

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

COUNTY: SAWYER

Notes

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

The report is a PDF (Adobe Acrobat) document and includes a total of 23 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: SAWYER

Facility Information

Facility Name: RIPCZINSKI ADULT FAMILY HOME (THE) (0012133)

Address: 12390 W RYAN RD, COUDERAY, WI 54828

License Status: REGULAR

Licensed/Certified/Registered 11/01/2007

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

Survey History

Survey ID: 0102804 **End Date:** 09/26/2008 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #OEHP11 Served 10/23/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(2)(a)	DIFFICULTY WALKING		
88.05(3)(b)	FREE OF HAZARDS		
88.07(3)(d)	MEDICATION- WRITTEN ORDER		
88.07(3)(e)1	MEDICATION- RECORD KEEPING		

This is Page 2 of 23 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
Adult Family Home
COUNTY: SAWYER

Facility Information

Facility Name: AURORA RESIDENTIAL ALTERNATIVES #16 (690060)

Address: 10871 SECOND AVENUE, HAYWARD, WI 54843

License Status: REGULAR

Licensed/Certified/Registered 06/30/1996

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

Survey History

Survey ID: 0107080 **End Date:** 09/13/2010 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0102920 **End Date:** 10/03/2008 **Type:** OTHER **Purpose:** SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #I6RW11 Served 11/10/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.06(3)(d)	INDIVIDUAL SERVICE PLAN	09/13/2010	Yes
88.10(3)(p)	PROMPT AND ADEQUATE TREATMENT	09/13/2010	Yes

Survey ID: 0102443 **End Date:** 09/04/2008 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 3 of 23 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
Adult Family Home
COUNTY: SAWYER

Enforcement History (AURORA RESIDENTIAL ALTERNATIVES #16)

Date: 11/07/2008	SOD #I6RW11	Enforcement Appealed: No
<u>Sanctions</u>		
COMPLY WITH REQUIREMENT		--Facility Compliant 09/13/2010 12:00:00AM

This is Page 4 of 23 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
Adult Family Home
COUNTY: SAWYER

Facility Information

Facility Name: BENSON ADULT FAMILY HOME (0012018)
Address: 8839 N OLD HWY 27, HAYWARD, WI 54843
License Status: REGULAR
Licensed/Certified/Registered 07/05/2007
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0104414 **End Date:** 06/22/2009 **Type:** OTHER **Purpose:** SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #YT5611

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.10(3)(p)	PROMPT AND ADEQUATE TREATMENT		

Survey ID: 0102650 **End Date:** 09/05/2008 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #1SFX11 Served 10/01/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(d)	ANNUAL WELL WATER INSPECTIONS	05/22/2009	Yes
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION	05/22/2009	Yes
88.06(2)(b)	SERVICE AGREEMENT EXCEPT RESPITE	05/22/2009	Yes
88.06(3)(a)	INDIVIDUAL SERVICE PLAN & ASSESSMENT	05/22/2009	Yes
88.10(3)(b)	PRIVACY	05/22/2009	Yes

This is Page 5 of 23 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
Adult Family Home
COUNTY: SAWYER

Enforcement History (BENSON ADULT FAMILY HOME)

Date: 07/22/2009 SOD #YT5611 Enforcement Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

This is Page 6 of 23 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
Adult Family Home
COUNTY: SAWYER

Facility Information

Facility Name: REST EASY (0009817)
Address: 3598 NORTH BEAGLE LANE, OJIBWA, WI 54862
License Status: REGULAR
Licensed/Certified/Registered 10/01/2004
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0105057 **End Date:** 09/25/2009 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #2YDS11 Served 10/17/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(2)(a)	DIFFICULTY WALKING		
88.05(3)(d)	ANNUAL WELL WATER INSPECTIONS		
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION		

This is Page 7 of 23 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
Adult Family Home
COUNTY: SAWYER

Enforcement History (REST EASY)

Date: 10/16/2009 SOD #2YDS11 Enforcement Appealed: No

Sanctions

COMPLY WITH REQUIREMENT

This is Page 8 of 23 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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: SAWYER

Facility Information

Facility Name: CARE PARTNERS ASSISTED LVG HAYWARD (0009028)

Address: 15497 PINEWOOD DRIVE, HAYWARD, WI 54843

License Status: REGULAR

Licensed/Certified/Registered 12/01/2000

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

Survey History

Survey ID: 0106930 **End Date:** 07/29/2010 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 9 of 23 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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: SAWYER

Facility Information

Facility Name: COUNTRY TERRACE - HAYWARD (0012899)

Address: 10260 WHITE BIRCH LANE, HAYWARD, WI 54843

License Status: REGULAR

Licensed/Certified/Registered 08/01/2009

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

Survey History

Survey ID: 0108235 **End Date:** 03/25/2011 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0107961 **End Date:** 01/27/2011 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #SBH211 Served 02/16/2011

Deficiencies Cited
83.38(1)(h)

Subject Area
MEDICATION ADMINISTRATION

Compliance
Verified
03/11/2011

Corrected
Yes

Survey ID: 0104513 **End Date:** 07/31/2009 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

This is Page 10 of 23 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
Community Based Residential Facility--CLASS CNA (NONAMBULATORY)
COUNTY: SAWYER

Enforcement History (COUNTRY TERRACE - HAYWARD)

Date: 02/14/2011 **SOD #SBH211**

Enforcement Appealed: No

Sanctions

COMPLY WITH REQUIREMENT
FORFEITURE---83.38(1)(h)

--Facility Compliant 03/25/2011 12:00:00AM

This is Page 11 of 23 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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: SAWYER

Complaint History (COUNTRY TERRACE - HAYWARD)

Date Complaint Received: 10/19/2010

Date Investigation Completed: 01/27/2011

Subject Area(s)

NUTRITION & FOOD SERVICES
MEDICATIONS

Result

NOT SUBSTANTIATED
SUBSTANTIATED

SOD #

SBH211

This is Page 12 of 23 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
Community Based Residential Facility--CLASS AA (AMBULATORY)
COUNTY: SAWYER

Facility Information

Facility Name: LCO HALFWAY HOUSE (0009818)
Address: 12929 W HASKINS RD, HAYWARD, WI 54843
License Status: REGULAR
Licensed/Certified/Registered 08/01/2005
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0105055 **End Date:** 09/18/2009 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #XRVB11 Served 10/21/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.13(1)(f)	MAINTAIN RECORDS ANNUAL WELL WATER TESTING		
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN		
83.38(1)(g)	HEALTH MONITORING		
83.45(1)(b)	BUILDING INTEGRITY		
83.45(1)(f)	FURNISHINGS CLEAN, SAFE, AND MAINTAINED		
83.48(1)(b)	SMOKE AND HEAT DETECTORS PER NFPA 72		
83.60(2)	INSECT-PROOF SCREENS ON OPENABLE WINDOWS		

This is Page 13 of 23 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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: SAWYER

Facility Information

Facility Name: SUNSET SENIOR HOME (0011017)

Address: 15495 CTY RD B, HAYWARD, WI 54843

License Status: REGULAR

Licensed/Certified/Registered 01/01/2006

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

Survey History

Survey ID: 0107890 **End Date:** 01/27/2011 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0107338 **End Date:** 10/01/2010 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #8WEG11 Served 10/29/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(6)(am)	FOUR YEAR CAREGIVER BACKGROUND REQUIREMENT	11/26/2010	Yes
83.19	ORIENTATION	11/26/2010	Yes
83.20(2)(a)	CONDITIONS-INITIATED BY RESIDENT	11/26/2010	Yes
83.25	CONTINUING EDUCATION	11/26/2010	Yes
83.38(1)(c)	LEISURE TIME ACTIVITIES	11/26/2010	Yes
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	11/26/2010	Yes
83.44(2)(b)	LIVING UNITS SHALL BE SEPARATE ENTITIES	11/26/2010	Yes
83.44(2)(c)	INTERIOR FLOORS, WALLS AND CEILINGS	11/26/2010	Yes
83.45(1)(d)	HAZARDS	11/26/2010	Yes
83.45(1)(f)	FURNISHINGS CLEAN, SAFE, AND MAINTAINED	11/26/2010	Yes

This is Page 14 of 23 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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: SAWYER

Survey ID: 0104531 **End Date: 07/31/2009** **Type: OTHER** **Purpose: VERIFICATION VISIT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0104368 **End Date: 06/05/2009** **Type: OTHER** **Purpose: VERIFICATION VISIT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #CVPS11 Served 06/25/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS	07/31/2009	Yes

Survey ID: 0103533 **End Date: 02/10/2009** **Type: OTHER** **Purpose: COMPLAINT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #M9CW12 Served 03/05/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.15(1)(c)1	ADEQUATE STAFFING	04/01/2009	Yes
83.41(10)(a)	BUILDING MAINTENANCE	04/01/2009	Yes
83.41(10)(b)	MECHANICALS IN GOOD REPAIR	04/01/2009	Yes
83.42(12)	MAINTENANCE OF EXITS	04/01/2009	Yes
83.51(1)(h)	WATERTIGHT, RODENT-PROOF & WEATHERTIGHT	04/01/2009	Yes

This is Page 15 of 23 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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: SAWYER

Survey ID: 0101942 End Date: 05/21/2008 Type: OTHER Purpose: COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #M9CW11 Served 06/21/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.11(3)(a)	RESPONSIBILITIES	04/01/2009	Yes
83.14(1)(a)2	CHALLENGING BEHAVIORS	09/30/2008	Yes
83.14(1)(a)3	CLIENT GROUP SPECIFIC TRAINING	09/30/2008	Yes
83.14(1)(c)	UNIVERSAL PRECAUTIONS	09/30/2008	Yes
83.14(1)(d)	FIRE SAFETY, FIRST AID & CHOKING	09/30/2008	Yes
83.14(2)	TRAINING DIETARY NEEDS & MENU PLANNING	09/30/2008	Yes
83.16(1)	ADMISSIONS AGREEMENT	04/01/2009	Yes
83.21(4)(p)	PROMPT AND ADEQUATE TREATMENT	09/30/2008	Yes
83.32(2)(a)	EXPLANATION OF RIGHTS, GRIEVANCE PROCEDURE	09/30/2008	Yes
83.32(2)(a)5	HARMFUL BEHAVIOR PATTERNS	09/30/2008	Yes
83.32(2)(a)6	CAPACITY FOR SELF-CARE	09/30/2008	Yes
83.32(2)(c)1	ANNUAL EVALUATION-PARTICIPATION	09/30/2008	Yes
83.32(2)(d)	REVIEW OF PROGRESS	09/30/2008	Yes
83.41(10)(a)	BUILDING MAINTENANCE	04/01/2009	Yes
83.42(2)(a)	EVALUATION RESIDENT EVACUATION LIMITS	09/30/2008	Yes

This is Page 16 of 23 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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: SAWYER

Enforcement History (SUNSET SENIOR HOME)

Date: 10/28/2010 **SOD #8WEG11** **Enforcement Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION --Facility Compliant 01/27/2011 12:00:00AM

FORFEITURE---83.20(a)

FORFEITURE---83.25

FORFEITURE---83.38(1)(c)

FORFEITURE---83.44(2)(b)

FORFEITURE---83.4492(c)

FORFEITURE---83.45(1)(d)

Date: 06/24/2009 **SOD #CVPS11** **Enforcement Appealed: No**

Sanctions

NO NEW ADMISSIONS --Facility Compliant 08/01/2009 12:00:00AM

This is Page 17 of 23 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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: SAWYER

Date: 06/05/2009

SOD #M9CW11

Enforcement Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION	--Facility Compliant 09/30/2008 12:00:00AM
COMPLY WITH REQUIREMENT	--Facility Compliant 09/30/2008 12:00:00AM
NO NEW ADMISSIONS	--Facility Compliant 09/30/2008 12:00:00AM
PROVIDE TRAINING	--Facility Compliant 09/30/2008 12:00:00AM
OTHER SANCTION	--Facility Compliant 02/10/2009 12:00:00AM
FORFEITURE---83.14(1)(a)2	
FORFEITURE---83.14(1)(a)3	
FORFEITURE---83.14(1)(c)	
FORFEITURE---83.14(1)(d)	
FORFEITURE---83.14(2)	
FORFEITURE---83.16(1)	
FORFEITURE---83.21(4)(p)	
FORFEITURE---83.32(2)(a)5	
FORFEITURE---83.32(2)(a)6	
FORFEITURE---83.32(2)(c)1	
FORFEITURE---83.41(10)(a)	
FORFEITURE---83.42(2)(a)	

Date: 03/03/2009

SOD #M9CW12

Enforcement Appealed: No

Sanctions

FORFEITURE---83.15(1)(c)1	
FORFEITURE---83.41(10)(a)	
FORFEITURE---83.42(12)	
FORFEITURE---83.51(1)(h)	

This is Page 18 of 23 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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: SAWYER

Complaint History (SUNSET SENIOR HOME)

Date Complaint Received: 11/30/2010

Date Investigation Completed: 01/27/2011

Subject Area(s)

ABUSE
PHYSICAL PLANTS & SAFETY HAZARDS
PROGRAM SERVICES

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 05/11/2010

Date Investigation Completed: 10/01/2010

Subject Area(s)

PHYSICAL PLANTS & SAFETY HAZARDS

Result

SUBSTANTIATED

SOD #

8WEG11

Date Complaint Received: 01/22/2009

Date Investigation Completed: 02/10/2009

Subject Area(s)

ABUSE
PHYSICAL PLANTS & SAFETY HAZARDS
NUTRITION & FOOD SERVICES
ADMINISTRATION

Result

NOT SUBSTANTIATED
SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

M9CW12

This is Page 19 of 23 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
Community Based Residential Facility--CLASS AA (AMBULATORY)
COUNTY: SAWYER

Facility Information

Facility Name: TRANSITIONS (0012868)
Address: 16208 WOODRIDGE LANE, HAYWARD, WI 54843
License Status: REGULAR
Licensed/Certified/Registered 04/26/2010
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0106571 **End Date:** 04/26/2010 **Type:** OTHER **Purpose:** OTHER

Results: ENFORCEMENT ACTION

Statement of Deficiency: #5P7R11 Served 04/27/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.03	LICENSING, POWERS AND DUTIES	04/26/2010	Yes

Survey ID: 0106572 **End Date:** 04/26/2010 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0106569 **End Date:** 03/31/2010 **Type:** INITIAL **Purpose:** SURVEY

Results: PROBATIONARY LICENSE ISSUED

This is Page 20 of 23 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
Community Based Residential Facility--CLASS AA (AMBULATORY)
COUNTY: SAWYER

Enforcement History (TRANSITIONS)

Date: 04/26/2010 **SOD #5P7R11** **Enforcement Appealed: No**
Sanctions
FORFEITURE---50.03

This is Page 21 of 23 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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: SAWYER

Facility Information

Facility Name: QUEEN OF ANGELS CONVENT AND CBRF (610287)

Address: 11428 WEST STATE ROAD 27/70, RADISSON, WI 548677006

License Status: REGULAR

Licensed/Certified/Registered 12/01/1995

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

Survey History

Survey ID: 0108234 **End Date:** 03/25/2011 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0107245 **End Date:** 09/30/2010 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0102394 **End Date:** 08/18/2008 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 22 of 23 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: SAWYER

Facility Information

Facility Name: WATERS EDGE (0013559)
Address: 11040 N STATE RD, HAYWARD, WI 54843
License Status: REGULAR
Licensed/Certified/Registered 11/01/2010
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0107793 **End Date:** 01/20/2011 **Type:** INITIAL **Purpose:** SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED

This is Page 23 of 23 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.