

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

COUNTY: RUSK

Notes

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

The report is a PDF (Adobe Acrobat) document and includes a total of 14 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: RUSK

Facility Information

Facility Name: HALCYON HOME (590103)
Address: N2664 CO LINE RD, CHETEK, WI 54728
License Status: REGULAR
Licensed/Certified/Registered 10/22/1996
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0104056 **End Date:** 05/26/2009 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0103912 **End Date:** 04/09/2009 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #9PW711 Served 04/20/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(3)(b)	COMPLETE BACKGROUND CHECK PROCESS	05/19/2009	Yes
88.06(2)(a)2	HEALTH EXAM NOT REQUIRED SHORT RESPITE	05/19/2009	Yes
88.06(3)(d)1	DESCRIPTION OF SERVICES	05/19/2009	Yes
88.06(3)(f)	REVIEW OF ISP	05/19/2009	Yes
88.09(1)(d)	RESIDENT RECORDS REQUIREMENTS	05/19/2009	Yes

This is Page 2 of 14 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: RUSK

Enforcement History (HALCYON HOME)

Date: 04/14/2009 **SOD #9PW711**

Enforcement Appealed: No

Sanctions

NO NEW ADMISSIONS

--Facility Compliant 05/26/2009 12:00:00AM

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

Complaint History (HALCYON HOME)

Date Complaint Received: 03/27/2009

Date Investigation Completed: 04/09/2009

Subject Area(s)
ADMINISTRATION

Result
NOT SUBSTANTIATED

SOD #

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

Facility Information

Facility Name: AURORA RES ALTERNATIVES INC 065 (0009210)
Address: N5832 CEDAR STREET, GLEN FLORA, WI 54526
License Status: REGULAR
Licensed/Certified/Registered 02/21/2001
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0105172 **End Date:** 10/09/2009 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #QR0G11 Served 11/10/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.07(1)(a)	RESIDENT CARE-GENERAL REQUIREMENTS		

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

Facility Information

Facility Name: LAKE HOUSE (0008754)
Address: 412 E LAKE AVENUE, LADYSMITH, WI 54848
License Status: REGULAR
Licensed/Certified/Registered 08/16/1999
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0102884 **End Date:** 10/10/2008 **Type:** ABBREVIATED **Purpose:** SURVEY/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #9L6Y11 Served 11/07/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.07(1)(c)	ACTIVITIES AND SERVICES		

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

Facility Information

Facility Name: MINER MANOR (0010570)
Address: 407 E MINER AVE, LADYSMITH, WI 54848
License Status: REGULAR
Licensed/Certified/Registered 04/12/2004
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0104411 **End Date:** 07/02/2009 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #343611 Served 07/15/2009

<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		

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

Facility Information

Facility Name: PARKER PLACE (THE) (0010652)
Address: W9976 BIRCH CIRCLE DRIVE, LADYSMITH, WI 54848
License Status: REGULAR
Licensed/Certified/Registered 07/02/2004
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0107470 **End Date:** 11/10/2010 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0106966 **End Date:** 08/23/2010 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #WK1Q11 Served 08/26/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(a)	RESPONSIBILITIES	10/01/2010	Yes
88.07(1)(c)	ACTIVITIES AND SERVICES	09/11/2010	Yes
88.10(3)(a)	FAIR TREATMENT	09/30/2010	Yes

Survey ID: 0103595 **End Date:** 03/02/2009 **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: RUSK

Enforcement History (PARKER PLACE (THE))

Date: 08/24/2010

SOD #WK1Q11

Enforcement Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
NO NEW ADMISSIONS

--Facility Compliant 10/01/2010 12:00:00AM
--Facility Compliant 11/10/2010 12:00:00AM

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

Complaint History (PARKER PLACE (THE))

Date Complaint Received: 04/02/2010

Date Investigation Completed: 07/15/2010

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
LICENSED CAPACITY /CLASS OF LICENSE	SUBSTANTIATED	WK1Q11
RESIDENT RIGHTS	SUBSTANTIATED	WK1Q11
NUTRITION & FOOD SERVICES	NOT SUBSTANTIATED	
MEDICATIONS	NOT SUBSTANTIATED	
ADMISSION, TRANSFER & DISCHARGE	NOT SUBSTANTIATED	
ADMINISTRATION	NOT SUBSTANTIATED	
STAFF TRAINING AND PROFICIENCY	NOT SUBSTANTIATED	
PROGRAM SERVICES	NOT SUBSTANTIATED	
QUALITY OF LIFE	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: RUSK

Facility Information

Facility Name: CARE PARTNERS ASSISTED LIVING - LADYSMITH (0012671)

Address: 1105 BAKER AVE, LADYSMITH, WI 54848

License Status: REGULAR

Licensed/Certified/Registered 01/01/2009

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

Survey History

Survey ID: 0103196 **End Date:** 12/15/2008 **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: RUSK

Facility Information

Facility Name: COUNTRY TERRACE LADYSMITH (0009673)

Address: 910 SHADY LANE, LADYSMITH, WI 54848

License Status: REGULAR

Licensed/Certified/Registered 04/01/2003

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

Survey History

Survey ID: 0107081 **End Date:** 09/14/2010 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0102552 **End Date:** 09/18/2008 **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: RUSK

Facility Information

Facility Name: LAKE MANOR (510330)

Address: 119 E 4TH ST N, LADYSMITH, WI 54848

License Status: REGULAR

Licensed/Certified/Registered 06/30/1992

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

Survey History

Survey ID: 0106508 **End Date:** 06/10/2010 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #49M911 Served 06/18/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
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: RUSK

Enforcement History (LAKE MANOR)

Date: 06/17/2010 SOD #49M911 Enforcement Appealed: No

Sanctions

FORFEITURE---83.47(2)(d)

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