

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

COUNTY: WASHBURN

Notes

This report includes Provider Inspection Summaries (Facility Profiles) for Assisted Living Facilities in Washburn 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: WASHBURN

Facility Information

Facility Name: ALZHEIMERS DAY RESPITE PROGRAM (0010161)
Address: P O BOX 453, SPOONER, WI 54801
License Status: REGULAR
Licensed/Certified/Registered 06/01/2004
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0107458 **End Date:** 11/11/2010 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0103223 **End Date:** 12/22/2008 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #UXK012 Served 01/08/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
I.c.(2)	PLAN-IDENTIFIED NEEDS WITH 30 DAYS	03/02/2009	Yes
III.c.(1)	FIRE PROTECTION	02/03/2009	Yes
III.c.(4)	FIRE ALARM & SMOKE DETECTORS	01/10/2009	Yes
V.(2)	EVALUATION PROCESS	03/05/2009	Yes

This is Page 2 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
Adult Family Home
COUNTY: WASHBURN

Facility Information

Facility Name: RAINBOWS END (0010739)
Address: W6954 - 30TH AVE, BARRONETT, WI 54813
License Status: REGULAR
Licensed/Certified/Registered 11/17/2004
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0103693 **End Date:** 03/27/2009 **Type:** ABBREVIATED **Purpose:** SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 3 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
Adult Family Home
COUNTY: WASHBURN

Facility Information

Facility Name: PREMIER COUNTRY LIVING (0012703)
Address: 715 W HOKAH, MINONG, WI 54859
License Status: REGULAR
Licensed/Certified/Registered 01/28/2009
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0104161	End Date: 06/09/2009	Type: OTHER	Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED			
<hr/>			
Survey ID: 0103339	End Date: 01/28/2009	Type: INITIAL	Purpose: SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED			
<hr/>			

This is Page 4 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
Adult Family Home
COUNTY: WASHBURN

Facility Information

Facility Name: SUNSET PINES (590110)
Address: N2565 CO HWY M, SARONA, WI 54870
License Status: REGULAR
Licensed/Certified/Registered 11/19/1986
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0107808	End Date: 01/12/2011	Type: ABBREVIATED	Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED			
<hr/>			
Survey ID: 0103267	End Date: 01/22/2009	Type: ABBREVIATED	Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED			
<hr/>			

This is Page 5 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
Adult Family Home
COUNTY: WASHBURN

Facility Information

Facility Name: AURORA RESIDENTIAL ALTERNATIVES #103 (0012849)

Address: 119 REINHART DR, SHELL LAKE, WI 54871

License Status: REGULAR

Licensed/Certified/Registered 06/05/2009

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

Survey History

Survey ID: 0106970 **End Date:** 08/25/2010 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #RECQ11 Served 09/01/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.09(1)(b)	RESIDENT RECORDS-CONFIDENTIALITY		

Survey ID: 0106083 **End Date:** 03/31/2010 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #NOWP11 Served 04/08/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
13.05(3)(a)	ENTITY ALLEGATION REPORTING REQUIREMENTS	06/30/2010	Yes

Survey ID: 0105575 **End Date:** 01/20/2010 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 6 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
Adult Family Home
COUNTY: WASHBURN

Survey ID: 0104133 **End Date: 06/04/2009** **Type: INITIAL** **Purpose: SURVEY**

Results: LICENSE/CERT/REGISTRATION ISSUED

This is Page 7 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
Adult Family Home
COUNTY: WASHBURN

Enforcement History (AURORA RESIDENTIAL ALTERNATIVES #103)

Date: 04/06/2010	SOD #NOWP11	Enforcement Appealed: No
<u>Sanctions</u>		
COMPLY WITH DEPARTMENT PLAN OF CORRECTION	--Facility Compliant 05/04/2010 12:00:00AM	
PROVIDE TRAINING	--Facility Compliant 05/04/2010 12:00:00AM	

This is Page 8 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
Adult Family Home
COUNTY: WASHBURN

Complaint History (AURORA RESIDENTIAL ALTERNATIVES #103)

Date Complaint Received: 07/19/2010

Date Investigation Completed: 08/25/2010

Subject Area(s)
RESIDENT RIGHTS
MEDICATIONS

Result
SUBSTANTIATED
NOT SUBSTANTIATED

SOD #
RECQ11

Date Complaint Received: 03/15/2010

Date Investigation Completed: 03/30/2010

Subject Area(s)
ABUSE
MEDICATIONS

Result
SUBSTANTIATED
SUBSTANTIATED

SOD #
NOWP11
NOWP11

Date Complaint Received: 12/15/2009

Date Investigation Completed: 01/21/2010

Subject Area(s)
STAFF TRAINING AND PROFICIENCY
QUALITY OF LIFE

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

This is Page 9 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
Adult Family Home
COUNTY: WASHBURN

Facility Information

Facility Name: AURORA RES ALTERNATIVES SPOONER 082 (590137)

Address: 525 BLACK BEAR AVENUE, SPOONER, WI 54801

License Status: REGULAR

Licensed/Certified/Registered 05/21/1997

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

Survey History

Survey ID: 0103555 **End Date:** 03/09/2009 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 10 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
Adult Family Home
COUNTY: WASHBURN

Facility Information

Facility Name: AURORA RESIDENTIAL ALTERNATIVES INC #095 (0011335)

Address: 1140/1142 NORTHLAND RD, SPOONER, WI 54801

License Status: REGULAR

Licensed/Certified/Registered 03/03/2006

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

Survey History

Survey ID: 0105739 **End Date:** 02/10/2010 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 11 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
Adult Family Home
COUNTY: WASHBURN

Facility Information

Facility Name: DAGO SPRINGS (0011699)
Address: N5517 DAGO SPRINGS DR, SPOONER, WI 54801
License Status: REGULAR
Licensed/Certified/Registered 02/08/2007
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0107256 **End Date:** 09/30/2010 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0105741 **End Date:** 02/17/2010 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0104375 **End Date:** 07/08/2009 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 12 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
Adult Family Home
COUNTY: WASHBURN

Survey ID: 0103473 End Date: 01/21/2009 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #X6R813 Served 02/18/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
12.08	ARMED FORCES BACKGROUND SEARCHES	07/08/2009	Yes
50.065(2)(bm)	OUT OF STATE BACKGROUND CHECKS	07/08/2009	Yes
88.03(5)(b)	CHANGE IN HOUSEHOLD MEMBERS	07/08/2009	Yes
88.04(2)(a)	RESPONSIBILITIES	07/08/2009	Yes
88.07(3)(d)	MEDICATION- WRITTEN ORDER	07/08/2009	Yes

Survey ID: 0102409 End Date: 08/15/2008 Type: OTHER Purpose: VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #X6R812 Served 08/28/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.07(3)(d)	MEDICATION- WRITTEN ORDER	07/08/2009	Yes
88.07(3)(e)1	MEDICATION- RECORD KEEPING	07/08/2009	Yes
88.10(3)(q)	MEDICATIONS	07/08/2009	Yes

This is Page 13 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
Adult Family Home
COUNTY: WASHBURN

Enforcement History (DAGO SPRINGS)

Date: 02/09/2009 **SOD #X6R813** **Enforcement Appealed: No**
Sanctions
NO NEW ADMISSIONS --Facility Compliant 07/08/2009 12:00:00AM

Date: 08/28/2008 **SOD #X6R812** **Enforcement Appealed: No**
Sanctions
COMPLY WITH DEPARTMENT PLAN OF CORRECTION --Facility Compliant 07/08/2009 12:00:00AM

This is Page 14 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
Adult Family Home
COUNTY: WASHBURN

Complaint History (DAGO SPRINGS)

Date Complaint Received: 09/16/2010

Date Investigation Completed: 09/30/2010

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 12/09/2008

Date Investigation Completed: 01/21/2009

Subject Area(s)

Result

SOD #

ABUSE

NOT SUBSTANTIATED

This is Page 15 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
Adult Family Home
COUNTY: WASHBURN

Facility Information

Facility Name: HARMON HOME (590109)
Address: 1109 HARMON, SPOONER, WI 54801
License Status: REGULAR
Licensed/Certified/Registered 09/30/1992
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0107807	End Date: 01/12/2011	Type: ABBREVIATED	Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED			
<hr/>			
Survey ID: 0103547	End Date: 03/09/2009	Type: ABBREVIATED	Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED			
<hr/>			

This is Page 16 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
Adult Family Home
COUNTY: WASHBURN

Facility Information

Facility Name: OAK VIEW ADULT FAMILY HOME CORP (0013629)
Address: W6472 HILLTOP PARKWAY, SPOONER, WI 54801
License Status: REGULAR
Licensed/Certified/Registered 03/01/2011
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0108189 **End Date:** 03/10/2011 **Type:** INITIAL **Purpose:** SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED

This is Page 17 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
Adult Family Home
COUNTY: WASHBURN

Facility Information

Facility Name: PINE WOODS RESIDENTIAL (0010906)
Address: N5628 SHADY OAKS LANE, SPOONER, WI 54801
License Status: REGULAR
Licensed/Certified/Registered: 03/29/2005
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0106968 **End Date:** 08/25/2010 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0102404 **End Date:** 08/26/2008 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #8TI611 Served 08/27/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.07(2)(b)4	RECORD OF MEDICAL VISITS AND REPORTS	09/05/2008	Yes
88.07(3)(c)	MEDICATION ASSISTANCE	09/05/2008	Yes

This is Page 18 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
Adult Family Home
COUNTY: WASHBURN

Complaint History (PINE WOODS RESIDENTIAL)

Date Complaint Received: 07/01/2008

Date Investigation Completed: 08/26/2008

Subject Area(s)

Result

SOD #

RESIDENT BEHAVIOR/FACILITY PRACTICE

NOT SUBSTANTIATED

This is Page 19 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
Adult Family Home
COUNTY: WASHBURN

Facility Information

Facility Name: ROCKY RIDGE ADULT FAMILY HOME (0013305)
Address: W9081 FOX RD, SPOONER, WI 54801
License Status: REGULAR
Licensed/Certified/Registered 06/01/2010
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0106443 **End Date:** 06/11/2010 **Type:** INITIAL **Purpose:** SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED

This is Page 20 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
Adult Family Home
COUNTY: WASHBURN

Facility Information

Facility Name: SHADY ELMS (0013308)
Address: 919 THIRD ST, SPOONER, WI 54801
License Status: REGULAR
Licensed/Certified/Registered 07/05/2010
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0106582 **End Date:** 06/30/2010 **Type:** INITIAL **Purpose:** SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED

This is Page 21 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
Adult Family Home
COUNTY: WASHBURN

Facility Information

Facility Name: SHADY OAKS (0013307)
Address: N5576 ROCKY RIDGE RD, SPOONER, WI 54870
License Status: REGULAR
Licensed/Certified/Registered 06/22/2010
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0106546 **End Date:** 06/22/2010 **Type:** INITIAL **Purpose:** CHOW--LICENSURE
Results: LICENSE/CERT/REGISTRATION ISSUED

This is Page 22 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
Adult Family Home
COUNTY: WASHBURN

Facility Information

Facility Name: WHISPERING PINES (0010672)
Address: 800 COLLEGE STREET, SPOONER, WI 54801
License Status: REGULAR
Licensed/Certified/Registered 09/21/2004
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0107255 **End Date:** 09/30/2010 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0102803 **End Date:** 10/28/2008 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 23 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
Adult Family Home
COUNTY: WASHBURN

Facility Information

Facility Name: YELLOW RIVER ADULT FAMILY HOME (0012842)

Address: W9441 YELLOW RIVER DR, SPOONER, WI 54801

License Status: REGULAR

Licensed/Certified/Registered 07/16/2009

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

Survey History

Survey ID: 0104403 **End Date:** 07/16/2009 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

This is Page 24 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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: WASHBURN

Facility Information

Facility Name: GLENVIEW SPECIAL CARE WING (0012418)

Address: 201 GLENVIEW LANE, SHELL LAKE, WI 54871

License Status: REGULAR

Licensed/Certified/Registered 06/01/2009

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

Survey History

Survey ID: 0104499 **End Date:** 07/29/2009 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0103881 **End Date:** 04/08/2009 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #468H11 Served 04/18/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.37(3)(a)	MEDICATION STORAGE: ORIGINAL CONTAINERS		

Survey ID: 0101820 **End Date:** 05/29/2008 **Type:** INITIAL **Purpose:** SURVEY

Results: PROBATIONARY LICENSE ISSUED

This is Page 25 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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: WASHBURN

Complaint History (GLENVIEW SPECIAL CARE WING)

Date Complaint Received: 07/21/2009

Date Investigation Completed: 07/29/2009

Subject Area(s)

ADMINISTRATION
STAFF TRAINING AND PROFICIENCY

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

This is Page 26 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
Community Based Residential Facility--CLASS AA (AMBULATORY)
COUNTY: WASHBURN

Facility Information

Facility Name: AIN DAH ING INC (510341)
Address: 704 N RIVER ST, SPOONER, WI 54801
License Status: REGULAR
Licensed/Certified/Registered 04/01/1981
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0108342 **End Date:** 03/31/2011 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0108341 **End Date:** 03/28/2011 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #YQ4211 Served 04/07/2011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.17(1)	LICENSEE CONDUCT CAREGIVER BACKGROUND CHECK		
83.36(1)(b)	QUALIFIED STAFF IN CHARGE, ON DUTY AND AWAKE		

This is Page 27 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

Community Based Residential Facility--CLASS AA (AMBULATORY)

COUNTY: WASHBURN

Survey ID: 0106946 **End Date: 08/09/2010** **Type: OTHER** **Purpose: COMPLAINT**

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #D0GC11 Served 09/08/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.31(4)(a)	NOTICE OF FACILITY INITIATED DISCHARGES		

Survey ID: 0105538 **End Date: 01/11/2010** **Type: OTHER** **Purpose: COMPLAINT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0103570 **End Date: 03/04/2009** **Type: ABBREVIATED** **Purpose: SURVEY**

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #XNL411 Served 03/09/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(4)(o)	MEDICATIONS	04/01/2009	Yes
83.33(3)(f)1	UNDERSTANDS BENEFITS AND SIDE EFFECTS	04/01/2009	Yes

This is Page 28 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
Community Based Residential Facility--CLASS AA (AMBULATORY)
COUNTY: WASHBURN

Complaint History (AIN DAH ING INC)

Date Complaint Received: 03/28/2011

Date Investigation Completed: 03/31/2011

Subject Area(s)

RESIDENT RIGHTS
ADMISSION, TRANSFER & DISCHARGE

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 02/19/2011

Date Investigation Completed: 03/28/2011

Subject Area(s)

SUPERVISION
ADMINISTRATION
STAFF TRAINING AND PROFICIENCY
QUALITY OF LIFE

Result

SUBSTANTIATED
NOT SUBSTANTIATED
SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

YG4211
YQ4211

Date Complaint Received: 06/22/2010

Date Investigation Completed: 08/09/2010

Subject Area(s)

ADMISSION, TRANSFER & DISCHARGE

Result

SUBSTANTIATED

SOD #

D0GC11

Date Complaint Received: 12/08/2009

Date Investigation Completed: 01/11/2010

Subject Area(s)

SUPERVISION
NUTRITION & FOOD SERVICES

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

This is Page 29 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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: WASHBURN

Facility Information

Facility Name: CARE PARTNERS ASSISTED LIVING LLC (0009048)

Address: W7184 GREEN VALLEY RD, SPOONER, WI 54801

License Status: REGULAR

Licensed/Certified/Registered 07/01/2001

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

Survey History

Survey ID: 0106897 **End Date:** 08/11/2010 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #L0SU11 Served 08/24/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(5)(a)	NOTIFICATION: INCIDENT, INJURY, CHANGES		

Survey ID: 0106146 **End Date:** 04/15/2010 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0104369 **End Date:** 07/08/2009 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0104052 **End Date:** 05/20/2009 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 30 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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: WASHBURN

Survey ID: 0103728 End Date: 03/04/2009 Type: OTHER Purpose: SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #9RHY11 Served 03/26/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(4)(n)4	FREE FROM PHYSICAL RESTRAINTS	04/01/2009	Yes

Survey ID: 0103066 End Date: 12/10/2008 Type: OTHER Purpose: COMPLAINT/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 31 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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: WASHBURN

Enforcement History (CARE PARTNERS ASSISTED LIVING LLC)

Date: 03/23/2009

SOD #9RHY11

Enforcement Appealed: No

Sanctions

FORFEITURE---83.21(4)(n)4

This is Page 32 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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: WASHBURN

Complaint History (CARE PARTNERS ASSISTED LIVING LLC)

Date Complaint Received: 07/20/2010

Date Investigation Completed: 08/11/2010

Subject Area(s)

PHYSICAL PLANTS & SAFETY HAZARDS
STAFF TRAINING AND PROFICIENCY

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 07/13/2010

Date Investigation Completed: 08/11/2010

Subject Area(s)

NUTRITION & FOOD SERVICES
ADMISSION, TRANSFER & DISCHARGE
PROGRAM SERVICES

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
SUBSTANTIATED

SOD #

L0SU11

Date Complaint Received: 03/09/2010

Date Investigation Completed: 04/15/2010

Subject Area(s)

MEDICATIONS
STAFF TRAINING AND PROFICIENCY
QUALITY OF LIFE

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 10/21/2008

Date Investigation Completed: 12/10/2008

Subject Area(s)

RESIDENT RIGHTS

Result

NOT SUBSTANTIATED

SOD #

Date Complaint Received: 10/17/2008

Date Investigation Completed: 12/10/2008

Subject Area(s)

RESIDENT RIGHTS
ADMINISTRATION
PROGRAM SERVICES

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

This is Page 33 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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: WASHBURN

Facility Information

Facility Name: COUNTRY TERRACE - SPOONER (0011535)

Address: N4810 HILL DR, SPOONER, WI 54801

License Status: REGULAR

Licensed/Certified/Registered 07/14/2006

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

Survey History

Survey ID: 0106896 **End Date:** 08/12/2010 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #VUH511 Served 08/24/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(5)(a)	NOTIFICATION: INCIDENT, INJURY, CHANGES		

Survey ID: 0106136 **End Date:** 04/19/2010 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0104045 **End Date:** 05/20/2009 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 34 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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: WASHBURN

Survey ID: 0103730 End Date: 03/13/2009 Type: OTHER Purpose: SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #BN6L11 Served 03/26/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(4)(p)	PROMPT AND ADEQUATE TREATMENT	05/20/2009	Yes

Survey ID: 0102084 End Date: 07/09/2008 Type: STANDARD Purpose: SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

This is Page 35 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
Community Based Residential Facility--CLASS CNA (NONAMBULATORY)
COUNTY: WASHBURN

Enforcement History (COUNTRY TERRACE - SPOONER)

Date: 03/23/2009 SOD #BN6L11 Enforcement Appealed: No

Sanctions

FORFEITURE---83.21(4)(p)

This is Page 36 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

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: WASHBURN

Complaint History (COUNTRY TERRACE - SPOONER)

Date Complaint Received: 07/18/2010

Date Investigation Completed: 08/12/2010

Subject Area(s)

MEDICATIONS
ADMINISTRATION
PROGRAM SERVICES

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
SUBSTANTIATED

SOD #

VUH511

Date Complaint Received: 03/09/2010

Date Investigation Completed: 04/19/2010

Subject Area(s)

MEDICATIONS
STAFF TRAINING AND PROFICIENCY
QUALITY OF LIFE

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 04/20/2009

Date Investigation Completed: 05/20/2009

Subject Area(s)

NUTRITION & FOOD SERVICES
MEDICATIONS
ADMINISTRATION
STAFF ADEQUACY

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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 (REGISTERED)
COUNTY: WASHBURN

Facility Information

Facility Name: GLENVIEW (0010257)

Address: 201 GLENVIEW LANE, SHELL LAKE, WI 54871

License Status: REGULAR

Licensed/Certified/Registered 01/01/1998

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 38 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.