

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

COUNTY: VERNON

Notes

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

The report is a PDF (Adobe Acrobat) document and includes a total of 60 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 Day Care Facility
COUNTY: VERNON

Facility Information

Facility Name: CARE COVE ADULT DAY CARE (0008857)
Address: 620 SOUTH GARFIELD AVE, VIROQUA, WI 54665
License Status: REGULAR
Licensed/Certified/Registered 02/22/2000
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

No survey activity during the period 04/01/2008 through 03/31/2011.

This is Page 2 of 60 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: VERNON

Facility Information

Facility Name: CHAMPION HOUSE II INC (0011325)
Address: S2399 HWY Q, HILLSBORO, WI 54634
License Status: REGULAR
Licensed/Certified/Registered 03/03/2006
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0106424 **End Date:** 06/10/2010 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0101644 **End Date:** 04/04/2008 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #97ID11 Served 05/01/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(1)(c)	RESPONSIBLE, MATURE AND CHARACTER	06/10/2010	Yes
88.05(4)(d)2.c	SEMI-ANNUAL FIRE DRILLS	06/10/2010	Yes
88.07(2)(e)	ANNUAL HEALTH EXAM	06/10/2010	Yes
88.10(3)(b)	PRIVACY	06/10/2010	Yes

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

Enforcement History (CHAMPION HOUSE II INC)

Date: 04/30/2008 **SOD #97ID11**

Enforcement Appealed: No

Sanctions

COMPLY WITH REQUIREMENT

--Facility Compliant 06/10/2010 12:00:00AM

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

Facility Information

Facility Name: CHAMPION HOUSE III (0011965)
Address: 607 ENTERPRISE DRIVE, HILLSBORO, WI 54634
License Status: REGULAR
Licensed/Certified/Registered 06/01/2007
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0104554 **End Date:** 07/22/2009 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #Y2R611 Served 08/06/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(b)intro	ENTITY BACKGROUND CHECK REQUIREMENTS	08/17/2009	Yes
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS	08/17/2009	Yes
88.05(4)(d)1	FIRE SAFETY EVACUATION PLAN	08/17/2009	Yes
88.06(3)(d)1	DESCRIPTION OF SERVICES	08/17/2009	Yes
88.06(3)(f)	REVIEW OF ISP	08/17/2009	Yes
88.10(3)(p)	PROMPT AND ADEQUATE TREATMENT	08/17/2009	Yes

Survey ID: 0102516 **End Date:** 09/15/2008 **Type:** OTHER **Purpose:** DESK REVIEW

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: VERNON

Enforcement History (CHAMPION HOUSE III)

Date: 08/04/2009 SOD #Y2R611 Enforcement Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT

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

Facility Information

Facility Name: CHAMPION HOUSE INC (0010518)
Address: S2395A HWY Q, HILLSBORO, WI 54634
License Status: REGULAR
Licensed/Certified/Registered 03/31/2004
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0108124 **End Date:** 03/08/2011 **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: VERNON

Facility Information

Facility Name: HOPE HAVEN (0012815)
Address: 408 W ADAMS STREET, LA FARGE, WI 54639
License Status: REGULAR
Licensed/Certified/Registered 06/01/2009
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0104169 **End Date:** 06/09/2009 **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: VERNON

Facility Information

Facility Name: CLIFT HAVEN (0013524)
Address: 303 STATE STREET, LAFARGE, WI 54639
License Status: REGULAR
Licensed/Certified/Registered 10/06/2010
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0107258 **End Date:** 10/06/2010 **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
Adult Family Home
COUNTY: VERNON

Facility Information

Facility Name: CRYSTAL HOUSE (0012478)
Address: 611 N STATE ST, LAFARGE, WI 546397915
License Status: REGULAR
Licensed/Certified/Registered 11/01/2008
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0105032 **End Date:** 09/16/2009 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #WS1011 Served 10/16/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(g)1	HEALTH SCREENING FOR STAFF		
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE		
88.07(4)(b)	3 NUTRITIOUS MEALS AND SNACKS		
88.07(4)(e)	SPECIAL DIETS		
88.10(3)(a)	FAIR TREATMENT		
88.10(3)(e)	SELF-DIRECTION		
88.10(3)(j)	TREATMENT CHOICE		

Survey ID: 0102856 **End Date:** 11/08/2008 **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
Adult Family Home
COUNTY: VERNON

Complaint History (CRYSTAL HOUSE)

Date Complaint Received: 09/09/2009

Date Investigation Completed: 09/16/2009

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
SUPERVISION	SUBSTANTIATED	WS1011
RESIDENT RIGHTS	SUBSTANTIATED	WS1011
PHYSICAL PLANTS & SAFETY HAZARDS	NOT SUBSTANTIATED	
HOMELIKE ENVIRONMENT & CLEANLINESS	NOT SUBSTANTIATED	
NUTRITION & FOOD SERVICES	SUBSTANTIATED	WS1011
STAFF TRAINING AND PROFICIENCY	NOT SUBSTANTIATED	
STAFF ADEQUACY	NOT SUBSTANTIATED	
PROGRAM SERVICES	NOT SUBSTANTIATED	

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

Facility Information

Facility Name: NATHAN-GARRETT HOME (THE) (0012103)
Address: 206 N SHIRD COURT, LAFARGE, WI 54639
License Status: REGULAR
Licensed/Certified/Registered 10/01/2007
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0106021 **End Date:** 03/23/2010 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #KGYJ11 Served 03/30/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(bm)	OUT OF STATE BACKGROUND CHECKS		

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

Facility Information

Facility Name: OPPORTUNITY HOUSE (0012594)
Address: 517 E SNOW ST, LAFARGE, WI 54639
License Status: REGULAR
Licensed/Certified/Registered 11/01/2008
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0102869 **End Date:** 11/05/2008 **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
Adult Family Home
COUNTY: VERNON

Facility Information

Facility Name: SERENITY HILLS I (590105)
Address: 243 E LAKEVIEW DR, LAFARGE, WI 54639
License Status: REGULAR
Licensed/Certified/Registered 06/01/1996
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0105993 **End Date:** 03/23/2010 **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: VERNON

Facility Information

Facility Name: SERENITY HILLS II (0010406)
Address: 282 E LAKEVIEW DR, LAFARGE, WI 54639
License Status: REGULAR
Licensed/Certified/Registered 10/24/2003
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0105994 **End Date:** 03/23/2010 **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: VERNON

Facility Information

Facility Name: WHISPERING PINES ADULT FAMILY HOME (0009577)

Address: S4338 SLABACK ROAD, LAFARGE, WI 54639

License Status: REGULAR

Licensed/Certified/Registered 03/01/2002

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

Survey History

Survey ID: 0105807 **End Date:** 02/25/2010 **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: VERNON

Facility Information

Facility Name: WHISPERING PINES II (0011341)
Address: 107 WEST MAPLE CT, LAFARGE, WI 54639
License Status: REGULAR
Licensed/Certified/Registered 04/28/2006
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0105958 **End Date:** 02/11/2010 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency:

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT		

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

Facility Information

Facility Name: HARRIS HOUSE (0011950)
Address: E10118 HARRISON RD, READSTOWN, WI 54652
License Status: REGULAR
Licensed/Certified/Registered 06/06/2007
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0106057 **End Date:** 03/30/2010 **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
Adult Family Home
COUNTY: VERNON

Facility Information

Facility Name: KICKAPOO VALLEY ADULT FAMILY HOME (0012099)

Address: S7130 STATE HWY 131, VIOLA, WI 54664

License Status: REGULAR

Licensed/Certified/Registered 09/01/2008

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

Survey History

Survey ID: 0108018 **End Date:** 02/17/2011 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #5V0C11 Served 02/26/2011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY		
88.07(3)(d)	MEDICATION- WRITTEN ORDER		

Survey ID: 0102420 **End Date:** 09/01/2008 **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
Adult Family Home
COUNTY: VERNON

Facility Information

Facility Name: BREEZY MEADOWS (0012851)
Address: E9434 COUNTY RD SS, VIROQUA, WI 54665
License Status: REGULAR
Licensed/Certified/Registered 08/01/2009
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0104493 **End Date:** 07/29/2009 **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: VERNON

Facility Information

Facility Name: CAMPBELL FAMILY HOMES-FAIRVIEW DR (0013495)

Address: 431 FAIRVIEW DR, VIROQUA, WI 54665

License Status: REGULAR

Licensed/Certified/Registered 10/14/2010

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

Survey History

Survey ID: 0107344 **End Date:** 10/14/2010 **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: VERNON

Facility Information

Facility Name: HOPE HOUSE (0012595)
Address: E7475 B GETTER RD, VIROQUA, WI 54665
License Status: REGULAR
Licensed/Certified/Registered: 11/01/2008
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0102862 **End Date:** 11/05/2008 **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
Adult Family Home
COUNTY: VERNON

Facility Information

Facility Name: MAPLE STREET HOUSE (0011446)
Address: 543 W MAPLE ST, VIROQUA, WI 54665
License Status: REGULAR
Licensed/Certified/Registered 07/26/2006
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0106945 **End Date:** 08/11/2010 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0106186 **End Date:** 04/08/2010 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #11HD11 Served 04/23/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(g)1	HEALTH SCREENING FOR STAFF	08/11/2010	Yes
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS	08/11/2010	Yes
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY	08/11/2010	Yes
88.05(3)(b)	FREE OF HAZARDS	08/11/2010	Yes
88.05(4)(b)1	FIRE SAFETY-SMOKE DETECTORS	08/11/2010	Yes
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE	08/11/2010	Yes
88.05(4)(c)1	EXITING FROM THE FIRST FLOOR	08/11/2010	Yes
88.06(3)(d)	INDIVIDUAL SERVICE PLAN	08/11/2010	Yes
88.06(3)(f)	REVIEW OF ISP	08/11/2010	Yes
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT	08/11/2010	Yes

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

Enforcement History (MAPLE STREET HOUSE)

Date: 04/22/2010

SOD #11HD11

Enforcement Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

--Facility Compliant 08/11/2010 12:00:00AM

COMPLY WITH REQUIREMENT

--Facility Compliant 08/11/2010 12:00:00AM

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

Facility Information

Facility Name: MEADOWOOD COURT HOUSE (0012800)
Address: 508 MEADOWOOD COURT, VIROQUA, WI 54665
License Status: REGULAR
Licensed/Certified/Registered 06/01/2009
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0106965 **End Date:** 07/16/2010 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #7RZ511 Served 08/26/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(g)1	HEALTH SCREENING FOR STAFF		
88.05(2)(a)	DIFFICULTY WALKING		
88.10(3)(b)	PRIVACY		

Survey ID: 0104252 **End Date:** 06/21/2009 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0104171 **End Date:** 06/10/2009 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

This is Page 25 of 60 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: VERNON

Facility Information

Facility Name: OAK STREET 2 ADULT FAMILY HOME (0013592)
Address: 414 E OAK ST, VIROQUA, WI 54665
License Status: REGULAR
Licensed/Certified/Registered 01/12/2011
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0107908 **End Date:** 01/12/2011 **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: VERNON

Facility Information

Facility Name: OAK STREET ADULT FAMILY HOME (0012948)
Address: 416 E OAK ST, VIROQUA, WI 54665
License Status: REGULAR
Licensed/Certified/Registered 09/01/2009
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0104705 **End Date:** 08/25/2009 **Type:** INITIAL **Purpose:** SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED

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Facility Information

Facility Name: PLEASANT RIDGE HOMES (0012848)
Address: S5601 N HARRISON HOLLOW RD, VIROQUA, WI 54665
License Status: REGULAR
Licensed/Certified/Registered 09/10/2009
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0107652 **End Date:** 11/15/2010 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0106413 **End Date:** 03/25/2010 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #V99I11 Served 05/20/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(a)	RESPONSIBILITIES	12/17/2010	Yes
88.04(2)(g)1	HEALTH SCREENING FOR STAFF	12/17/2010	Yes
88.06(3)(a)	INDIVIDUAL SERVICE PLAN & ASSESSMENT	12/17/2010	Yes
88.07(3)(d)	MEDICATION- WRITTEN ORDER	12/17/2010	Yes
88.07(3)(e)1	MEDICATION- RECORD KEEPING	12/17/2010	Yes
88.09(1)(d)	RESIDENT RECORDS REQUIREMENTS	12/17/2010	Yes

Survey ID: 0104801 **End Date:** 09/10/2009 **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: VERNON

Enforcement History (PLEASANT RIDGE HOMES)

Date: 05/12/2010 **SOD #V99I11**

Enforcement Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
NO NEW ADMISSIONS

--Facility Compliant 12/17/2010 12:00:00AM
--Facility Compliant 12/17/2010 12:00:00AM

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

Complaint History (PLEASANT RIDGE HOMES)

Date Complaint Received: 03/10/2010

Date Investigation Completed: 03/17/2010

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: VERNON

Facility Information

Facility Name: RUSK AVENUE HOUSE (0012563)
Address: 116 N RUSK AVE, VIROQUA, WI 54665
License Status: REGULAR
Licensed/Certified/Registered: 11/01/2008
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0108079 **End Date:** 02/17/2011 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0107856 **End Date:** 11/15/2010 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #3BIC11 Served 01/08/2011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.10(3)(e)	SELF-DIRECTION	02/17/2011	Yes

Survey ID: 0104280 **End Date:** 05/27/2009 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #YW9D11 Served 06/25/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.10(3)(d)	PRESUMPTION OF COMPETENCY		
88.10(3)(q)	MEDICATIONS		

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

Survey ID: 0102952 End Date: 10/30/2008 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
Adult Family Home
COUNTY: VERNON

Enforcement History (RUSK AVENUE HOUSE)

Date: 01/06/2011 SOD #3BIC11 Enforcement Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

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

Complaint History (RUSK AVENUE HOUSE)

Date Complaint Received: 05/04/2009

Date Investigation Completed: 05/27/2009

Subject Area(s)

ADMISSION, TRANSFER & DISCHARGE
ADMINISTRATION

Result

SUBSTANTIATED
SUBSTANTIATED

SOD #

YW9D11
YW9D11

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

Facility Information

Facility Name: SHELDON LANE ADULT FAMILY HOME (0012230)
Address: S4212 SHELDON LANE, VIROQUA, WI 54665
License Status: REGULAR
Licensed/Certified/Registered 01/01/2008
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0106947 **End Date:** 08/11/2010 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0106183 **End Date:** 04/08/2010 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #Z7PJ11 Served 04/23/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(g)1	HEALTH SCREENING FOR STAFF	08/11/2010	Yes
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY	08/11/2010	Yes
88.05(3)(b)	FREE OF HAZARDS	08/11/2010	Yes

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

Enforcement History (SHELDON LANE ADULT FAMILY HOME)

Date: 04/21/2010 **SOD #Z7PJ11**

Enforcement Appealed: No

Sanctions

COMPLY WITH REQUIREMENT

--Facility Compliant 08/11/2010 12:00:00AM

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Provider Inspection Summary

For the period 04/01/2008 to 03/31/2011

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

COUNTY: VERNON

Facility Information

Facility Name: BOTHNE HOUSE (510360)

Address: 100 BOTHNE DRIVE, COON VALLEY, WI 54623

License Status: REGULAR

Licensed/Certified/Registered 05/01/1998

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

Survey History

Survey ID: 0105934 **End Date:** 03/09/2010 **Type:** ABBREVIATED **Purpose:** SURVEY/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 CS (SEMIAMBULATORY)

COUNTY: VERNON

Facility Information

Facility Name: LAFARGE AREA SENIOR CONCERNS-BETHEL PARKSIDE (510337)

Address: 315 WEST ADAMS COURT, LAFARGE, WI 54639

License Status: REGULAR

Licensed/Certified/Registered 06/25/1996

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

Survey History

Survey ID: 0105715 **End Date:** 01/27/2010 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #NHI511 Served 02/12/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.37(1)(j)	PROOF-OF-USE RECORD		
83.41(2)(c)	CLEAN LINENS WEEKLY		
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 CA (AMBULATORY)
COUNTY: VERNON

Facility Information

Facility Name: NIGHTINGALE HOUSE (510335)
Address: 421 N BIRD STREET, LAFARGE, WI 54639
License Status: REGULAR
Licensed/Certified/Registered 02/01/1994
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0106487 **End Date:** 06/03/2010 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0105682 **End Date:** 01/13/2010 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #D6R611 Served 02/05/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	06/03/2010	Yes
83.20(2)(a)	CONDITIONS-INITIATED BY RESIDENT	06/03/2010	Yes
83.20(2)(b)	TRAINING IN FIRE SAFETY	06/03/2010	Yes
83.27(2)(a)	ADMISSIONS COMPATIBLE WITH THE LICENSE CLASS	06/03/2010	Yes
83.32(3)(g)	RIGHTS OF RESIDENTS: FREE OF PHYSICAL RESTRAINTS	06/03/2010	Yes

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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: VERNON

Enforcement History (NIGHTINGALE HOUSE)

Date: 02/04/2010 **SOD #D6R611**

Enforcement Appealed: No

Sanctions

COMPLY WITH REQUIREMENT

--Facility Compliant 06/03/2010 12:00:00AM

FORFEITURE---83.20(2)(a)

FORFEITURE---83.20(2)(b)

FORFEITURE---83.27(2)(a)

FORFEITURE---83.32(3)(g)

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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: VERNON

Facility Information

Facility Name: SHERRY HOUSE (THE) (510352)
Address: 440 EAST CENTER STREET, READSTOWN, WI 54652
License Status: REGULAR
Licensed/Certified/Registered 01/01/1998
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0106308 **End Date:** 05/10/2010 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0105684 **End Date:** 01/14/2010 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #4OSR11 Served 02/05/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.37(1)(i)	PRN PSYCHOTROPIC MEDICATION	05/10/2010	Yes
83.59(7)(a)	EMERGENCY EGRESS LIGHTING PROVIDED	02/25/2010	Yes

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Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011
Community Based Residential Facility--CLASS CA (AMBULATORY)
COUNTY: VERNON

Enforcement History (SHERRY HOUSE (THE))

Date: 02/04/2010 **SOD #4OSR11** **Enforcement Appealed: No**
Sanctions
COMPLY WITH DEPARTMENT PLAN OF CORRECTION --Facility Compliant 05/10/2010 12:00:00AM

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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: VERNON

Facility Information

Facility Name: VIOLA HOUSE (THE) (0008941)

Address: 509 S WAGONER ST, VIOLA, WI 546648506

License Status: REGULAR

Licensed/Certified/Registered 09/01/2000

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

Survey History

Survey ID: 0106937 **End Date:** 08/11/2010 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0106514 **End Date:** 05/20/2010 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #R6M011 Served 06/18/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
50.09(1)(e)	TREATMENT	08/11/2010	Yes
83.35(3)(c)	IMPLEMENT, FOLLOW THE INDIVIDUAL SERVICE PLAN	08/11/2010	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: VERNON

Survey ID: 0105686 End Date: 01/22/2010 Type: STANDARD Purpose: SURVEY/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #5WDB11 Served 02/05/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.31(4)(a)	NOTICE OF FACILITY INITIATED DISCHARGES	05/20/2010	Yes
83.32(3)(d)	RIGHTS OF RESIDENTS: FREE OF MISTREATMENT	05/20/2010	Yes
83.32(3)(g)	RIGHTS OF RESIDENTS: FREE OF PHYSICAL RESTRAINTS	05/20/2010	Yes
83.35(2)	MODIFIED OR SPECIAL DIETS	05/20/2010	Yes
83.37(1)(i)	PRN PSYCHOTROPIC MEDICATION	05/20/2010	Yes
83.47(2)(d)	FIRE DRILLS	05/20/2010	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: VERNON

Enforcement History (VIOLA HOUSE (THE))

Date: 06/17/2010 **SOD #R6M011** **Enforcement Appealed: No**

Sanctions

FORFEITURE---50.09(1)(e)
FORFEITURE---83.35(3)(c)

Date: 02/04/2010 **SOD #5WDB11** **Enforcement Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION --Facility Compliant 05/20/2010 12:00:00AM
COMPLY WITH REQUIREMENT --Facility Compliant 05/20/2010 12:00:00AM
FORFEITURE---83.31(4)(a)
FORFEITURE---83.32(3)(g)

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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: VERNON

Facility Information

Facility Name: CARING HOUSE (510334)
Address: 119 W COURT ST, VIROQUA, WI 54665
License Status: REGULAR
Licensed/Certified/Registered 08/01/1990
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0107489 **End Date:** 11/15/2010 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0106926 **End Date:** 08/11/2010 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0106412 **End Date:** 05/10/2010 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #Z01C12 Served 05/28/2010

<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	11/15/2010	Yes
83.45(1)(b)	BUILDING INTEGRITY	11/15/2010	Yes

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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: VERNON

Survey ID: 0104971 End Date: 09/14/2009 Type: ABBREVIATED Purpose: SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #ZO1C11 Served 10/06/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.45(1)(b)	BUILDING INTEGRITY	02/15/2010	Yes

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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: VERNON

Enforcement History (CARING HOUSE)

Date: 05/25/2010	SOD #Z01C12	Enforcement Appealed: No
<u>Sanctions</u>		
COMPLY WITH DEPARTMENT PLAN OF CORRECTION	--Facility Compliant 11/15/2010 12:00:00AM	
NO NEW ADMISSIONS	--Facility Compliant 11/15/2010 12:00:00AM	
FORFEITURE---83.45(1)(b)		

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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: VERNON

Complaint History (CARING HOUSE)

Date Complaint Received: 10/06/2010

Date Investigation Completed: 11/15/2010

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 08/04/2010

Date Investigation Completed: 08/11/2010

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

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: VERNON

Facility Information

Facility Name: EDELWEISS (510336)
Address: RT 3 BOX 67 FIRE#E8001A, VIROQUA, WI 54665
License Status: REGULAR
Licensed/Certified/Registered 04/01/1996
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0107869 **End Date:** 01/12/2011 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #ERH512 Served 02/05/2011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.43(2)(c)	CLEAN COMFORTABLE PILLOW, BEDSPREAD, BLANKETS		

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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: VERNON

Survey ID: 0106197 End Date: 03/10/2010 Type: STANDARD Purpose: SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #ERH511 Served 04/21/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(4)(c)	REPORTING INCIDENTS WITH SERIOUS INJURY	01/12/2011	Yes
83.27(2)(a)	ADMISSIONS COMPATIBLE WITH THE LICENSE CLASS	01/12/2011	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	01/12/2011	Yes
83.37(1)(j)	PROOF-OF-USE RECORD	01/12/2011	Yes
83.44(2)(c)	INTERIOR FLOORS, WALLS AND CEILINGS	01/12/2011	No
83.48(3)(a)	FIRE DETECTION SYSTEMS INSPECTED ANNUALLY	01/12/2011	Yes

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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: VERNON

Enforcement History (EDELWEISS)

Date: 02/02/2011 **SOD #ERH512** **Enforcement Appealed: No**

Sanctions

FORFEITURE---83.44(2)(c)

Date: 04/15/2010 **SOD #ERH511** **Enforcement Appealed: No**

Sanctions

FORFEITURE---83.27(2)(a)

FORFEITURE---83.35(3)(d)

FORFEITURE---83.48(3)(a)

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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: VERNON

Facility Information

Facility Name: FAIR HAVEN (0008858)

Address: 601 ARENA DRIVE, VIROQUA, WI 54665

License Status: REGULAR

Licensed/Certified/Registered 08/01/2000

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

Survey History

Survey ID: 0105886 **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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: VERNON

Facility Information

Facility Name: VERNON AREA REHAB CENTER INC CBRF (510340)

Address: 811 ROGERS ST, VIROQUA, WI 54665

License Status: REGULAR

Licensed/Certified/Registered 01/01/1985

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

Survey History

Survey ID: 0106041 **End Date:** 03/30/2010 **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: VERNON

Facility Information

Facility Name: OLD TIMES (510339)

Address: 206 POLLY RUDE WAY, WESTBY, WI 54667

License Status: REGULAR

Licensed/Certified/Registered 02/10/1993

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
Residential Care Apartment Complex (CERTIFIED)
COUNTY: VERNON

Facility Information

Facility Name: MILESTONE SENIOR LIVING (0013578)
Address: 504 SALSBERY, HILLSBORO, WI 54634
License Status: REGULAR
Licensed/Certified/Registered 12/01/2010
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0107543 **End Date:** 11/30/2010 **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
Residential Care Apartment Complex (CERTIFIED)
COUNTY: VERNON

Facility Information

Facility Name: PLEASANT VALLEY SENIORS (0010263)
Address: W466 CTH K, STODDARD, WI 54658
License Status: REGULAR
Licensed/Certified/Registered 04/10/2001
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0106941 **End Date:** 07/30/2010 **Type:** OTHER **Purpose:** OTHER

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0105223 **End Date:** 10/19/2009 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #BB6X11 Served 11/23/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
89.23(2)(a)2.c	SERVICES	12/15/2009	Yes
89.23(4)(a)2	SERVICES	12/15/2009	Yes
89.28(1)	RISK AGREEMENT	12/15/2009	Yes
89.34(16)	TENANT RIGHTS	12/15/2009	Yes

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Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011
Residential Care Apartment Complex (CERTIFIED)
COUNTY: VERNON

Enforcement History (PLEASANT VALLEY SENIORS)

Date: 11/17/2009 **SOD #BB6X11** **Enforcement Appealed: No**
Sanctions
COMPLY WITH DEPARTMENT PLAN OF CORRECTION --Facility Compliant 12/15/2009 12:00:00AM
FORFEITURE---89.34(16)

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Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011
Residential Care Apartment Complex (CERTIFIED)
COUNTY: VERNON

Complaint History (PLEASANT VALLEY SENIORS)

Date Complaint Received: 03/26/2009

Date Investigation Completed: 10/19/2009

Subject Area(s)
MEDICATIONS

Result
SUBSTANTIATED

SOD #
BB6X11

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Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011
Residential Care Apartment Complex (CERTIFIED)
COUNTY: VERNON

Facility Information

Facility Name: MAPLEWOOD TERRACE (0010251)
Address: 620 GARFIELD ST, VIROQUA, WI 54665
License Status: REGULAR
Licensed/Certified/Registered 10/01/1999
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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