)(h)2	MEDICAL SERVICES DOCUMENTED IN RECORD	04/01/2009	Yes
83.33(3)(e)2.b	INJECTIONS	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: POLK

**Enforcement History (CLEAR LAKE MANOR)**

**Date: 05/28/2008      SOD #7LDC11      Enforcement Appealed: Yes      Decision: STIPULATION**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION --Facility Compliant 07/28/2009 12:00:00AM  
FORFEITURE---83.21(4)(p)

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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: POLK

**Complaint History (CLEAR LAKE MANOR)**

**Date Complaint Received: 07/22/2010**

**Date Investigation Completed: 09/01/2010**

Subject Area(s)

RESIDENT RIGHTS  
RESIDENT BEHAVIOR/FACILITY PRACTICE

Result

NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 11/30/2009**

**Date Investigation Completed: 12/02/2009**

Subject Area(s)

RESIDENT RIGHTS  
ABUSE  
PHYSICAL PLANTS & SAFETY HAZARDS

Result

NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

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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: POLK

### Facility Information

**Facility Name:** COMFORTS OF HOME - FREDERIC (0010757)

**Address:** 105 E OAK ST, FREDERIC, WI 54837

**License Status:** REGULAR

**Licensed/Certified/Registered** 11/01/2005

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

### Survey History

**Survey ID:** 0104617    **End Date:** 08/04/2009    **Type:** STANDARD    **Purpose:** SURVEY/SELF REPORT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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**Survey ID:** 0103591    **End Date:** 03/16/2009    **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: POLK

#### Complaint History (COMFORTS OF HOME - FREDERIC)

**Date Complaint Received: 02/27/2009**

**Date Investigation Completed: 03/16/2009**

Subject Area(s)

RESIDENT RIGHTS  
NUTRITION & FOOD SERVICES  
ADMINISTRATION

Result

NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

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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: POLK

### Facility Information

**Facility Name:** COMFORTS OF HOME - ST CROIX II (0010569)

**Address:** 341 MCKENNEY ST, ST CROIX FALLS, WI 54024

**License Status:** REGULAR

**Licensed/Certified/Registered** 05/01/2004

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

### Survey History

**Survey ID:** 0105939      **End Date:** 03/10/2010      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0105598      **End Date:** 01/26/2010      **Type:** STANDARD      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0104191      **End Date:** 06/10/2009      **Type:** OTHER      **Purpose:** COMPLAINT/SELF REPORT

**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: POLK

#### Complaint History (COMFORTS OF HOME - ST CROIX II)

**Date Complaint Received: 02/11/2010**

**Date Investigation Completed: 03/10/2010**

Subject Area(s)

RESIDENT BEHAVIOR/FACILITY PRACTICE  
ADMISSION, TRANSFER & DISCHARGE  
PROGRAM SERVICES

Result

NOT SUBSTANTIATED  
SUBSTANTIATED  
SUBSTANTIATED

SOD #

NOT RECORDED  
NOT RECORDED

**Date Complaint Received: 05/13/2009**

**Date Investigation Completed: 06/10/2009**

Subject Area(s)

STAFF ADEQUACY

Result

NOT SUBSTANTIATED

SOD #

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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: POLK

### Facility Information

**Facility Name:** COMFORTS OF HOME-ST CROIX FALLS I (0010062)

**Address:** 343 MCKENNEY STREET, ST CROIX FALLS, WI 54024

**License Status:** REGULAR

**Licensed/Certified/Registered** 12/01/2003

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

### Survey History

**Survey ID:** 0108040    **End Date:** 02/16/2011    **Type:** OTHER    **Purpose:** SURVEY/COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0105593    **End Date:** 01/26/2010    **Type:** ABBREVIATED    **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0104189    **End Date:** 06/10/2009    **Type:** OTHER    **Purpose:** COMPLAINT/SELF REPORT

**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: POLK

#### Complaint History (COMFORTS OF HOME-ST CROIX FALLS I)

**Date Complaint Received: 01/06/2011**

**Date Investigation Completed: 02/16/2011**

Subject Area(s)

PHYSICAL PLANTS & SAFETY HAZARDS  
HOMELIKE ENVIRONMENT & CLEANLINESS  
NUTRITION & FOOD SERVICES  
MEDICATIONS

Result

NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 05/13/2009**

**Date Investigation Completed: 06/10/2009**

Subject Area(s)

STAFF ADEQUACY

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: POLK

**Facility Information**

**Facility Name:** AMERY ASSTD LIV -RIVER BEND (0011001)  
**Address:** 475 GOLF VIEW LANE, AMERY, WI 54001  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 05/09/2005  
**Regional Office:** WESTERN REGION (EAU CLAIRE), (715) 836-4752

**Survey History**

**Survey ID:** 0107955      **End Date:** 02/07/2011      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0107005      **End Date:** 08/31/2010      **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  
Residential Care Apartment Complex (REGISTERED)  
COUNTY: POLK

**Complaint History (AMERY ASSTD LIV -RIVER BEND)**

**Date Complaint Received: 12/13/2010**

**Date Investigation Completed: 02/07/2011**

Subject Area(s)

Result

SOD #

ADMISSION, TRANSFER & DISCHARGE

NOT SUBSTANTIATED

**Date Complaint Received: 07/02/2010**

**Date Investigation Completed: 08/31/2010**

Subject Area(s)

Result

SOD #

PHYSICAL PLANTS & SAFETY HAZARDS

NOT SUBSTANTIATED

MEDICATIONS

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

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***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 (CERTIFIED)  
COUNTY: POLK

**Facility Information**

**Facility Name:** EVERGREEN VILLAGE (0010556)  
**Address:** 611 HARRIMAN AVE S, AMERY, WI 54001  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 06/01/2004  
**Regional Office:** WESTERN REGION (EAU CLAIRE), (715) 836-4752

**Survey History**

**Survey ID:** 0104503    **End Date:** 07/22/2009    **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 (CERTIFIED)  
COUNTY: POLK

**Facility Information**

**Facility Name:** ROYAL OAKS INC (THE) (0012793)  
**Address:** 304 EIGHTH AVE E, OSCEOLA, WI 54020  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 05/05/2009  
**Regional Office:** WESTERN REGION (EAU CLAIRE), (715) 836-4752

**Survey History**

**Survey ID:** 0108164    **End Date:** 03/09/2011    **Type:** STANDARD    **Purpose:** SURVEY/COMPLAINT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #4U5L11    Served 03/16/2011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(b)intro	ENTITY BACKGROUND CHECK REQUIREMENTS		
89.28(1)	RISK AGREEMENT		

**Survey ID:** 0103963    **End Date:** 05/05/2009    **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: POLK

**Complaint History (ROYAL OAKS INC (THE))**

**Date Complaint Received: 01/27/2011**

**Date Investigation Completed: 03/09/2011**

Subject Area(s)

Result

SOD #

MEDICATIONS

NOT SUBSTANTIATED

ADMISSION, TRANSFER & DISCHARGE

NOT SUBSTANTIATED

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

**Facility Information**

**Facility Name:** ST CROIX VALLEY GOOD SAM APT COMPLEX (0011008)

**Address:** 750 LOUISANNA E, ST CROIX FALLS, WI 54024

**License Status:** REGULAR

**Licensed/Certified/Registered** 11/09/2006

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

**Survey History**

**Survey ID:** 0103814      **End Date:** 04/07/2009      **Type:** STANDARD      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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