

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

COUNTY: TAYLOR

Notes

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

The report is a PDF (Adobe Acrobat) document and includes a total of 6 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 CS (SEMIAMBULATORY)

COUNTY: TAYLOR

Facility Information

Facility Name: ALMOST HOME AGAIN LLC (0013267)

Address: N3531 ELDER DR, GILMAN, WI 54433

License Status: REGULAR

Licensed/Certified/Registered 04/13/2011

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

Survey History

Survey ID: 0106426 **End Date:** 06/07/2010 **Type:** INITIAL **Purpose:** SURVEY

Results: PROBATIONARY LICENSE ISSUED

This is Page 2 of 6 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: TAYLOR

Facility Information

Facility Name: DEERVIEW MEADOWS MEDFORD (0011540)

Address: 509 LEMKE AVENUE, MEDFORD, WI 54451

License Status: REGULAR

Licensed/Certified/Registered 01/01/2007

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

Survey History

Survey ID: 0105047 **End Date:** 10/13/2009 **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

Community Based Residential Facility--CLASS AS (SEMIAMBULATORY)

COUNTY: TAYLOR

Facility Information

Facility Name: MEMORIAL NURSING & REHAB CENTER CBRF (610071)

Address: 135 SOUTH GIBSON STREET, MEDFORD, WI 54451

License Status: REGULAR

Licensed/Certified/Registered 05/31/1981

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

Survey History

Survey ID: 0105770 **End Date:** 02/18/2010 **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: TAYLOR

Facility Information

Facility Name: OUR HOUSE ASSISTED CARE (0013429)

Address: 1014 W BROADWAY AVE, MEDFORD, WI 54451

License Status: PROBATIONARY

Licensed/Certified/Registered 09/30/2010

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

Survey History

Survey ID: 0107187 **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
Residential Care Apartment Complex (REGISTERED)
COUNTY: TAYLOR

Facility Information

Facility Name: COUNTRY GARDENS (0010385)
Address: 635 CEDAR STREET, MEDFORD, WI 54451
License Status: REGULAR
Licensed/Certified/Registered 06/01/2000
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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