

Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011
Community Based Residential Facility
COUNTY: ST CROIX

Notes

This report includes Provider Inspection Summaries (Facility Profiles) for Community Based Residential Facilities in St Croix 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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: ST CROIX

Facility Information

Facility Name: AURORA RES ALTERNATIVES INC 075 (0008753)

Address: 1740 6TH AVENUE, BALDWIN, WI 54002

License Status: REGULAR

Licensed/Certified/Registered 04/01/2000

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 CNA (NONAMBULATORY)

COUNTY: ST CROIX

Facility Information

Facility Name: AURORA RESIDENTIAL ALTERNATIVES #023 (0011656)

Address: 1760 SIXTH AVE, BALDWIN, WI 54002

License Status: REGULAR

Licensed/Certified/Registered 10/11/2006

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

Survey History

Survey ID: 0103646 **End Date:** 02/10/2009 **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: ST CROIX

Facility Information

Facility Name: COMFORTS OF HOME BALDWIN (0009851)

Address: 1880 FOURTH AVE, BALDWIN, WI 54002

License Status: REGULAR

Licensed/Certified/Registered 12/01/2003

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

Survey History

Survey ID: 0107130 **End Date:** 09/16/2010 **Type:** OTHER **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0107056 **End Date:** 08/23/2010 **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: ST CROIX

Survey ID: 0106741 **End Date: 07/09/2010** **Type: STANDARD** **Purpose: SURVEY/COMPLAINT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #WXXK11 Served 07/27/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(4)(a)	REPORTING WHEN RESIDENT'S WHEREABOUTS UNKNOWN	08/25/2010	Yes
83.12(5)(a)	NOTIFICATION: INCIDENT, INJURY, CHANGES	08/25/2010	Yes
83.13(1)(a)	MAINTAIN REPTS ABUSE NEGLECT MISAPPROPRIATION	08/25/2010	Yes
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS	08/25/2010	Yes
83.14(2)(e)	NOTIFY WITHIN 7 DAYS OF ADMINISTRATOR CHANGE	08/25/2010	Yes
83.20(2)(a)	CONDITIONS-INITIATED BY RESIDENT	08/25/2010	Yes
83.20(2)(b)	TRAINING IN FIRE SAFETY	08/25/2010	Yes
83.20(2)(c)	PROHIBITIONS AND EXCEPTIONS	08/25/2010	Yes
83.22(3)	TRAINING IN DAILY LIVING ACTIVITIES REQUIRED	08/25/2010	Yes
83.22(4)	TRAINING IN DIETARY DUTIES REQUIRED	08/25/2010	Yes
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	08/25/2010	Yes
83.32(3)(i)	RIGHTS OF RESIDENTS: PROMPT AND ADEQUATE TREATMENT	08/25/2010	Yes
83.32(3)(k)	RIGHTS OF RESIDENTS: SELF-DETERMINATION	08/25/2010	Yes
83.32(3)(n)	RIGHTS OF RESIDENTS: SAFE ENVIRONMENT	08/25/2010	Yes
83.36(1)(a)	ADEQUATE STAFF TO MEET RESIDENT NEEDS	08/25/2010	Yes
83.38(1)(c)	LEISURE TIME ACTIVITIES	08/25/2010	Yes
83.41(2)(b)	EACH RESIDENT SHALL HAVE	08/25/2010	Yes
83.41(3)(b)	DINING & LIVING INTERNALLY ACCESSIBLE	08/25/2010	Yes
83.42(1)	RESIDENT RECORD MAINTAINED	08/25/2010	Yes
83.47(1)(c)	SAFETY REQUIREMENTS: NO SAFE EVACUATION	08/25/2010	Yes
83.47(3)	FIRE INSPECTION	08/25/2010	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: ST CROIX

Survey ID: 0105190 **End Date: 10/07/2009** **Type: STANDARD** **Purpose: SURVEY/COMPLAINT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #N8OJ11 Served 11/12/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
13.05(3)(a)	ENTITY ALLEGATION REPORTING REQUIREMENTS	12/10/2009	Yes
50.065(2)(bm)	OUT OF STATE BACKGROUND CHECKS	12/10/2009	Yes
83.32(3)(n)	RIGHTS OF RESIDENTS: SAFE ENVIRONMENT	12/10/2009	Yes
83.35(1)(c)	LISTED AREAS FOR ASSESSMENTS	12/02/2009	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	12/10/2009	Yes
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	12/10/2009	Yes
83.41(3)(a)	CONGREGATE DINING AND LIVING AREA	12/10/2009	Yes
83.42(1)	RESIDENT RECORD MAINTAINED	08/25/2010	Yes
83.46(1)(f)	COMBUSTIBLES	11/12/2009	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: ST CROIX

Enforcement History (COMFORTS OF HOME BALDWIN)

Date: 07/26/2010 **SOD #WXKX11** **Enforcement Appealed: No**

Sanctions
COMPLY WITH DEPARTMENT PLAN OF CORRECTION --Facility Compliant 08/25/2010 12:00:00AM
NO NEW ADMISSIONS --Facility Compliant 08/25/2010 12:00:00AM
PROVIDE TRAINING --Facility Compliant 08/25/2010 12:00:00AM
FORFEITURE---83.12(4)(a)
FORFEITURE---83.12(5)(a)
FORFEITURE---83.14(2)(a)
FORFEITURE---83.20(2)(a)
FORFEITURE---83.20(2)(b)
FORFEITURE---83.20(2)(c)
FORFEITURE---83.22(3)
FORFEITURE---83.22(4)
FORFEITURE---83.32(3)(h)
FORFEITURE---83.32(3)(i)
FORFEITURE---83.32(3)(k)
FORFEITURE---83.36(1)(a)
FORFEITURE---83.42(1)
FORFEITURE---83.47(1)(c)
FORFEITURE---83.47(3)

Date: 11/10/2009 **SOD #N8OJ11** **Enforcement Appealed: No**

Sanctions
COMPLY WITH REQUIREMENT
PROVIDE TRAINING
FORFEITURE---83.15(3)(c)
FORFEITURE---83.32(3)(n)
FORFEITURE---83.42(1)

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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: ST CROIX

Complaint History (COMFORTS OF HOME BALDWIN)

Date Complaint Received: 09/08/2010

Date Investigation Completed: 09/17/2010

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
SUPERVISION	NOT SUBSTANTIATED	
ABUSE	NOT SUBSTANTIATED	
RESIDENT BEHAVIOR/FACILITY PRACTICE	NOT SUBSTANTIATED	
MEDICATIONS	NOT SUBSTANTIATED	

Date Complaint Received: 06/28/2010

Date Investigation Completed: 07/08/2010

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
SUPERVISION	NOT SUBSTANTIATED	
PHYSICAL PLANTS & SAFETY HAZARDS	SUBSTANTIATED	WXKX11
NUTRITION & FOOD SERVICES	SUBSTANTIATED	WXKX11
MEDICATIONS	SUBSTANTIATED	WXKX11
STAFF ADEQUACY	SUBSTANTIATED	WXKX11
QUALITY OF LIFE	SUBSTANTIATED	WXKX11

Date Complaint Received: 08/13/2009

Date Investigation Completed: 11/10/2009

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
RESIDENT RIGHTS	NOT SUBSTANTIATED	
ABUSE	SUBSTANTIATED	N8OJ11
NUTRITION & FOOD SERVICES	NOT SUBSTANTIATED	
MEDICATIONS	SUBSTANTIATED	N8OJ11
ADMINISTRATION	NOT SUBSTANTIATED	
STAFF TRAINING AND PROFICIENCY	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 AA (AMBULATORY)
COUNTY: ST CROIX

Facility Information

Facility Name: AURORA RESIDENTIAL ALTERNATIVES INC #030 (0013257)

Address: 760 WILFRED RD APT B, HUDSON, WI 54016

License Status: REGULAR

Licensed/Certified/Registered 06/03/2010

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

Survey History

Survey ID: 0106397 **End Date:** 06/06/2010 **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
Community Based Residential Facility--CLASS AA (AMBULATORY)
COUNTY: ST CROIX

Facility Information

Facility Name: BURKWOOD TREATMENT CENTER (0012365)
Address: 615 OLD MILL RD, HUDSON, WI 54016
License Status: REGULAR
Licensed/Certified/Registered 10/01/2009
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0104804 **End Date:** 08/24/2009 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #5ZSU11 Served 09/05/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE		

Survey ID: 0102477 **End Date:** 09/16/2008 **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 CNA (NONAMBULATORY)

COUNTY: ST CROIX

Facility Information

Facility Name: COMFORTS OF HOME - HUDSON (0010987)

Address: 1111 HEGGEN, HUDSON, WI 54016

License Status: REGULAR

Licensed/Certified/Registered 08/01/2006

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

Survey History

Survey ID: 0107347 **End Date:** 10/18/2010 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0105831 **End Date:** 02/17/2010 **Type:** OTHER **Purpose:** OTHER

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0104925 **End Date:** 09/28/2009 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #CY2E11 Served 10/02/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	10/21/2009	Yes
83.42(1)	RESIDENT RECORD MAINTAINED	10/21/2009	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: ST CROIX

Survey ID: 0103460 End Date: 01/28/2009 Type: STANDARD Purpose: SURVEY/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #4DHO11 Served 02/13/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.41(5)(d)2	HOT WATER TEMPERATURES	04/01/2009	Yes
83.42(2)(c)	EVACUATION TIME 4 MINUTES OR MORE	04/01/2009	Yes
83.42(3)(f)	SLEEPING HOURS EVACUATION DRILL	04/01/2009	Yes

Survey ID: 0101726 End Date: 04/13/2008 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: ST CROIX

Enforcement History (COMFORTS OF HOME - HUDSON)

Date: 02/12/2009 SOD #4DHO11 Enforcement Appealed: No

Sanctions

OTHER SANCTION

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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: ST CROIX

Complaint History (COMFORTS OF HOME - HUDSON)

Date Complaint Received: 08/19/2009

Date Investigation Completed: 09/28/2009

Subject Area(s)

SUPERVISION
PHYSICAL PLANTS & SAFETY HAZARDS

Result

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 AA (AMBULATORY)
COUNTY: ST CROIX

Facility Information

Facility Name: EXODUS HOUSE (0012273)
Address: 698 BAKER RD, HUDSON, WI 54016
License Status: REGULAR
Licensed/Certified/Registered 03/20/2008
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0106096 **End Date:** 04/08/2010 **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 CNA (NONAMBULATORY)

COUNTY: ST CROIX

Facility Information

Facility Name: PINE RIDGE ASSISTED LIVING (0012820)

Address: 1320 WISCONSIN ST, HUDSON, WI 54016

License Status: REGULAR

Licensed/Certified/Registered 08/01/2010

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

Survey History

Survey ID: 0106856 **End Date:** 07/21/2010 **Type:** STANDARD **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

Survey ID: 0104534 **End Date:** 07/30/2009 **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 CNA (NONAMBULATORY)

COUNTY: ST CROIX

Facility Information

Facility Name: RED CEDAR CANYON ASSISTED LIVING (0013526)

Address: 3001 HANLEY RD, HUDSON, WI 54016

License Status: PROBATIONARY

Licensed/Certified/Registered 03/28/2011

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

Survey History

Survey ID: 0108260 **End Date:** 03/25/2011 **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 AS (SEMIAMBULATORY)

COUNTY: ST CROIX

Facility Information

Facility Name: ARTHUR-ROSE LLC (0011898)

Address: 1164 HWY 64, NEW RICHMOND, WI 54017

License Status: REGULAR

Licensed/Certified/Registered 06/01/2008

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

Survey History

Survey ID: 0101544 **End Date:** 04/15/2008 **Type:** OTHER **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 AA (AMBULATORY)
COUNTY: ST CROIX

Facility Information

Facility Name: AURORA RES ALT NEW RICHMOND 005 (510214)
Address: 1710 COUNTY ROAD A, NEW RICHMOND, WI 54017
License Status: REGULAR
Licensed/Certified/Registered 02/28/1981
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0105440 **End Date:** 01/05/2010 **Type:** OTHER **Purpose:** OTHER

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0101805 **End Date:** 05/20/2008 **Type:** ABBREVIATED **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
Community Based Residential Facility--CLASS CA (AMBULATORY)
COUNTY: ST CROIX

Facility Information

Facility Name: AURORA RES ALTERNATIVES INC 099 (0009334)
Address: 670 SYCAMORE DRIVE, NEW RICHMOND, WI 54017
License Status: REGULAR
Licensed/Certified/Registered 05/01/2002
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0107050 **End Date:** 09/07/2010 **Type:** ABBREVIATED **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: ST CROIX

Facility Information

Facility Name: DEERFIELD (THE) (0008844)

Address: 1127 WEST EIGHTH STREET, NEW RICHMOND, WI 54017

License Status: REGULAR

Licensed/Certified/Registered 05/01/2000

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 CNA (NONAMBULATORY)

COUNTY: ST CROIX

Facility Information

Facility Name: OUR HOUSE ASSISTED CARE (0013427)

Address: 1310 CIRCLE PINE DR, NEW RICHMOND, WI 54017

License Status: PROBATIONARY

Licensed/Certified/Registered 09/30/2010

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

Survey History

Survey ID: 0108065 **End Date:** 03/01/2011 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0107161 **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 CNA (NONAMBULATORY)

COUNTY: ST CROIX

Facility Information

Facility Name: AURORA RES ALTERNATIVES INC 033 (0009230)

Address: 230 CO ROAD SS, RIVER FALLS, WI 54022

License Status: REGULAR

Licensed/Certified/Registered 09/01/2001

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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