

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

Notes

This report includes Provider Inspection Summaries (Facility Profiles) for Adult Family Homes in St Croix County.

The report is a PDF (Adobe Acrobat) document and includes a total of 29 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: ST CROIX

Facility Information

Facility Name: AURORA RES ALTERNATIVES INC 039 (0008618)
Address: 1280 12TH AVE, BALDWIN, WI 54002
License Status: REGULAR
Licensed/Certified/Registered 06/15/1999
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0106385 **End Date:** 05/28/2010 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 2 of 29 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: ST CROIX

Complaint History (AURORA RES ALTERNATIVES INC 039)

Date Complaint Received: 03/01/2010

Date Investigation Completed: 05/28/2010

Subject Area(s)
SUPERVISION

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: ST CROIX

Facility Information

Facility Name: AURORA RESIDENTIAL ALTERNATIVES INC #036 (0010606)

Address: 770 WILFRED ROAD, HUDSON, WI 54016

License Status: REGULAR

Licensed/Certified/Registered 06/01/2004

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

Survey History

Survey ID: 0105600 **End Date:** 01/13/2010 **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: ST CROIX

Facility Information

Facility Name: AURORA RESIDENTIAL ALTERNATIVES INC #100 (0009097)

Address: 778 B WILFRED ROAD, HUDSON, WI 54016

License Status: REGULAR

Licensed/Certified/Registered 09/09/2000

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

Survey History

Survey ID: 0105828 **End Date:** 03/02/2010 **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: ST CROIX

Facility Information

Facility Name: BLUE JAY ASSISTED LIVING RESIDENCE 1 (0013520)

Address: 723 A BLUE JAY LANE, HUDSON, WI 54016

License Status: REGULAR

Licensed/Certified/Registered 03/01/2011

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

Survey History

Survey ID: 0108090 **End Date:** 03/01/2011 **Type:** INITIAL **Purpose:** CHOW--LICENSURE

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: ST CROIX

Facility Information

Facility Name: BLUE JAY ASSISTED LIVING RESIDENCE 2 (0013521)

Address: 723 B BLUE JAY LANE, HUDSON, WI 54016

License Status: REGULAR

Licensed/Certified/Registered 03/01/2011

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

Survey History

Survey ID: 0108093 **End Date:** 03/01/2011 **Type:** INITIAL **Purpose:** CHOW--LICENSURE

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: ST CROIX

Facility Information

Facility Name: BLUE JAY ASSISTED LIVING RESIDENCE 3 (0013522)

Address: 719A BLUE JAY LANE, HUDSON, WI 54016

License Status: REGULAR

Licensed/Certified/Registered 03/01/2011

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

Survey History

Survey ID: 0108095 **End Date:** 03/01/2011 **Type:** INITIAL **Purpose:** CHOW--LICENSURE

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: ST CROIX

Facility Information

Facility Name: HOMETOWN SENIOR LIVING (0012702)
Address: 1015 CREST VIEW DR, HUDSON, WI 54016
License Status: REGULAR
Licensed/Certified/Registered 05/12/2009
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0107649 **End Date:** 10/27/2010 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #HY8711 Served 12/30/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(b)intro	ENTITY BACKGROUND CHECK REQUIREMENTS		
88.04(2)(f)	CONDITION WHICH REPRESENTS RISK OR HARM		
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS		
88.05(4)(a)	FIRE SAFETY-FIRE EXTINGUISHERS		

Survey ID: 0105646 **End Date:** 11/06/2009 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0103976 **End Date:** 05/12/2009 **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: ST CROIX

Enforcement History (HOMETOWN SENIOR LIVING)

Date: 12/20/2010 **SOD #HY8711** **Enforcement Appealed: No**

Sanctions

COMPLY WITH REQUIREMENT
OTHER SANCTION

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

Complaint History (HOMETOWN SENIOR LIVING)

Date Complaint Received: 11/06/2009

Date Investigation Completed: 11/06/2009

Subject Area(s)
ADMINISTRATION

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 11/05/2009

Date Investigation Completed: 11/06/2009

Subject Area(s)
RESIDENT RIGHTS
QUALITY OF LIFE

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 10/13/2009

Date Investigation Completed: 11/04/2009

Subject Area(s)
RESIDENT RIGHTS
ADMINISTRATION

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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

Facility Information

Facility Name: LIVING WELL ADULT FAMILY HOME LLC (0013693)

Address: 766 WILFRED RD UNIT A, HUDSON, WI 54016

License Status: REGULAR

Licensed/Certified/Registered 05/04/2011

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: ST CROIX

Facility Information

Facility Name: REM WISCONSIN III - WINDSOR WOOD (0013553)
Address: 41 WINDSOR WOOD PATH, HUDSON, WI 54016
License Status: REGULAR
Licensed/Certified/Registered 11/12/2010
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0107421 **End Date:** 11/12/2010 **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: ST CROIX

Facility Information

Facility Name: REM WISCONSIN III INC - WHEATGRASS (0010465)

Address: 1401 WHEATGRASS, HUDSON, WI 54016

License Status: REGULAR

Licensed/Certified/Registered 02/01/2004

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

Survey History

Survey ID: 0105962 **End Date:** 03/10/2010 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #X0JB12 Served 03/15/2010

<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: ST CROIX

Facility Information

Facility Name: REM WISCONSIN III INC (0010075)
Address: 782 WILFRED RD APT A, HUDSON, WI 54016
License Status: REGULAR
Licensed/Certified/Registered 06/05/2003
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0105961 **End Date:** 03/11/2010 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #P19Z12 Served 03/15/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(d)	ANNUAL WELL WATER INSPECTIONS		

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

Facility Information

Facility Name: REM WISCONSIN III INC (0010128)
Address: 782 WILFRED RD APT B, HUDSON, WI 54016
License Status: REGULAR
Licensed/Certified/Registered 06/05/2003
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0102155 **End Date:** 07/21/2008 **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
Adult Family Home
COUNTY: ST CROIX

Facility Information

Facility Name: REM-NAMEKAGON LOOP (0009105)
Address: 1222 NAMEKAGON LOOP, HUDSON, WI 54016
License Status: REGULAR
Licensed/Certified/Registered 09/01/2000
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0106612 **End Date:** 06/30/2010 **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
Adult Family Home
COUNTY: ST CROIX

Facility Information

Facility Name: AURORA RESIDENTIAL ALTERNATIVES INC 006 (0008619)

Address: 256 E 1ST STREET, NEW RICHMOND, WI 54017

License Status: REGULAR

Licensed/Certified/Registered 05/03/1999

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: ST CROIX

Facility Information

Facility Name: AURORA RESIDENTIAL ALTERNATIVES INC #037 (0010825)

Address: 973 & 975 JOHNSON DRIVE, NEW RICHMOND, WI 54017

License Status: REGULAR

Licensed/Certified/Registered 01/11/2005

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: ST CROIX

Facility Information

Facility Name: ESSENCE - PARADIGM SERVICES INC (0011842)
Address: 132 N GREEN AVE, NEW RICHMOND, WI 54017
License Status: REGULAR
Licensed/Certified/Registered 04/05/2007
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0106395 **End Date:** 06/03/2010 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0104880 **End Date:** 09/08/2009 **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: ST CROIX

Facility Information

Facility Name: MEADOW VIEW (0010211)
Address: 601 HAGEN AVE, NEW RICHMOND, WI 54017
License Status: REGULAR
Licensed/Certified/Registered 09/16/2003
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0108048 **End Date:** 02/23/2011 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0105944 **End Date:** 03/09/2010 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #U6DB11 Served 03/18/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(4)(b)1	FIRE SAFETY-SMOKE DETECTORS	03/10/2010	Yes
88.05(4)(c)1	EXITING FROM THE FIRST FLOOR	03/10/2010	Yes

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

Enforcement History (MEADOW VIEW)

Date: 03/15/2010	SOD #U6DB11	Enforcement Appealed: No
<u>Sanctions</u>		
COMPLY WITH DEPARTMENT PLAN OF CORRECTION	--Facility Compliant 03/10/2010 12:00:00AM	
COMPLY WITH REQUIREMENT	--Facility Compliant 03/10/2010 12:00:00AM	

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

Facility Information

Facility Name: NORTHGATE (0011948)
Address: 1314 - 214TH AVE, NEW RICHMOND, WI 54017
License Status: REGULAR
Licensed/Certified/Registered 04/27/2007
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0104537 **End Date:** 07/20/2009 **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
Adult Family Home
COUNTY: ST CROIX

Facility Information

Facility Name: NORTHSIDE (0010811)
Address: 900 N FOURTH ST, NEW RICHMOND, WI 54017
License Status: REGULAR
Licensed/Certified/Registered 01/03/2005
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: ST CROIX

Facility Information

Facility Name: PINE VIEW (0010213)
Address: 727 E SIXTH STREET, NEW RICHMOND, WI 54017
License Status: REGULAR
Licensed/Certified/Registered 09/16/2003
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0105912 **End Date:** 03/09/2010 **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: ST CROIX

Facility Information

Facility Name: SPIRIT RESIDENCE (0012879)
Address: 615 E THIRD ST, NEW RICHMOND, WI 54017
License Status: REGULAR
Licensed/Certified/Registered 07/01/2009
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0106396 **End Date:** 06/03/2010 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0104359 **End Date:** 07/01/2009 **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: ST CROIX

Facility Information

Facility Name: PARADIGM SERVICES INC - HARMONY RESIDENCE (0013530)

Address: 73 E WOODRIDGE DR, RIVER FALLS, WI 54022

License Status: REGULAR

Licensed/Certified/Registered 12/09/2010

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

Survey History

Survey ID: 0107636 **End Date:** 12/09/2010 **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: ST CROIX

Facility Information

Facility Name: REM WISCONSIN - GLENMEADOW (0013660)
Address: 550 GLEN MEADOW ST, RIVER FALLS, WI 54022
License Status: REGULAR
Licensed/Certified/Registered 02/23/2011
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0108044 **End Date:** 02/23/2011 **Type:** INITIAL **Purpose:** SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED

This is Page 28 of 29 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: ST CROIX

Facility Information

Facility Name: COUNTRY CARE (0013332)
Address: 2349 CTY RD I, SOMERSET, WI 54025
License Status: REGULAR
Licensed/Certified/Registered 08/25/2010
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0106940 **End Date:** 08/25/2010 **Type:** INITIAL **Purpose:** SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED

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