

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

COUNTY: VILAS

Notes

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

The report is a PDF (Adobe Acrobat) document and includes a total of 38 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: VILAS

Facility Information

Facility Name: DAY BREAK ADULT CENTER (0008944)
Address: 5030 HWY 70 WEST, EAGLE RIVER, WI 54521
License Status: REGULAR
Licensed/Certified/Registered 02/29/2000
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0106892 **End Date:** 08/10/2010 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #4PSZ11 Served 08/19/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
II.a.(1)	PERSONNEL-STAFFING REPORTS		
II.d.(5)	TRAINING-WRITTEN RECORD		
III.b.(5)	SAFETY-EMERGENCIES PLAN		

Survey ID: 0102796 **End Date:** 10/23/2008 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #UE6E14 Served 10/30/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
I.c.(4)	PLAN-QUARTERLY DOCUMENTING	08/05/2010	Yes
I.d.(1)	PROGRAM SERVICES	08/05/2010	Yes
III.c.(4)	FIRE ALARM & SMOKE DETECTORS	08/05/2010	Yes
V.(1)	PROGRAM EVALUATION	08/05/2010	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: VILAS

Facility Information

Facility Name: INNCARES LEISURE MANOR (0010716)

Address: 717 INDIANA STREET, EAGLE RIVER, WI 54521

License Status: REGULAR

Licensed/Certified/Registered 04/01/2005

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

Survey History

Survey ID: 0105811 **End Date:** 02/19/2010 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #K9RC11 Served 03/02/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.48(8)(b)	SPRINKLER SYSTEM INSTALLATION AND MAINTENANCE		

Survey ID: 0104721 **End Date:** 08/25/2009 **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: VILAS

Survey ID: 0104296 End Date: 06/04/2009 Type: OTHER Purpose: SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #HLLS11 Served 07/01/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(2)(f)	ENSURE COPY OF THIS CHAPTER IS IN CBRF	08/24/2009	Yes
83.15(3)(a)	ADMINISTRATOR SHALL SUPERVISE DAILY OPERATION	08/24/2009	Yes
83.32(3)(g)	RIGHTS OF RESIDENTS: FREE OF PHYSICAL RESTRAINTS	08/24/2009	Yes
83.32(3)(l)	RIGHTS OF RESIDENTS: LEAST RESTRICTIVE	08/24/2009	Yes
83.35(2)	MODIFIED OR SPECIAL DIETS	08/24/2009	Yes
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN	08/24/2009	Yes
83.35(5)(a)	FOOD STORAGE	08/24/2009	Yes
83.36(1)(a)	ADEQUATE STAFF TO MEET RESIDENT NEEDS	08/24/2009	Yes

Survey ID: 0103559 End Date: 03/02/2009 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #RTUP11 Served 03/11/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
13.05(2)	CLIENT PROTECTION	08/24/2009	Yes
83.12(5)(a)	NOTIFICATION: INCIDENT, INJURY, CHANGES	08/24/2009	Yes
83.19(1)(e)1	NOTIFICATION OF ALLEGED ABUSE OR MISAPPROPRIATION OF PROPERTY	08/24/2009	Yes
83.19(3)(c)	INVESTIGATE ALLEGATION	08/24/2009	Yes
83.19(3)(f)	ACCIDENT RESULTS IN HOSPITALIZATION	08/24/2009	Yes
83.32(2)(a)5	HARMFUL BEHAVIOR PATTERNS	08/24/2009	Yes
83.33(3)(c)2	PROOF-OF-USE RECORDS MAINTAINED	08/24/2009	Yes
83.33(3)(c)3	PROOF-OF-USE RECORD AUDITED DAILY	08/24/2009	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: VILAS

Survey ID: 0103293 End Date: 12/11/2008 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #8N3111 Served 01/28/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(1)(d)	FIRE SAFETY, FIRST AID & CHOKING	04/01/2009	Yes
83.14(7)(b)	CONTINUING EDUCATION	04/01/2009	Yes
83.16(1)	ADMISSIONS AGREEMENT	04/01/2009	Yes
83.19(3)(d)	WHEREABOUTS UNKNOWN	04/01/2009	Yes
83.21(4)(t)	INCOMPETENCY	04/01/2009	Yes
83.32(2)(c)1	ANNUAL EVALUATION-PARTICIPATION	04/01/2009	Yes
83.32(2)(d)	REVIEW OF PROGRESS	04/01/2009	Yes
83.33(2)(a)	SUPERVISION	04/01/2009	Yes
83.33(4)(h)	ACTIVITY PROGRAMMING FOR DEMENTIA	04/01/2009	Yes
83.42(2)(a)	EVALUATION RESIDENT EVACUATION LIMITS	04/01/2009	Yes

Survey ID: 0101829 End Date: 05/19/2008 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: VILAS

Enforcement History (INNCARES LEISURE MANOR)

Date: 07/01/2009 **SOD #HLLS11** **Enforcement Appealed: No**
Sanctions
COMPLY WITH REQUIREMENT --Facility Compliant 08/24/2009 12:00:00AM
NO NEW ADMISSIONS --Facility Compliant 08/24/2009 12:00:00AM
FORFEITURE---83.32(3)(g)
FORFEITURE---83.32(3)(l)
FORFEITURE---83.35(3)(a)
FORFEITURE---83.35(5)(a)
FORFEITURE---83.36(1)(a)

Date: 03/10/2009 **SOD #RTUP11** **Enforcement Appealed: No**
Sanctions
FORFEITURE---13.05(2)
FORFEITURE---83.12(5)(a)
FORFEITURE---83.19(3)(c)
FORFEITURE---83.19(3)(f)
FORFEITURE---83.32(2)(a)5

Date: 01/27/2009 **SOD #8N3111** **Enforcement Appealed: No**
Sanctions
COMPLY WITH DEPARTMENT PLAN OF CORRECTION --Facility Compliant 04/01/2009 12:00:00AM
FORFEITURE---83.14(1)(d)
FORFEITURE---83.14(7)(b)
FORFEITURE---83.33(2)(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: VILAS

Complaint History (INNCARES LEISURE MANOR)

Date Complaint Received: 07/13/2009

Date Investigation Completed: 08/24/2009

Subject Area(s)

NUTRITION & FOOD SERVICES
MEDICATIONS
ADMINISTRATION

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 01/26/2009

Date Investigation Completed: 02/11/2009

Subject Area(s)

MEDICATIONS
PROGRAM SERVICES

Result

SUBSTANTIATED
SUBSTANTIATED

SOD #

RTUP11
RTUP11

Date Complaint Received: 12/09/2008

Date Investigation Completed: 12/11/2008

Subject Area(s)

SUPERVISION

Result

SUBSTANTIATED

SOD #

8N3111

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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: VILAS

Facility Information

Facility Name: MILESTONE SENIOR LIVING (0013614)

Address: 2332 RAILROAD ST HWY 45N, EAGLE RIVER, WI 54521

License Status: PROBATIONARY

Licensed/Certified/Registered 02/03/2011

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

Survey History

Survey ID: 0107941 **End Date:** 02/03/2011 **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 AA (AMBULATORY)
COUNTY: VILAS

Facility Information

Facility Name: OUR PLACE INC (0010204)
Address: 215 EAST DIVISION STREET, EAGLE RIVER, WI 54521
License Status: REGULAR
Licensed/Certified/Registered 05/01/2004
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0105643 **End Date:** 02/03/2010 **Type:** ABBREVIATED **Purpose:** SURVEY/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #K5Q411

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(2)	MODIFIED OR SPECIAL DIETS		

Survey ID: 0101484 **End Date:** 04/08/2008 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #P87311 Served 04/12/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.43(4)(b)2.e	COMPARTMENT IF MINIMUM LINTEL DEPTH	04/01/2009	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: VILAS

Facility Information

Facility Name: OUR HOME LAC DU FLAMBEAU (0010443)

Address: 2201 WEST BOLTON LAKE LANE, LAC DU FLAMBEAU, WI 54538

License Status: REGULAR

Licensed/Certified/Registered 07/01/2004

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

Survey History

Survey ID: 0107496 **End Date:** 11/04/2010 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0107078 **End Date:** 09/09/2010 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #K0EB11 Served 09/20/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(bm)	OUT OF STATE BACKGROUND CHECKS	11/04/2010	Yes
83.13(1)(j)	MAINTAIN RECORDS DETECTION SYSTEM TESTING	11/04/2010	Yes
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	11/04/2010	Yes

Survey ID: 0105483 **End Date:** 01/05/2010 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0105014 **End Date:** 10/14/2009 **Type:** OTHER **Purpose:** COMPLAINT/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: VILAS

Survey ID: 0103064 End Date: 10/15/2008 Type: STANDARD Purpose: SURVEY/COMPLAINT/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #WW7R11 Served 12/13/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.19(3)(d)	WHEREABOUTS UNKNOWN	04/01/2009	Yes
83.19(3)(f)	ACCIDENT RESULTS IN HOSPITALIZATION	04/01/2009	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: VILAS

Enforcement History (OUR HOME LAC DU FLAMBEAU)

Date: 09/17/2010 SOD #K0EB11 Enforcement Appealed: No

Sanctions

FORFEITURE---83.32(3)(h)

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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: VILAS

Complaint History (OUR HOME LAC DU FLAMBEAU)

Date Complaint Received: 11/18/2009

Date Investigation Completed: 01/05/2010

Subject Area(s)

SUPERVISION
STAFF ADEQUACY
PROGRAM SERVICES

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 09/10/2009

Date Investigation Completed: 10/08/2009

Subject Area(s)

RESIDENT BEHAVIOR/FACILITY PRACTICE
MEDICATIONS

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 09/30/2008

Date Investigation Completed: 10/15/2008

Subject Area(s)

NUTRITION & FOOD SERVICES
MEDICATIONS
STAFF TRAINING AND PROFICIENCY
STAFF ADEQUACY

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
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 CNA (NONAMBULATORY)

COUNTY: VILAS

Facility Information

Facility Name: OUR HOME I (610100)

Address: 12339 WARPETH LANE, MINOCQUA, WI 54548

License Status: REGULAR

Licensed/Certified/Registered 01/31/1989

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

Survey History

Survey ID: 0108398 **End Date:** 03/23/2011 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #II0E12 Served 04/11/2011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.37(1)(j)	PROOF-OF-USE RECORD		
83.38(1)(c)	LEISURE TIME ACTIVITIES		
83.45(1)(e)	ELECTRICAL, MECHANICAL, WATER SUPPLY		

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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: VILAS

Survey ID: 0107550 **End Date: 11/04/2010** **Type: STANDARD** **Purpose: SURVEY/SELF REPORT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #II0E11 Served 12/08/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.09(1)(e)	TREATMENT	03/23/2011	Yes
83.37(1)(i)	PRN PSYCHOTROPIC MEDICATION	03/23/2011	No
83.38(1)(c)	LEISURE TIME ACTIVITIES	03/23/2011	No
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	03/23/2011	Yes
83.47(2)(d)	FIRE DRILLS	03/23/2011	Yes

Survey ID: 0106622 **End Date: 06/30/2010** **Type: OTHER** **Purpose: COMPLAINT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #L7O211 Served 07/09/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(4)(c)	REPORTING INCIDENTS WITH SERIOUS INJURY	09/09/2010	Yes
83.32(3)(b)	RIGHTS OF RESIDENTS: CONFIDENTIALITY	08/23/2010	Yes
83.32(3)(n)	RIGHTS OF RESIDENTS: SAFE ENVIRONMENT	08/23/2010	Yes
83.38(1)(b)	SUPERVISION	08/23/2010	Yes
83.45(1)(b)	BUILDING INTEGRITY	08/23/2010	Yes
83.59(1)(g)	PROPER EXIT LOCATIONS, SIDEWALKS, DRIVEWAYS	11/04/2010	Yes
83.59(7)(b)	REQUIRED EXIT SIGNS LIGHTED	08/23/2010	Yes

Survey ID: 0106302 **End Date: 05/11/2010** **Type: OTHER** **Purpose: VERIFICATION VISIT**

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: VILAS

Survey ID: 0105764 **End Date: 01/29/2010** **Type: OTHER** **Purpose: COMPLAINT/SELF REPORT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #4JYN11 Served 02/25/2010

<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	05/11/2010	Yes
83.36(1)(a)	ADEQUATE STAFF TO MEET RESIDENT NEEDS	05/11/2010	Yes
83.38(1)(b)	SUPERVISION	05/11/2010	Yes

Survey ID: 0102933 **End Date: 10/14/2008** **Type: STANDARD** **Purpose: SURVEY/COMPLAINT/SELF REPORT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #N92Z11 Served 11/21/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(1)(d)	FIRE SAFETY, FIRST AID & CHOKING	04/01/2009	Yes
83.15(1)(a)	ADMINISTRATOR QUALIFIED: ASSOCIATE DEGREE	04/01/2009	Yes
83.21(4)(o)	MEDICATIONS	04/01/2009	Yes
83.33(2)(c)	LEISURE TIME ACTIVITIES	04/01/2009	Yes
83.42(3)(f)	SLEEPING HOURS EVACUATION DRILL	04/01/2009	Yes

Survey ID: 0102204 **End Date: 07/16/2008** **Type: OTHER** **Purpose: COMPLAINT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0102113 **End Date: 06/03/2008** **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: VILAS

Enforcement History (OUR HOME I)

Date: 12/06/2010 SOD #H0E11 Enforcement Appealed: No

Sanctions

COMPLY WITH REQUIREMENT
OTHER SANCTION
FORFEITURE---50.09(1)(e)
FORFEITURE---83.37(1)(i)
FORFEITURE---83.38(1)(c)
FORFEITURE---83.43(1)
FORFEITURE---83.47(2)(d)

Date: 04/07/2010 SOD #L7O211 Enforcement Appealed: Yes Decision: STIPULATION

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
FORFEITURE---83.12(4)(c)
FORFEITURE---83.32(3)(b)
FORFEITURE---83.32(3)(n)
FORFEITURE---83.38(1)(b)

Date: 02/24/2010 SOD #4JYN11 Enforcement Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION --Facility Compliant 05/04/2010 12:00:00AM
COMPLY WITH REQUIREMENT --Facility Compliant 05/04/2010 12:00:00AM
FORFEITURE---83.35(3)(d)
FORFEITURE---83.36(1)(a)
FORFEITURE---83.38(1)(b)

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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: VILAS

Date: 11/20/2008

SOD #N92Z11

Enforcement Appealed: Yes

Decision: STIPULATION

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION --Facility Compliant 01/06/2010 12:00:00AM

FORFEITURE---83.14(1)(d)

FORFEITURE---83.15(1)(a)

FORFEITURE---83.21(4)(o)

FORFEITURE---83.33(2)(c)

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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: VILAS

Complaint History (OUR HOME I)

Date Complaint Received: 06/02/2010

Date Investigation Completed: 06/24/2010

Subject Area(s)

SUPERVISION
PHYSICAL PLANTS & SAFETY HAZARDS

Result

SUBSTANTIATED
SUBSTANTIATED

SOD #

L7O211
L7O211

Date Complaint Received: 12/22/2009

Date Investigation Completed: 01/06/2010

Subject Area(s)

PROGRAM SERVICES

Result

NOT SUBSTANTIATED

SOD #

Date Complaint Received: 11/18/2009

Date Investigation Completed: 01/06/2010

Subject Area(s)

SUPERVISION
STAFF ADEQUACY
PROGRAM SERVICES

Result

SUBSTANTIATED
SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

NOT RECORDED
4JYN11

Date Complaint Received: 09/30/2008

Date Investigation Completed: 10/14/2008

Subject Area(s)

NUTRITION & FOOD SERVICES
ADMINISTRATION
STAFF ADEQUACY

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
SUBSTANTIATED

SOD #

N92Z11

Date Complaint Received: 09/19/2008

Date Investigation Completed: 10/14/2008

Subject Area(s)

MEDICATIONS
ADMINISTRATION
STAFF ADEQUACY
PROGRAM SERVICES

Result

SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

N92Z11

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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: VILAS

Date Complaint Received: 09/11/2008

Date Investigation Completed: 10/14/2008

Subject Area(s)
RESIDENT RIGHTS

Result
SUBSTANTIATED

SOD #
N92Z11

Date Complaint Received: 06/06/2008

Date Investigation Completed: 07/16/2008

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 05/30/2008

Date Investigation Completed: 06/03/2008

Subject Area(s)
PROGRAM SERVICES

Result
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 CNA (NONAMBULATORY)

COUNTY: VILAS

Facility Information

Facility Name: OUR HOME II (0009081)

Address: 12440 WARPETH LANE, MINOCQUA, WI 54548

License Status: REGULAR

Licensed/Certified/Registered 01/31/2001

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

Survey History

Survey ID: 0107698 **End Date:** 12/08/2010 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #5D6L11 Served 01/12/2011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)(i)	RIGHTS OF RESIDENTS: PROMPT AND ADEQUATE TREATMENT	03/24/2011	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	03/24/2011	Yes
83.35(5)(a)	FOOD STORAGE	03/24/2011	Yes
83.38(1)(c)	LEISURE TIME ACTIVITIES	03/24/2011	Yes
83.41(2)(a)	BEDDING AND LAUNDRY	03/24/2011	Yes
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	03/24/2011	No
83.45(1)(e)	ELECTRICAL, MECHANICAL, WATER SUPPLY	03/24/2011	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: VILAS

Survey ID: 0105546 **End Date: 01/13/2010** **Type: OTHER** **Purpose: COMPLAINT**

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #J04X11

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(4)(b)	REPORTING WHEN LAW ENFORCEMENT IS CALLED	11/04/2010	Yes

Survey ID: 0104831 **End Date: 09/10/2009** **Type: OTHER** **Purpose: SELF REPORT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #N2K912 Served 09/17/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.17(1)	LICENSEE CONDUCT CAREGIVER BACKGROUND CHECK	01/07/2010	Yes
83.18(2)	EMPLOYEE RECORDS AVAILABLE UPON REQUEST	01/07/2010	Yes
83.32(3)(i)	RIGHTS OF RESIDENTS: PROMPT AND ADEQUATE TREATMENT	01/07/2010	Yes
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	01/07/2010	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: VILAS

Survey ID: 0104108 **End Date: 05/20/2009** **Type: OTHER** **Purpose: COMPLAINT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #N2K911 Served 06/04/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.20(2)(b)	TRAINING IN FIRE SAFETY	09/04/2009	Yes
83.20(2)(c)	PROHIBITIONS AND EXCEPTIONS	09/04/2009	Yes
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	09/04/2009	Yes
83.32(3)(i)	RIGHTS OF RESIDENTS: PROMPT AND ADEQUATE TREATMENT	09/04/2009	No
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	09/04/2009	No

Survey ID: 0102934 **End Date: 10/15/2008** **Type: STANDARD** **Purpose: SURVEY/COMPLAINT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #OU6211 Served 11/21/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(b)intro	ENTITY BACKGROUND CHECK REQUIREMENTS		
83.13(4)(a)	COMMUNICABLE DISEASE CONTROL	04/01/2009	Yes
83.33(2)(c)	LEISURE TIME ACTIVITIES	04/01/2009	Yes
83.42(3)(f)	SLEEPING HOURS EVACUATION DRILL	04/01/2009	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: VILAS

Enforcement History (OUR HOME II)

Date: 01/10/2011 **SOD #5D6L11** **Enforcement Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

FORFEITURE---83.32(3)(1)

FORFEITURE---83.35(3)(d)

FORFEITURE---83.35(5)(a)

FORFEITURE---83.38(1)(c)

FORFEITURE---83.43(1)

Date: 09/16/2009 **SOD #N2K912** **Enforcement Appealed: No**

Sanctions

FORFEITURE---83.(2)(d)

FORFEITURE---83.(3)(i)

Date: 06/03/2009 **SOD #N2K911** **Enforcement Appealed: No**

Sanctions

PROVIDE TRAINING

--Facility Compliant 09/04/2009 12:00:00AM

FORFEITURE---83.20(2)(b)

FORFEITURE---83.20(2)(c)

FORFEITURE---83.32(3)(c)

FORFEITURE---83.32(3)(i)

FORFEITURE---83.37(2)(d)

Date: 11/20/2008 **SOD #OU6211** **Enforcement Appealed: Yes** **Decision: STIPULATION**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

--Facility Compliant 05/14/2009 12:00:00AM

FORFEITURE---93.33(2)(c)

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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: VILAS

Date: 09/10/2008 **SOD #6HO811**

Enforcement Appealed: No

Sanctions

COMPLY WITH REQUIREMENT

--Facility Compliant 09/10/2008 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: VILAS

Complaint History (OUR HOME II)

Date Complaint Received: 10/29/2010

Date Investigation Completed: 11/05/2010

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
MEDICATIONS	NOT SUBSTANTIATED	
STAFF TRAINING AND PROFICIENCY	NOT SUBSTANTIATED	
QUALITY OF LIFE	NOT SUBSTANTIATED	

Date Complaint Received: 11/18/2009

Date Investigation Completed: 01/07/2010

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
SUPERVISION	SUBSTANTIATED	
STAFF ADEQUACY	NOT SUBSTANTIATED	
PROGRAM SERVICES	SUBSTANTIATED	

Date Complaint Received: 04/14/2009

Date Investigation Completed: 05/14/2009

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
SUPERVISION	NOT SUBSTANTIATED	
ABUSE	NOT SUBSTANTIATED	
PHYSICAL PLANTS & SAFETY HAZARDS	NOT SUBSTANTIATED	
MEDICATIONS	SUBSTANTIATED	N2K911
ADMINISTRATION	NOT SUBSTANTIATED	
STAFF TRAINING AND PROFICIENCY	NOT SUBSTANTIATED	
STAFF ADEQUACY	SUBSTANTIATED	N2K911
PROGRAM SERVICES	SUBSTANTIATED	N2K911

Date Complaint Received: 09/30/2008

Date Investigation Completed: 10/15/2008

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
NUTRITION & FOOD SERVICES	NOT SUBSTANTIATED	
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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: VILAS

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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: VILAS

Facility Information

Facility Name: OUR HOME III (0009067)

Address: 2187 KATIES LANE, MINOCQUA, WI 54548

License Status: REGULAR

Licensed/Certified/Registered 05/01/2001

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

Survey History

Survey ID: 0107596 **End Date:** 11/05/2010 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #CXWH11 Served 12/13/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(3)(c)	IMPLEMENT, FOLLOW THE INDIVIDUAL SERVICE PLAN	04/05/2011	Yes
83.37(1)(i)	PRN PSYCHOTROPIC MEDICATION	04/05/2011	Yes
83.38(1)(c)	LEISURE TIME ACTIVITIES	04/05/2011	Yes

Survey ID: 0106373 **End Date:** 05/13/2010 **Type:** STANDARD **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #V23Z11 Served 05/27/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)(i)	RIGHTS OF RESIDENTS: PROMPT AND ADEQUATE TREATMENT	11/05/2010	Yes
83.41(2)(c)	CLEAN LINENS WEEKLY	11/05/2010	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: VILAS

Survey ID: 0105559 **End Date: 01/14/2010** **Type: OTHER** **Purpose: COMPLAINT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #JD0W11 Served 01/27/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.36(1)(a)	ADEQUATE STAFF TO MEET RESIDENT NEEDS	05/04/2010	Yes

Survey ID: 0103443 **End Date: 01/27/2009** **Type: OTHER** **Purpose: COMPLAINT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #SE4T11 Served 02/12/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
13.05(2)	CLIENT PROTECTION	01/07/2010	Yes
83.21(4)(p)	PROMPT AND ADEQUATE TREATMENT	04/01/2009	Yes
83.32(2)(a)5	HARMFUL BEHAVIOR PATTERNS	04/01/2009	Yes
83.33(2)(a)	SUPERVISION	04/01/2009	Yes

Survey ID: 0102852 **End Date: 10/23/2008** **Type: OTHER** **Purpose: COMPLAINT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #3WI111 Served 11/06/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.15(1)(a)	ADMINISTRATOR QUALIFIED: ASSOCIATE DEGREE	04/01/2009	Yes
83.33(2)	GENERAL SERVICES	04/01/2009	Yes
83.33(2)(c)	LEISURE TIME ACTIVITIES	04/01/2009	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: VILAS

Survey ID: 0102105 End Date: 06/03/2008 Type: STANDARD Purpose: SURVEY/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #PQPZ11 Served 07/10/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(7)(b)	CONTINUING EDUCATION	10/15/2008	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: VILAS

Enforcement History (OUR HOME III)

Date: 12/07/2010 **SOD #CXWH11** **Enforcement Appealed: No**

Sanctions

FORFEITURE---83.35(3)(c)
FORFEITURE---83.37(1)(i)
FORFEITURE---83.38(1)(c)

Date: 05/25/2010 **SOD #V23Z11** **Enforcement Appealed: Yes** **Decision: STIPULATION**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION --Facility Compliant 11/05/2010 12:00:00AM
FORFEITURE---83.32(3)(i)

Date: 01/25/2010 **SOD #JD0W11** **Enforcement Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION --Facility Compliant 05/04/2010 12:00:00AM
FORFEITURE---83.36(1)(a)

Date: 02/10/2009 **SOD #SE4T11** **Enforcement Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION --Facility Compliant 01/06/2010 12:00:00AM
FORFEITURE---83.21(4)(p)
FORFEITURE---83.32(2)(a)5

Date: 11/05/2008 **SOD #3WI111** **Enforcement Appealed: Yes** **Decision: STIPULATION**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION --Facility Compliant 01/06/2010 12:00:00AM
FORFEITURE---83.15(1)(a)
FORFEITURE---83.33(2)
FORFEITURE---83.33(2)(c)

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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: VILAS

Date: 07/09/2008

SOD #PQPZ11

Enforcement Appealed: Yes

Decision: STIPULATION

Sanctions

FORFEITURE---83.14(7)(b)

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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: VILAS

Complaint History (OUR HOME III)

Date Complaint Received: 11/18/2009

Date Investigation Completed: 01/06/2010

Subject Area(s)

SUPERVISION
STAFF ADEQUACY
PROGRAM SERVICES

Result

NOT SUBSTANTIATED
SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

JD0W11

Date Complaint Received: 01/06/2009

Date Investigation Completed: 01/27/2009

Subject Area(s)

RESIDENT RIGHTS
ABUSE

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 09/30/2008

Date Investigation Completed: 10/15/2008

Subject Area(s)

NUTRITION & FOOD SERVICES
STAFF TRAINING AND PROFICIENCY
STAFF ADEQUACY
OTHER

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

3WI111

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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: VILAS

Facility Information

Facility Name: INN CARE (0008982)

Address: 4288 MAPLE CIRCLE SOUTH, PHELPS, WI 54554

License Status: REGULAR

Licensed/Certified/Registered 11/01/2000

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

Survey History

Survey ID: 0105201 **End Date:** 11/19/2009 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT/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: VILAS

Complaint History (INN CARE)

Date Complaint Received: 10/05/2009

Date Investigation Completed: 11/12/2009

Subject Area(s)
SUPERVISION
RESIDENT RIGHTS
ABUSE

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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

Facility Information

Facility Name: MILESTONE SENIOR LIVING APARTMENTS (0013615)

Address: 2332 RAILROAD ST HWY 45 N, EAGLE RIVER, WI 54521

License Status: REGULAR

Licensed/Certified/Registered 02/03/2011

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

Survey History

Survey ID: 0107940 **End Date:** 02/03/2011 **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
Residential Care Apartment Complex (CERTIFIED)
COUNTY: VILAS

Facility Information

Facility Name: K CARE ASSISTED LIVING APARTMENTS (0010382)

Address: 12440 WARPETH LANE, MINOCQUA, WI 54548

License Status: REGULAR

Licensed/Certified/Registered 11/01/1996

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

Survey History

Survey ID: 0105202 **End Date:** 11/19/2009 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0102861 **End Date:** 10/15/2008 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0101534 **End Date:** 04/11/2008 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 37 of 38 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 (CERTIFIED)
COUNTY: VILAS

Complaint History (K CARE ASSISTED LIVING APARTMENTS)

Date Complaint Received: 10/03/2008

Date Investigation Completed: 10/15/2008

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

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